

2019 NSCH Questionnaire Content Revisions

Modifications or Additions to Existent Items

Questionnaire	Section	Item Number (2018)	Item Number (2019)	2018 Content	2019 Revised Content
NSCH-T1, NSCH-T2, & NSCH-T3	Section B	N/A	B2	N/A	What month and year was this child born? / Birth Month/4-digit Birth Year
NSCH-T1, NSCH-T2, & NSCH-T3	Section C	C1	C1	DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for medical care (for example, preventive care, sick care, hospitalizations)?	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?
NSCH-T1	Section G	G4	G4	Are you concerned about how this child is learning to do things for him or herself? • Yes, very concerned • Yes, somewhat concerned • No	Are you concerned about how this child is learning to do things for him or herself? No Yes, somewhat concerned Yes, very concerned
NSCH-T1, NSCH-T2, & NSCH-T3	Section J	J5 & J17	J5 & J17	J5. When did you come to live in the United States? Year J17. When did this caregiver come to live in the United States? Year	J5. When did you come to live in the United States? Indicate the 4-digit year in which you came to live in the United States. 4-Digit Year J17. When did Caregiver 2 come to live in the United States? Indicate the 4-digit year in which this caregiver came to live in the United States. 4-Digit Year
NSCH-T1, NSCH-T2, & NSCH-T3	Section J	J13-J24	J13-J24	These questions referenced either "this adult primary caregiver" or "primary caregiver".	For clarity, these sets of questions will reference "Caregiver 2" for 2019.

Questionnaire	Section	Item	Item	2018 Content	2019 Revised Content
		Number (2018)	Number (2019)		
NSCH-T1, NSCH-T2, & NSCH-T3	Section D	D7	D7	DURING THE PAST 12 MONTHS, did anyone help you arrange or coordinate this child's care among the different doctors or services that this child uses? • Yes • No • Did not see more than one health care provider in the PAST 12 MONTHS	DURING THE PAST 12 MONTHS, did anyone help you arrange or coordinate this child's care among the different doctors or services that this child uses? • Yes • No • Did not see more than one health care provider in the PAST 12 MONTHS -> Skip to question D11
NSCH-S1	Mailing Instructions	N/A	N/A	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: Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject.	We estimate that completing the National Survey of Children's Health will take 5 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Commerce, Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.
NSCH-T1, NSCH-T2, & NSCH-T3	Mailing Instructions	N/A	N/A	Public reporting burden for this collection of information is estimated to average 33 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 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject.	We estimate that completing the National Survey of Children's Health will take 33 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Commerce, Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.

Content Deletions

Questionnaire	Section	Item Number	2018 Content	2019 with Removed Content
		(2018)		
NSCH-S1	Child 1-	5	What is this child's race? Mark (X) one or more boxes.	What is this child's race? Mark (X) one or more boxes
NICCUL TA	Child 4		[Includes response option of "Some other race"] Has a doctor or other health care provider EVER told you that this child has	[Remove response option "Some other race"] Has a doctor or other health care provider EVER told you that this child has
NSCH-T1,	Carlina A	T4 A40	has a doctor or other health care provider EVEN told you that this child has	has a doctor of other health care provider EVEN told you that this child has
NSCH-T2, &	Section A	T1 - A18,	Down Syndrome?	Down Syndrome?
NSCH-T3		T2 & T3 – A20	YesNo	YesNo
			If yes, does this child CURRENTLY have the condition? YesNo	If yes, is it: MildModerateSevere
			If yes, is it:MildModerateSevere	
NSCH-T1,	Section A	T1 - A27,	Has a doctor or other health care provider EVER told you that this child has	This item has not proven useful for analytic purposes. The entire question
NSCH-T2, &		T2 & T3 – A30	Any other mental health condition?	stem should be removed and questionnaire renumbered.
NSCH-T3			YesNo	
			If yes, specify:	
			If yes, does this child CURRENTLY have the condition?	
			YesNo	
			If yes, is it:MildModerateSevere	
NSCH-T1	Section C	C4	What is this child's current height?	This item will be dropped (from T1 only) for 2019.
NSCH-T1	Section C	C5	How much does this child currently weigh?	This item will be dropped (from T1 only) for 2019.



National Survey of Children's Health

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









The U.S. Census Bureau is required by law to protect your information and is not permitted to publicly release your responses in a way that could identify you or your household. 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. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. Federal law protects your privacy and keeps your answers confidential under 13 U.S.C. Section 9. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Any information you provide will be shared for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

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-S1 (03/21/2019)



Start Here

Respond online today at: https://respond.census.gov/nsch

OR complete this form and mail it back as soon as possible.

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

If your household has children 0 - 17 years old, the questions on this form should be answered by an adult who is familiar with their health and health care. If your household does not have any children, please answer question 1 below AND return the questionnaire.

For help or questions about completing this form, please call 1-800-845-8241. The telephone call is free.

For Telephone Device for the Deaf (TDD) assistance, please call: 1-800-582-8330. The telephone call is free.

Si necesita ayuda o tiene preguntas sobre cómo completar este formulario, llame al 1-800-845-8241. La llamada es gratuita. Para recibir ayuda relacionada con el Dispositivo Telefónico para Personas Sordas (TDD), llame al 1-800-582-8330. La llamada es gratuita.

In Your Home

Are	there any children 0-17 years old who usually live or stay at this address?
	Yes
	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.
Hov	v many children 0-17 years old usually live or stay at this address?
	Number of children living or staying at this address
Wha	at is the primary language spoken in the household?
	English
	Spanish
	Other Language, specify: 📈
	his house, apartment, or mobile home – k (X) ONE box.
	Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
	Owned by you or someone in this household free and clear (without a mortgage or loan)?
	Rented?
	Occupied without payment of rent?



	CHIL	D 1	7 Does this child CURRENTLY need or use medicine
	(Young	est)	prescribed by a doctor, other than vitamins?
1	First name, initials, or nicknam	ne of the youngest child	 ✓ Yes ✓ No ✓ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
			☐ Yes ☐ No
2	How old is this child? If the child, round age in months to 1.	ild is less than one month	If yes, is this a condition that has lasted or is expected to last 12 months or longer?
			☐ Yes ☐ No
	Years OR	Months	B Does this child need or use more medical care, mental health, or educational services than is usual for most
3	What is this child's sex?		children of the same age?
	☐ Male ☐ Female		✓ Yes✓ No→ If yes, is this child's need for medical care, mental
Ð	NOTE: Answer BOTH quest origin and question 5 abou		health, or educational services because of ANY medical, behavioral, or other health condition?
	For this survey, Hispanic or		☐ Yes ☐ No
4	Is this child of Hispanic, Latino		
	No, not of Hispanic, Latino,	, or Spanish origin	☐ Yes ☐ No
	Yes, Mexican, Mexican Am	erican, Chicano	9 Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
	Yes, Puerto Rican		can do?
	Yes, Cuban		☐ Yes ☐ No
	Yes, another Hispanic, Latin	no, or Spanish origin	
5	What is this child's race? Mark	(X) one or more boxes.	Yes No → If yes, is this a condition that has lasted or
T	White	Korean	is expected to last 12 months or longer?
	Black or	Vietnamese	☐ Yes ☐ No
	African American American Indian or	Other Asian	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
	Alaska Native	☐ Native Hawaiian	☐ Yes ☐ No
	Asian Indian	Guamanian or Chamorro	→ If yes, is this because of ANY medical, behavioral, or other health condition?
	Chinese	Common	☐ Yes ☐ No
	Filipino	Samoan	If yes, is this a condition that has lasted or is expected to last 12 months or longer?
	Japanese	Other Pacific Islander	Yes No
6	Answer the following question least 4 years old. Otherwise, S		Does this child have any kind of emotional,
	How well does this child speak		developmental, or behavioral problem for which he or she needs treatment or counseling?
	☐ Very well		☐ Yes ☐ No
	Well		
	□ Not well		12 months or longer? Yes No
	☐ Not at all		



	CHIL		Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
	(Next you	ngest)	
1	First name, initials, or nicknam child	e of the next youngest	Yes □ No If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
			☐ Yes ☐ No
3)	How old is this child? If the child, round age in months to 1.	ild is less than one month	→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
			☐ Yes ☐ No
	Years OR	Months	Does this child need or use more medical care, mental health, or educational services than is usual for most
3	What is this child's sex?		children of the same age?
	☐ Male ☐ Female		Yes
Ð	NOTE: Answer BOTH quest origin and question 5 about		health, or educational services because of ANY medical, behavioral, or other health condition?
	For this survey, Hispanic or		☐ Yes ☐ No
4	Is this child of Hispanic, Latino		
	No, not of Hispanic, Latino,	or Spanish origin	☐ Yes ☐ No
	Yes, Mexican, Mexican Am	erican, Chicano	9 Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
	Yes, Puerto Rican		can do?
	Yes, Cuban		Yes No
	Yes, another Hispanic, Latin	no, or Spanish origin	If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
5	What is this child's race? Mark	(X) one or more boxes.	Yes No
Ī	White	Korean	
	Black or	Vietnamese	☐ Yes ☐ No
	African American American Indian or	Other Asian	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
	Alaska Native	Native Hawaiian	☐ Yes ☐ No
	Asian Indian	Guamanian or Chamorro	If yes, is this because of ANY medical, behavioral, or other health condition?
	Chinese		☐ Yes ☐ No
	Filipino	Samoan	→ If yes, is this a condition that has lasted or
	Japanese	Other Pacific Islander	is expected to last 12 months or longer? Yes No
6	Answer the following question least 4 years old. Otherwise, S	KIP to question 7.	Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?
	How well does this child speak	Liigiisii:	
	Very well		Yes No
	Well		→ If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last
	□ Not well		12 months or longer? Yes No
	☐ Not at all		



					_	
		CHILI (Next you			7	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
						☐ Yes ☐ No
1	First name, initials, or nickname of the next youngest child					
ı						☐ Yes ☐ No
2	,	v old is this child? If the chil round age in months to 1.	ld is	less than one month		→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
ı						☐ Yes ☐ No
	L	Years OR		Months	8	Does this child need or use more medical care, mental health, or educational services than is usual for most
3	Wha	at is this child's sex?				children of the same age?
I		Male Female				☐ Yes ☐ No
E	NO orig	TE: Answer BOTH questigin and question 5 abou	ıt ra	ace.		→ If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?
	For	this survey, Hispanic or	igir	ns are not races.		☐ Yes ☐ No
4	ls th	nis child of Hispanic, Latino				→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
ı	Ш	No, not of Hispanic, Latino,	or S	Spanish origin		☐ Yes ☐ No
		Yes, Mexican, Mexican Ame	erica	an, Chicano	9	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	Ш	Yes, Puerto Rican				can do?
ı		Yes, Cuban				YesNo→ If yes, is this child's limitation in abilities because of
ı		Yes, another Hispanic, Latir	10, 0	or Spanish origin		ANY medical, behavioral, or other health condition?
5	Wha	at is this child's race? Mark	(X)	one or more boxes.		☐ Yes☐ No☐ He is a property of the property of the
ı		White		Korean		is expected to last 12 months or longer?
		Black or African American		Vietnamese	4	Yes No
ı		American Indian or Alaska Native		Other Asian	U	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
ı		Aldona Halivo		Native Hawaiian		☐ Yes ☐ No
		Asian Indian Chinese		Guamanian or Chamorro		If yes, is this because of ANY medical, behavioral, or other health condition?
1		Chimodo				☐ Yes ☐ No
ı		Filipino		Samoan		☐ If yes, is this a condition that has lasted or
		Japanese		Other Pacific Islander		is expected to last 12 months or longer? Yes No
6	Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7.				1	Does this child have any kind of emotional, developmental, or behavioral problem for which he or
	How well does this child speak English?			glish?		she needs treatment or counseling?
		Very well				☐ Yes ☐ No
		Well				If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last
		Not well				12 months or longer? Yes No
	□ Not at all					



