Appendix B.

NSCH 2015 Pretest - Questionnaires

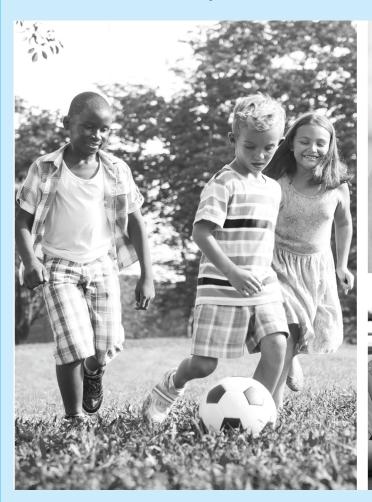
- 1. Screener Questionnaire*
- 2. Topical Questionnaires
 - a. 0 to 5 Year Old Children*
 - b. 6 to 11 Year Old Children*
 - c. 12 to 17 Year Old Children*
- * A Spanish version will be created after OMB approval.

Screener Questionnaire



National Survey of Children's Health

A study by the U.S. Department of Health and Human Services to better understand the health issues being faced by children in the United States today.







The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies, and Title 42, United States Code, Chapter 7, Title 5, which allows the HHS to collect information for the purpose of understanding the health and well-being of children in the United States.

Any information you provide will be shared among a limited number of Census Bureau and HHS staff only for work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and in accordance with System of Records Notice COMMERCE/Census-7, Other Agency Surveys and Reimbursables. By law, the information is kept confidential in accordance with the Confidential Information Protection and Statistical Efficiency Act (CIPSEA), 44 U.S.C. 3501 note. This law requires the Census Bureau and HHS to keep all information about you and your household strictly confidential, and also requires that the information be used only for statistical purposes. In compliance with this law, all data released to the public are only in a statistical format. No information that could personally identify you or your family is released. Violation of this law is a federal crime that is associated with severe penalties, including a federal prison sentence of up to five years, a fine of up to \$250,000, or both.

Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining this much needed information is extremely important in order to ensure complete and accurate results.

NSCH-P-S1 (03/17/2015)



Start Here

Please answer all of the questions that apply, regardless of whether you have children 0-17 years old who usually live or stay at this address.

For households with children, this survey should be completed by an adult who is familiar with their health and health care.

Thank you for helping us learn about the health and well-being of America's children.

If you:

- Need help or have questions about completing this form
- Need Telephone Device for the Deaf (TDD) assistance
- •¿NECESITA AYUDA? para completar su cuestionario

Please call: 1-800-845-8241. The telephone call is free.

	In Your Home
1	Are there any youth or children 0-17 years old who usually live or stay at this address?
	□ No
	→ If No, STOP HERE after marking "No" and return this survey to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.
	☐ Yes
E	How many youth or children 0-17 years old usually live or stay at this address?
	Number of children living or staying at this address
=	What is the primary language spoken in the household?
	□ English
	Spanish
	Other Language (Please specify) 🗸
Ę	Answer the remaining questions for each of the children 0-17 years old who usually live or stay at this address.
	Start with the YOUNGEST CHILD, who we call "Child 1" and continue with the next oldest until you have answered the questions for all children who usually live or stay at this address.



	Ī		CHILI (Young		1	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
ı	ı		(roung	<i>301</i> /		☐ Yes ☐ No
	First name/initials/nickname of youngest child				ngest child	
E	NOTE: Answer BOTH question 1 about Hispanic origin and question 2 about race. For this survey, Hispanic origins are not races.			rac	1 about Hispanic e. For this survey,	Yes □ No If yes, is this a condition that has lasted or is expected to last 12 months or longer?
1)	ls C	hild 1 of Hispanic, Latino, o	or S	panish origin?	☐ Yes ☐ No
ı			No, not of Hispanic, Latino,	or S	Spanish origin	Does this child need or use more medical care, mental health, or educational services than is usual for most
ı			Yes, Mexican, Mexican Ame	erica	n, Chicano	children of the same age?
ı		П	V 5 (5)			☐ Yes ☐ No
			Yes, Puerto Rican Yes, Cuban			
ı			Yes, another Hispanic, Latir	20.0	r Spanish origin	☐ Yes ☐ No
2		Wha	at is this child's race? Mark			If yes, is this a condition that has lasted or is expected to last 12 months or longer?
			White		Vietnamese	☐ Yes ☐ No
ı			Black or African American		Other Asian	Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
ı			American Indian or Alaska Native		Native Hawaiian	can do?
ı			Asian Indian	Ш	Guamanian or Chamorro	☐ If yes, is this child's limitation in abilities because of
ı			Chinese		Samoan	ANY medical, behavioral, or other health condition? Yes No
ı			Filipino		Other Pacific Islander	☐ If yes , is this a condition that has lasted or
ı			Japanese		Some other race	is expected to last 12 months or longer?
ı		П	Varaan			☐ Yes ☐ No
3			Korean old is this child in years? pond in months if less than 1		r.	9 Does this child need or get special therapy, such as physical, occupational, or speech therapy?
ı				,		Yes No
			Years (or)		Months	
4		Wha	it is this child's sex?			Yes
			Male Female			is expected to last 12 months or longer?
		Целе		En	alich?	☐ Yes ☐ No
			well does this child speak ears old or older)	. En	gusu ?	Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?
		Ш	Very well			Yes No
			Well			If yes, has his or her emotional, developmental, or
			Not well			behavioral problem lasted or is it expected to last 12 months or longer?
			Not at all			☐ Yes ☐ No



	CHILD 2 (Next oldest)				6	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?	
	First name/initials/nickname of the next oldest child				next oldest child		Yes □ No If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
E		NOTE: Answer BOTH question 1 about Hispanic origin and question 2 about race. For this survey, Hispanic origins are not races.					 Yes No → If yes, is this a condition that has lasted or is expected to last 12 months or longer?
1		ls C	hild 2 of Hispanic, Latino, o	or S	panish origin?		☐ Yes ☐ No
ı			No, not of Hispanic, Latino,	or S	Spanish origin	7	Does this child need or use more medical care, mental health, or educational services than is usual for most
ı			Yes, Mexican, Mexican Amo	erica	ın, Chicano		children of the same age?
ı			Yes, Puerto Rican				✓ Yes✓ No→ If yes, is this child's need for medical care, mental
			Yes, Cuban				health, or educational services because of ANY medical, behavioral, or other health condition?
ı			Yes, another Hispanic, Latir	no, c	or Spanish origin		☐ Yes ☐ No
2		Wha	nt is this child's race? Mark	one	or more boxes.		
I			White		Vietnamese		☐ Yes ☐ No
			Black or African American		Other Asian	8	Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
ı			American Indian or		Native Hawaiian		can do?
ı			Alaska Native Asian Indian		Guamanian or		✓ Yes✓ No✓ If yes, is this child's limitation in abilities because of
ı		П	Chinese		Chamorro Samoan		ANY medical, behavioral, or other health condition?
ı					Other Pacific Islander		Yes No
ı			Filipino		Some other race		
ı		Ш	Japanese		Some other race		☐ Yes ☐ No
3			Korean old is this child in years? pond in months if less than 1		ır.	9	Does this child need or get special therapy, such as physical, occupational, or speech therapy? Yes No
			Years (or)		Months		▶ If yes, is this because of ANY medical, behavioral, or other health condition?☐ Yes☐ No
4		Wha	t is this child's sex?				
ı			Male Female				☐ Yes ☐ No
5			well does this child speak ears old or older) Very well	En	glish?	10	Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?
			Well				☐ Yes ☐ No
			Not well				If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?
			Not at all				☐ Yes ☐ No



		CHILI	D :	3	6 Does this child CURRENTLY need or use medicine
ı	(Next oldest)				prescribed by a doctor, other than vitamins?
	First name/initials/nickname of the next oldest child				Yes □ No If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
E	NOTE: Answer BOTH question 1 about Hispanic origin and question 2 about race. For this survey, Hispanic origins are not races.				 Yes No → If yes, is this a condition that has lasted or is expected to last 12 months or longer?
1	Is	Child 3 of Hispanic, Latino, o	or Sp	oanish origin?	☐ Yes ☐ No
ı		No, not of Hispanic, Latino,	or S	panish origin	7 Does this child need or use more medical care, mental health, or educational services than is usual for most
ı		Yes, Mexican, Mexican Am	erica	n, Chicano	children of the same age?
		Yes, Puerto Rican			Yes □ No □ If yes, is this child's need for medical care, mental
ı		Yes, Cuban			health, or educational services because of ANY medical, behavioral, or other health condition?
ı		Yes, another Hispanic, Latin	no, oı	Spanish origin	☐ Yes ☐ No
2	Wr	nat is this child's race? Mark	one	or more boxes.	
I		White		Vietnamese	☐ Yes ☐ No
ı		Black or African American		Other Asian	8 Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
ı		American Indian or		Native Hawaiian	can do?
ı		Alaska Native Asian Indian		Guamanian or Chamorro	Yes □ No □ If yes, is this child's limitation in abilities because of
ı		Chinese		Samoan	ANY medical, behavioral, or other health condition?
ı		Filipino		Other Pacific Islander	YesNoIf yes, is this a condition that has lasted or
ı				Some other race	is expected to last 12 months or longer?
ı		Japanese			☐ Yes ☐ No
3		Korean w old is this child in years?			Does this child need or get special therapy, such as physical, occupational, or speech therapy?
ı	Re	spond in months if less than 1	year		✓ Yes✓ No✓ If yes, is this because of ANY medical, behavioral,
		Years (or)		Months	or other health condition?
4	Wr	nat is this child's sex?			→ If yes, is this a condition that has lasted or
Ī		Male Female			is expected to last 12 months or longer?
5	Но	w well does this child speak	c End	lish?	Yes No
		years old or older)	3		Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?
		Very well			☐ Yes ☐ No
		Well Not well			
		Not at all			Yes No



	Ī		CHILI (Next old			Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
1						☐ Yes ☐ No
		First name/initials/nickname of the next oldest child				If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
E	NOTE: Answer BOTH question 1 about Hispanic origin and question 2 about race. For this survey, Hispanic origins are not races.			rac	1 about Hispanic e. For this survey,	Yes □ No □ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
1		ls C	hild 4 of Hispanic, Latino, o	or S	panish origin?	☐ Yes ☐ No
			No, not of Hispanic, Latino,	or S	Spanish origin	Does this child need or use more medical care, mental health, or educational services than is usual for most
ı			Yes, Mexican, Mexican Ame	erica	ın, Chicano	children of the same age?
ı			Yes, Puerto Rican			☐ Yes ☐ No
			Yes, Cuban			
ı			Yes, another Hispanic, Latir	no, c	or Spanish origin	☐ Yes ☐ No
2		Wha	nt is this child's race? Mark			
ı			White		Vietnamese	☐ Yes ☐ No
			Black or African American		Other Asian	8 Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
ı			American Indian or		Native Hawaiian	can do?
ı			Alaska Native		Guamanian or	Yes No
ı			Asian Indian		Chamorro	→ If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
ı			Chinese	Ш	Samoan	☐ Yes ☐ No
ı			Filipino		Other Pacific Islander	
ı			Japanese		Some other race	Yes No
ı			Korean			9 Does this child need or get special therapy, such as
3		How	old is this child in years?			physical, occupational, or speech therapy?
٦			oond in months if less than 1	yea	nr.	☐ Yes ☐ No
					M. II	If yes, is this because of ANY medical, behavioral, or other health condition?
			Years (or)		Months	☐ Yes ☐ No
4		Wha	t is this child's sex?			
			Male Female			□ Yes □ No
5			well does this child speak ears old or older)	En	glish?	Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?
			Very well			
			Well			YesNo► If yes, has his or her emotional, developmental, or
			Not well			behavioral problem lasted or is it expected to last 12 months or longer?
			Not at all			☐ Yes ☐ No



Child 6 (Next oldest) ► Age	st name/initials/nicknam	or)	Months Months	Sex	☐ Male	Female Female	
Child 6 (Next oldest) > Age First	st name/initials/nicknam	or)					
Child 6 (Next oldest) ► Age First	Years (for)	Months	Sex	☐ Male	☐ Female	
(Next oldest) ► Age First	10010 (Months	Sex	☐ Male	Female	
Age Firs Child 7	10010 (Months	Sex	☐ Male	Female	
Child 7	st name/initials/nicknam	1 е					
(110/11 GIGOU)							
Agı	Years (or)	Months	Sex	☐ Male	Female	
Firs	st name/initials/nicknam	пе					
Child 8 (Next oldest) ►							
Ago	Years (or)	Months	Sex	Male	Female	
	st name/initials/nicknam	ne					
Child 9 (Next oldest) ►							
Ago	Years (for)	Months	Sex	Male	Female	
Firs	st name/initials/nicknam	пе					
Child 10 (Next oldest) ►							
Ago	Years (or)	Months	Sex	☐ Male	Female	

Respondent Information

1 Respondent first name/initials/nickname

2 What is your telephone number?

Area code	Number .

Mailing Instructions

Thank you for your participation.

On behalf of the Department of Health and Human Services, we would like to thank you for the time and effort you have spent sharing information about your household and the children of this household.

Your answers are important to us and will help researchers, policymakers and family advocates to better understand the health and healthcare needs of children in our diverse population.

- Make sure you have:
 - Listed all first names, initials, or nicknames of children 0-17 years old in the household
 - · Answered all questions for each child reported
- Place the completed questionnaire in the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

U.S. Census Bureau ATTN: DCB 60-A 1201 E. 10th Street Jeffersonville, IN 47132-0001

You may also call 1-800-845-8241 to request a replacement envelope.

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send

comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

DEMO.Paperwork@census.gov; use "Paperwork Project

" as the subject.

, U.S. Census Bureau, 4600 Silver Hill Road, Room 7H054, Washington, DC 20233. You may e-mail comments to



Paperwork Project

Topical Questionnaire - 0 to 5 Year Old Children



National Survey of Children's Health

A study by the U.S. Department of Health and Human Services to better understand the health issues being faced by children in the United States today.







The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies, and Title 42, United States Code, Chapter 7, Title 5, which allows the HHS to collect information for the purpose of understanding the health and well-being of children in the United States.

