Attachment 1: Questions to be cognitively tested

Form Approved OMB No. 0920-0222 Exp. Date: 08/31/2021

Notice - CDC estimates the average public reporting burden for this collection of information as 55 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0222).

Assurance of confidentiality - We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m) and the Confidential Information Protection and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L. No. 115-435, 132 Stat. 5529, § 302)). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.

The following questions are about your child's health, learning, and development:

- 1. Is this child able to do the following: Understand 'in' 'on' and 'under?'
 - a. Yes
 - b. No
- 2. How often can this child recognize the beginning sound of a word? For example, the word "ball" starts with the "buh" sound?
 - a. None of the time
 - b. Some of the time
 - c. Half of the time
 - d. Most of the time
 - e. All of the time
- 3. When you say a word, how often can this child come up with another word that starts with the same sound?
 - a. None of the time
 - b. Some of the time
 - c. Half of the time
 - d. Most of the time
 - e. All of the time
- 4. Does this child repeat or sing rhymes?
 - a. Yes
 - b. No
- 5. If you say the word "cat", how often can this child tell you a word that rhymes with "cat"?
 - a. None of the time
 - b. Some of the time
 - c. Half of the time
 - d. Most of the time
 - e. All of the time

6.	a. b. c. d.	None of the time Some of the time Half of the time Most of the time All of the time
7.	a.	child able to do the following: Ask questions that start with, who what where when? Yes
8.	a.	child able to do the following: Ask questions that start with why and how? Yes No
9.	a.	is child sort objects by: color? Yes No
10.	a.	is child sort objects by: shape? Yes No
11.	a.	is child sort objects by: size? Yes No
12.	a.	is child sort objects by: length? Yes No
13.	a. b. c. d. e.	chigh can this child count correctly? Child cannot count Up to 5 Up to 10 Up to 15 Up to 20 Up to 30
14.	If asker a. b. c. d. e. f.	ed to count objects, how high could this child count correctly? Child cannot count Up to 5 Up to 10 Up to 15 Up to 20 Up to 30

15. If you had four objects, could this child divide them in half so you have two and they have two?
a. Yes
b. No
16. Can this child show you with their fingers how old they are?
a. Yes
b. No
17. Can this child read one-digit numbers like 4 or 7?
a. Yes
b. No
18. How often can this child correctly add two numbers, like 2 plus 3?
a. None of the time
b. Some of the time
c. Half of the time
d. Most of the time
e. All of the time
19. How often can this child correctly subtract two numbers, like 5 take away 2?
a. None of the time
b. Some of the time
c. Half of the time
d. Most of the time
e. All of the time
e. All of the time
20. Can this child identify: a square?
a. Yes
b. No
21. Can this child identify: a circle?
a. Yes
b. No
22. Can this child identify: a triangle?
a. Yes
b. No
23. If shown two balls, could this point to the larger ball?
a. Yes
b. No
24. Can this child consistently write his or her first name, even if some of the letters aren't quite right or are
backwards?
a. Yes
b. No
U. INU

e. All of the time
 26. How many letters of the alphabet can this child recognize? a. None of the time b. Some of the time c. Half of the time d. Most of the time e. All of the time
27. Can this child draw a: circle? a. Yes b. No
28. Can this child draw a: triangle? a. Yes b. No
29. Can this child draw a: square? a. Yes b. No
30. Can this child feed him/herself with a spoon with little spilling? a. Yes b. No
31. Can this child make a tower of three or more blocks? a. Yes b. No
32. Can this child open doors by turning a doorknob or handle? a. Yes b. No
33. Can this child draw a face with eyes and mouth? a. Yes b. No
34. Can this child draw a person with arms and legs? a. Yes b. No
4

25. How often does this child demonstrate an interest in books by choosing a children's book and turning

pages?