	CHILI		Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
	(Next you	ngest)	Yes No
1	First name, initials, or nicknam child	e of the next youngest	☐ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
			☐ Yes ☐ No
3	How old is this child? If the chi old, round age in months to 1.	ild is less than one month	→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
			☐ Yes ☐ No
	Years OR	Months	Does this child need or use more medical care, mental health, or educational services than is usual for most
3	What is this child's sex?		children of the same age?
	☐ Male ☐ Female		Yes
3	NOTE: Answer BOTH quest origin and question 5 abou		health, or educational services because of ANY medical, behavioral, or other health condition?
	For this survey, Hispanic or		☐ Yes ☐ No
4	Is this child of Hispanic, Latino		
	No, not of Hispanic, Latino,	or Spanish origin	☐ Yes ☐ No
	Yes, Mexican, Mexican Ame	erican, Chicano	9 Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
	Yes, Puerto Rican		can do?
	Yes, Cuban		☐ Yes ☐ No
	Yes, another Hispanic, Latin	no, or Spanish origin	If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
5	What is this child's race? Mark	(X) one or more boxes.	☐ Yes☐ No☐ If yes, is this a condition that has lasted or
	White	Korean	is expected to last 12 months or longer?
	Black or	Vietnamese	☐ Yes ☐ No
	African American American Indian or	Other Asian	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
	Alaska Native	Native Hawaiian	☐ Yes ☐ No
	Asian Indian	Guamanian or Chamorro	
	Chinese		☐ Yes ☐ No
	Filipino	Samoan	→ If yes, is this a condition that has lasted or
	Japanese	Other Pacific Islander	is expected to last 12 months or longer? Yes No
6	Answer the following question least 4 years old. Otherwise, S	SKIP to question 7.	Does this child have any kind of emotional, developmental, or behavioral problem for which he or
	How well does this child speak	C English?	she needs treatment or counseling?
	Very well		Yes No
	Well		If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last a months or longer?
	☐ Not well		12 months or longer? Yes No
	Not at all		



or nickname for each	If there are more than four children 0-17 years old who usually live or stay at this address, list the first name, initials, or nickname for each child as well as their age and sex. Do not repeat information for children already included for Child 1 through Child 4.							
CHILD 5 (Next youngest) ▶	First name, initials, or nickname							
	Age Years OR Months Sex Male Female							
CHILD 6	First name, initials, or nickname							
(Next youngest) ▶	Age Years OR Months Sex Male Female							
CHILD 7	First name, initials, or nickname							
(Next youngest) ▶	Age Years OR Months Sex Male Female							
CHILD 8	First name, initials, or nickname							
(Next youngest) ▶	Age Years OR Months Sex Male Female							
CHILD 9	First name, initials, or nickname							
(Next youngest) ▶	Age Years OR Months Sex Male Female							
CHILD 10	First name, initials, or nickname							
(Next youngest) ▶	Age Years OR Months Sex Male Female							

Mailing Instructions

Thank you for your participation.

On behalf of the U.S. 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 health care 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.

We estimate that completing the National Survey of Children's Health will take 5 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Commerce, Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.





National Survey of Children's Health

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Any information you provide will be shared for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

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-T1 (04/15/2019) Draft 6



		Start Here	АЗ	Н	ow often	Always	Usually	Sometimes	Never
	child	ently, you completed a survey that asked about the dren usually living or staying at this address. The property is a survey that survey is a survey is a survey.		а	Is this child affectionate and tender with you?				
		now have some follow-up questions to ask about:		b	Does this child bounce back quickly when things do not go his or her way?				
	corr	e name listed above is not correct or does not espond to a child living in this household, please 1-800-845-8241 for assistance.		С	Does this child show interest and curiosity in learning new things?				
	effo	have selected only one child per household in an rt to minimize the amount of time you will need to plete the follow-up questions.		d	. Does this child smile and laugh?				
	The fami	survey should be completed by an adult who is liar with this child's health and health care.	A4	F	URING THE PAST 12 REQUENT or CHRON ollowing?				d
	You	r participation is important. Thank you.			Breathing or other r problems (such as v shortness of breath)	wheezing		Yes	No
				b	. Eating or swallowing a health condition	g because	e of		
		A. This Child's Health		С	 Digesting food, inclustomach/intestinal p constipation, or diar 	roblems,			
D		eneral, how would you describe this child's health one named above)?		d	 Repeated or chronic including headaches or body pain 				
		Excellent		е	. Using his or her har	nds			
		Very good		f.	Coordination or mov	ing arour	nd		
		Good		J	. Toothaches				
		Fair		h	. Bleeding gums				
		Poor		i.	Decayed teeth or ca	avities			
2	How	would you describe the condition of this child's	A5	D	oes this child have a	ny of the	followin	_	NI.
		This child does not have any teeth		а	. Deafness or probler	ns with he	earing	Yes	No
		Excellent		b	. Blindness or problem		eeing,		
		Very good			even when wearing	giasses			
		Good							
		Fair							
		Poor							

	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				
A	Allergies (including food, drug, insect, or other)?	Epilepsy or Seizure Disorder?				
J	☐ Yes ☐ No	☐ Yes ☐ No				
		☐ If yes, does this child CURRENTLY have the condition?				
1	☐ Yes ☐ No	☐ Yes ☐ No				
1	If yes, is it:	→ If yes, is it:				
1	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe				
A	Arthritis?	3 Heart Condition?				
I	☐ Yes ☐ No	☐ Yes ☐ No				
	If yes, does this child CURRENTLY have the condition?	→ If yes, does this child CURRENTLY have the condition?				
1	☐ Yes ☐ No	☐ Yes ☐ No				
1	→ If yes, is it:	If yes, is it:				
1	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe				
A	Asthma?	Frequent or severe headaches, including migraine?				
Ī	☐ Yes ☐ No	☐ Yes ☐ No				
	If yes, does this child CURRENTLY have the condition?	→ If yes, does this child CURRENTLY have the condition?				
1	☐ Yes ☐ No	☐ Yes ☐ No				
1	If yes, is it:	→ If yes, is it:				
1	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe				
A	Brain injury, concussion or head injury?	Tourette Syndrome?				
I	☐ Yes ☐ No	☐ Yes ☐ No				
ı	If yes, does this child CURRENTLY have the condition?	→ If yes, does this child CURRENTLY have the condition?				
1	☐ Yes ☐ No	☐ Yes ☐ No				
1	→ If yes, is it:	→ If yes, is it:				
1	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe				
A1	O Cerebral Palsy?	6 Anxiety Problems?				
I	☐ Yes ☐ No	☐ Yes ☐ No				
ı		If yes, does this child CURRENTLY have the condition?				
1	☐ Yes ☐ No	☐ Yes ☐ No				
1	→ If yes, is it:	☐ If yes, is it:				
1	□ Mild □ Moderate □ Severe	☐ Mild ☐ Moderate ☐ Severe				
A1	1 Diabetes?	Depression?				
I	☐ Yes ☐ No	☐ Yes ☐ No				
ı	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				

	Has a doctor or other health care provider EVER told	Has a doctor, other health care provider, or educator		
A18	you that this child has Down Syndrome?	EVER told you that this child has Examples of educators are teachers and school nurses.		
T	A	Behavioral or Conduct Problems?		
	☐ Yes ☐ No ☐ If yes, is it:	☐ Yes ☐ No		
	☐ Mild ☐ Moderate ☐ Severe	If yes, does this child CURRENTLY have the condition?		
A19	Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?	☐ Yes ☐ No ☐ No ☐ If yes, is it:		
	☐ Yes ☐ No	☐ Mild ☐ Moderate ☐ Severe		
	☐ If yes, is it:	23 Developmental Delay?		
	☐ Mild ☐ Moderate ☐ Severe			
	Was this condition identified through a blood test done shortly after birth? These tests are	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition?		
	sometimes called newborn screening.	☐ Yes ☐ No		
	☐ Yes ☐ No ☐ If yes, was this child diagnosed with:	☐ If yes, is it:		
		☐ Mild ☐ Moderate ☐ Severe		
	Sickle Cell Disease?	24 Intellectual Disability (formerly known as Mental		
	Thalassemia?	Retardation)?		
	Hemophilia?	☐ Yes ☐ No		
	Other Blood Disorders?	If yes, does this child CURRENTLY have the disability?		
A20	Cystic Fibrosis?	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ If yes, is it:		
	☐ If yes, is it:	☐ Mild ☐ Moderate ☐ Severe		
	☐ Mild ☐ Moderate ☐ Severe	Overall and the plan was at the sade of		
	Was this condition identified through a blood test done shortly after birth? These tests are	Speech or other language disorder?		
	sometimes called newborn screening.	☐ Yes ☐ No		
	☐ Yes ☐ No			
A21	Other genetic or inherited condition?	☐ Yes ☐ No		
T	☐ Yes ☐ No	└→ If yes, is it:		
	☐ If yes, specify: ☑	☐ Mild ☐ Moderate ☐ Severe		
		26 Learning Disability?		
	L→ Is it:	☐ Yes ☐ No		
	☐ Mild ☐ Moderate ☐ Severe	☐ If yes, does this child CURRENTLY have the		
	Was this condition identified through a blood	disability?		
	test done shortly after birth? These tests are sometimes called newborn screening.	☐ Yes ☐ No		
	Yes No	☐ If yes, is it: ☐ If		
	L 165 L 140	☐ Mild ☐ Moderate ☐ Severe		



	Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).	Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD?
1	☐ Yes ☐ No → SKIP to question A32	☐ Yes ☐ No → SKIP to question A35
	If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
1	☐ Yes ☐ No	☐ Yes ☐ No
1	☐ If yes, is it:	☐ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A2	How old was this child when a doctor or other health care provider FIRST told you that he or she had Autism, ASD, Asperger's Disorder or PDD?	Is this child CURRENTLY taking medication for ADD or ADHD?
1		☐ Yes ☐ No
A2	Age in years Don't know What type of doctor or other health care provider was the FIRST to tell you that this child had Autism, ASD,	A34 At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this
1	Asperger's Disorder or PDD? Mark (X) ONE box.	child received to help with his or her behavior?
	Primary Care Provider	☐ Yes ☐ No
	Specialist	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected his or her
1	School Psychologist/Counselor	ability to do things other children his or her age do?
	Other Psychologist (Non-School)	This child does not have any health conditions → SKIP to question B1 on page 6
	Psychiatrist	Never
	☐ Other, specify:	Sometimes
1		☐ Usually
	☐ Don't know	□ Always
АЗ	Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?	To what extent do this child's health conditions or problems affect his or her ability to do things?
	☐ Yes ☐ No	☐ Very little
	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for Autism, ASD,	Somewhat
АЗ	cilia receive beliavioral freatificial for Addisili, ASD,	A great deal
АЗ	Asperger's Disorder or PDD, such as training or an intervention that you or this child received to help with his or her behavior?	☐ A great deal
АЗ	intervention that you or this child received to help	A great deal
АЗ	intervention that you or this child received to help with his or her behavior?	A great deal
АЗ	intervention that you or this child received to help with his or her behavior?	A great deal
A3	intervention that you or this child received to help with his or her behavior?	A great deal

ı	B. This Child as an Infant	B7	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? Yes No		 ☐ Check this box if child has never been fed formula OR ☐ At birth OR
B2	What month and year was this child born? Birth Month / 4-Digit Birth Year / 2 0		OR weeks
E	pounds and ounces OR kilograms and grams. Your best estimate is fine. pounds AND ounces	B8	OR months How old was this child when he or she was FIRST fed
	OR kilograms AND grams		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. Check this box if child has never been fed anything other than breast milk or formula
B ²	What was the age of the mother when this child was born? Your best estimate is fine. Age in years		OR At birth OR
B	Was this child EVER breastfed or fed breast milk? ☐ Yes ☐ No → SKIP to question B7		OR days weeks
В	If yes, how old was this child when he or she COMPLETELY stopped breastfeeding or being fed breast milk? days OR weeks OR months OR Check this box if child is still breastfeeding		OR months