Any information you provide will be shared among a limited number of Census Bureau and HHS staff only for work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and in accordance with System of Records Notice COMMERCE/Census-7, Other Agency Surveys and Reimbursables. By law, the information is kept confidential in accordance with the Confidential Information Protection and Statistical Efficiency Act (CIPSEA), 44 U.S.C. 3501 note. This law requires the Census Bureau and HHS to keep all information about you and your household strictly confidential, and also requires that the information be used only for statistical purposes. In compliance with this law, all data released to the public are only in a statistical format. No information that could personally identify you or your family is released. Violation of this law is a federal crime that is associated with severe penalties, including a federal prison sentence of up to five years, a fine of up to \$250,000, or both.

Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining this much needed information is extremely important in order to ensure complete and accurate results.

NSCH-P-T1 (03/17/2015)



	Start Here	A 3	Но	w well does each of these i			
	Recently, you completed a survey that asked about the children usually living or staying at this address. Thank you for taking the time to complete that survey. We now have some follow-up questions to ask about:			This child is affectionate and tender with you This child bounces back quickly when things do not go his or her way	Definitely So true	true	Not true
	These questions will collect more detailed information			This child shows interest and curiosity in learning new things			
	on various aspects of this child's health including his or her health status, visits to health care providers, health care costs, and health insurance coverage.	A4 D	DU	This child smiles and laughs a lot RING THE PAST 12 MONTHiculty with or experienced a			
	We have selected only one child per household in an effort to minimize the amount of time necessary to complete the follow-up questions. The survey should be completed by an adult who is familiar with this child's health and health care.			Breathing or other respiratory problems (such as wheezing shortness of breath)	y	Yes	No
	Your participation is important. Thank you.			Eating or swallowing because a health condition Digesting food, including	e of		
	A. This Child's Health			stomach/intestinal problems, constipation, or diarrhea			
D	In general, how would you describe this child's health (the one named above)?		d.	Repeated or chronic physical including headaches or other or body pain			
	Excellent		e.	Using his or her hands			
	☐ Very good		f.	Coordination or moving aroun	nd		
	Good		g.	Toothaches			
	☐ Fair		h.	Bleeding gums			
	Poor		i.	Decayed teeth or cavities			
2	How would you describe the condition of this child's	A5	Do	es this child have any of the	e following?	?	
	teeth?					Yes	No
	Excellent			Deafness or problems with h	_	Ш	Ш
	☐ Very good		b.	Blindness or problems with s even when wearing glasses	eeing,		
	Good						
	Fair						
	Poor						



A6	Has a doctor or other health care provider EVER told you that this child has	(Has a doctor or other health care provider EVER told you that this child has)
	Allergies (including food, drug, insect, or other)?	Cerebral Palsy?
	☐ Yes ☐ No	☐ Yes ☐ No
	If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, is it:	☐ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A7	Arthritis?	12 Cystic Fibrosis?
A		
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	→ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A8	Asthma?	13 Diabetes?
	☐ Yes ☐ No	☐ Yes ☐ No
	If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
	□ Yes □ No	☐ Yes ☐ No
	☐ If yes, is it:	☐ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A9	Blood Disorders (such as sickle cell disease,	14 Down Syndrome?
T	thalassemia, or hemophilia)?	☐ Yes ☐ No
	☐ Yes ☐ No	If yes, does this child CURRENTLY have the condition?
	If yes, does this child CURRENTLY have the condition?	☐ Yes ☐ No
	☐ Yes ☐ No	☐ If yes, is it:
	If yes, is it:	☐ Mild ☐ Moderate ☐ Severe
	☐ Mild ☐ Moderate ☐ Severe	
A10	Brain injury, concussion or head injury?	Epilepsy or seizure disorder?
T	☐ Yes ☐ No	Yes No
	If yes, does this child CURRENTLY have the condition?	☐ If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, is it:	→ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
		16 Genetic or inherited condition?
		□ Yes □ No
		☐ If yes, does this child CURRENTLY have the condition?
		☐ Yes ☐ No
		☐ If yes, is it:

	(Has a doctor or other health care provider EVER told you that this child has)	EVER told you that this child has
A 1	7 Heart Condition?	Examples of educators are teachers and school nurses.
٦	☐ Yes ☐ No	Behavioral or Conduct Problems?
	☐ If yes, does this child CURRENTLY have the condition?	☐ Yes ☐ No
		If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, is it:	☐ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	
A1	8 Frequent or severe headaches, including migraine?	☐ Mild ☐ Moderate ☐ Severe
٦	☐ Yes ☐ No	3 Developmental Delay?
	☐ If yes, does this child CURRENTLY have the condition?	□ Yes □ No
		If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, is it:	☐ If yes, is it:
	□ Mild □ Moderate □ Severe	
A1	9 Tourette Syndrome?	☐ Mild ☐ Moderate ☐ Severe
	☐ Yes ☐ No	Intellectual Disability (also known as Mental Retardation)?
	☐ If yes, does this child CURRENTLY have the condition?	☐ Yes ☐ No
		☐ If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, is it:	☐ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	
Λ:	0 Anxiety Problems?	☐ Mild ☐ Moderate ☐ Severe
AZ	A2	5 Speech or other language disorder?
	☐ Yes ☐ No	□ Yes □ No
	→ If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
	Yes No	☐ Yes ☐ No
	→ If yes, is it:	→ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	
A2	1 Depression?	☐ Mild ☐ Moderate ☐ Severe
	A2	6 Learning Disability?
	☐ Yes ☐ No	□ Yes □ No
	→ If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, is it:	☐ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	
		☐ Mild ☐ Moderate ☐ Severe

A2			a doctor or other health care provider EVER told hat this child has	A31			nis child CURRENTLY taking medication for Autism, O or PDD?
	A	ny (Other Mental Health Condition?				Yes No
		,	Yes No	A32		Δt ar	any time DURING THE PAST 12 MONTHS, did this
	ا	∟	If yes, specify: 📈		(child	d receive behavioral treatment for Autism, ASD or
							O, such as training or an intervention that you or this d received to help with his or her behavior?
			☐ If yes, does this child CURRENTLY have the				Yes No
1			condition?				
1			☐ Yes ☐ No	A33	١	you 1	a doctor or other health care provider EVER told that this child has Attention Deficit Disorder or
1			☐ If yes, is it:			Atter ADH	ention Deficit/Hyperactivity Disorder, that is, ADD or HD?
ı			☐ Mild ☐ Moderate ☐ Sever	е			Yes □ No → SKIP to question A36
A2			a doctor or other health care provider EVER told hat this child has Autism or Autism Spectrum			\vdash	If yes, does this child CURRENTLY have the condition?
1	Di	isor	der (ASD)? Include diagnoses of Asperger's Disorder				□ Yes □ No
1	or	r Pe	rvasive Developmental Disorder (PDD).				☐ If yes, is it:
1			Yes □ No → SKIP to question A33				☐ Mild ☐ Moderate ☐ Severe
		└ → I	If yes, does this child CURRENTLY have the condition	? A34		e thi	nis child CURRENTLY taking medication for ADD or
1			☐ Yes ☐ No	ASA		ADH	
1			→ If yes, is it:				Yes No
ı			☐ Mild ☐ Moderate ☐ Severe	A35) /	At ar	nytime DURING THE PAST 12 MONTHS, did this
A2			old was this child when a doctor or other health		(child	d receive behavioral treatment for ADD or ADHD, h as training or an intervention that you or this
I			provider FIRST told you that he or she had Autism, or PDD?				d received to help with his or her behavior?
1	Г						Yes No
1			Age in years Don't know	A36	٠,	פווח	RING THE PAST 12 MONTHS, how often have this
	_			A30	(child	d's health conditions or problems affected his or her
A3			type of doctor or other health care provider was IRST to tell you that this child had Autism, ASD		ć	abilit	ity to do things other children his or her age do?
1			DD? Mark ONE only.				This child does not have any conditions → SKIP to question B1
1			Primary Care Provider				Never
			Specialist				
	Г		School Psychologist/Counselor			Ш	Sometimes
		_					Usually
	L		Other Psychologist (Non-School)				Always
			Psychiatrist	A37) 7	To w	what extent do this child's health conditions or
1			Other, specify: ✓	Y		prob	blems affect his or her ability to do things?
1							Very little
1							Somewhat
1	L		Don't know			П	A great deal
							A great deal
1							

	B. This Child as an Infant	B 5	How old was this child when he or she was FIRST fed formula?
В	Was this child born more than 3 weeks before his or her due date?		At birth OR
۱	Yes		
۱	No		days
B2	How much did he or she weigh when born? Provide your best estimate.		OR weeks
	ounces OR		OR months
١	kilograms grams		OR
Bá	Was this child EVER breastfed or fed breast milk?		Check this box if child has never been fed formula
	YesNo → SKIP to question B5	B6	How old was this child when he or she was FIRST fed anything other than breast milk or formula? Include juice, cow's milk, sugar water, baby food, or anything else that your child might have been given, even water.
B2	If yes, how old was this child when he or she COMPLETELY stopped breastfeeding or being fed breast milk?		At birth OR
١	days		OR days
	OR		weeks
	OR		months
۱	OR		
۱	Check this box if child is still breastfeeding		Check this box if child has never been fed anything other than breast milk or formula
	ŭ	B7	What was the age of the mother when this child was born?
			Age in years



	C. Health Care Services	C7	DURING THE PAST 12 MONTHS, did this child's doctors or other health care providers ask if you have concerns
С	DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care?		about this child's learning, development, or behavior? Yes No
	Yes No → SKIP to question C4	C8	If your child is YOUNGER THAN 9 MONTHS, please SKIP to question .
C	If yes, DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care professional to receive a preventive check-up? A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.		DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about specific concerns or observations you may have about this child's development, communication, or social behaviors? Sometimes a child's doctor or other health care provider will ask a parent to do this at home or during a child's visit.
	0 visits → SKIP to question C4		☐ Yes ☐ No
	1 visit		→ If yes, and this child is 9-23 Months:
	2 or more visits		Did the questionnaire ask about your concerns or observations about: Mark ALL that apply.
C	Thinking about the LAST TIME you took this child for a preventive check-up, about how long was the doctor or health care provider who examined this child in the room with you? Your best estimate is fine.		How this child talks or makes speech sounds? How this child interacts with you and
	Less than 10 minutes		others?
	☐ 10-20 minutes		If yes, and this child is 2-5 Years:
	☐ More than 20 minutes		Or observations about: Mark ALL that apply.
C	What is this child's CURRENT height?		Words and phrases this child uses and understands?
	feet inches		How this child behaves and gets along with you and others?
	OR meters centimeters	C9	Is there a place that this child USUALLY goes when he or she is sick or you or another caregiver needs advice about his or her health?
			Yes
C	How much does this child CURRENTLY weigh?		No → SKIP to question C11
	·	310	If yes, where does this child USUALLY go? Mark ONE only.
	OR		□ Doctor's Office
	kilograms grams		☐ Hospital Emergency Room
C	Are you concerned about this child's weight?		Hospital Outpatient Department
1	☐ Yes, it's too high		Clinic or Health Center
	Yes, it's too low		Retail Store Clinic or "Minute Clinic"
	□ No, I am not concerned		School (Nurse's Office, Athletic Trainer's Office)
			Some other place
			_ Solito Stiloi pidos



C1	Is there a place that this child USUALLY goes when he or she needs routine preventive care, such as a physical examination or well-child check-up?	CI7	If yes, DURING THE PAST 12 MONTHS, what preventive dental services did this child receive? Mark ALL that apply.
	Yes		☐ Check-up
	No → SKIP to question C13		Cleaning
C1	If yes, is this the same place this child goes when he or she is sick?		☐ Instruction on tooth brushing and oral health care ☐ X-Rays
	Yes		☐ Fluoride treatment
	□ No		Sealant (plastic coatings on back teeth)
C1	Has this child EVER had his or her vision tested with pictures, shapes, or letters?		Don't know
	Yes	C18	
	□ No → SKIP to question C15		received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.
C1	If yes, what kind of place or places did this child have his or her vision tested? Mark ALL that apply.		Yes
	Eye doctor or eye specialist (opthalmologist, optometrist) office		No, but this child needed to see a mental health professional
	Pediatrician or other general doctor's office		No, this child did not need to see a
	Clinic or health center		mental health professional → SKIP to question C20
	School	C19	How much of a problem was it to get the mental health treatment or counseling that this child needed?
	Other, specify 📈		□ Not a problem
			☐ Small problem
C1	5 DURING THE PAST 12 MONTHS, did this child see a		☐ Big problem
	dentist or other oral health care provider for any kind of dental or oral health care?	C20	DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with his or her
	Yes, saw a dentist		emotions, concentration, or behavior?
	Yes, saw other oral health care provider		Yes
	No → SKIP to question C18		□ No
CI	If yes, DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for preventive dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments? No preventive visits in the past 12 months → SKIP to question C18	C21	specialist other than a mental health professional? Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.
	Yes, 1 visit		☐ Yes
	Yes, 2 or more visits		 No, but this child needed to see a specialist No, this child did not need to see a specialist → SKIP to question C23



C2	2		w much of a problem was it to get the specialist re that this child needed?		C2	Ð		ING THE PAST 12 MONTHS, how often were you trated in your efforts to get services for this child?
			Not a problem					Never
			Small problem					Sometimes
			Big problem					Usually
C2	3		RING THE PAST 12 MONTHS, did this child use the of alternative health care or treatment? Alternative health care or treatment?					Always
		hea rela So	alth care can include acupuncture, chiropractic care, axation therapies, herbal supplements, and others. me therapies involve seeing a health care provider,		C2	28		ING THE PAST 12 MONTHS, how many times did child visit a hospital emergency room?
		wh	ile others can be done on your own.					No visits
		F	Yes					1 visit
		L	No					2 or more visits
C2	4	wh rec as	RING THE PAST 12 MONTHS, was there any timen this child needed health care but it was not every an early be health care, we mean medical care as wother kinds of care like dental care, vision care, and ntal health services.	ell	C2	9	inter have	this child EVER had a special education or early evention plan? Children receiving these services often an Individualized Family Service Plan or Individualized cation Plan.
			Yes					Yes
			No → SKIP to question C27					No → SKIP to question C32
C2	5		res, which types of care were not received? rk ALL that apply.		C3	0		s, how old was this child, in months, at the time of FIRST plan?
			Medical Care					Age in months
			Dental Care			•		
			Vision Care		C3	ע		is child CURRENTLY receiving services under one lese plans?
			Hearing Care					Yes
			Mental Health Services					No
			Other, specify: 🔀		C3	2	his o	this child EVER received special services to meet or her developmental needs such as speech, upational, or behavioral therapy?
C2	6	We	ere these difficulties in getting services for this c	hild				Yes
		be	cause: Yes	No				No → SKIP to question D1
		a.	This child was not eligible for the services?		C3	3		s, how old was this child, in years, when he or she
		b.	The services this child needed were not available in your area?		I		bega	an receiving these special services?
		C.	There were problems getting an appointment when this child needed one?					Age in years
		d.	There were problems with getting transportation or child care?		C3	4		is child CURRENTLY receiving these special ices?
		e.	The (clinic/doctor's) office wasn't open when this child needed care?					Yes
		f.	There were issues related to cost?					No