a. None of the timeb. Some of the timec. Half of the timed. Most of the time

38. Can this child throw a ball overhand?	
a. Yes	
b. No	
39. Can this child catch a large ball with both hands?	
a. Yes	
b. No	
40. Can this child stand on one foot for at least 5 seconds?	
a. Yes	
b. No	
41. Can this child kick a ball?	
a. Yes	
b. No	
42. Can this child bounce a ball for several seconds?	
a. Yes	
b. No	
43. In general, how would you describe this child's health?	
a. Poor	
b. Fair	
c. Good	
d. Very good	
e. Excellent	
44. To what extent do this child's health conditions or problems affect his or her ability to do things?	
a. Daily activities consistently affected	
b. Often a great deal	
c. Daily activities moderately affected some of the time	
d. Does not have any conditions/Daily activities never affected	
45. During the past 12 months, how often have this child's health conditions or problems affected his or h	er
ability to do things other children his or her age do?	
a. Daily activities consistently affected	
b. Often a great deal	
c. Daily activities moderately affected some of the time	
5	

35. When using a pencil, can he or she use fingers to hold it?

36. Can this child climb stairs with one foot on each stair?

37. Can this child jump forward at least six inches?

a. Yesb. No

a. Yesb. No

b. No

- d. Does not have any conditions/Daily activities never affected 46. How would you describe the condition of this child's teeth? a. Poor b. Fair c. Good d. Very good e. Excellent
 - 47. How often does this child show concern when they see others are hurt or unhappy?
 - a. None of the time
 - b. Some of the time
 - c. Half of the time
 - d. Most of the time
 - e. All of the time
 - 48. How much difficulty does this child have making or keeping friends?
 - a. A lot of difficulty
 - b. A little difficulty
 - c. No difficulty
 - 49. How often does this child play well with others?
 - a. None of the time
 - b. Some of the time
 - c. Half of the time
 - d. Most of the time
 - e. All of the time
 - 50. How often does this child physically fight with other children?
 - a. None of the time
 - b. Some of the time
 - c. Half of the time
 - d. Most of the time
 - e. All of the time
 - 51. How often does this child hit, kick, or bite other children?
 - a. None of the time
 - b. Some of the time
 - c. Half of the time
 - d. Most of the time
 - e. All of the time
 - 52. How often does this child lose their temper?
 - a. None of the time
 - b. Some of the time
 - c. Half of the time
 - d. Most of the time
 - e. All of the time

	Some of the time			
	Half of the time			
	Most of the time			
e.	All of the time			
55. When necessary, how often does this child listen to adults?				
a.	<u> </u>			
b.	Some of the time			
	Half of the time			
	Most of the time			
e.	All of the time			
56. How often does this child have trouble waiting for a turn?				
a.	None of the time			
b.	Some of the time			
	Half of the time			
	Most of the time			
e.	All of the time			
57. How o	often does this child take turns during games or fun activities?			
a.	None of the time			
	Some of the time			
	Half of the time			
	Most of the time			
e.	All of the time			
58. How o	often does this child keep working at a task after setbacks?			
a.	None of the time			
b.	Some of the time			
С.	Half of the time			
	Most of the time			
e.	All of the time			
59. How often does this child keep working at a task when things don't work out?				
a.	None of the time			
	Some of the time			
	Half of the time			
	Most of the time			
e.	All of the time			

53. Can this child recognize and name emotions in themselves?

54. How often does this child get distracted?

a. None of the time

a. Yesb. No

- 60. How often does this child have trouble calming down?
 - a. None of the time
 - b. Some of the time
 - c. Half of the time
 - d. Most of the time
 - e. All of the time
- 61. Child bounces back easily when things do not go his/her way.
 - a. None of the time
 - b. Some of the time
 - c. Half of the time
 - d. Most of the time
 - e. All of the time
- 62. How often does this child have difficulty when moving between one activity and a new one?
 - a. None of the time
 - b. Some of the time
 - c. Half of the time
 - d. Most of the time
 - e. All of the time