	C. Health Care Services	9		wer the following question only if this child is at t 9 months old. Otherwise skip to question C3.
G	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? Yes		heal out a may or so heal	RING THE PAST 12 MONTHS, did a doctor or other th care provider have you or another caregiver fill a questionnaire about observations or concerns you have about this child's development, communication, ocial behaviors? Sometimes a child's doctor or other th care provider will ask a parent to do this at home or any a child's visit.
	No → SKIP to question C4			Yes No
Œ	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.			Pilip yes, and this child is 9-23 Months: Did the questionnaire ask about your concerns or observations about: Mark (X) ALL that apply. How this child talks or makes speech sounds? How this child interacts with you and others?
	□ 0 visits		L	• If yes, and this child is 2-5 Years:
	☐ 1 visit ☐ 2 or more visits		ŕ	Did the questionnaire ask about your concerns or observations about: Mark (X) ALL that apply. Words and phrases this child uses and understands?
G	a PREVENTIVE check-up, about how long was the	C8	take	How this child behaves and gets along with you and others? Here a place you or another caregiver USUALLY this child when he or she is sick or you need
	Less than 10 minutes		advi	ce about his or her health? Yes
	10-20 minutes			No → SKIP to question C10 on page 8
C4		C9		es, where does this child USUALLY go first?
	Yes, it's too high			Doctor's Office
	☐ Yes, it's too low			Hospital Emergency Room
	□ No, I am not concerned			Hospital Outpatient Department
CE	Has a doctor or other health care provider ever told you			Clinic or Health Center
Ī	that this child is overweight?			Retail Store Clinic or "Minute Clinic"
	Yes			School (Nurse's Office, Athletic Trainer's Office)
	No			Some other place
Ce	DURING THE PAST 12 MONTHS, did this child's doctors or other health care providers ask if you have concerns about this child's learning, development, or behavior?			
	Yes			
	□ No			
	□ No			



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?	C16	yes, DURING THE PAST 12 M REVENTIVE dental service(s) ark (X) ALL that apply.	
١	Yes		Check-up	
۱	No → SKIP to question C12		Cleaning	
e1	If yes, is this the same place this child goes when he or she is sick?		Instruction on tooth brushing	and oral health care
١	Yes		X-Rays	
١	□ No		☐ Fluoride treatment	
C1	DURING THE PAST 12 MONTHS, has this child had his or her vision tested, such as with pictures, shapes, or letters?		Sealant (plastic coatings on Don't know	back teeth)
۱	Yes	C17	URING THE PAST 12 MONTHS ceived any treatment or coun	
	□ No → SKIP to question C14		ealth professional? Mental hea sychiatrists, psychologists, psychocial workers.	Ith professionals include
C1:	If yes, where was this child's vision tested? Mark (X) ALL that apply.		Yes	
١	Eye doctor or eye specialist (ophthalmologist, optometrist) office		No, but this child needed to professional	see a mental health
١	Pediatrician or other general doctor's office		No, this child did not need to mental health professional	see a SKIP to question C19
١	Clinic or health center	CIE	ow difficult was it to get the n	nental health treatment
١	School		Not difficult	
١	☐ Other, specify: ✓		Somewhat difficult	
١			Very difficult	
C1	dentist or other oral health care provider for any kind		It was not possible to obtain	care
	of dental or oral health care? Yes, saw a dentist	G19	URING THE PAST 12 MONTHS ny medication because of diffinations, concentration, or beh	culties with his or her
۱	Yes, saw other oral health care provider		Yes	
١	No → SKIP to question C17		No	
61	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 ☐ Yes, 1 visit ☐ Yes, 2 or more visits	C20	URING THE PAST 12 MONTHS becialist other than a mental h becialists are doctors like surged bectors, skin doctors, and others bea of health care. Yes No, but this child needed to No, this child did not need to a specialist → SKIP to ques	ealth professional? ons, heart doctors, allergy who specialize in one see a specialist



C2	How difficult was it to get the specialist care that this child needed?	C26	DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?
١	☐ Not difficult		Never
١	Somewhat difficult		Sometimes
١	☐ Very difficult		Usually
١	☐ It was not possible to obtain care		Always
C2	type of alternative health care or treatment? Alternative	C27	DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?
١	health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others.		None
١	Some therapies involve seeing a health care provider, while others can be done on your own.		☐ 1 time
١	Yes		2 or more times
١	□ No	C28	
C2	DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not		admitted to the hospital to stay for at least one night?
١	received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and		Yes
١	mental health services.		No
١	☐ Yes	C29	intervention plan? Children receiving these services often
	No → SKIP to question c26		have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).
C2	If yes, which types of care were not received? Mark (X) ALL that apply.		Yes
١	☐ Medical Care		No → SKIP to question €32
١	☐ Dental Care	C30	If yes, how old was this child at the time of the FIRST plan?
١	☐ Vision Care		
١	☐ Hearing Care		Years AND Months
١	☐ Mental Health Services	C31	Is this child CURRENTLY receiving services under one of these plans?
١	Other, specify: 🗾		Yes
١			□ No
C2	Did any of the following reasons contribute to this child not receiving needed health services? Mark (X) Yes or No for each item.		Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?
١	a. This child was not eligible for the		Yes
١	services		No → SKIP to question D1 on page 10
	b. The services this child needed were not available in your area	C33	
	c. There were problems getting an appointment when this child needed one		receiving these special services? Years AND Months
	d. There were problems with getting transportation or child care	C34	Is this child CURRENTLY receiving these special
	e. The clinic or doctor's office wasn't open when this child needed care		services? Yes
	f. There were issues related to cost		□ No



D. Experience with This	
Child's Health Care	
Providers	

		xperie				s	D6	If ye this	s, DURING THE PAST child's doctors or oth	Γ 12 MO ner healt	NTHS, I	now often providers.	did
		hild's Pro	nea ovid		are			_	· · · · · · · · · · · · · · · · · · ·	Always	Usually	Sometimes	Never
D	child's pers	e one or mo onal doctor ealth profess	re perso or nurse ional who	ons you to ? A person knows to	onal doctor his child v	or or vell		tl to	Discuss with you the range of options of consider for his or her health care or reatment?				
	a general do	ar with this concept, a pedia tioner, or a po	trician, a	specialis	t doctor, a			to	Make it easy for you oraise concerns or lisagree with				
	Yes, or	ne person						r	ecommendations or this child's health				
	☐ Yes, m	ore than one	person					C	are?				
	□ No							d	Vork with you to lecide together				
D		IE PAST 12 leee any doct						a	which health care and treatment choices would be				
	Yes							_	est for this child?	NTUE	did ony	ana haln y	
		SKIP to ques					D7	arra	ING THE PAST 12 MO nge or coordinate this rent doctors or service	child's	care a	mong the	you
D		It was it to g	get referi	rals?					Yes				
	☐ Not dif	ficult							No				
	Somev	vhat difficult							Did not see more than		alth		
	☐ Very d	ifficult							care provider in the P. MONTHS → SKIP to		n 🕕 o	n page 11	
	☐ It was	not possible	to get a i	referral			D8	coul	ING THE PAST 12 MO d have used extra he	lp arran	ging or	coordinat	
D	health care	following qui visit IN THE stion E1 on	PAST 1	2 MONT	his child HS. Othe	had a rwise			child's care among the diders or services?	ne differ	ent hea	Ith care	
		IE PAST 12 l				his		H	Yes No → SKIP to questi	on 👊			
			Always	Usually	Sometimes								
	a. Spend e with this	child?					D9	did y	s, DURING THE PAST you get as much help nging or coordinating	as you	wanted	with	
	b. Listen cay	arefully to							Usually				
	c. Show se your fam and cust	ily's values							Sometimes				
	d. Provide								Never				
	this child	concerning !?					010	you	ING THE PAST 12 MO	ion betw	veen thi	s child's	re
	e. Help you partner ii	n this						doct	ors and other health	care pro	oviders?		
D		IE PAST 12							Very satisfied				
		ns to be ma as whether t es?							Somewhat satisfied Somewhat dissatisfied	I			
	☐ Yes								Very dissatisfied				
	□ No → ;	SKIP to ques	stion D7										
-1													



D1		cai	IRING THE PAST 12 MONTHS, did this re provider communicate with the child re provider, or special education progra	's school,		•			nis child CURRENTLY covered by ANY kind of the insurance or health coverage plan?	
	ľ	Cai	Yes	1111 :					Yes	
			No → SKIP to question E1						No → SKIP to question F1 on page 12	
			Did not need health care provider to communicate with these providers → SKIP to question	on E1		2		follo	nis child CURRENTLY covered by any of the owing types of health insurance or health coverage as? Mark (X) Yes or No for EACH item.	
Dí		he	yes, during this time, how satisfied were alth care provider's communication with	h the scho					nsurance through a current or ormer employer or union	
		chi	ild care provider, or special education p	orogram?					nsurance purchased directly rom an insurance company	
			Very satisfied						Medicaid, Medical Assistance, or any kind of government	
			Somewhat satisfied					а	assistance plan for those with ow incomes or a disability	
			Somewhat dissatisfied Very dissatisfied						TRICARE or other military	
			,					e. I	ndian Health Service	
			E. This Child's He					f. (Other, specify: 🗸	
			Insurance Covera	ige						
E		CO	IRING THE PAST 12 MONTHS, was this vered by ANY kind of health insurance verage plan?		ER				often does this child's health insurance offer effits or cover services that meet this child's needs	?
			Yes, this child was covered all 12 months → SKIP to question E4)					Always	
			Yes, but this child had a gap in coverage	је					Usually	
			No						Sometimes	
B			licate whether any of the following is a						Never	
			ild was not covered by health insurance IRING THE PAST 12 MONTHS:	e at any ti Yes	me No	E	6		often does this child's health insurance allow hin er to see the health care providers he or she need	
	;	a.	Change in employer or employment status						Always	31
	ļ	b.	Cancellation due to overdue premiums						Usually	
	(c.	Dropped coverage because it was unaffordable						Sometimes	
		d.	Dropped coverage because benefits were inadequate						Never	
	•	e.	Dropped coverage because choice of health care providers was inadequate			•		beha heal	king specifically about this child's mental or avioral health needs, how often does this child's th insurance offer benefits or cover services that these needs?	
	1	f.	Problems with application or renewal process						This child does not use mental or behavioral health services	
	,	g.	Other, specify: $\slash\hspace{-0.4cm}\overline{\hspace{-0.4cm}\hspace{-0.4cm}}\hspace{0.4cm}$						Always	
									Usually	
									Sometimes	
									Never	



F.	Providing	g for	This
	Child's	Healt	h

L	F. Providing for T Child's Health		F5	othe hom	N AVERAGE WEEK, how many hou er family members spend providing late for this child? Care might include diving medication and therapies when no	nealth care changing ba	at
Hea	uding co-pays and amounts reimburse Ith Savings Accounts (HSA) and Flexil	ble Spending			This child does not need health care on a weekly basis	provided at	home
chil	ounts (FSA), how much money did yo d's medical, health, dental, and vision	care			Less than 1 hour per week		
insu	RING THE PAST 12 MONTHS? Do not in rance premiums or costs that were or with the resultance of another source.				1-4 hours per week		
	so (No medical or health-related				5-10 hours per week		
	expenses) → SKIP to question F4				11 or more hours per week		
	\$1-\$249 \$250-\$499		F6		N AVERAGE WEEK, how many hou		
	\$500-\$999			heal	er family members spend arranging of th or medical care for this child, suc ointments or locating services?		
	\$1,000-\$5,000				This child does not need health care on a weekly basis	coordinated	d
	More than \$5,000				Less than 1 hour per week		
2 Hov	v often are these costs reasonable?				1-4 hours per week		
	Always				5-10 hours per week		
	Usually				11 or more hours per week		
	Sometimes				G. This Child's Lea	arnino	7
	Never						
3 DUF	RING THE PAST 12 MONTHS, did your plems paying for any of this child's me	family have			wer the following question only if the table to the table table to the table table table to the table t		
hea	th care bills?		GI		is child able to do the following k (X) Yes or No for each item.	Yes	No
	Yes				Say at least one word, such as "hi"		
	No			b. (Jse 2 words together, such as car go"?		
	RING THE PAST 12 MONTHS, have you ily members	u or other Yes No		c. l	Jse 3 words together in a sentence,		
	Left a job or taken a leave of absence because of this child's				such as, "Mommy come now."? Ask questions like "who," "what,"		
	nealth or health conditions?			"	when," "where"?		
I	Cut down on the hours you work because of this child's health or nealth conditions?			f. 7	Ask questions like "why" and "how"? Fell a story with a beginning,		
c. /	Avoided changing jobs because of				niddle, and end? Jnderstand the meaning of the		
i	concerns about maintaining health nsurance for this child?			V	vord "no"? Follow a verbal direction without	Ш	Ш
				ŀ	nand gestures, such as "Wash your nands."?		
					Point to things in a book when asked?		
					Follow 2-step directions, such as		
					Get your shoes and put them in the pasket."?		
				k. l			