DURING THE PAST 12 MONTHS, were any decisions needed about this child's health care services or

D. Experience with This Child's Health Care

			Child's Pro	Hea ovid		are			treatment, such as whether to start or stop a prescription or therapy services, get a referral to a specialist, or have a medical procedure?					
D		chil nurs	you have one or mod's personal doctor	or nurs	e? A pers to knows t	sonal doctor this child we	r or ell		YesNo → SKIP to question D7					
		a ge	is familiar with this of eneral doctor, a pedia se practitioner, or a p	atrician, a	a specialis	st doctor, a		6	If yes, DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers:					
			Yes, one person						Always Usually Sometimes Never a. Discuss with you					
			Yes, more than one	e person					the range of options to consider for his					
			No						or her health care or treatment?					
D			RING THE PAST 12 erral to see any doc						b. Make it easy for you to raise concerns or disagree with					
			Yes						recommendations for this child's health care?					
			No → SKIP to que	stion D	4				c. Work with you to					
D	3	If ye	es, how much of a p	oroblem	was it to	get referra	als?		decide together which health care					
			Not a problem						and treatment choices would be best for this child?					
			Small problem					7	Does anyone help you arrange or coordinate this					
			Big problem						child's care among the different doctors or services that this child uses?					
D		hea	wer the following q Ith care visit IN THI P to question 🛐 .						Yes					
			RING THE PAST 12 d's doctors or othe				is		☐ Did not see more than one					
				Always	Usually	Sometimes	Never		health care provider in PAST 12 MONTHS → SKIP to question D11					
			Spend enough time with this child?						DURING THE PAST 12 MONTHS, have you felt that you					
			Listen carefully to you?					18	could have used extra help arranging or coordinating this child's care among the different health care					
		,	Show sensitivity to your family's values and customs?						providers or services? Yes					
		i	Provide the specific information you						No → SKIP to question D10					
			needed concerning this child?				O	9	If yes, DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with					
		-	Help you feel like a partner in this						arranging or coordinating this child's health care?					
		(child's care?						Usually					
									Sometimes					
									Never					



D1	Overall, how satisfied are you with the communication among this child's doctors and other health care providers?	E2	chi	licate whether any of the following is ild was not covered by health insura E PAST 12 MONTHS:		
1	☐ Very satisfied			a.	Yes	No
	Somewhat satisfied		a.	Change in employer or employment status		
	Somewhat dissatisfied		b.	Cancellation due to overdue premiums		
	☐ Very dissatisfied		c.	Dropped coverage because it was unaffordable		
D1'	DURING THE PAST 12 MONTHS, did this child's health		d.	Dropped coverage because benefits were inadequate		
I	care provider communicate with the child's school, child care provider, or special education program?	1	e.	Dropped coverage because choice of health care providers was		
	Yes			inadequate		
	□ No → SKIP to question E1		t.	Problems with application or renewal process		
	Did not need health care provider to communicate		g.	Other, specify:		
	with these providers → SKIP to question					
D12	If yes, overall, how satisfied are you with the health care provider's communication with the school, child care provider, or special education program?	E3		this child CURRENTLY covered by A alth insurance or health coverage pla		f
	☐ Very satisfied			Yes		
	Somewhat satisfied			No → SKIP to question F1		
	Somewhat dissatisfied	E4		this child covered by any of the follo alth insurance or health coverage pla		s of
1	Very dissatisfied			5 .	Yes	No
	E. This Child's Health		a.	Insurance through a current or former employer or union		
	Insurance Coverage		b.	Insurance purchased directly from an insurance company		
Œ			C.	Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability		
	Yes, this child was covered		d.	TRICARE or other military health care		
	all 12 months → SKIP to question E4 Yes, but this child had a gap in coverage		e.	Indian Health Service		
	No		f.	Other, specify:		
		E 5		w often does this child's health insunefits or cover services that meet thi Always Usually		



E	How often does this child's health insurance allow him or her to see the health care providers he or she needs?	(2)	DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills?
	Always		Yes
	Usually		□ No
	Sometimes		DURING THE PAST 12 MONTHS, have you or other
	☐ Never	Ψ	family members:
Œ	Not including health insurance premiums or costs that		a. Stopped working because of this child's health status?
٦	are covered by insurance, do you pay any money for this child's health care?		b. Cut down on the hours you work
	Yes		because of this child's health or health conditions?
	□ No → SKIP to question E9		c. Avoided changing jobs because of concerns about maintaining health insurance for this child?
E	If yes, how often are these costs reasonable?		IN AN AVERAGE WEEK, how many hours do you or
	Always	Ŭ	other family members spend providing health care at home for this child? Care might include changing bandages, or giving medication and therapies when needed.
	Usually		I did not provide any care
	Sometimes		
	Never		Less than 1 hour per week
E			☐ 1-4 hours per week
	mental or behavioral health services. Otherwise, SKIP to question [7].		5-10 hours per week
	Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that	F5	11 or more hours per week
	meet these needs? Always	8	IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making appointments or locating services?
	Usually		☐ I did not arrange or coordinate health or medical care
	Sometimes		Less than 1 hour per week
	Never		1-4 hours per week
	E Providing for This		5-10 hours per week
	F. Providing for This Child's Health		11 or more hours per week
E	How much money did you pay for this child's medical and health care DURING THE PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.		G. This Child's Learning
	\$0 (No medical or health-related expenses) → SKIP to question F3	Y	Answer section G only if your child is AGE 3 OR OLDER. Otherwise, SKIP to question
	\$1-\$249	G1	Has this child started school? Include any formal home schooling.
	\$250-\$499		Yes
	\$500-\$999		□ No
	\$1,000-\$5,000		
	☐ More than \$5,000		



G	Is this child Very w	learning to do things for him or herself?	G 8		often can this child write his or her first name, even ome of the letters aren't quite right or are backwards?
	Somew				All of the time
	Poorly				Most of the time
	□ Not at a	all			Some of the time
					None of the time
G	How confide school?	ent are you that this child is ready to be in	G9	How	high can this child count?
	☐ Very co	onfident			Not at all
	☐ Mostly	confident			Up to five
	Somew	hat confident			Up to ten
	☐ Not cor	nfident at all			Up to 20
G	How often c	an this child recognize the beginning			Up to 50
	sound of a v	word? For example, can this child tell you during the starts with the "buh" sound?			Up to 100 or more
	☐ All of th	ne time	G10	How a tri	often can this child identify basic shapes such as angle, circle, or square?
	☐ Most of	f the time			All of the time
	☐ Some of	of the time			Most of the time
	☐ None o	f the time			Some of the time
G	About how recognize?	many letters of the alphabet can this child			None of the time
	☐ All of th	nem	G11	How	often is this child easily distracted?
	☐ Most of				All of the time
	Some of				Most of the time
	None o				Some of the time
					None of the time
G	Can this chi	ild rhyme words?	G12		often does this child keep working at something I he or she is finished?
	□ No				All of the time
		and the ability and the same has a second at			Most of the time
G		an this child explain things he or she has se so that you get a very good idea what			Some of the time
	☐ All of the	he time			None of the time
	☐ Most of	f the time	G13		en he or she is paying attention, how often can this
	☐ Some o	of the time		Chile	d follow instructions to complete a simple task? All of the time
	☐ None o	f the time			Most of the time
					Some of the time
					None of the time



G1	When this child holds a pencil, does he or she use fingers to hold, or does he or she grip it in his or her fist?	H4		often does this child go to bed at about the same on weeknights?
١	☐ Uses fingers			Always
١	Grips in fist			Usually
١				Sometimes
	☐ Cannot hold a pencil			Rarely
G1	How often does this child play well with others? All of the time			Never
١		H5		RING THE PAST WEEK, how many hours of sleep
١			did 1	this child get on an average weeknight?
١	□ Some of the time		H	Less than 6 hours
	☐ None of the time		Н	6 hours
G1	Compared to other children his or her age, how much difficulty does this child have making or keeping		Ш	7 hours
١	friends?			8 hours
١	□ No difficulty			9 hours
١	☐ A little difficulty			10 hours
١	☐ A lot of difficulty			11 or more hours
G1	Compared to other children his or her age, how often is this child able to sit still?	H6		wer the next question only if this child is LESS THAN
١	☐ All of the time			MONTHS OLD. Otherwise, SKIP to question (H7). hich position do you most often lay this baby down
١	☐ Most of the time		to s	leep now? Mark ONE only.
١	Some of the time		Ш	On his or her side
١	None of the time			On his or her back
١	ivone of the time			On his or her stomach
	H. About You and This Child	H7	does	AN AVERAGE WEEKDAY, about how much time s this child usually spend in front of a TV watching programs, videos, or playing video games?
Œ	Was this child born in the United States?			None
I	Yes → SKIP to question H3			Less than 1 hour
١	□ No			1 hour
Œ	If no, how long has this child been living in the			2 hours
I	United States?			3 hours
	Years and Months			4 or more hours
H	How many times has this child moved to a new address since he or she was born?			
	Number of times			



H	ON AN AVERAGE WEEKDAY, about how much time does this child usually spend with computers, cell phones, handheld video games, and other electronic devices, doing things other than schoolwork? None	DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support with parenting or raising children? Yes	
	Less than 1 hour	No → SKIP to question (H15)	
	1 hour	H14 If yes, did you receive emotional support from: Yes No	
		a. Health care provider?	
	□ 2 hours	b. Family member or close friend?	
	☐ 4 or more hours	c. Place of worship or religious leader?	
H	DURING THE PAST WEEK, how many days did you or other family members read to this child?	d. Support or advocacy group related to specific health condition?	
	O days	e. Peer support group?	
	☐ 1-3 days	f. Counselor or other mental health professional?	
	4-6 days	g. Other, specify:	
	□ Every day		
Н	other family members tell stories or sing songs to this child? 0 days 1-3 days 4-6 days Every day	Does this child receive care for at least 10 hours per week from someone other than his or her parent or guardian? This could be a day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter or relative. Yes No DURING THE PAST 12 MONTHS, did you or anyone in the family have to quit a job, not take a job, or greatly change your job because of problems with child care for this child? Yes No I. About Your Family and Household	
Hí	DURING THE PAST MONTH, how often have you felt: Never Rarely Sometimes Usually Always	DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal	9
	a. That this child is much harder to care for than most children his or her age?	together? 0 days 1-3 days	
	b. That this child does things that really bother you a lot?	☐ 4-6 days ☐ Every day	
	c. Angry with		

F	Does anyone living in your household use cigarettes, 18 In your neighborhood, is there:			
ď	Does anyone living in your household use cigarettes, cigars, or pipe tobacco?		Yes	No
	☐ Yes a. Sidewalks or walking paths?			
	□ No → SKIP to question 14 b. A park or playground?			
Œ	If yes, does anyone smoke inside your home? c. A recreation center, community center, or boys' and girls' club'			
	Yes d. A library or bookmobile?			
	No e. Litter or garbage on the street or sidewalk?			
Ľ	When your family faces problems, how often are you likely to do each of the following? f. Poorly kept or rundown housin	ıq?		
	All of Most of Some of None of the time the time the time the time g. Vandalism such as broken	Ü		
	a. Talk together windows or graffiti?	4h 4haaa a	totomor	40
	b. Work together to about your neighborhood or con	mmunity?		
	c. Know we have	Somewhat S agree	omewhat disagree	Definitely disagree
	strengths to draw on			
	d. Stay hopeful			
I	each other's			
	very hard to get by on your family's income – hard to neighborhood cover the basics like food or housing?			
	Never C. This child is safe in our neighborhood			
	Rarely d. When we			
	Somewhat often encounter difficulties, we know where to			
	☐ Very often go for help in our community			
Œ	The next question is about whether you were able to afford the food you need. Which of these statements best describes the food situation in your household IN THE PAST 12 MONTHS? We could always afford to eat good nutritious meals.	e. These the people mail ions. You to answer	nings ca ay feel may sk	ip
	experienced any of the following			
	We could always afford enough to eat but not always the kinds of food we should eat. a. Parent or guardian divorced or separated	-	Yes	No
	Sometimes we could not afford enough to eat. b. Parent or guardian died			
	Often we could not afford enough to eat. c. Parent or guardian served time	e in iail		
Œ		s slap,		
	Yes No home a. Cash assistance from a government			
	welfare program? witnessed violence in neighbor			
	b. Food Stamps or Supplemental Nutrition Assistance Program benefits?f. Lived with anyone who was mill, suicidal, or severely depres			
	c. Free or reduced-cost breakfasts or lunches at school?	problem		
	d. Benefits from the Woman, Infants, and Children (WIC) Program? h. Treated or judged unfairly because of his or her race or ethnic groups.			