			\perp		
G	2)	Is this child 3 years old or older?	G8	Can	this child rhyme words?
		Yes			Yes
		No → SKIP to question H1 on page 15			No
G	3	Has this child started school? Include any formal home schooling.	G9		often can this child explain things he or she has seen one so that you get a very good idea what happened?
		Yes, preschool			Always
		Yes, kindergarten			Most of the time
		☐ Yes, first grade			About half the time
		□ No			Sometimes
G		Are you concerned about how this child is learning to do things for him or herself?			Never
			G10		often can this child write his or her first name, even ome of the letters aren't quite right or are backwards?
		☐ Yes, somewhat concerned			Always
		Yes, very concerned			Most of the time
G	•	How confident are you that this child is ready to be in			About half the time
		school?			Sometimes
		Completely confident			Never
		Mostly confident	GII	How	high can this child count?
		Somewhat confident	T		This child cannot count
		Not at all confident			Up to five
G	6	How often can this child recognize the beginning sound of a word? For example, can this child tell you that the word "ball" starts with the "buh" sound?			Up to ten
		Always			Up to 20
		☐ Most of the time			Up to 50
		About half the time			Up to 100 or more
		Sometimes	G12		often can this child identify basic shapes such as angle, circle, or square?
		□ Never			Always
G		About how many letters of the alphabet can this child recognize?			Most of the time
		All of them			About half the time
		Most of them			Sometimes
		About half of them			Never
		Some of them			
		None of them			
-1					



G1	Can and	this child identify the colors red, yellow, blue, green by name?	G19		often does this child become angry or anxious n going from one activity to another?
1		Yes, all of them			Always
١		Yes, some of them			Most of the time
١		No, none of them			About half the time
G1	How	often is this child easily distracted?			Sometimes
Ī		Always			Never
١		Most of the time	G20	How	often does this child show concern when others
١		About half the time	T	are I	hurt or unhappy?
١		Sometimes		H	Always
١		Never		H	Most of the time
G1	5 How	v often does this child keep working at something		Н	About half the time
I	unti	I he or she is finished?		Ш	Sometimes
1	H	Always			Never
١	H	Most of the time	G21		en excited or all wound up, how often can this child n down quickly?
1	Ш	About half the time			Always
1		Sometimes			Most of the time
١		Never			About half the time
G1		en this child is paying attention, how often can he he follow instructions to complete a simple task?			Sometimes
١		Always			Never
1		Most of the time			
١		About half the time	G22		often does this child lose control of his or her per when things do not go his or her way?
1		Sometimes			Always
١	H				Most of the time
		Never			About half the time
G1	How	does this child usually hold a pencil? Uses fingers to hold the pencil			Sometimes
١		Grips the pencil in his or her fist			Never
1	H		G23	Com	npared to other children his or her age, how much
		This child cannot hold a pencil	T		culty does this child have making or keeping
GI	How	often does this child play well with others? Always			No difficulty
					A little difficulty
		Most of the time			A lot of difficulty
		About half the time			
	H	Sometimes			
1		Never			



G2	4	Compared to other children his or her age, how often is this child able to sit still?	He		swer the next question only if this child is LESS THAN MONTHS OLD. Otherwise, SKIP to question H7.
١		Always			which position do you most often lay this baby down sleep now? Mark (X) ONE box.
١		Most of the time			On his or her side
١		About half the time			On his or her back
١		Sometimes			On his or her stomach
١		Never	HZ		MOST WEEKDAYS, about how much time did this
		H. About You and This Child		oth gar	Id spend in front of a TV, computer, cellphone or er electronic device watching programs, playing mes, accessing the internet or using social media? not include time spent doing schoolwork.
G	•	Was this child born in the United States?			Less than 1 hour
۳	•	Yes → SKIP to question H3			1 hour
١		□ No			2 hours
Œ	2	If no, how long has this child been living in the			3 hours
٦		United States?			4 or more hours
		Years AND Months	HE	DU oth	RING THE PAST WEEK, how many days did you or er family members read to this child?
H	3	How many times has this child moved to a new address since he or she was born?			0 days
١					1-3 days
		Number of times			4-6 days
H	4)	How often does this child go to bed at about the same time on weeknights?			Every day
١		Always	H9		RING THE PAST WEEK, how many days did you or
١		Usually			er family members tell stories or sing songs to this ld?
١		Sometimes			0 days
١		Rarely			1-3 days
١		Never			4-6 days
Œ	9	DURING THE PAST WEEK, how many hours of sleep did this child get during an average day (count both			Every day
١		nighttime sleep and naps)?	H10		w well do you think you are handling the day-to-day mands of raising children?
١		Less than 7 hours			Very well
١		7 hours			Somewhat well
		8 hours			Not very well
		9 hours			Not well at all
		10 hours			
		11 hours			
		12 or more hours			



(11		felt	RING THE PAS	ST MON'			ave you s Usually	Always	;	Γ	. About Your Family and Household
		a.	child is much harder to care for than most children his or her age?						0	the	RING THE PAST WEEK, on how many days did all family members who live in the household eat a lattogether?
			That this child does things that really bother you a lot?								0 days 1-3 days 4-6 days
١		c.	Angry with this child?								Every day
HI	DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?							[2	Doe ciga	es anyone living in your household use cigarettes, ars, or pipe tobacco? Yes	
١			Yes No → SKIP t e	o questi	on H14						No → SKIP to question [4]
H1	3	lf y	es, did you red			support	from		13	If y	es, does anyone smoke inside your home? Yes
J		•	Spauge or dom	ootio no	rtnor?		Yes	No			No
١			Spouse or dom Other family me			end?			14		RING THE PAST 12 MONTHS, how often were
			Health care pro		Globo III	ona.				ins	ticides used inside your residence to control for ects? If the frequency changed throughout the year, out the highest frequency.
١		d.	Place of worshi	ip or reli	gious lea	der?					More than once a week
١		e.	Support or adve to specific heal			ed					Once a week
١		f.	Peer support g	roup?							Once a month
١		g.	Counselor or of professional?	ther mer	ital health	1					Once every 2-5 months
١		h.	Other person, s	specify:	Z					H	Once every 6 months
١										H	Once during the past 12 months
H 1	Α	Do	es this child re	eceive ca	are for a	least 10	0 hours n	er		H	Never
٦		we	ek from somed ardian? This co	one othe ould be a	r than hi	s or her e center,	preschool	r			Don't know
		Head Start program, family child care home, nanny, au pair, babysitter or relative.							15	or k sigi	RING THE PAST 12 MONTHS, other than in a shower pathtub, have you seen any mold, mildew or other as of water damage on walls or other surfaces inside r home?
١			No								Yes
HI		the cha	RING THE PAS family have to ange your job t this child?	quit a	job, not	take a jo	b, or gre	atly			No
			Yes								
1											



16			en your family faces			often are	you	110	ln	your neighborhood,	is/are t	here	Yes	No
				All of the time	Most of		None of		a.	Sidewalks or walking	paths?			
	a	1.	Talk together about what to do							A park or playground				
	k) .	Work together to solve our problems						c.	A recreation center, of center, or boys' and of				
	c) .	Know we have strengths to draw on						d.	A library or bookmob	ile?			
	C	ı.	Stay hopeful even in difficult times						e.	Litter or garbage on to sidewalk?	he stree	et		
Œ	١	/er	ICE THIS CHILD WA	basics, I						Poorly kept or rundov Vandalism such as b		ing?		
	(on	your family's incom	ie?					То	windows or graffiti? what extent do you	agree v	vith these	statemer	nts
			Rarely							out your neighborho	od or c		?	
			Somewhat often								agree	agree	disagree	disagree
			Very often						a.	People in this neighborhood help each other out				
IE	ŀ	าดเ	ich of these statem usehold's ability to a RING THE PAST 12	afford th	e food yo				b.	We watch out for each other's children in this neighborhood				
			We could always a	fford to e	at good n	utritious m	neals.		c.	This child is safe in our				
			We could always a the kinds of food w			t but not a	always			neighborhood				
			Sometimes we could not						d.	When we encounter difficulties, we know where to go for help in				
IS			any time DURING T				n for	(12)	Th	our community e next questions are	about	events tha	nt may ha	ıve
			e month, did anyone Cash assistance fron	-		Yes	No		ha ha un	ppened during this oppen in any family, k comfortable with the g questions you do i	hild's li out som se que	ife. These le people i stions. Yo	things ca may feel u may sk	an
	ŀ) .	welfare program? Food Stamps or Sup	nlementa	al Nutrition				То	the best of your kno	wledge	e, has this		ER
			Assistance Program	(SNAP) I	benefits?					perienced any of the Parent or guardian di			Yes	No
	C	: .	Free or reduced-cost lunches at school?	t breakfas	sts or				a.	separated	vorceu	Oi		
	C	ı.	Benefits from the Wo and Children (WIC) F						b.	Parent or guardian di	ed			
			, ,							Parent or guardian se		-		
									a.	Saw or heard parents hit, kick, punch one a home				
									e.	Was a victim of viole witnessed violence in neighborhood		her		
									f.	Lived with anyone whill, suicidal, or severe	no was ly depre	mentally essed		
									g.	Lived with anyone who with alcohol or drugs		a problem		
									h.	Treated or judged un of his or her race or				

-						
			J. Child's Caregivers	17	Wha	it is your marital status?
E			nplete the questions for UP TO TWO ADULTS			Married
I			he household who are this child's primary egivers.			Not married, but living with a partner
			CAREGIVER 1 (You)			Never Married
Ji		How	are you related to this child?			Divorced
Ī			Biological or Adoptive Parent			Separated
			Step-parent			Widowed
			Grandparent	J8	In ge	eneral, how is your physical health?
			Foster Parent			Excellent
			Other: Relative			Very good
			Other: Non-Relative			Good
J2	•	Wha	it is your sex?			Fair
Ī			Male			Poor
			Female	19	In a	eneral, how is your mental or emotional health?
Ja)	Wha	nt is your age?	9		Excellent
			Age in years			Very good
J4)	Whe	ere were you born?			Good
			In the United States → SKIP to question J6			Fair
			Outside of the United States			Poor
J			en did you come to live in the United States? Eate the 4-digit year in which you came to live in the	J10	Wer	e you employed at least 50 out of the past 52 weeks?
			ed States.			Yes
			4-Digit Year			No
Je		Wha com	it is the highest grade or level of school you have pleted? Mark (X) ONE box.	1		e you ever served on active duty in the Armed Forces, Reserves, or the National Guard?
			8th grade or less			k (X) ONE box.
			9th-12th grade; No diploma			Never served in the military → SKIP to question 113 on page 19
			High School Graduate or GED Completed			Only on active duty for training in the Reserves or National Guard → SKIP to question 113 on page 19
			Completed a vocational, trade, or business school program			Now on active duty
ı			Some College Credit, but no Degree			On active duty in the past, but not now
			Associate Degree (AA, AS)	J 12	Wer	e you deployed at any time during this child's life?
			Bachelor's Degree (BA, BS, AB)			Yes
			Master's Degree (MA, MS, MSW, MBA)			No
			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			



		_		
Ę	If this child has another primary adult caregiver who lives in this household, complete Questions	J19	What	is Caregiver 2's marital status?
	J13-J24. Otherwise, skip to Question K1 on page 20) .		Married
	CAREGIVER 2			Not married, but living with a partner
J1	How is Caregiver 2 related to this child?			Never Married
	There is only one primary adult caregiver in the household for this child → SKIP to question κ1 on page 20			Divorced
	☐ Biological or Adoptive Parent			Separated
	☐ Step-parent			Widowed
	Grandparent	J20	In gei	neral, how is Caregiver 2's physical health?
	☐ Foster Parent			Excellent
	Other: Relative			Very good
	Other: Non-Relative			Good
J1	4 What is Caregiver 2's sex?			Fair
	☐ Male			Poor
	Female	J21	In gei	neral, how is Caregiver 2's mental or emotional
J1	What is Caregiver 2's age?			Excellent
	Age in years			Very good
J1	Where was Caregiver 2 born?			Good
	☐ In the United States → SKIP to question ☐			Fair
	Outside of the United States			Poor
J1	When did Caregiver 2 come to live in the United States? Indicate the 4-digit year in which Caregiver 2 came to live in the United States.	J22	Was (Caregiver 2 employed at least 50 out of the past 52 s?
	4-Digit Year			Yes
J1				No
٦	has completed? Mark (X) ONE box.	J23	Has C	Caregiver 2 ever served on active duty in the U.S.
	8th grade or less			d Forces, Reserves, or the National Guard? (X) ONE box.
	9th-12th grade; No diploma			Never served in the military → SKIP to question K1 on page 20
	High School Graduate or GED Completed			Only on active duty for training in the Reserves or National Guard → SKIP to question (1) on page 20
	Completed a vocational, trade, or business school program			Now on active duty
	Some College Credit, but no Degree			On active duty in the past, but not now
	Associate Degree (AA, AS)	J24	Was	Caregiver 2 deployed at any time during this child's
	☐ Bachelor's Degree (BA, BS, AB)		life?	5 · · · · · · · · · · · · · · · · · · ·
	☐ Master's Degree (MA, MS, MSW, MBA)			Yes
	Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			No



K. Household Information

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

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

K3 Income in 2018

Mark (X) the "Yes" box for each type of income this child's 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.

a. Wages, salary, commissions, bonuses, or tips for all jobs.



b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships.

Yes →	\$ 0,000,000.00	Loss
No	TOTAL AMOUNT in the last calendar year	

 Interest, dividends, net rental income, royalty income, or income from estates and trusts.

Yes →	\$	Loss
No	TOTAL AMOUNT in the last calendar year	

d. Social security or railroad retirement; retirement, survivor, or disability pensions.

Yes →	\$ 0,000,000.00
No	TOTAL AMOUNT

 Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office.

Yes →	\$ 0,000,000.00
No	TOTAL AMOUNT

f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony.

Yes →	\$ 0,000,000.00
No	TOTAL AMOUNT in the last calendar year

The following question is about your 2018 income. 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 interest, dividends, net income from businesses, farm or rent, and any other money income received.

\$0,000,000	.00
TOTAL AMOUNT in the last calendar year	

Mailing Instructions

Thank you for your participation.

On behalf of the U.S. 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 health care 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.

We estimate that completing the National Survey of Children's Health will take 33 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Commerce, Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.





National Survey of Children's Health

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







The U.S. Census Bureau is required by law to protect your information and is not permitted to publicly release your responses in a way that could identify you or your household. 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. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. Federal law protects your privacy and keeps your answers confidential under 13 U.S.C. Section 9. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Any information you provide will be shared for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

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-T2 (04/15/2019) Draft 4



		Start Here	АЗ) н	ow often does this ch	nild Always	Usually	Sometimes	Never
	child	ently, you completed a survey that asked about the dren usually living or staying at this address.		a.	Show interest and curiosity in learning new things?				
		now have some follow-up questions to ask about:		b.	Work to finish tasks he or she starts?				
				C.	Stay calm and in control when faced with a challenge?				
		e name listed above is not correct or does not espond to a child living in this household, please		d.	Care about doing well in school?				
		1-800-845-8241 for assistance.		e.	Do all required homework?				
	effo	nave selected only one child per household in an t to minimize the amount of time you will need to plete the follow-up questions.		f.	Argue too much?				
		survey should be completed by an adult who is liar with this child's health and health care.	A4	cl	URING THE PAST 12 nild bullied, picked or the frequency changed	n, or ex	cluded by	other child	dren?
	You	our participation is important. Thank you.		If the frequency changed throughout the year, report the highest frequency.					
					Never (in the past				
				1-2 times (in the past 12 months)					
		A. This Child's Health			1-2 times per mont				
7	In general, how would you describe this child's health			☐ 1-2 times per week☐ Almost every day					
ע		one named above)?			Ailliost every day				
		Excellent	A5		URING THE PAST 12 nild bully others, pick				
		Very good		lf	the frequency changed ghest frequency.				
		Good			Never (in the past	12 mont	ths)		
		Fair			1-2 times (in the pa	ast 12 m	nonths)		
		Poor			1-2 times per mont	h			
2	How	would you describe the condition of this child's			1-2 times per week				
		Excellent			Almost every day				
		Very good							
		Good							
		Fair							
		Poor							

A	FR	IRING THE PAST 12 MONTHS, has this EQUENT or CHRONIC difficulty with a lowing?				Has a doctor or other health care provider EVER told you that this child has				
1	101	lowing:	Yes	No	A1	O Asthma?				
ı	a.	Breathing or other respiratory problems (such as wheezing or			I	Yes No				
ı		shortness of breath)								
ı	b.	Eating or swallowing because of a health condition				☐ Yes ☐ No				
ı	c.	Digesting food, including stomach/intestinal problems, constipation, or diarrhea				→ If yes, is it:☐ Mild☐ Moderate☐ Severe				
ı	d.	Repeated or chronic physical pain, including headaches or other back or body pain			A1	Brain injury, concussion or head injury? Yes No				
ı	e.	Toothaches				If yes, does this child CURRENTLY have the condition?				
ı	f.	Bleeding gums				☐ Yes ☐ No				
ı	g.	Decayed teeth or cavities				→ If yes, is it:				
Αź	Do	es this child have any of the following	j? Yes	No	A1	2 Cerebral Palsy?				
ı	a.	Serious difficulty concentrating,			Ī	☐ Yes ☐ No				
ı		remembering, or making decisions because of a physical, mental, or emotional condition				If yes, does this child CURRENTLY have the condition?				
ı						☐ Yes ☐ No				
ı	b.	Serious difficulty walking or climbing stairs				☐ If yes, is it:				
ı	C.	Difficulty dressing or bathing				☐ Mild ☐ Moderate ☐ Severe				
ı	d.	Deafness or problems with hearing			A1	Diabetes?				
ı	e.	Blindness or problems with seeing, even when wearing glasses				Yes✓ No✓ If yes, does this child CURRENTLY have the				
ı						condition?				
ı		s a doctor or other health care provident this child has	er EVER t	told		☐ Yes ☐ No ☐ No ☐ H yes, is it:				
A8	All	ergies (including food, drug, insect, o	r other)?							
٦		Yes No				☐ Mild ☐ Moderate ☐ Severe				
ı	L	→ If yes, does this child CURRENTLY	have the		A1	4 Epilepsy or Seizure Disorder?				
ı		condition?				☐ Yes ☐ No				
ı		☐ Yes ☐ No ☐ Hyes, is it:				If yes, does this child CURRENTLY have the condition?				
ı		☐ Mild ☐ Moderate	Sev	/ere		☐ Yes ☐ No ☐ No ☐ H yes, is it:				
AS	Ar	thritis?								
		Yes No			A1	☐ Mild ☐ Moderate ☐ Severe Heart Condition?				
	L	If yes, does this child CURRENTLY have the condition?				☐ Yes ☐ No				
		☐ Yes ☐ No				☐ If yes, does this child CURRENTLY have the condition?				
		→ If yes, is it:		10.00		☐ Yes ☐ No				
		Mild Moderate	□ Se\	/ere		☐ If yes, is it:				
						☐ Mild ☐ Moderate ☐ Severe				



Has a doctor or other health care provider EVER told you that this child has Frequent or severe headaches, including migraine? Yes	ou that this child has	
Yes	nonvient on covere books by the books of	
Yes	requent or severe neadacnes, including migraine?	
Yes	☐ Yes ☐ No	
Yes		
Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening. Yes	condition?	→ If yes, is it:
test done shortly after birth? These tests are sometimes called newborn screening. Yes	☐ Yes ☐ No	☐ Mild ☐ Moderate ☐ Severe
Mild	→ If yes, is it:	
Yes	☐ Mild ☐ Moderate ☐ Severe	test done shortly after birth? These tests are sometimes called newborn screening.
Yes No No Sickle Cell Disease? Yes No No Hemophilia? Yes No No Hemophilia? Yes No No Hemophilia? Yes No Other Blood Disorders? Yes No Hemophilia? Yes No Yes No Yes No Hemophilia? Yes No Yes Yes No Yes No Yes No Yes Yes Yes Yes No Yes Yes Yes Yes Yes No Yes		
Yes	ourette Syndrome?	
Thalassemia? Yes No Hemophilia? Yes No No Other Blood Disorders? Yes No No Hemophilia? Yes No No Other Blood Disorders? Yes No No Hemophilia? Yes No No Hemophilia? Yes No Hemophilia? Yes No Hemophilia? Yes No No Hemophilia? Yes No	☐ Yes ☐ No	
Yes		Sickle Cell Disease?
→ If yes, is it: Mild Moderate Severe MoOther Blood Yes No Other Blood No Other Blood Yes No Other Blood No Other Blood Yes No Other Blood No Other Blood Yes No Other Genetic or inherited through a blood test done shortly after birth? These tests are sometimes called newborn screening. Yes No Other genetic or inherited condition? Yes No Other genetic or inherited condit		Thalassemia?
Anxiety Problems? Yes		Hemophilia? Yes No
Anxiety Problems? Yes	if yes, is it:	
Yes	☐ Mild ☐ Moderate ☐ Severe	
Yes	anviety Problems?	2 Cystic Fibrosis?
Hes No		☐ Yes ☐ No
Yes		
Yes		
test done shortly after birth? These tests are sometimes called newborn screening. Yes	□ Ves □ No	
Mild Moderate Severe Sometimes called newborn screening. Yes No	1.00	test done shortly after birth? These tests are
Depression? Yes		sometimes called newborn screening.
Yes	Willia D Wiodelate D Severe	☐ Yes ☐ No
Yes	Pepression?	Other genetic or inherited condition?
Hif yes, does this child CURRENTLY have the condition? Yes		
Yes	☐ If yes, does this child CURRENTLY have the	
If yes, is it:	condition?	→ If yes, specify: The specific of the s
Mild Moderate Severe Mild Moderate Severe Mild Moderate Severe Mas this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening. Yes No Yes No Mild Moderate Severe Mild Moderate Severe Yes No Mild Moderate Severe Yes No If yes, does this child CURRENTLY have the disorder? Yes No Hi yes, is it:	☐ Yes ☐ No	
Down Syndrome? Yes	→ If yes, is it:	ls it:
Down Syndrome? Yes	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
test done shortly after birth? These tests are sometimes called newborn screening. → If yes, is it: → Mild Moderate Severe Severe **Lest done shortly after birth? These tests are sometimes called newborn screening. → No → Substance Use Disorder? → Yes → No → If yes, does this child CURRENTLY have the disorder? → Yes → No → If yes, is it:		
→ If yes, is it: Mild Moderate Severe Substance Use Disorder? Yes No → If yes, does this child CURRENTLY have the disorder? Yes No → If yes, is it:		test done shortly after birth? These tests are
Mild		
Yes □ No ☐ Yes □ No ☐ Hyes, does this child CURRENTLY have the disorder? ☐ Yes □ No ☐ Yes □ No ☐ Hyes, is it:	→ It ves. is it:	☐ Yes ☐ No
 Yes No If yes, does this child CURRENTLY have the disorder? Yes No If yes, is it: 	, , , , , , , , , , , , , , , , , , , ,	4 Substance Use Disorder?
 If yes, does this child CURRENTLY have the disorder? ☐ Yes ☐ No → If yes, is it: 	☐ Mild ☐ Moderate ☐ Severe	J
disorder? ☐ Yes ☐ No ☐ Hyes, is it:	☐ Mild ☐ Moderate ☐ Severe	□ Voc
→ If yes, is it:	☐ Mild ☐ Moderate ☐ Severe	
→ If yes, is it:	☐ Mild ☐ Moderate ☐ Severe	☐ If yes, does this child CURRENTLY have the
	☐ Mild ☐ Moderate ☐ Severe	☐ If yes, does this child CURRENTLY have the disorder?
Severe U Severe	☐ Mild ☐ Moderate ☐ Severe	 If yes, does this child CURRENTLY have the disorder? ☐ Yes ☐ No
	☐ Mild ☐ Moderate ☐ Severe	 If yes, does this child CURRENTLY have the disorder? Yes No If yes, is it:

		_	
A2	Has a doctor, other health care provider, or educator EVER told you that this child has Examples of educators are teachers and school nurses. Behavioral or Conduct Problems?	A30	Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).
Ĭ	☐ Yes ☐ No		☐ Yes ☐ No → SKIP to question A35 on page 6
ı	If yes, does this child CURRENTLY have the condition?		If yes, does this child CURRENTLY have the condition?
۱	☐ Yes ☐ No		☐ Yes ☐ No
۱	☐ If yes, is it:		☐ If yes, is it:
۱	☐ Mild ☐ Moderate ☐ Severe		☐ Mild ☐ Moderate ☐ Severe
A2	6 Developmental Delay?	A31	How old was this child when a doctor or other health
Ĭ	☐ Yes ☐ No		care provider FIRST told you that he or she had Autism, ASD, Asperger's Disorder or PDD?
ı	If yes, does this child CURRENTLY have the condition?		Age in years Don't know
۱	□ Yes □ No		Age in years Don't know
ı	☐ Mild ☐ Moderate ☐ Severe	A32	What type of doctor or other health care provider was the FIRST to tell you that this child had Autism, ASD, Asperger's Disorder or PDD? Mark (X) ONE box.
A2	Intellectual Disability (formerly known as Mental		☐ Primary Care Provider
٦	Retardation)?		Specialist
۱	☐ Yes ☐ No		School Psychologist/Counselor
۱			
۱	☐ Yes ☐ No		☐ Other Psychologist (Non-School)
۱	☐ If yes, is it:		Psychiatrist
۱	☐ Mild ☐ Moderate ☐ Severe		Other, specify:
A2	8 Speech or other language disorder?		
Ī	☐ Yes ☐ No		□ Don't know
١	If yes, does this child CURRENTLY have the condition?		
۱	Yes No	A33	Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?
۱	☐ If yes, is it:		☐ Yes ☐ No
۱	☐ Mild ☐ Moderate ☐ Severe		
A2	9 Learning Disability?	A34	child receive behavioral treatment for Autism, ASD,
	Yes No		Asperger's Disorder or PDD, such as training or an intervention that you or this child received to help
۱	☐ If yes, does this child CURRENTLY have the		with his or her behavior?
١	disability?		☐ Yes ☐ No
۱	☐ Yes ☐ No		
۱	→ If yes, is it:		
	☐ Mild ☐ Moderate ☐ Severe		
П			



АЗ	Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or	B2	What month and year was this child born? Birth Month / 4-Digit Birth Year
	ADHD?		/ 20
١	☐ Yes ☐ No → SKIP to question A38		,
	If yes, does this child CURRENTLY have the condition?		How much did he or she weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine.
١	☐ Yes ☐ No		estimate is line.
١	→ If yes, is it:		pounds AND ounces
١	Mild Moderate Severe		OR
АЗ	Is this child CURRENTLY taking medication for ADD or ADHD?		kilograms AND grams
	☐ Yes ☐ No	B4	What was the age of the mother when this child was born? Your best estimate is fine.
АЗ	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this child received to help with his or her behavior?		Age in years
	☐ Yes ☐ No		C. Health Care Services
АЗ	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected his or her ability to do things other children his or her age do?		DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for
	This child does not have any health conditions → SKIP to question B1		sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care?
١	Never		Yes
١	Sometimes		No → SKIP to question C4 on page 7
١	Usually	C2	If yes, DURING THE PAST 12 MONTHS, how many times
	Always		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
АЗ	To what extent do this child's health conditions or problems affect his or her ability to do things?		injured, such as an annual or sports physical, or well-child visit.
١	☐ Very little		0 visits
	Somewhat		1 visit
١	☐ A great deal		2 or more visits
١	Ü	C3	Thinking about the LAST TIME you took this child for
	B. This Child as an Infant		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.
B			Less than 10 minutes
Ī	her due date?		☐ 10-20 minutes
	∐ Yes		☐ More than 20 minutes
	□ No		



- 1			
C	Your best estimate is fine.	C10	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?
1	feet AND inches		Yes
	OR		□ No → SKIP to question C12
	meters AND centimeters	GI	If yes, is this the same place this child goes when he or she is sick?
C	How much does this child CURRENTLY weigh? Your best estimate is fine.		☐ Yes
	pounds		□ No
	OR	G12	DURING THE PAST 12 MONTHS, has this child had his or her vision tested, such as with pictures, shapes, or letters?
	kilograms		☐ Yes
C	Are you concerned about this child's weight?		□ No → SKIP to question C14
	Yes, it's too high Yes, it's too low	GIE	If yes, where was this child's vision tested? Mark (X) ALL that apply.
	No, I am not concerned		Eye doctor or eye specialist (ophthalmologist, optometrist) office
C	Has a doctor or other health care provider ever told		Pediatrician or other general doctor's office
	you that this child is overweight?		Clinic or health center
1	Yes		School
	□ No		☐ Other, specify:
G	Is there a place you or another caregiver USUALLY take this child when he or she is sick or you need advice about his or her health?	C14	DURING THE PAST 12 MONTHS, did this child see a
	Yes		dentist or other oral health care provider for any kind of dental or oral health care?
	No → SKIP to question C10		Yes, saw a dentist
C	If yes, where does this child USUALLY go first? Mark (X) ONE box.		Yes, saw other oral health care provider
	☐ Doctor's Office		No → SKIP to question C17 on page 8
	Hospital Emergency Room	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
١	Hospital Outpatient Department		cleanings, dental sealants, or fluoride treatments?
	Clinic or Health Center		No preventive visits in the past 12 months → SKIP to question C17 on page 8
	Retail Store Clinic or "Minute Clinic"		☐ Yes, 1 visit
	School (Nurse's Office, Athletic Trainer's Office)		Yes, 2 or more visits
	Some other place		



C1		PRE	es, DURING THE PAST 12 MONTHS, what EVENTIVE dental service(s) did this child receive?	C21		difficult was it to get the specialist c I needed?	are th	nat this
			Check-up		Н	Not difficult		
			Cleaning			Somewhat difficult		
						Very difficult		
			Instruction on tooth brushing and oral health care			It was not possible to obtain care		
			X-Rays	C22		ING THE PAST 12 MONTHS, did this		
			Fluoride treatment	\top		of alternative health care or treatment the care can include acupuncture, chiroprofessional acupuncture.		
			Sealant (plastic coatings on back teeth)		Som	ration therapies, herbal supplements, and e therapies involve seeing a health care e others can be done on your own.		
		Ш	Don't know		VIIII	Yes		
C1			RING THE PAST 12 MONTHS, has this child					
		heal	th professional? Mental health professionals include			No		
			chiatrists, psychologists, psychiatric nurses, and clinical al workers.	C23	whe	ING THE PAST 12 MONTHS, was then this child needed health care but it	was n	not
			Yes		as o	ived? By health care, we mean medical ther kinds of care like dental care, vision tal health services.		
			No, but this child needed to see a mental health professional			Yes		
			No, this child did not need to see a mental health professional → SKIP to question €19			No → SKIP to question c26 on page	9	
C1			difficult was it to get the mental health treatment ounseling that this child needed?	C24		s, which types of care were not receive (X) ALL that apply.	ved?	
	ľ					Medical Care		
			Not difficult			Dental Care		
		Ш	Somewhat difficult			Vision Care		
			Very difficult			Hearing Care		
			It was not possible to obtain care					
C1			RING THE PAST 12 MONTHS, has this child taken		H	Mental Health Services		
			medication because of difficulties with his or her tions, concentration, or behavior?		Ш	Other, specify: 🔀		
			Yes					
		П	No	C25		any of the following reasons contribu		
			NO.	I		receiving needed health services? Ma ach item.	rk (X) Yes	Yes or No
C2		spec	RING THE PAST 12 MONTHS, did this child see a cialist other than a mental health professional? cialists are doctors like surgeons, heart doctors, allergy			his child was not eligible for the ervices		
	(doct	ors, skin doctors, and others who specialize in one of health care.			The services this child needed were not available in your area		
			Yes		а	here were problems getting an ppointment when this child needed ne		
			No, but this child needed to see a specialist			There were problems with getting		
			No, this child did not need to see a specialist → SKIP to question C22		t	ransportation or child care	Ш	
			a specialist 7 of the to question to			The clinic or doctor's office wasn't upen when this child needed care		
					f. T	here were issues related to cost		



C2	frustrated in your efforts to get services for this child? Never			D. Experie Child's Pre		lth C		5
C2	 Usually Always DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room? None 1 time 	D1	chi nur and a g	you have one or mode's personal doctor se is a health profess is a familiar with this ceneral doctor, a pediase practitioner, or a person Yes, one person No	or nursisional who child's hea atrician, a hysician's	e? A perso to knows alth histo to speciali	sonal doctor this child we ry. This can st doctor, a	r or ell
C2	□ 2 or more times DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night? □ Yes □ No	D22		RING THE PAST 12 erral to see any doc Yes No → SKIP to que	tors or re	eceive a		
C2	Has this child EVER had a special education or early intervention plan? Children receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP). ☐ Yes ☐ No → SKIP to question C32	D3	Hov	w difficult was it to a Not difficult Somewhat difficult Very difficult	get refer	rals?		
C3		D4	hea	It was not possible swer the following qualith care visit IN THE to question and the care of the care	uestions E PAST	only if 12 MON1		
C3	Is this child CURRENTLY receiving services under one of these plans?			RING THE PAST 12 Id's doctors or othe				is
ı	☐ Yes ☐ No			Spend enough time with this child?	Always	Usually	Sometimes	Never
C3	Has this child EVER received special services to meet his or her developmental needs such as speech,			Listen carefully to you?				
ı	occupational, or behavioral therapy? Yes			Show sensitivity to your family's values and customs?				
C3				Provide the specific information you needed concerning this child?				
	receiving these special services? Years AND Months			Help you feel like a partner in this child's care?				
C3	Is this child CURRENTLY receiving these special services? Yes No							



D	•	any care	RING THE PAST 12 MO decisions to be made , such as whether to	regardin	g his d	or her hea	lth	D10	you	RING THE PAST 12 MONTHS, how satisfied were with the communication between this child's tors and other health care providers?
١		or p	rocedures?							Very satisfied
			Yes							Somewhat satisfied
		Ш	No → SKIP to questi	on D7						Somewhat dissatisfied
D	6		s, DURING THE PAST child's doctors or oth							Very dissatisfied
١		_		Always	Usually	Sometimes	Never		DUE	RING THE PAST 12 MONTHS, did this child's health
		t t	Discuss with you he range of options o consider for his or health care or					011	care	e provider communicate with the child's school, child e provider, or special education program?
		Ī	reatment?						Ш	Yes
		t	Make it easy for you oraise concerns or							No → SKIP to question E1 on page 11
		r f	lisagree with ecommendations or this child's health care?							Did not need health care provider to communicate with these providers → SKIP to question en on page 11
		C V	Vork with you to decide together which health care and treatment					D12	hea	es, during this time, how satisfied were you with the th care provider's communication with the school, d care provider, or special education program?
		C	choices would be best for this child?							Very satisfied
D		DUR	RING THE PAST 12 MC	ONTHS. d	lid anv	one help v	vou			Somewhat satisfied
		arra	nge or coordinate this erent doctors or service	s child's o	care ar	nong the				Somewhat dissatisfied
			Yes							Very dissatisfied
			No							
			Did not see more than	n one hea	Ith care	e provider				
		Ш	in the PAST 12 MON				D11			
D		coul	RING THE PAST 12 MG d have used extra he child's care among the riders or services?	lp arrang	ing or	coordinati				
			Yes							
			No → SKIP to questi	on D10						
D		did	es, DURING THE PAST you get as much help nging or coordinating	as you v	vanted	with				
			Usually							
			Sometimes							
			Never							
1										