	J. About You	What is the highest grade or year of school you had completed? Mark ONE only.	ave
Ę	Complete the questions for each of the two adults in the household who are this child's primary	□ 8th grade or less	
ı	caregivers. If there is just one adult, provide answers for that adult.	9th-12th grade; No diploma	
ı	ADULT 1 (Respondent)	☐ High School Graduate or GED Completed	
J.		Completed a vocational, trade, or business scho	ol
1	☐ Biological or Adoptive Parent	program Some College Credit, but no Degree	
ı	☐ Step-parent	Associate Degree (AA, AS)	
ı	Grandparent	Bachelor's Degree (BA, BS, AB)	
ı	Foster Parent	Master's Degree (MA, MS, MSW, MBA)	
ı	Aunt or Uncle	Doctorate (PhD, EdD) or Professional Degree	
ı	Other: Relative	(MD, DDS, DVM, JD) What is your marital status?	
ı	Other: Non-Relative	Married Married	
J:	What is your sex?	Not married, but living with a partner	
١	☐ Male	Never Married	
ı	Female		
J:	What is your age?	Divorced	
Ĭ	, innatio your ago:	Separated	
ı	Age in years	Widowed	
	With any control have 0	J8 In general, how is your physical health?	
J ⁴	Where were you born? ☐ In the United States → SKIP to question J6	Excellent	
ı		☐ Very Good	
	Outside of the United States	Good	
J	When did you come to live in the United States? Year	☐ Fair	
ı		Poor	
ı		J9 In general, how is your mental or emotional health	?
ı		Excellent	
ı		☐ Very Good	
ı		Good	
ı		☐ Fair	
ı		Poor	
		J10 Were you employed at least 50 out of the past 52 v	weeks?
		Yes	
		□ No	
1			



			ADULT 2	17 V	Nha	t is Adult 2's marital status?
Ji) H	low	is Adult 2 related to this child?			Married
ı			Biological or Adoptive Parent			Not married, but living with a partner
ı			Step-parent			Never Married
ı			Grandparent			Divorced
ı			Foster Parent			Separated
ı			Aunt or Uncle			Widowed
ı			Other: Relative	18 lı	n ge	eneral, how is Adult 2's physical health?
ı			Other: Non-Relative			Excellent
J1	2 v	Vha	t is Adult 2's sex?			Very Good
I			Male			Good
ı			Female			Fair
Ji	y	Vha	t is Adult 2's age?			Poor
ı				19 li	n ge	eneral, how is Adult 2's mental or emotional health?
ı	L		Age in years			Excellent
J1	V	Vhe	re was Adult 2 born?			Very Good
ı			In the United States → SKIP to question J16			Good
			Outside of the United States			Fair
J1			n did Adult 2 come to live in the United States?			Poor
ı	Y	'ear	<u> </u>	20 V	Nas veel	Adult 2 employed at least 50 out of the past 52 ks?
ı						Yes
11) V	Vha om	t is the highest grade or year of school Adult 2 has pleted? Mark ONE only.			No
ı			8th grade or less			
ı			9th-12th grade; No diploma			
ı			High School Graduate or GED Completed			
ı			Completed a vocational, trade, or business school program			
ı			Some College Credit, but no Degree			
ı			Associate Degree (AA, AS)			
			Bachelor's Degree (BA, BS, AB)			
			Master's Degree (MA, MS, MSW, MBA)			
			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			



(Ja Ma red AM	come IN THE LAST CALENDAR YEAR anuary 1 - December 31, 2014) ark (X) the "Yes" box for each type of income the family ceived, and give your best estimate of the TOTAL MOUNT IN THE LAST CALENDAR YEAR. Mark (X) the lo" box to show types of income NOT received.	The following question is about your income and is very important. Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount before taxes? Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance and as forth. Also, include income form
	Wages, salary, commissions, bonuses, or tips from all jobs? Yes No Total Amount Self-employment income from own nonfarm businesses or farm business, including proprietorships and	public assistance, and so forth. Also, include income from interest, dividends, net income from business, farm, or rent, and any other money income received. \$ Total Amount How many people are living or staying at this address? Include everyone who usually lives or stays at this address. Do NOT include anyone who is living somewhere else for
C.	partnerships? Yes No Total Amount Interest, dividends, net rental income, royalty income, or income from estates and trusts? No	more than two months, such as a college student living away or someone in the Armed Forces on deployment. Number of people How many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.
d.	\$ Total Amount Social security or railroad retirement; retirement, survivor, or disability pensions? Yes No	Number of people
e.	Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office? Yes No Total Amount	
f.	Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation child support, or alimony? Yes No Total Amount	

Mailing Instructions

Thank you for your participation.

On behalf of the Department of Health and Human Services, we would like to thank you for the time and effort you have spent sharing information about this child and your family.

Your answers are important to us and will help researchers, policymakers, and family advocates to better understand the health and healthcare needs of children in our diverse population.

Place the completed questionnaire in the postage-paid return envelope. If the envelope has been misplaced, mail the questionnaire to:

U.S. Census Bureau ATTN: DCB 60-A 1201 E. 10th Street Jeffersonville, IN 47132-0001

You may also call 1-800-845-8241 to request a replacement envelope.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project

, U.S. Census Bureau, 4600 Silver Hill Road, Room 7H054, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@census.gov; use "Paperwork Project" as the subject.



Topical Questionnaire - 6 to 11 Year Old Children



National Survey of Children's Health

A study by the U.S. Department of Health and Human Services to better understand the health issues being faced by children in the United States today.







The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies, and Title 42, United States Code, Chapter 7, Title 5, which allows the HHS to collect information for the purpose of understanding the health and well-being of children in the United States.

Any information you provide will be shared among a limited number of Census Bureau and HHS staff only for work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and in accordance with System of Records Notice COMMERCE/Census-7, Other Agency Surveys and Reimbursables. By law, the information is kept confidential in accordance with the Confidential Information Protection and Statistical Efficiency Act (CIPSEA), 44 U.S.C. 3501 note. This law requires the Census Bureau and HHS to keep all information about you and your household strictly confidential, and also requires that the information be used only for statistical purposes. In compliance with this law, all data released to the public are only in a statistical format. No information that could personally identify you or your family is released. Violation of this law is a federal crime that is associated with severe penalties, including a federal prison sentence of up to five years, a fine of up to \$250,000, or both.

Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining this much needed information is extremely important in order to ensure complete and accurate results.

NSCH-P-T2 (03/17/2015)



Start Here	A3 How well does each of these items describe this chi	ld?
5	true true	Not true
Recently, you completed a survey that asked about the children usually living or staying at this address. Thank you for taking the time to complete that survey.	a. This child shows interest and curiosity in learning new things	
We now have some follow-up questions to ask about:	b. This child works to finish tasks he or she starts	
	c. This child stays calm and in control when faced with a challenge	
These questions will collect more detailed information on various aspects of this child's health including his or her health status, visits to health care providers,	d. This child cares about doing well in school	
health care costs, and health insurance coverage.	e. This child does all required homework	
We have selected only one child per household in an effort to minimize the amount of time necessary to complete the follow-up questions.	f. This child is bullied, picked on, or excluded by other children	
The survey should be completed by an adult who is familiar with this child's health and health care.	g. This child bullies others, picks on them, or excludes them	
Your participation is important. Thank you.	h. This child argues too unuch	
A. This Child's Health	DURING THE PAST 12 MONTHS, has this child had difficulty with or experienced any of the following? Yes	No
In general, how would you describe this child's health (the one named above)?	a. Breathing or other respiratory problems (such as wheezing or shortness of breath)	
☐ Very good	b. Eating or swallowing because of a health condition	
Good	c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea	
☐ Poor	d. Repeated or chronic physical pain, including headaches or other back or body pain	
How would you describe the condition of this child's teeth?	e. Toothaches	
Excellent	f. Bleeding gums	
☐ Very good	g. Decayed teeth or cavities	Ш
Good	A5 Does this child have any of the following? Yes	No
☐ Fair	a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or	
Poor	emotional condition b. Serious difficulty walking or climbing	
	stairs c. Difficulty dressing or bathing	
	d. Deafness or problems with hearing	
	e. Blindness or problems with seeing, even when wearing glasses	



A6	Has a doctor or other health care provider EVER told you that this child has	(Has a doctor or other health care provider EVER told you that this child has)
	Allergies (including food, drug, insect, or other)?	1 Cerebral Palsy?
	☐ Yes ☐ No	☐ Yes ☐ No
	If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, is it:	If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A7		2 Cystic Fibrosis?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	→ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A8	Asthma?	3 Diabetes?
T	☐ Yes ☐ No	☐ Yes ☐ No
	lf yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, is it:	☐ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
AG	Blood Disorders (such as sickle call disease	Down Syndromo?
A9	Blood Disorders (such as sickle cell disease, thalassemia, or hemophilia)?	4 Down Syndrome?
A9		☐ Yes ☐ No
A9	thalassemia, or hemophilia)?	Yes No If yes, does this child CURRENTLY have the condition?
A9	thalassemia, or hemophilia)? Yes No	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No
A9	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it:
A9	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it:	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it:
A10	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury?	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it: ☐ Mild ☐ Moderate ☐ Severe
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it: ☐ Mild ☐ Moderate ☐ Severe 5 Epilepsy or seizure disorder?
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition?	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it: ☐ Mild ☐ Moderate ☐ Severe ☐ Epilepsy or seizure disorder? ☐ Yes ☐ No
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it: ☐ Mild ☐ Moderate ☐ Severe ■ Epilepsy or seizure disorder? ☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition?
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it:	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it: ☐ Mild ☐ Moderate ☐ Severe ☐ Yes ☐ No ☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe	<pre></pre>
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe	Yes
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe	Yes
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe	Yes
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe	Yes
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe	<pre></pre>
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe	Yes

	(Has a doctor or other health care provider EVER told you that this child has)	EVER told you that this child has
A17	Heart Condition?	Examples of educators are teachers and school nurses.
T	☐ Yes ☐ No	Behavioral or Conduct Problems?
	☐ If yes, does this child CURRENTLY have the condition?	☐ Yes ☐ No
		☐ If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	
	☐ Mild ☐ Moderate ☐ Severe	→ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe
A18	Frequent or severe headaches, including migraine?	Substance Abuse Disorder?
	☐ Yes ☐ No	
	If yes, does this child CURRENTLY have the condition?	_ 100
	☐ Yes ☐ No	If yes, does this child CURRENTLY have the condition?
	☐ If yes, is it:	☐ Yes ☐ No
		☐ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A19	Tourette Syndrome?	
T	Yes No	Developmental Delay?
	☐ If yes, does this child CURRENTLY have the condition?	☐ Yes ☐ No
		If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	
	☐ Mild ☐ Moderate ☐ Severe	→ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe
A20	Anxiety Problems?	Intellectual Disability (also known as Mental Retardation)?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, does this child CURRENTLY have the condition?	
	☐ Yes ☐ No	☐ If yes, does this child CURRENTLY have the condition?
		☐ Yes ☐ No
	→ If yes, is it:	☐ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A21	Depression?	
T	☐ Yes ☐ No	Speech or other language disorder?
		☐ Yes ☐ No
	☐ If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, is it:	→ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	
		☐ Mild ☐ Moderate ☐ Severe
	Az	T Learning Disability?
		☐ Yes ☐ No
		→ If yes, does this child CURRENTLY have the condition?
		☐ Yes ☐ No
		→ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe

A2	Has a doctor or other health care provider EVER told you that this child has	A32	Is this child CURRENTLY taking medication for Autism, ASD or PDD?
	Any Other Mental Health Condition?		☐ Yes ☐ No
	☐ Yes ☐ No		
	☐ If yes, specify: ✓	A33	child receive behavioral treatment for Autism, ASD or
۱			PDD, such as training or an intervention that you or this child received to help with his or her behavior?
۱	☐ If yes, does this child CURRENTLY have the	-	☐ Yes ☐ No
۱	condition?		Han a doctor or other books care provider EVED told
۱	☐ Yes ☐ No	A34	you that this child has Attention Deficit Disorder or
۱	☐ If yes, is it:		Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD?
١	☐ Mild ☐ Moderate ☐ Sev	ere	☐ Yes ☐ No → SKIP to question A37
A2	Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum		If yes, does this child CURRENTLY have the condition?
ı	Disorder (ASD)? Include diagnoses of Asperger's Disorde	er	☐ Yes ☐ No
۱	or Pervasive Developmental Disorder (PDD).		☐ If yes, is it:
۱	☐ Yes ☐ No → SKIP to question A34		☐ Mild ☐ Moderate ☐ Severe
۱	If yes, does this child CURRENTLY have the condition	on? A35	Is this child CURRENTLY taking medication for ADD or
۱	☐ Yes ☐ No	(45)	ADHD?
۱	→ If yes, is it:		☐ Yes ☐ No
۱	☐ Mild ☐ Moderate ☐ Severe	A36	At anytime DURING THE PAST 12 MONTHS, did this
АЗ			child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this
Ī	care provider FIRST told you that he or she had Autism ASD, or PDD?	n,	child received to help with his or her behavior?
۱			☐ Yes ☐ No
۱	Age in years Don't know	A37	DURING THE PAST 12 MONTHS, how often have this
42	What time of deater or allow health care manifely was		child's health conditions or problems affected his or her
A3	the FIRST to tell you that this child had Autism, ASD		ability to do things other children his or her age do?
۱	or PDD? Mark ONE only.		This child does not have any conditions → SKIP to question B1
۱	☐ Primary Care Provider		Never
	Specialist		
	School Psychologist/Counselor		Sometimes
	Other Psychologist (Non-School)		Usually
	Psychiatrist		Always
۱		A38	
۱	☐ Other, specify:	, I	problems affect his or her ability to do things?
۱			☐ Very little
	☐ Don't know		Somewhat
١			☐ A great deal
-1			

	B. This Child as an Infant	C. Health Care Services
B1	Was this child born more than 3 weeks before his or her due date?	DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care?
	□ No	Yes
B2	How much did he or she weigh when born?	□ No → SKIP to question C4
	Provide your best estimate. pounds ounces	If yes, DURING THE PAST 12 MONTHS, how many time did this child visit a doctor, nurse, or other health care professional to receive a preventive check-up? A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.
	kilograms	□ 0 visits → SKIP to question C4
В3	\	1 visit
	born?	2 or more visits
	Age in years	Thinking about the LAST TIME you took this child for a preventive check-up, about how long was the doctor or health care provider who examined this child in the room with you? Your best estimate is fine.
		Less than 10 minutes
		☐ 10-20 minutes
		☐ More than 20 minutes
		What is this child's CURRENT height?
		feet inches
		meters centimeters
		How much does this child CURRENTLY weigh?
		pounds
		kilograms
		Are you concerned about this child's weight?
		Yes, it's too high
		Yes, it's too low
		□ No, I am not concerned



C	h	s there a place that this child USUALLY goes when be or she is sick or you or another caregiver needs advice about his or her health?	C13	DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for any kind of dental or oral health care?
ı	[Yes		☐ Yes, saw a dentist
ı	[No → SKIP to question C9		Yes, saw other oral health care provider
C		f yes, where does this child USUALLY go? Mark ONE only.		□ No → SKIP to question C16
ı		Doctor's Office	C14	If yes, DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for preventive dental care, such as check-ups, dental
ı		Hospital Emergency Room		cleanings, dental sealants, or fluoride treatments?
ı		Hospital Outpatient Department		No preventive visits in the past 12 months → SKIP to question C16
ı	ا	Clinic or Health Center		Yes, 1 visit
ı	ا	Retail Store Clinic or "Minute Clinic"		Yes, 2 or more visits
ı	l	School (Nurse's Office, Athletic Trainer's Office)	C15	
		Some other place		preventive dental services did this child receive? Mark ALL that apply.
C:	h	s there a place that this child USUALLY goes when be or she needs routine preventive care, such as a physical examination or well-child check-up?		☐ Check-up
ı	[☐ Yes		L Cleaning
ı	[No → SKIP to question C11		Instruction on tooth brushing and oral health care
	14			☐ X-Rays
C1	ULL	r yes, is this the same place this child goes when he		
G		f yes, is this the same place this child goes when he or she is sick?		☐ Fluoride treatment
G				☐ Fluoride treatment ☐ Sealant (plastic coatings on back teeth)
		or she is sick?		
C1		r she is sick? Yes	C16	☐ Sealant (plastic coatings on back teeth) ☐ Don't know DURING THE PAST 12 MONTHS, has this child
		r she is sick? Yes No DURING THE PAST 2 YEARS, has this child had his or	C 16	□ Sealant (plastic coatings on back teeth) □ Don't know DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? Mental health professionals include
		Yes No DURING THE PAST 2 YEARS, has this child had his or her vision tested with pictures, shapes, or letters?	C 16	☐ Sealant (plastic coatings on back teeth) ☐ Don't know DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental
	0	r she is sick? Yes No No OURING THE PAST 2 YEARS, has this child had his or the revision tested with pictures, shapes, or letters? Yes No → SKIP to question C13 f yes, what kind of place or places did this child have	C16	□ Sealant (plastic coatings on back teeth) □ Don't know DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical
C1	0	r she is sick? Yes No No OURING THE PAST 2 YEARS, has this child had his or her vision tested with pictures, shapes, or letters? Yes No → SKIP to question C13 f yes, what kind of place or places did this child have his or her vision tested? Mark ALL that apply.	C16	□ Sealant (plastic coatings on back teeth) □ Don't know DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. □ Yes □ No, but this child needed to see a mental health
C1	0	r she is sick? Yes No No OURING THE PAST 2 YEARS, has this child had his or the revision tested with pictures, shapes, or letters? Yes No → SKIP to question C13 f yes, what kind of place or places did this child have	C16	□ Sealant (plastic coatings on back teeth) □ Don't know DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. □ Yes □ No, but this child needed to see a mental health professional
C1	0	r she is sick? Yes No No OURING THE PAST 2 YEARS, has this child had his or her vision tested with pictures, shapes, or letters? Yes No → SKIP to question C13 f yes, what kind of place or places did this child have his or her vision tested? Mark ALL that apply. Eye doctor or eye specialist (opthalmologist,	C16	□ Sealant (plastic coatings on back teeth) □ Don't know DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. □ Yes □ No, but this child needed to see a mental health
C1	0	r she is sick? Yes No No OURING THE PAST 2 YEARS, has this child had his or her vision tested with pictures, shapes, or letters? Yes No → SKIP to question C13 If yes, what kind of place or places did this child have his or her vision tested? Mark ALL that apply. Eye doctor or eye specialist (opthalmologist, optometrist) office	C16	 □ Sealant (plastic coatings on back teeth) □ Don't know DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. □ Yes □ No, but this child needed to see a mental health professional □ No, this child did not need to see a mental health professional □ No, this child did not need to see a mental health professional
C1	0	r she is sick? Yes No No OURING THE PAST 2 YEARS, has this child had his or her vision tested with pictures, shapes, or letters? Yes No → SKIP to question C13 f yes, what kind of place or places did this child have his or her vision tested? Mark ALL that apply. Eye doctor or eye specialist (opthalmologist, optometrist) office Pediatrician or other general doctor's office		 Sealant (plastic coatings on back teeth) Don't know DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. Yes No, but this child needed to see a mental health professional No, this child did not need to see a mental health professional → SKIP to question C18 How much of a problem was it to get the mental health
C1	0	r she is sick? Yes No No OURING THE PAST 2 YEARS, has this child had his or her vision tested with pictures, shapes, or letters? Yes No → SKIP to question C13 f yes, what kind of place or places did this child have his or her vision tested? Mark ALL that apply. Eye doctor or eye specialist (opthalmologist, optometrist) office Pediatrician or other general doctor's office Clinic or health center		Sealant (plastic coatings on back teeth) Don't know DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. Yes No, but this child needed to see a mental health professional No, this child did not need to see a mental health professional → SKIP to question How much of a problem was it to get the mental health treatment or counseling that this child needed?
C1	0	yes No No No No No No No No No N		Sealant (plastic coatings on back teeth) Don't know DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. Yes No, but this child needed to see a mental health professional No, this child did not need to see a mental health professional → SKIP to question How much of a problem was it to get the mental health treatment or counseling that this child needed? Not a problem Small problem
C1	0	yes No No No No No No No No No N		 Sealant (plastic coatings on back teeth) Don't know DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. Yes No, but this child needed to see a mental health professional No, this child did not need to see a mental health professional → SKIP to question How much of a problem was it to get the mental health treatment or counseling that this child needed? Not a problem



G1	DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with his or her emotions, concentration, or behavior?	C24	because: Yes No
١	Yes		a. This child was not eligible for the services?
١	□ No		b. The services this child needed were not available in your area?
C19	specialist other than a mental health professional? Specialists are doctors like surgeons, heart doctors, allergy		c. There were problems getting an appointment when this child needed one?
١	doctors, skin doctors, and others who specialize in one area of health care.		d. There were problems with getting transportation or child care?
۱	Yes		e. The (clinic/doctor's) office wasn't open when this child needed care?
١	No, but this child needed to see a specialist		f. There were issues related to cost?
۱	No, this child did not need to see a specialist → SKIP to question C21	C25	DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?
C2(How much of a problem was it to get the specialist care that this child needed?		Never
١	☐ Not a problem		Sometimes
١	☐ Small problem		Usually
١	☐ Big problem		Always
C2*	DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.	C26	DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room? No visits 1 visit
۱	Yes		2 or more visits
	No	C27	Has this child EVER had a special education or early intervention plan? Children receiving these services often
C2:	DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not received? By health care, we mean medical care as well		have an Individualized Family Service Plan or Individualized Education Plan.
١	as other kinds of care like dental care, vision care, and mental health services.		Yes
١	Yes		No → SKIP to question C30
١	No → SKIP to question C25	C28	If yes, how old was this child, in months, at the time of the FIRST plan?
C2:	If yes, which types of care were not received? Mark ALL that apply.		Age in months
۱	Medical Care		
١	Dental Care	C29	Is this child CURRENTLY receiving services under one of these plans?
۱	☐ Vision Care		Yes
	Hearing Care		□ No
	Mental Health Services		
	☐ Other, specify: ☐		



C	Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy? Yes			D. Experi Child's Pr		ilth C		5
C3	 No → SKIP to question If yes, how old was this child, in years, when he or she began receiving these special services? Age in years	01	chi nur and a g	you have one or m Id's personal docto se is a health profes d is familiar with this eneral doctor, a pedi se practitioner, or a p	r or nurs sional wh child's he iatrician,	se? A pers no knows ealth histo a specialis	sonal docto this child w ry. This cai st doctor, a	r or vell n be
C3	Is this child CURRENTLY receiving these special services?			Yes, more than on	e person			
	☐ No	D2		RING THE PAST 12 erral to see any doo Yes				
		DS	If y	No \rightarrow SKIP to quetes, how much of a			get referr	als?
				Not a problem Small problem				
			40	Big problem	question	s only if	this shild l	had a
			hea SK	alth care visit IN TH IP to question 1	E PAST	12 MON1	THS. Other	wise,
				ld's doctors or othe	er health	care pro	viders:	
			a.	Spend enough time	Always	Usually	Sometimes	Never
			b.	with this child? Listen carefully to you?				
			C.	Show sensitivity to your family's values and customs?				
			d.	Provide the specific information you needed concerning this child?				
			e.	Help you feel like a partner in this child's care?				
1								



D	needed about this child's health care services or treatment, such as whether to start or stop a	D10	Overall, how satisfied are you with the communication among this child's doctors and other health care providers?
	prescription or therapy services, get a referral to a specialist, or have a medical procedure?		☐ Very satisfied
	Yes		☐ Somewhat satisfied
	□ No → SKIP to question D7		☐ Somewhat dissatisfied
D	If yes, DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers:		☐ Very dissatisfied
	Always Usually Sometimes Never a. Discuss with you	011	care provider communicate with the child's school, child
	the range of options to consider for his		care provider, or special education program?
	or her health care or treatment?		Yes
	b. Make it easy for you		No → SKIP to question E1
	to raise concerns or disagree with recommendations for this child's health		Did not need health care provider to communicate with these providers → SKIP to question E1
	care? c. Work with you to	D12	If yes, overall, how satisfied are you with the health care provider's communication with the school, child care provider, or special education program?
	which health care and treatment		☐ Very satisfied
	choices would be best for this child?		Somewhat satisfied
D	Does anyone help you arrange or coordinate this child's care among the different doctors or services		☐ Somewhat dissatisfied
	that this child uses?		☐ Very dissatisfied
	Yes		
	No		
	Did not see more than one health care provider in PAST 12 MONTHS → SKIP to question D11		
D	DURING THE PAST 12 MONTHS, have you felt that you could have used extra help arranging or coordinating this child's care among the different health care providers or services?		
	Yes		
	No → SKIP to question D10		
D	If yes, DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with arranging or coordinating this child's health care?		
	Usually		
	Sometimes		
	Never		



		E. This Child's Hea		E5	How often does this child's health insurance offer benefits or cover services that meet this child's needs?				
1	CO	RING THE PAST 12 MONTHS, was this vered by ANY kind of health insurance overage plan?				Usually			
	 Yes, this child was covered all 12 months → SKIP to question 						Sometimes Never		
ı	Yes, but this child had a gap in coverage						ow often does this child's health insurance allow him		
	L	No				or	r her to see the health care providers he or she needs?		
2		icate whether any of the following is a lid was not covered by health insurance				L	Always		
ı		E PAST 12 MONTHS:	Yes	No			Usually		
	a.	Change in employer or employment status					Sometimes		
	b.	Cancellation due to overdue premiums					Never		
ı		Dropped coverage because it was unaffordable			E7	ar	ot including health insurance premiums or costs that re covered by insurance, do you pay any money for		
ı		Dropped coverage because benefits were inadequate				thi	vis child's health care?		
		e. Dropped coverage because choice of health care providers was inadequate					No → SKIP to question E9		
	f.	Problems with application or renewal process			E8) If :	yes, how often are these costs reasonable?		
ı	g.	Other, specify: _✓					Always		
ı							Usually		
3		his child CURRENTLY covered by ANY					Sometimes		
Ī	hea	alth insurance or health coverage plan?					Never		
		Yes No → SKIP to question F1			E	m	nswer the following question only if this child uses tental or behavioral health services. Otherwise, SKIP o question		
4		this child covered by any of the following the insurance or health coverage plans		of		Th	hinking specifically about this child's mental or ehavioral health needs, how often does this child's		
			Yes	No		he	ealth insurance offer benefits or cover services that leet these needs?		
ı		Insurance through a current or former employer or union					Always		
ı		Insurance purchased directly from an insurance company					Usually		
	C.	Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability					Sometimes Never		
	d.	TRICARE or other military health care							
	e.	Indian Health Service							
	f.	Other, specify: 📈							



	F. Providing for This Child's Health	F5 IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making appointments or locating services?
E	How much money did you pay for this child's medical and health care DURING THE PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.	☐ I did not arrange or coordinate health or medical care ☐ Less than 1 hour per week
	\$0 (No medical or health-related expenses) → SKIP to question \$1-\$249	☐ 1-4 hours per week ☐ 5-10 hours per week
	\$250-\$499	11 or more hours per week
	□ \$500-\$999 □ \$1,000-\$5,000	G. This Child's Schooling and Activities
	☐ More than \$5,000	G1 DURING THE PAST 12 MONTHS, about how many days did this child miss school because of illness or injury?
F	DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills?	☐ No missed school days
	☐ Yes	1-3 days
	□ No	4-6 days
E	DURING THE PAST 12 MONTHS, have you or other family members: Yes No	7-10 days 11 or more days
	a. Stopped working because of this child's health status?	G2 DURING THE PAST 12 MONTHS, how many times has
	b. Cut down on the hours you work because of this child's health or health conditions?	this child's school contacted you or another adult in your household about any problems he or she is having with school?
	c. Avoided changing jobs because of concerns about maintaining health insurance for this child?	□ No times
F	4 IN AN AVERAGE WEEK, how many hours do you or	1 time
	other family members spend providing health care at home for this child? Care might include changing bandages, or giving medication and therapies when needed	2 or more times
	☐ I did not provide any care	G3 SINCE STARTING KINDERGARTEN, has this child repeated any grades?
	Less than 1 hour per week	Yes
	☐ 1-4 hours per week	□ No
	5-10 hours per week	
	☐ 11 or more hours per week	



G	DURING THE PAST 12 MONTHS, did this participate in:			H. About You and This Child
	A sports team or did he or she take sports lessons after school or on weekends?	Yes No		
	b. Any clubs or organizations after school or on weekends?			☐ Yes → SKIP to question H3
	c. Any other organized activities or lessons, such as music, dance, language, or other arts?		H2	□ No If no, how long has this child been living in the United
	d. Any type of community service or volunteer work at school, church, or in the community?			States?
	e. Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work?		H3	Years and Months How many times has this child moved to a new address
G	DURING THE PAST 12 MONTHS, how off attend events or activities that this child	ten did you		since he or she was born?
	Always			Number of times
	Usually		H4	How often does this child go to bed at about the same
	Sometimes			time on weeknights?
١	Rarely			Always
١	Never			Usually
G	DURING THE PAST WEEK, on how many	/ days did		Sometimes
	this child exercise, play a sport, or partic physical activity for at least 60 minutes?	cipate in		Rarely
	0 days			Never
	☐ 1-3 days		H5	DURING THE PAST WEEK, how many hours of sleep did this child get on an average weeknight?
	4-6 days			Less than 6 hours
	Every day			6 hours
G				7 hours
	difficulty does this child have making or friends?	keeping		8 hours
	☐ No difficulty			9 hours
١	☐ A little difficulty			10 hours
	☐ A lot of difficulty			☐ 11 or more hours
١				
١				
١				