			E 4	foll	owing types of health insurance or health		le
		VER		a.	Insurance through a current or	es N	No
					Insurance nurchased directly		
Yes, this child was covered all 12 months → SKIP to question FA					from an insurance company Medical Assistance		4
				or any kind of government assistance plan for those with			
□ No			d.	TRICARE or other military			
child was not covered by health insurance							
	Yes	No		f.	Other, specify: 📈		
a. Change in employer or employment status							
b. Cancellation due to overdue premiums			E5	Hov	v often does this child's health insurance	offer	
c. Dropped coverage because it was unaffordable				ben	efits or cover services that meet this chil	d's needs	s?
d. Dropped coverage because benefits were inadequate				H	Always		
e. Dropped coverage because choice of health care providers was inadequate f. Problems with application or					Usually Sometimes		
					Never		
g. Other, specify:			E6				
					Always		
Is this child CURRENTLY covered by ANY	kind of				Usually		
					Sometimes		
Yes					Never		
No → SKIP to question F1 on page	12		(3)	beh hea	avioral health needs, how often does this lth insurance offer benefits or cover serv et these needs?	s child's rices that	
	DURING THE PAST 12 MONTHS, was this covered by ANY kind of health insurance coverage plan? Yes, this child was covered all 12 months → SKIP to question Yes, but this child had a gap in coverage No Indicate whether any of the following is a child was not covered by health insurance DURING THE PAST 12 MONTHS: a. Change in employer or employment status b. Cancellation due to overdue premiums c. Dropped coverage because it was unaffordable d. Dropped coverage because benefits were inadequate e. Dropped coverage because choice of health care providers was inadequate f. Problems with application or renewal process g. Other, specify: Is this child CURRENTLY covered by ANY health insurance or health coverage plan? Yes	covered by ANY kind of health insurance or health coverage plan? Yes, this child was covered all 12 months → SKIP to question Yes, but this child had a gap in coverage No Indicate whether any of the following is a reason of child was not covered by health insurance at any DURING THE PAST 12 MONTHS: a. Change in employer or employment status b. Cancellation due to overdue premiums c. Dropped coverage because it was unaffordable d. Dropped coverage because benefits were inadequate e. Dropped coverage because choice of health care providers was inadequate f. Problems with application or renewal process g. Other, specify: Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?	DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan? Yes, this child was covered all 12 months → SKIP to question Yes, but this child had a gap in coverage No No	DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan? Yes, this child was covered all 12 months → SKIP to question Yes, but this child had a gap in coverage No Indicate whether any of the following is a reason this child was not covered by health insurance at any time DURING THE PAST 12 MONTHS: Yes	Insurance Coverage DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan? Yes, this child was covered all 12 months → SKIP to question Yes, but this child had a gap in coverage No Indicate whether any of the following is a reason this child was not covered by health insurance at any time DURING THE PAST 12 MONTHS: a. Change in employer or employment status b. Cancellation due to overdue premiums c. Dropped coverage because it was unaffordable d. Dropped coverage because benefits were inadequate e. Dropped coverage because choice of health care providers was inadequate f. Problems with application or renewal process g. Other, specify: Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan? Yes No → SKIP to question F1 on page 12 This behela	Insurance Coverage DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan? Yes, this child was covered all 12 months → SKIP to question (2) No Achange in employer or employment status C. Dropped coverage because it was unaffordable D. Dropped coverage because benefits were inadequate D. Dropped coverage because choice of health care providers was inadequate D. Propped coverage because choice of health care providers was inadequate D. This child CURRENTLY covered by ANY kind of health insurance or health coverage plan? Yes No → SKIP to question (3) on page 12 Thinking specifically about this child's mental bealth insurance of health care providers was mental or behavior health insurance of realth care providers he or health care health	Insurance Coverage DURING THE PAST 12 MONTHS, was this child EVER coverade by ANY kind of health insurance or health coverage plan? Yes, this child was covered all 12 months → SKIP to question (3) Yes, but this child had a gap in coverage No No No No No No No N



F. Providing for This

	F. Providing for This Child's Health					5	IN AN AVERAGE WEEK, how many hours do you or other family members spend providing health care at home for this child? Care might include changing bandage or giving medication and therapies when needed.			
F	S	avi	uding co-pays and amounts reimburs ngs Accounts (HSA) and Flexible Sp	ending				This child does not need health care provided at home on a weekly basis		
	С	Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE PAST 12 MONTHS? Do not include health insurance						Less than 1 hour per week		
	p	ren	niums or costs that were or will be reim rance or another source.		iiice			1-4 hours per week		
	[\$0 (No medical or health-related expenses) → SKIP to question					5-10 hours per week		
		\$1-\$249						11 or more hours per week		
	,		\$250-\$499		G	6		N AVERAGE WEEK, how many hours do you or		
	[_	\$500-\$999				heal	r family members spend arranging or coordinating th or medical care for this child, such as making bintments or locating services?		
			\$1,000-\$5,000					This child does not need health care coordinated on a weekly basis		
	[More than \$5,000					Less than 1 hour per week		
F	Н	low	often are these costs reasonable?					1-4 hours per week		
			Always					5-10 hours per week		
			Usually					11 or more hours per week		
			Sometimes							
	[Never							
F	р	rok	RING THE PAST 12 MONTHS, did you plems paying for any of this child's n th care bills?		ave					
	[Yes							
	[No							
F			ING THE PAST 12 MONTHS, have you	ou or other	•					
	а	а	eft a job or taken a leave of obsence because of this child's lealth or health conditions?	Yes	No					
	b	b	Cut down on the hours you work pecause of this child's health or lealth conditions?							
	С	C	Avoided changing jobs because of concerns about maintaining health nsurance for this child?							



ı	G. This Child's Schooling and Activities	G5	DURING THE PAST 12 MONTHS, did this child participate in Yes No
Gí			a. A sports team or did he or she take sports lessons after school or on weekends?
	Include days missed from any formal home schooling.		b. Any clubs or organizations after school or on weekends?
	□ No missed school days□ 1-3 days		c. Any other organized activities or lessons, such as music, dance,
	4-6 days		language, or other arts? d. Any type of community service or volunteer work at school, place of
	7-10 days		worship, or in the community?
	☐ 11 or more days		e. Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work?
	☐ This child was not enrolled in school	G6	
G2	this child's school contacted you or another adult in your household about any problems he or she is		this child exercise, play a sport, or participate in physical activity for at least 60 minutes?
	having with school? None		☐ 0 days
	1 time		☐ 1-3 days
			4-6 days
	☐ 2 or more times		□ Every day
G	SINCE STARTING KINDERGARTEN, has this child repeated any grades?	G7	difficulty does this child have making or keeping
	Yes		friends?
	□ No		☐ No difficulty
G4	DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in?	?	A little difficulty A lot of difficulty
	Always		, and the second
	Usually		
	Sometimes		
	Rarely		
	Never		



	H. About You and This Child	(well can you and this ut things that really ma		eas or ta	lk
				Very well			
Ψ	Was this child born in the United States?			Somewhat well			
ı	Yes → SKIP to question H3			Not very well			
	□ No			Not well at all			
12	If no, how long has this child been living in the United States?	H8	Hov	v well do you think you	are handling t	he day-to	o-day
	Years AND Months		den	ands of raising childre	n?		
			H	Very well			
13	How many times has this child moved to a new address since he or she was born?		Ш	Somewhat well			
	Number of times			Not very well			
	How often does this shill go to had at shout the same			Not well at all			
ľ	How often does this child go to bed at about the same time on weeknights?	H9	DUF	RING THE PAST MONTH		_	
	Always			Γhat this child	Rarely Sometime	s Usually	Always
	Usually		t	s much harder U			
	Sometimes			nost children nis or her age?			
	Rarely			That this child does things			
	Never		I	hat really pother you a lot?			
15	DURING THE PAST WEEK, how many hours of sleep did this child get on most weeknights?			Angry with his child?			
	Less than 6 hours	H10		RING THE PAST 12 MO			
	☐ 6 hours			you could turn to for o parenting or raising cl		tional su	pport
	☐ 7 hours			Yes			
	8 hours			No → SKIP to question	n 🚺 on page	15	
	9 hours	111) If ye	es, did you receive emo	tional support		
	☐ 10 hours		2	Spouse or domestic partr	or?	Yes	No
	☐ 11 or more hours						
16	ON MOST WEEKDAYS, about how much time did this			Other family member or o	close triend?		
T	child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing		c. I	Health care provider?		Ш	Ш
	games, accessing the internet or using social media? Do not include time spent doing schoolwork.			Place of worship or religion			
	Less than 1 hour			Support or advocacy grouge or specific health condition			
	□ 1 hour			Peer support group?			
	2 hours			Counselor or other menta professional?	al health		
	☐ 3 hours		h. (Other person, specify: 📈			
	4 or more hours						



	1	. About Your Family and Household	16	When your family faces problems, how often are you likely to do each of the following?							
		Household				All of the time	Most of the time	Some of the time	None of the time		
I	fami	RING THE PAST WEEK, on how many days did all the ily members who live in the household eat a meal ether?		;	Talk together about what to do						
	□ 0 days				Work together to solve our problems						
		1-3 days			Know we have strengths to draw on						
		4-6 days			Stay hopeful even in difficult times						
		Every day				C DODA	l b <i>6</i> 4	:4	h		
			Y	very	CE THIS CHILD WA	basics,					
ľ		s anyone living in your household use cigarettes, rs, or pipe tobacco?			Never						
		Yes			Rarely						
		No → SKIP to question [4]			Somewhat often						
K	If ye	s, does anyone smoke inside your home?			Very often						
		Yes		VA/In:		t- b	4 al a a a wila				
		No	18	hou	ich of these statemores sehold's ability to a E PAST 12 MONTHS	afford th			URING		
I ²	pest inse	RING THE PAST 12 MONTHS, how often were cicides used inside your residence to control for cts? If the frequency changed throughout the year, art the highest frequency.			We could always a We could always a the kinds of food w	fford end	ough to ea				
		More than once a week			Sometimes we cou	ıld not af	ford enoug	gh to eat.			
		Once a week			Often we could not	afford e	nough to	eat.			
		Once a month	19		any time DURING T month, did anyone				n for		
		Once every 2-5 months		One	month, did anyone	in your	iaiiiiy ie	Yes	No		
		Once every 6 months		а.	Cash assistance fron welfare program?	n a gove	rnment				
		Once during the past 12 months			Food Stamps or Sup Assistance Program			'			
		Never		c.	Free or reduced-cost	` '					
		Don't know		d.	Benefits from the Wo						
ĮĘ	or b sign	RING THE PAST 12 MONTHS, other than in a shower athtub, have you seen any mold, mildew or other is of water damage on walls or other surfaces inside r home?		i	and Children (WIC) F	Program's	?				
		Yes									
		No									



	1		to form the			A									
[1]			Yes	No	The next questions are about events that may have happened during this child's life. These things can happen in any family, but some people may feel										
	a.	Sidewalks or walking	g paths?				ι	uncomfortable with these questions. You in any questions you do not want to answer.	nay sk	ip					
		A park or playground						any questions you do not want to answer. To the best of your knowledge, has this child EVER							
	C.	A recreation center, center, or boys' and					6	experienced any of the following?	Yes	No					
	d.	A library or bookmob	oile?				a	 Parent or guardian divorced or separated 							
	e.	Litter or garbage on or sidewalk?	the street				k	D. Parent or guardian died							
	f.		wn housir	na?			0	c. Parent or guardian served time in jail							
	g.	Vandalism such as the windows or graffiti?		3			(d. Saw or heard parents or adults slap, hit, kick, punch one another in the home							
				4h 4h	-4-4	4-	6	. Was a victim of violence or							
		what extent do you bout your neighborho	ood or co	mmunity	?			witnessed violence in his or her neighborhood							
			Definitely agree	Somewhat agree	Somewhat disagree	Definitely disagree	f	i. Lived with anyone who was mentally ill, suicidal, or severely depressed							
	a.	People in this neighborhood help each other					٥	 Lived with anyone who had a problem with alcohol or drugs 							
	h	out We watch out for					ŀ	Treated or judged unfairly because of his or her race or ethnic group							
	D.	each other's children in this neighborhood													
	c.	This child is safe in our neighborhood													
	d.	When we encounter difficulties, we know where to go for help in our community													
	e.	This child is safe at school													
11	lea or	ther than you or other ast one other adult in community who knows the can rely on for adverse No	n this chi	ld's scho child wel	ool, neighl I and who	borhood,									
1															