H	ON AN AVERAGE WEEKDAY, about how much time does this child usually spend in front of a TV watching TV programs, videos, or playing video games?	H10		JRING THE PAS	ST MON Never			ave you t	
	□ None □ Less than 1 hour			child is much harder to care for than most children his					
١	☐ 1 hour		b.	or her age? That this					
	2 hours			child does things that really bother					
١	☐ 3 hours			you a lot?					
١	4 or more hours		G.	Angry with this child?					
Œ	ON AN AVERAGE WEEKDAY, about how much time does this child usually spend with computers, cell phones, handheld video games, and other electronic devices, doing things other than schoolwork?	(1)	tha	JRING THE PAS at you could tu th parenting or Yes	rn to for	day-to-	day emo	re somed	one pport
١	None			_					
١	Less than 1 hour		-	No → SKIP t	o quest	ion W			
١	□ 1 hour	H12	lf y	es, did you red	eive en	notional	support	from: Yes	No
١	□ 2 hours		a.	Health care pro	vider?				
١	☐ 3 hours		b.	Family member	or clos	e friend?			
ı	4 or more hours		C.	Place of worsh leader?	ip or reli	gious			
H	How well can you and this child share ideas or talk about things that really matter?		d.	Support or adveto specific heal			ted		
١	□ Very well			Peer support g	•				
١	Somewhat well		f.	Counselor or or professional?	ther mer	ntal healt	h		
١	□ Not very well		g.	Other, specify:					
١	□ Not at all								
HS	In general, how well do you feel that you are coping with the day-to-day demands of raising children?								
١	□ Very well								
١	☐ Somewhat well								
١	□ Not very well								
١	□ Not at all								
1									

	I. About You	our Far usehol		nd (affe bes	e next question is about whether you vord the food you need. Which of these at describes the food situation in your THE PAST 12 MONTHS?	stateme	nts			
4		DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal together?			We could always afford to eat good nutritious meals.						
١	□ 0 days					We could always afford enough to eat but not always the kinds of food we should eat.					
١	1-3 days					Sometimes we could not afford enough	to eat.				
١	4-6 days					Often we could not afford enough to ea	at.				
١	☐ Every day			0		any time DURING THE PAST 12 MONT		n for			
12	Does anyone living in y	our bousabal	d uso ciaaro	ttos	one	e month, did anyone in your family rec	eive: Yes	No			
	cigars, or pipe tobacco		u use cigare	iles,	a.	Cash assistance from a government welfare program?					
١	Yes				b.	Food Stamps or Supplemental Nutrition Assistance Program benefits?					
	□ No → SKIP to que				c.	Free or reduced-cost breakfasts or lunches at school?					
[3		oke inside yo	ur home?		d.	Benefits from the Woman, Infants, and Children (WIC) Program?					
1		☐ Yes			o In i	our neighborhood, is there:					
1	∐ No				بسار و	our neighborhood, is there.	Yes	No			
14	When your family faces likely to do each of the		ow often are	you	a.	Sidewalks or walking paths?					
١		_	of Some of	None of the time	b.	A park or playground?					
١	Talk together about what to do				c.	A recreation center, community center, or boys' and girls' club?					
١	b. Work together to solve our problems					A library or bookmobile?					
١	c. Know we have strengths to draw on				e.	Litter or garbage on the street or sidewalk?					
١	d. Stay hopeful				f.	Poorly kept or rundown housing?					
	even in difficult times				g.	Vandalism such as broken windows or graffiti?					
15	SINCE THIS CHILD WA very hard to get by on cover the basics like for	your family's	income – har								
١	Never										
١	Rarely										
١	Somewhat often										
	☐ Very often										
-											



IS	ab	what extent do yo out your neighborh		ity? nat Somewhat	Definitely disagree	The next questions are happened during this chappen in any family, buncomfortable with the any questions you do not be a second to the property of the propert	hild's life. These th ut some people ma se questions. You l	ings ca ay feel may sk	n
	a.	People in this neighborhood help each other out				To the best of your known experienced any of the	wledge, has this cl	hild EV	
	b.	We watch out for each other's children in this				Parent or guardian di separated	orced or	Yes	No
	C	neighborhood This child is				b. Parent or guardian die	∍d		
	C.	safe in our neighborhood				c. Parent or guardian sed. Saw or heard parents	_		
	d.	When we encounter difficulties, we				hit, kick, punch one a	nother in the		
		know where to go for help in our community				e. Was a victim of violer witnessed violence in	neighborhood		
	e.	This child is safe at school				f. Lived with anyone wh ill, suicidal, or severel	o was mentally y depressed		
(1	Oti	her than you or oth	ner adults in vou	r home. is th	ere at	g. Lived with anyone wh with alcohol or drugs	o had a problem		
	lea or	est one other adult community who kr e can rely on for ac	in this child's so nows this child w	hool, neighb ell and who	orhood,	h. Treated or judged unf of his or her race or e			
		Yes	J						
		No							

	J. About You	J6		at is the highest grade or year of school you have apleted? Mark ONE only.
Ş	Complete the questions for each of the two adults in the household who are this child's primary			8th grade or less
ı	caregivers. If there is just one adult, provide answers for that adult.			9th-12th grade; No diploma
ı	ADULT 1 (Respondent)			High School Graduate or GED Completed
J ₁				Completed a vocational, trade, or business school program
I	☐ Biological or Adoptive Parent			Some College Credit, but no Degree
ı	Step-parent			Associate Degree (AA, AS)
ı	Grandparent			Bachelor's Degree (BA, BS, AB)
ı	☐ Foster Parent			Master's Degree (MA, MS, MSW, MBA)
ı	☐ Aunt or Uncle			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
ı	U Other: Relative	J7	Wha	at is your marital status?
	Other: Non-Relative			Married
J2				Not married, but living with a partner
ı	☐ Male			Never Married
	☐ Female			Divorced
J3	What is your age?			Separated
ı	Age in years			Widowed
	Age iii yeais	J8	In g	eneral, how is your physical health?
J4				Excellent
ı	In the United States → SKIP to question J6			Very Good
	Outside of the United States			Good
J5	When did you come to live in the United States? Year			Fair
ı				Poor
ı		J9	In g	eneral, how is your mental or emotional health?
ı				Excellent
ı				Very Good
ı				Good
ı				Fair
ı				Poor
		J10	Wer	e you employed at least 50 out of the past 52 weeks?
			Ш	Yes
				No



		ADULT 2	17	Wha	nt is Adult 2's marital status?
J	Но	w is Adult 2 related to this child?			Married
١		Biological or Adoptive Parent			Not married, but living with a partner
ı		Step-parent			Never Married
ı		Grandparent			Divorced
ı		Foster Parent			Separated
ı		Aunt or Uncle			Widowed
ı		Other: Relative	18	In g	eneral, how is Adult 2's physical health?
ı		Other: Non-Relative			Excellent
J1	w w	nat is Adult 2's sex?			Very Good
Ī		Male			Good
ı		Female			Fair
Ji	w _l	nat is Adult 2's age?			Poor
ı			19	In g	eneral, how is Adult 2's mental or emotional health?
ı	L	Age in years			Excellent
Ji) wi	nere was Adult 2 born?			Very Good
ı		In the United States → SKIP to question J16			Good
ı		Outside of the United States			Fair
J		nen did Adult 2 come to live in the United States?			Poor
ı	Ye	ar	20	Was wee	Adult 2 employed at least 50 out of the past 52 ks?
ı					Yes
J10	w W	nat is the highest grade or year of school Adult 2 has			No
٦	СО	mpleted? Mark ONE only.			
ı		8th grade or less			
ı		9th-12th grade; No diploma			
ı		High School Graduate or GED Completed			
ı		Completed a vocational, trade, or business school program			
ı		Some College Credit, but no Degree			
ı		Associate Degree (AA, AS)			
		Bachelor's Degree (BA, BS, AB)			
		Master's Degree (MA, MS, MSW, MBA)			
		Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			



(re A	danuary 1 - December 31, 2014) Planuary 1 - December 31, 2014) Plank (X) the "Yes" box for each type of income the family exceived, and give your best estimate of the TOTAL MOUNT IN THE LAST CALENDAR YEAR. Mark (X) the No" box to show types of income NOT received.	The following question is about your income and is very important. Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount before taxes? Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth. Also, include income from
	Wages, salary, commissions, bonuses, or tips from all jobs? Yes No Total Amount Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships?	more than two months, such as a college student living away
c	S No S No Total Amount Interest, dividends, net rental income, royalty income, or income from estates and trusts? □ Yes □ No S □ No	or someone in the Armed Forces on deployment. Number of people How many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care. Number of people
d	Total Amount Social security or railroad retirement; retirement, survivor, or disability pensions? Yes No Total Amount	
	Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office? Yes No Total Amount	
f.	Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation child support, or alimony? Yes No Total Amount	

Mailing Instructions

Thank you for your participation.

On behalf of the Department of Health and Human Services, we would like to thank you for the time and effort you have spent sharing information about this child and your family.

Your answers are important to us and will help researchers, policymakers, and family advocates to better understand the health and healthcare needs of children in our diverse population.

Place the completed questionnaire in the postage-paid return envelope. If the envelope has been misplaced, mail the questionnaire to:

U.S. Census Bureau ATTN: DCB 60-A 1201 E. 10th Street Jeffersonville, IN 47132-0001

You may also call 1-800-845-8241 to request a replacement envelope.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project

, U.S. Census Bureau, 4600 Silver Hill Road, Room 7H054, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@census.gov; use "Paperwork Project" as the subject.



Topical Questionnaire - 12 to 17 Year Old Children



National Survey of Children's Health

A study by the U.S. Department of Health and Human Services to better understand the health issues being faced by children in the United States today.







The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies, and Title 42, United States Code, Chapter 7, Title 5, which allows the HHS to collect information for the purpose of understanding the health and well-being of children in the United States.

Any information you provide will be shared among a limited number of Census Bureau and HHS staff only for work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and in accordance with System of Records Notice COMMERCE/Census-7, Other Agency Surveys and Reimbursables. By law, the information is kept confidential in accordance with the Confidential Information Protection and Statistical Efficiency Act (CIPSEA), 44 U.S.C. 3501 note. This law requires the Census Bureau and HHS to keep all information about you and your household strictly confidential, and also requires that the information be used only for statistical purposes. In compliance with this law, all data released to the public are only in a statistical format. No information that could personally identify you or your family is released. Violation of this law is a federal crime that is associated with severe penalties, including a federal prison sentence of up to five years, a fine of up to \$250,000, or both.

Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining this much needed information is extremely important in order to ensure complete and accurate results.

NSCH-P-T3 (03/17/2015)



		Start Here	A 3	Ho	ow well does each of these i	tems des	cribe this o	child?
			I			Definitely true	Somewhat true	Not true
	child	ently, you completed a survey that asked about the dren usually living or staying at this address. Ink you for taking the time to complete that survey.		a.	This child shows interest and curiosity in learning new things			
	We	now have some follow-up questions to ask about:		b.	This child works to finish tasks he or she starts			
				C.	This child stays calm and in control when faced with a challenge			
		se questions will collect more detailed information arious aspects of this child's health including his		d.	This child cares about doing well in school			
	or h	er health status, visits to health care providers, th care costs, and health insurance coverage.		e.	This child does all required homework			
	effo	nave selected only one child per household in an rt to minimize the amount of time necessary to plete the follow-up questions.		f.	This child is bullied, picked on, or excluded by other children			
		survey should be completed by an adult who is liar with this child's health and health care.		g.	This child bullies others, picks on them, or excludes them			
	You	r participation is important. Thank you.		h.	This child argues too much			
		A. This Child's Health	A 4		JRING THE PAST 12 MONTH			
							Yes	No
1)		eneral, how would you describe this child's health one named above)?		a.	Breathing or other respiratory problems (such as wheezing shortness of breath)			
	H	Excellent		b.	Eating or swallowing because a health condition	e of		
		Very good Good		c.	Digesting food, including stomach/intestinal problems, constipation, or diarrhea			
		Fair		d.	Repeated or chronic physical including headaches or other			
		Poor		e.	or body pain Toothaches			
2	How teetl	would you describe the condition of this child's n?		f.	Bleeding gums			
		Excellent		g.	Decayed teeth or cavities			
		Very good	A5	Do	oes this child have any of the	e followin	g? Yes	No
	Ш	Good		a.	Serious difficulty concentration			
		Fair			remembering, or making dec because of a physical, menta emotional condition			
		Poor		b.	Serious difficulty walking or ostairs	climbing		
				c.	Difficulty dressing or bathing			
				d.	Difficulty doing errands alone as visiting a doctor's office of because of a physical, menta emotional condition	r shopping	,	
				e.	Deafness or problems with h	earing		
				f.	Blindness or problems with s even when wearing glasses	eeing,		



A6	Has a doctor or other health care provider EVER told you that this child has	(Has a doctor or other health care provider EVER told you that this child has)
	Allergies (including food, drug, insect, or other)?	1 Cerebral Palsy?
	☐ Yes ☐ No	☐ Yes ☐ No
	If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, is it:	If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A7		2 Cystic Fibrosis?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	→ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A8	Asthma?	3 Diabetes?
T	☐ Yes ☐ No	☐ Yes ☐ No
	lf yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, is it:	☐ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
Λα	Blood Disorders (such as sickle cell disease	1 Down Syndrome?
А9	Blood Disorders (such as sickle cell disease, thalassemia, or hemophilia)?	4 Down Syndrome?
A9		☐ Yes ☐ No
A9	thalassemia, or hemophilia)?	Yes No If yes, does this child CURRENTLY have the condition?
A9	thalassemia, or hemophilia)? Yes No	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No
A9	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it:
A9	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it:	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it:
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury?	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it: ☐ Mild ☐ Moderate ☐ Severe
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it: ☐ Mild ☐ Moderate ☐ Severe 5 Epilepsy or seizure disorder?
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition?	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it: ☐ Mild ☐ Moderate ☐ Severe ☐ Epilepsy or seizure disorder? ☐ Yes ☐ No
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it: ☐ Mild ☐ Moderate ☐ Severe ■ Epilepsy or seizure disorder? ☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition?
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it:	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it: ☐ Mild ☐ Moderate ☐ Severe ☐ Yes ☐ No ☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No Hif yes, is it: Mild Moderate Severe	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it: ☐ Mild ☐ Moderate ☐ Severe ☐ Epilepsy or seizure disorder? ☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ If yes, is it:
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No Hif yes, is it: Mild Moderate Severe	Yes
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No Hif yes, is it: Mild Moderate Severe	Yes
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No Hif yes, is it: Mild Moderate Severe	Yes
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No Hif yes, is it: Mild Moderate Severe	Yes
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No Hif yes, is it: Mild Moderate Severe	<pre></pre>
	thalassemia, or hemophilia)? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Brain injury, concussion or head injury? Yes No If yes, does this child CURRENTLY have the condition? Yes No Hif yes, is it: Mild Moderate Severe	Yes

	(Has a doctor or other health care provider EVER told you that this child has)	EVER told you that this child has
A17	Heart Condition?	Examples of educators are teachers and school nurses.
T	☐ Yes ☐ No	Behavioral or Conduct Problems?
	☐ If yes, does this child CURRENTLY have the condition?	☐ Yes ☐ No
		☐ If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	
	☐ Mild ☐ Moderate ☐ Severe	→ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe
A18	Frequent or severe headaches, including migraine?	Substance Abuse Disorder?
	☐ Yes ☐ No	
	If yes, does this child CURRENTLY have the condition?	_ 100
	☐ Yes ☐ No	If yes, does this child CURRENTLY have the condition?
	☐ If yes, is it:	☐ Yes ☐ No
		☐ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A19	Tourette Syndrome?	Wind Severe
T	☐ Yes ☐ No	4 Developmental Delay?
	☐ If yes, does this child CURRENTLY have the condition?	☐ Yes ☐ No
		If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	
	☐ Mild ☐ Moderate ☐ Severe	→ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe
A20	Anxiety Problems?	Intellectual Disability (also known as Mental Retardation)?
	☐ Yes ☐ No	☐ Yes ☐ No
	If yes, does this child CURRENTLY have the condition?	
	☐ Yes ☐ No	☐ If yes, does this child CURRENTLY have the condition?
		☐ Yes ☐ No
	→ If yes, is it:	☐ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A21	Depression?	
T	☐ Yes ☐ No	Speech or other language disorder?
		☐ Yes ☐ No
	☐ If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	→ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	
		☐ Mild ☐ Moderate ☐ Severe
	Az	T Learning Disability?
		☐ Yes ☐ No
		→ If yes, does this child CURRENTLY have the condition?
		☐ Yes ☐ No
		→ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe

A2	Has a doctor or other health care provider EVER told you that this child has	A32	Is this child CURRENTLY taking medication for Autism, ASD or PDD?
	Any Other Mental Health Condition?		☐ Yes ☐ No
	☐ Yes ☐ No		
	☐ If yes, specify: ✓	A33	child receive behavioral treatment for Autism, ASD or
١			PDD, such as training or an intervention that you or this child received to help with his or her behavior?
۱	☐ If yes, does this child CURRENTLY have the	-	☐ Yes ☐ No
١	condition?		Han a doctor or other books care provider EVED told
١	☐ Yes ☐ No	A34	you that this child has Attention Deficit Disorder or
۱	☐ If yes, is it:		Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD?
١	☐ Mild ☐ Moderate ☐ Sev	ere	☐ Yes ☐ No → SKIP to question A37
A2	Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum		If yes, does this child CURRENTLY have the condition?
ı	Disorder (ASD)? Include diagnoses of Asperger's Disorde	er	☐ Yes ☐ No
١	or Pervasive Developmental Disorder (PDD).		☐ If yes, is it:
۱	☐ Yes ☐ No → SKIP to question A34		☐ Mild ☐ Moderate ☐ Severe
١	If yes, does this child CURRENTLY have the condition	on? A35	Is this child CURRENTLY taking medication for ADD or
۱	☐ Yes ☐ No	(45)	ADHD?
۱	→ If yes, is it:		☐ Yes ☐ No
۱	☐ Mild ☐ Moderate ☐ Severe	A36	At anytime DURING THE PAST 12 MONTHS, did this
АЗ			child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this
Ī	care provider FIRST told you that he or she had Autism ASD, or PDD?	n,	child received to help with his or her behavior?
١			☐ Yes ☐ No
١	Age in years Don't know	A37	DURING THE PAST 12 MONTHS, how often have this
42	What time of deater or allow health care manifely was		child's health conditions or problems affected his or her
A3	the FIRST to tell you that this child had Autism, ASD		ability to do things other children his or her age do?
١	or PDD? Mark ONE only.		This child does not have any conditions → SKIP to question B1
١	☐ Primary Care Provider		Never
	Specialist		
	School Psychologist/Counselor		Sometimes
	Other Psychologist (Non-School)		Usually
	Psychiatrist		Always
۱		A38	
١	☐ Other, specify:	, I	problems affect his or her ability to do things?
۱			☐ Very little
	☐ Don't know		Somewhat
١			☐ A great deal
-1			



	B. This Child as an Infant	G 3	a preventive check-up, about how long was the doctor
Bi	Was this child born more than 3 weeks before his or her due date?		or health care provider who examined this child in the room with you? Your best estimate is fine.
١	Yes		Less than 10 minutes
١	□ No		10-20 minutes
B	How much did he or she weigh when born? Provide your best estimate.		More than 20 minutes
	pounds ounces	C4	At his or her LAST preventive check-up, did this child have a chance to speak with a doctor or other health care provider privately, without you or another adult in the room?
ı	OR		Yes
ı	kilograms grams		∐ No
B	_	C 5	What is this child's CURRENT height?
	born?		feet inches
ı	Age in years		OR
ı	C. Health Care Services		meters centimeters
Ci		CG	How much does this child CURRENTLY weigh?
Ī	doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care?		pounds
١	Yes		OR
ı	□ No → SKIP to question C5		kilograms
Cź	If yes, DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care	s C7	Are you concerned about this child's weight?
١	professional to receive a preventive check-up? A preventive check-up is when this child was not sick or		Yes, it's too high
١	injured, such as an annual or sports physical, or well-child visit.		Yes, it's too low
١	0 visits → SKIP to question C5		□ No, I am not concerned
١	1 visit		
١	2 or more visits		
١			
١			
-1			



CE	Is there a place that this child USUALLY goes when he or she is sick or you or another caregiver needs advice about his or her health?	G1	DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for any kind of dental or oral health care?
ı	Yes		Yes, saw a dentist
ı	No → SKIP to question C10		Yes, saw other oral health care provider
C	If yes, where does this child USUALLY go? Mark ONE only.		□ No → SKIP to question C17
ı	□ Doctor's Office	C1	If yes, DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for
ı	Hospital Emergency Room		preventive dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments?
ı	Hospital Outpatient Department		No preventive visits in the past 12 months → SKIP to question C17
ı	Clinic or Health Center		Yes, 1 visit
ı	Retail Store Clinic or "Minute Clinic"		Yes, 2 or more visits
ı	School (Nurse's Office, Athletic Trainer's Office)	01	
	☐ Some other place	C1	6 If yes, DURING THE PAST 12 MONTHS, what preventive dental services did this child receive? Mark ALL that apply.
C1	Is there a place that this child USUALLY goes when he or she needs routine preventive care, such as a physical examination or well-child check-up?		☐ Check-up
ı	Yes		Cleaning
ı	No → SKIP to question C12		☐ Instruction on tooth brushing and oral health care
			☐ X-Rays
C1	If yes, is this the same place this child goes when he or she is sick?		☐ Fluoride treatment
ı	Yes		Sealant (plastic coatings on back teeth)
ı	□ No		☐ Don't know
C1	DURING THE PAST 2 YEARS, has this child had his or her vision tested with pictures, shapes, or letters?	C 1	
ı	Yes		received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical
ı	No → SKIP to question C14		social workers.
C1			Yes
Ī	his or her vision tested? Mark ALL that apply.		No, but this child needed to see a mental health professional
ı	Eye doctor or eye specialist (opthalmologist, optometrist) office		No, this child did not need to see a
ı	Pediatrician or other general doctor's office		mental health professional → SKIP to question C19
ı	Clinic or health center	C1	B How much of a problem was it to get the mental health treatment or counseling that this child needed?
	School		□ Not a problem
	☐ Other, specify		☐ Small problem
			☐ Big problem
1			



C1	DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with his or her	C25	Were these difficulties in getting services for this child because:
	emotions, concentration, or behavior? Yes		a. This child was not eligible for the services?
	□ No		b. The services this child needed were not available in your area?
C2	specialist other than a mental health professional? Specialists are doctors like surgeons, heart doctors, allergy		c. There were problems getting an appointment when this child needed one?
	doctors, skin doctors, and others who specialize in one area of health care.		d. There were problems with getting transportation or child care?
	Yes		e. The (clinic/doctor's) office wasn't open when this child needed care?
	No, but this child needed to see a specialist		f. There were issues related to cost?
	No, this child did not need to see a specialist → SKIP to question C22	C26	DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?
C2	How much of a problem was it to get the specialist care that this child needed?		Never
	□ Not a problem		Sometimes
	Small problem		Usually
	☐ Big problem		Always
C2	DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own. Yes No	C27	this child visit a hospital emergency room? No visits 1 visit 2 or more visits Has this child EVER had a special education or early
C2	when this child needed health care but it was not received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.		intervention plan? Children receiving these services often have an Individualized Family Service Plan or Individualized Education Plan. Yes
	Yes		No → SKIP to question C31
C2	 No → SKIP to question C26 If yes, which types of care were not received? Mark ALL that apply. 	C29	If yes, how old was this child, in months, at the time of the FIRST plan?
	Medical Care		Age in months
	☐ Dental Care	CZO	Is this shild CURRENTLY receiving services under one
	☐ Vision Care	C30	Is this child CURRENTLY receiving services under one of these plans?
	Hearing Care		Yes
	Mental Health Services		No
	Other, specify: 🙀		
- 1			



		_							-
C3	Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?	D4	hea	wer the following q Ith care visit IN THE P to question [13].					
١	Yes			RING THE PAST 12 d's doctors or othe				is	
١	No → SKIP to question D1						Sometimes	Never	
C3	If yes, how old was this child, in years, when he or she began receiving these special services?		,	Spend enough time with this child?					
١				Listen carefully to you?					
	Age in years			Show sensitivity to your family's values and customs?					
C3	Is this child CURRENTLY receiving these special services?		i	Provide the specific information you needed concerning					
١	☐ Yes		1	this child?					
	□ No		1	Help you feel like a partner in this child's care?					
	D. Experience with This Child's Health Care Providers	D5	nee trea pres	RING THE PAST 12 ded about this child tment, such as whe scription or therapy cialist, or have a mo	d's health ether to st services,	care se art or st get a re	rvices or top a eferral to a		
D	Do you have one or more persons you think of as this child's personal doctor or nurse? A personal doctor or			Yes					
	nurse is a health professional who knows this child well and is familiar with this child's health history. This can be		□ No → SKIP to question D7						
	a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.	D6		es, DURING THE PA child's doctors or					
١	Yes, one person		_	Diagona with way	Always	Usually	Sometimes	Never	
	Yes, more than one person		1	Discuss with you the range of options to consider for his					
	□ No			or her health care or treatment?					
D:	DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?		1	Make it easy for you to raise concerns or					
١	Yes		1	disagree with recommendations for this child's health					
١	□ No → SKIP to question D4		(care?					
D	If yes, how much of a problem was it to get referrals?		(Work with you to decide together which health care					
١	□ Not a problem		(and treatment choices would be					
١	Small problem			best for this child?					
١	☐ Big problem								



D		D13	
Ī	child's care among the different doctors or services that this child uses?		providers treat only children?
١	Yes		☐ Yes
١	□ No		No → SKIP to question D15
	Did not see more than one health care provider in PAST 12 MONTHS → SKIP to question D11	D14	If yes, have they talked with you about having this child eventually see doctors or other health care providers who treat adults?
0	DURING THE PAST 12 MONTHS, have you felt that you could have used extra help arranging or coordinating this child's care among the different health care providers or services?		☐ Yes ☐ No
١	Yes	D15	Has this child's doctor or other health care provider actively worked with this child to:
١	_		Don't Yes No know
D	 No → SKIP to question D10 If yes, DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with arranging or coordinating this child's health care? 		a. Think about and plan for his or her future. For example, by taking time to discuss future plans about education, work, relationships, and development of independent living skills?
١	Usually		b. Make positive choices about
١	Sometimes		his or her health. For example, by eating healthy, getting
١	Never		regular exercise, not using tobacco, alcohol or other drugs,
D1	Overall, how satisfied are you with the communication among this child's doctors and other health care providers?		or delaying sexual activity? c. Gain skills to manage his or her health and health care. For example, by understanding
	☐ Very satisfied		current health needs, knowing what to do in a medical
١	Somewhat satisfied		emergency, or taking medications he or she may need?
١	Somewhat dissatisfied		d. Understand the changes in health care that happen at
	☐ Very dissatisfied		age 18. For example, by understanding changes in privacy,
D1	DURING THE PAST 12 MONTHS, did this child's health care provider communicate with the child's school, child care provider, or special education program?		consent, access to information, or decision-making?
١	Yes	D16	worked with you and this child to create a written plan
	No → SKIP to question D13		to meet his or her health goals and needs? Yes
	Did not need health care provider to communicate with these providers → SKIP to question D13		No → SKIP to question D20
01	If yes, overall, how satisfied are you with the health care provider's communication with the school, child care provider, or special education program?		
	☐ Very satisfied		
	Somewhat satisfied		
	Somewhat dissatisfied		
	☐ Very dissatisfied		



017	If yes, does this plan identify specific health goals for this child and any health needs or problems this child may have and how to get these needs met?	I	E. This Child's He Insurance Cover		
	☐ Yes ☐ No	C	DURING THE PAST 12 MONTHS, was the covered by ANY kind of health insurance coverage plan?	is child E e or healt	EVER th
D18	Did you and this child receive a written copy of this plan of care?		Yes, this child was covered all 12 months → SKIP to question Yes, but this child had a gap in cover		
	☐ Yes ☐ No		□ No		
D19	Is this plan CURRENTLY up-to-date for this child?	C	ndicate whether any of the following is child was not covered by health insuran THE PAST 12 MONTHS:	ce DURIN	NG
	∐ Yes	١	. Change in employer or employment	Yes	No
	□ No		status		
D20	Eligibility for health insurance often changes in young	D	 Cancellation due to overdue premiums 		
T	adulthood. Do you know how this child will be insured as he or she becomes an adult?	С	 Dropped coverage because it was unaffordable 		
	☐ Yes → SKIP to question E1	d	Dropped coverage because benefits were inadequate		
D21		е	e. Dropped coverage because choice of health care providers was inadequate		
T	keep some type of health insurance coverage as this child becomes an adult?	f.	 Problems with application or renewal process 		
	Yes	g	J. Other, specify:		
	□ No	h 4 !s	s this child CURRENTLY covered by Algealth insurance or health coverage plan Yes No → SKIP to question It is this child covered by any of the follow	n? ving type	
		h	nealth insurance or health coverage pla		
			i. Insurance through a current or	Yes	No
			former employer or union		
			Insurance purchased directly from an insurance company		
		С	 Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability 		
		d	 TRICARE or other military health care 		
		е	e. Indian Health Service		
		f.	. Other, specify: 7		



Œ	How often does this child's health insurance offer benefits or cover services that meet this child's needs? Always			F. Providing for Child's Health	
	☐ Usually ☐ Sometimes	(3)	and not ii	much money did you pay for this chealth care DURING THE PAST 12 Money the second of th	MONTHS? Do costs that were
	Never			\$0 (No medical or health-related expenses) → SKIP to question	
E	How often does this child's health insurance allow him or her to see the health care providers he or she needs?			\$1-\$249	
١	Always			\$250-\$499	
١	Usually			\$500-\$999	
١	Sometimes			\$1,000-\$5,000	
١	Never			More than \$5,000	
•	Not including health insurance premiums or costs that are covered by insurance, do you pay any money for this child's health care?	(2)	prob	ING THE PAST 12 MONTHS, did you lems paying for any of this child's n th care bills?	
١	Yes			Yes	
	No → SKIP to question E9			No	
E	If yes, how often are these costs reasonable?	ß	DIIB	ING THE PAST 12 MONTHS, have yo	ou or other
١	Always	Ψ		ly members:	Yes No
١	Usually			stopped working because of this hild's health status?	
ı	□ Sometimes □ Never		b	Cut down on the hours you work ecause of this child's health or ealth conditions?	
E	Answer the following question only if this child uses mental or behavioral health services. Otherwise, SKIP to question		С	voided changing jobs because of oncerns about maintaining health nsurance for this child?	
	Thinking about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that meet these needs?	F 4	othe hom	N AVERAGE WEEK, how many hour r family members spend providing he e for this child? Care might include of lages, or giving medication and therapi	nealth care at changing
١	Always			I did not provide any care	
١	Usually			Less than 1 hour per week	
١	Sometimes			1-4 hours per week	
١	Never			5-10 hours per week	
١				11 or more hours per week	



Œ	IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating	G 4		RING THE PAST 12 MONTHS, did this	s child	
- 1	health or medical care for this child, such as making		part	icipate III.	Yes	No
	appointments or locating services?			A sports team or did he or she ake sports lessons after school		
	I did not arrange or coordinate health or medical care		C	or on weekends?		
	Less than 1 hour per week			Any clubs or organizations after school or on weekends?		
	1-4 hours per week			Any other organized activities or essons, such as music, dance,		
	5-10 hours per week			anguage, or other arts?		
	11 or more hours per week		١	Any type of community service or volunteer work at school, church, or n the community?		
	G. This Child's Schooling and Activities		j	Any paid work, including regular obs as well as babysitting, cutting grass, or other occasional work?		
G		G5		RING THE PAST 12 MONTHS, how of nd events or activities that this child		
				Always		
	No missed school days			Usually		
	1-3 days			Sometimes		
	☐ 4-6 days			Rarely		
	☐ 7-10 days			Never		
G	DURING THE PAST 12 MONTHS, how many times has this child's school contacted you or another adult in your household about any problems he or she is	G 6	this	RING THE PAST WEEK, on how many child exercise, play a sport, or partisical activity for at least 60 minutes?	cipate in	
	having with school?			0 days		
	No times			1-3 days		
	1 time			4-6 days		
	2 or more times			Every day		
G	SINCE STARTING KINDERGARTEN, has this child repeated any grades?	G7		npared to other children his or her a culty does this child have making or nds?		
	Yes			No difficulty		
	No			A little difficulty		
			П	A lot of difficulty		
				A lot of announcy		
1						



	H. About You and This Child	He	does	AN AVERAGE WEEKDAY, about how much time s this child usually spend in front of a TV watching programs, videos, or playing video games?
H	Was this child born in the United States?			None
	☐ Yes → SKIP to question H3			Less than 1 hour
	□ No			1 hour
H				2 hours
	United States?			3 hours
	Years and Months			4 or more hours
H	How many times has this child moved to a new address since he or she was born?	s H7	does phoi	AN AVERAGE WEEKDAY, about how much time so this child usually spend with computers, cell nes, handheld video games, and other electronic ces, doing things other than schoolwork?
	Number of times			None
H				Less than 1 hour
	time on weeknights?			1 hour
	☐ Always			2 hours
	☐ Usually ☐ Sometimes			3 hours
	Rarely			4 or more hours
	Never	H8		well can you and this child share ideas or talk ut things that really matter?
H	DURING THE PAST WEEK, how many hours of sleep did this child get on an average weeknight?			Very well
	Less than 6 hours			Somewhat well
	6 hours			Not very well
	7 hours			Not at all
	8 hours	H9	In go with	eneral, how well do you feel that you are coping the day-to-day demands of raising children?
	9 hours			Very well
	☐ 10 hours			Somewhat well
	11 or more hours			Not very well
				Not at all



Œ			T MON	NTH, how Rarely S		_		5	Г	. About Yo		Fami hold	ly an	d
	a.	That this child is much harder to care for than most children his or her age?						0	fam	RING THE PAST WE ily members who live ther?	EK, on	how many		
	b.	That this child does things that really bother you a lot?								0 days 1-3 days				
	c.	Angry with this child?								4-6 days Every day				
H1	th	JRING THE PAS at you could tur th parenting or	n to fo	r day-to-c	lay emot			[2		es anyone living in yars, or pipe tobacco		usehold us	se cigaret	ites,
		Yes								No → SKIP to que	stion	4		
		No → SKIP to	o ques	tion 11				13) If y	es, does anyone sm			ome?	
H1	2 If :	yes, did you rec	eive e	motional	support 1	from:				Yes				
	a.	Health care pro	vider?			Yes	No			No				
		Family member		se friend?				14		en your family faces ly to do each of the			often are	you
		Place of worshi								-	All of he time	Most of the time		
	d.	leader? Support or advo			ed					Talk together about what to do				
	e.	to specific healt		lition?						Work together to solve our problems				
		Counselor or ot	-	ental health	1					Know we have strengths to draw on				
	g.	professional? Other, specify:								Stay hopeful even in difficult times				
								15	ver	CE THIS CHILD WA / hard to get by on yer er the basics like fo	our far	nily's inco		
										Never				
										Rarely				
										Somewhat often				
										Very often				

16		ne next question is about whether you we ford the food you need. Which of these s			19		what extent do you out your neighborho				ts
best describes the food situation in your household IN THE PAST 12 MONTHS?									Somewhat agree		Definitely disagree
		We could always afford to eat good nutr	ritious me	als.		a.	People in this neighborhood help each other				
		We could always afford enough to eat but not always the kinds of food we should eat.Sometimes we could not afford enough to eat.				b.	out We watch out for each other's children in this				
		Often we could not afford enough to eat					neighborhood				
7		t any time DURING THE PAST 12 MONTH	dS, even	for		C.	This child is safe in our neighborhood				
	0.		Yes	No		d.	When we encounter				
		Cash assistance from a government welfare program?					difficulties, we know where to go for help in				
	b.	Food Stamps or Supplemental Nutrition Assistance Program benefits?					our community This child is safe				
	C.	Free or reduced-cost breakfasts or lunches at school?					at school		: b	:. 41	
	d.	Benefits from the Woman, Infants, and Children (WIC) Program?			110	lea: or (er than you or othe st one other adult in community who kno can rely on for adv	n this ch ows this	ild's scho child well	ol, neighl	borhood,
18	In	your neighborhood, is there:	v			5116		vice or g	ulualice :		
	a	Sidewalks or walking paths?	Yes	No			Yes				
							No				
		A park or playground? A recreation center, community			Ш	hap	e next questions are pened during this (child's lit	e. These	things ca	
		center, or boys' and girls' club?				und	open in any family, comfortable with the	ese ques	tions. You		p any
		A library or bookmobile?		Ш		-	estions you do not t the best of your kn			child EVI	ER
	e.	Litter or garbage on the street or sidewalk?					erienced any of the			Yes	No
	f.	Poorly kept or rundown housing?					Parent or guardian of separated	livorced of	or		
	g.	Vandalism such as broken windows or graffiti?					Parent or guardian d	lied			
		mildows of grania:					Parent or guardian s		ne in jail		
						d.	Saw or heard parent hit, kick, punch one a home				
							Was a victim of viole witnessed violence in		orhood		
						f.	Lived with anyone will, suicidal, or severe	ho was n	nentally ssed		
							Lived with anyone w with alcohol or drugs		problem		
						h.	Treated or judged ur of his or her race or				
П											



			J. About You	J6		at is the highest grade or year of school you have apleted? Mark ONE only.
Ę			ete the questions for each of the two adults household who are this child's primary			8th grade or less
ı		caregi	vers. If there is just one adult, provide rs for that adult.			9th-12th grade; No diploma
ı			ADULT 1 (Respondent)			High School Graduate or GED Completed
J ₁		How ar	e you related to this child?			Completed a vocational, trade, or business school
Ī		Bi	ological or Adoptive Parent			program Some College Credit, but no Degree
ı		□ St	ep-parent			Associate Degree (AA, AS)
ı		☐ Gı	randparent			Bachelor's Degree (BA, BS, AB)
ı		☐ Fo	oster Parent			Master's Degree (MA, MS, MSW, MBA)
ı		☐ Au	ınt or Uncle			Doctorate (PhD, EdD) or Professional Degree
ı		□ Ot	her: Relative		\A/I= =	(MD, DDS, DVM, JD)
ı			her: Non-Relative	Ψ	wna	at is your marital status?
					H	Married
J2	•		s your sex?		Н	Not married, but living with a partner
ı						Never Married
		□ Fe	emale			Divorced
J:	•	What is	s your age?			Separated
ı			Age in years			Widowed
			Age in years	J8	In g	eneral, how is your physical health?
J۷)	Where	were you born?			Excellent
ı		☐ In	the United States → SKIP to question J6			Very Good
		☐ Ot	utside of the United States			Good
J٤		When o Year	lid you come to live in the United States?			Fair
ı		1 Gai				Poor
ı				J9	In g	eneral, how is your mental or emotional health?
ı						Excellent
ı						Very Good
ı						Good
ı						Fair
ı						Poor
				J10	Wer	e you employed at least 50 out of the past 52 weeks?
						Yes
						No
П						



			ADULT 2	D	Wha	at is Adult 2's marital status?
J) н	low	is Adult 2 related to this child?			Married
ı			Biological or Adoptive Parent			Not married, but living with a partner
ı			Step-parent			Never Married
ı			Grandparent			Divorced
ı			Foster Parent			Separated
ı			Aunt or Uncle			Widowed
ı			Other: Relative	18	In g	eneral, how is Adult 2's physical health?
ı			Other: Non-Relative			Excellent
J1	y w	√ha	t is Adult 2's sex?			Very Good
I			Male			Good
ı			Female			Fair
Ji) w	√ha	t is Adult 2's age?			Poor
ı				19	In g	eneral, how is Adult 2's mental or emotional health?
ı		_	Age in years			Excellent
Ji) w	Vhe	re was Adult 2 born?			Very Good
ı			In the United States → SKIP to question 116			Good
ı			Outside of the United States			Fair
J			n did Adult 2 come to live in the United States?			Poor
ı	Y	ear		20	Was wee	s Adult 2 employed at least 50 out of the past 52 ks?
ı						Yes
J10	N (Vha	t is the highest grade or year of school Adult 2 has			No
٦	C	om	pleted? Mark ONE only.			
ı			8th grade or less			
ı			9th-12th grade; No diploma			
ı			High School Graduate or GED Completed			
ı			Completed a vocational, trade, or business school program			
ı			Some College Credit, but no Degree			
ı			Associate Degree (AA, AS)			
			Bachelor's Degree (BA, BS, AB)			
			Master's Degree (MA, MS, MSW, MBA)			
			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			



21)	Income IN THE LAST CALENDAR YEAR (January 1 - December 31, 2014) Mark (X) the "Yes" box for each type of income the family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark (X) the "No" box to show types of income NOT received.	The following question is about your income and is very important. Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount before taxes? Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth. Also, include income from
	a. Wages, salary, commissions, bonuses, or tips from all jobs? Yes No Total Amount b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships? Yes No	s How many people are living or staying at this address? Include everyone who usually lives or stays at this address. Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away or someone in the Armed Forces on deployment. Number of people
	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts? Yes No Total Amount d. Social security or railroad retirement; retirement, survivor, or disability pensions?	How many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care. Number of people
	Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office? Yes No	
	f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony? Yes No Total Amount Total Amount	

Mailing Instructions

Thank you for your participation.

On behalf of the Department of Health and Human Services, we would like to thank you for the time and effort you have spent sharing information about this child and your family.

Your answers are important to us and will help researchers, policymakers, and family advocates to better understand the health and healthcare needs of children in our diverse population.

Place the completed questionnaire in the postage-paid return envelope. If the envelope has been misplaced, mail the questionnaire to:

U.S. Census Bureau ATTN: DCB 60-A 1201 E. 10th Street Jeffersonville, IN 47132-0001

You may also call 1-800-845-8241 to request a replacement envelope.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project , U.S. Census Bureau, 4600 Silver Hill Road, Room 7H054, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@census.gov; use "Paperwork Project - " as the subject.