		J. Child's Caregivers	J6		at is the highest grade or level of school you have npleted? Mark (X) ONE box.
Ę		mplete the questions for UP TO TWO ADULTS he household who are this child's primary			8th grade or less
ı		egivers.			9th-12th grade; No diploma
ı		CAREGIVER 1 (You)			High School Graduate or GED Completed
J	Hov	v are you related to this child?			Completed a vocational, trade, or business school program
ı		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		Other: Relative			Doctorate (PhD, EdD) or Professional Degree
ı		Other: Non-Relative			(MD, DDS, DVM, JD)
Jz	Wha	at is your sex?	V	Wha	at is your marital status?
I		Male		H	Married
ı		Female		H	Not married, but living with a partner
J:	Wha	at is your age?		H	Never Married
Ī				H	Divorced
		Age in years		H	Separated
J ²	Who	ere were you born?		Ш	Widowed
ı		In the United States → SKIP to question J6	J8	ln g	eneral, how is your physical health?
ı		Outside of the United States			Excellent
Jį		en did you come to live in the United States?			Very good
ı		cate the 4-digit year in which you came to live in the led States.			Good
ı		4-Digit Year			Fair
ı					Poor
ı			J9	ln g	eneral, how is your mental or emotional health?
ı					Excellent
ı					Very good
ı					Good
ı					Fair
					Poor



J1	Were you employed at least 50 out of the past 52 weeks?	J16	Whe	ere was Caregiver 2 born?
١	Yes			In the United States → SKIP to question 118
١	□ No			Outside of the United States
		J17		en did Caregiver 2 come to live in the United States?
J1	Have you ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.			cate the 4-digit year in which Caregiver 2 came to live in United States.
١	☐ Never served in the military → SKIP to question ☐			4-Digit Year
	Only on active duty for training in the Reserves or National Guard → SKIP to question □ □	J18		at is the highest grade or level of school Caregiver 2 completed? Mark (X) ONE box.
١	Now on active duty			8th grade or less
١	On active duty in the past, but not now			9th-12th grade; No diploma
J	Were you deployed at any time during this child's life?			High School Graduate or GED Completed
١	Yes			Completed a vocational, trade, or business school program
١	□ No			Some College Credit, but no Degree
Ę	If this child has another primary adult caregiver who lives in this household, complete Questions			Associate Degree (AA, AS)
١	J13-J24. Otherwise, skip to Question K1 on page 19.			Bachelor's Degree (BA, BS, AB)
١	CAREGIVER 2			Master's Degree (MA, MS, MSW, MBA)
J1	How is Caregiver 2 related to this child?			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
	There is only one primary adult caregiver in the household for this child → SKIP to question k1 on page 19	J19	Wha	it is Caregiver 2's marital status?
١	Biological or Adoptive Parent			Married
١	Step-parent			Not married, but living with a partner
١	Grandparent			Never Married
١	Foster Parent			Divorced
١	Other: Relative			Separated
١	Other: Non-Relative			Widowed
J1	What is Caregiver 2's sex?	J20	In g	eneral, how is Caregiver 2's physical health?
	Male			Excellent
١	Female			Very good
J1	What is Caregiver 2's age?			Good
1				Fair
	Age in years			Poor
- 1				



J2	health? Excellent	Mark (X) the "Yes" box for each type of income this child's 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.
	☐ Very good ☐ Good	a. Wages, salary, commissions, bonuses, or tips for all jobs.
	☐ Fair	☐ Yes → \$,
١	Poor	No TOTAL AMOUNT in the last calendar year
J2	Was Caregiver 2 employed at least 50 out of the past 52 weeks?	b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships.
١	Yes	☐ Yes → \$,
١	□ No	No TOTAL AMOUNT in the last calendar year
J2	Armed Forces, Reserves, or the National Guard?	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
١	Mark (X) ONE box.	☐ Yes → \$
١	Never served in the military → SKIP to question (1)	No TOTAL AMOUNT in the last calendar year
	Only on active duty for training in the Reserves or National Guard → SKIP to question (€1)	d. Social security or railroad retirement; retirement, survivor, or disability pensions.
١	Now on active duty	☐ Yes → \$.00
	On active duty in the past, but not now	No TOTAL AMOUNT
J2	Was Caregiver 2 deployed at any time during this child's life? Yes	in the last calendar year e. Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office.
	□ No	□ Yes → \$, .00 .00
	K. Household Information	No TOTAL AMOUNT in the last calendar year
K	How many people are living or staying at this address? Include everyone who usually lives or stays at this address.	f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony.
١	Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away	☐ Yes → \$
١	or someone in the Armed Forces on deployment.	No TOTAL AMOUNT in the last calendar year
١	Number of people	The following question is about your 2018 income.
K	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	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 interest, dividends, net income from businesses, farm or rent, and any other money income received.
		TOTAL AMOUNT in the last calendar year



Mailing Instructions

Thank you for your participation.

On behalf of the U.S. 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 health care 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.

We estimate that completing the National Survey of Children's Health will take 33 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Commerce, Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.





National Survey of Children's Health

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







The U.S. Census Bureau is required by law to protect your information and is not permitted to publicly release your responses in a way that could identify you or your household. 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. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. Federal law protects your privacy and keeps your answers confidential under 13 U.S.C. Section 9. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Any information you provide will be shared for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

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.

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		Start Here	АЗ	Н	ow often does this ch				
		ently, you completed a survey that asked about the lren usually living or staying at this address.		a.	Show interest and curiosity in learning	Always	Usually	Sometimes	Never
	Thar	nk you for taking the time to complete that survey.		b.	new things? Work to finish tasks he or she starts?				
				c.	Stay calm and in control when faced with a challenge?				
		e name listed above is not correct or does not espond to a child living in this household, please		d.	Care about doing well in school?				
		1-800-845-8241 for assistance.		e.	Do all required homework?				
	effor	nave selected only one child per household in an to minimize the amount of time you will need to plete the follow-up questions.		f.	Argue too much?				
		survey should be completed by an adult who is liar with this child's health and health care.	A4	ch	JRING THE PAST 12 nild bullied, picked or the frequency changed	n, or exc	cluded by	other child	dren?
	You	participation is important. Thank you.			ghest frequency.	i imoagi	rout the y	our, roport i	,,,
					Never (in the past	12 mont	hs)		
					1-2 times (in the pa	ast 12 m	onths)		
		A. This Child's Health			1-2 times per mont				
				L	1-2 times per week	[
9		eneral, how would you describe this child's health one named above)?		L	Almost every day				
		Excellent	A5		JRING THE PAST 12 hild bully others, pick				
		Very good		lf	the frequency changed ghest frequency.				
		Good			Never (in the past	12 mont	hs)		
		Fair			1-2 times (in the pa		·		
		Poor			1-2 times per mont	h			
2	How teeth	would you describe the condition of this child's			1-2 times per week	(
		Excellent			Almost every day				
		Very good							
		Good							
		Fair							
		Poor							



A		DURING THE PAST 12 MONTHS, has this FREQUENT or CHRONIC difficulty with ar following?		е		Has a doctor or other health care provider EVER told you that this child has
ı			Yes	No	A10	Asthma?
ı	•	 Breathing or other respiratory problems (such as wheezing or 				☐ Yes ☐ No
ı		shortness of breath)				If yes, does this child CURRENTLY have the condition?
ı		 Eating or swallowing because of a health condition 	Ш			☐ Yes ☐ No
	(c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea				→ If yes, is it:
	(d. Repeated or chronic physical pain, including headaches or other back or body pain			A11	Brain injury, concussion or head injury?
ı		e. Toothaches				☐ If yes, does this child CURRENTLY have the condition?
ı	1	f. Bleeding gums				Yes No
ı		g. Decayed teeth or cavities				→ If yes, is it:
A		Does this child have any of the following?	?			□ Mild □ Moderate □ Severe
٦			Yes	No	A12	Cerebral Palsy?
ı	•	 Serious difficulty concentrating, remembering, or making decisions 			Ţ	☐ Yes ☐ No
ı		because of a physical, mental, or emotional condition				If yes, does this child CURRENTLY have the condition?
ı	ı	b. Serious difficulty walking or climbing stairs				☐ Yes ☐ No
ı	(c. Difficulty dressing or bathing				→ If yes, is it:
ı		d. Difficulty doing errands alone, such				☐ Mild ☐ Moderate ☐ Severe
ı		as visiting a doctor's office or shopping, because of a physical, mental, or emotional condition			A13	Diabetes?
ı		e. Deafness or problems with hearing				Yes ☐ No If yes, does this child CURRENTLY have the
ı	1	f. Blindness or problems with seeing,				condition?
ı		even when wearing glasses				☐ Yes ☐ No
ı		Has a doctor or other health care provide you that this child has	r EVER	told		→ If yes, is it: □ Mild □ Moderate □ Severe
A		Allergies (including food, drug, insect, or	other)?	•	A14	
Ī		☐ Yes ☐ No		,	AL.	
ı		☐ If yes, does this child CURRENTLY if condition?	nave the	е		Yes ☐ No If yes, does this child CURRENTLY have the
ı		Yes No				condition?
ı		→ If yes, is it:				☐ Yes ☐ No
ı		☐ Mild ☐ Moderate	□ Se	evere		→ If yes, is it:
A		Arthritis?				☐ Mild ☐ Moderate ☐ Severe Heart Condition?
٦		☐ Yes ☐ No			ATE	
		→ If yes, does this child CURRENTLY h	nave the	е		Yes
		condition?				condition?
		☐ Yes ☐ No ☐ If yes, is it:				☐ Yes ☐ No
						→ If yes, is it:
		☐ Mild ☐ Moderate	∟ Se	evere		☐ Mild ☐ Moderate ☐ Severe



	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
A16	Frequent or severe headaches, including migraine? Yes No	A21	Thalassemia, or Hemophilia)?
	If yes, does this child CURRENTLY have the condition?		☐ Yes ☐ No ☐ If yes, is it:
	☐ Yes ☐ No		☐ Mild ☐ Moderate ☐ Severe
	→ If yes, is it: ☐ Mild ☐ Moderate ☐ Severe		Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening.
A17	Tourette Syndrome?		☐ Yes ☐ No
Y	Yes No		If yes, was this child diagnosed with:
	☐ If yes, does this child CURRENTLY have the condition?		Sickle Cell Disease?
	☐ Yes ☐ No		Thalassemia?
	→ If yes, is it:		Hemophilia?
	☐ Mild ☐ Moderate ☐ Severe		Disorders?
A18	Anxiety Problems?	A22	Cystic Fibrosis?
	☐ Yes ☐ No		☐ Yes ☐ No ☐ If yes, is it:
	If yes, does this child CURRENTLY have the condition?		☐ Mild ☐ Moderate ☐ Severe
	☐ Yes ☐ No		Was this condition identified through a blood
	→ If yes, is it:		test done shortly after birth? These tests are sometimes called newborn screening.
	☐ Mild ☐ Moderate ☐ Severe		☐ Yes ☐ No
A19		A23	Other genetic or inherited condition?
	Yes		☐ Yes ☐ No
	condition?		If yes, specify: ✓
	☐ Yes ☐ No ☐ No ☐ His yes, is it:		
	☐ Mild ☐ Moderate ☐ Severe		ls it: ☐ Mild ☐ Moderate ☐ Severe
420	Down Syndrome?		Was this condition identified through a blood
A20	Down Syndrome? Yes No		test done shortly after birth? These tests are sometimes called newborn screening.
	→ If yes, is it:		☐ Yes ☐ No
	☐ Mild ☐ Moderate ☐ Severe	A24	Substance Use Disorder?
			☐ Yes ☐ No
			☐ If yes, does this child CURRENTLY have the disorder?
			☐ Yes ☐ No
			→ If yes, is it:
			☐ Mild ☐ Moderate ☐ Severe



A2	EVER told you that this child has Examples of educators are teachers and school nurses.	A30	Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).
1	☐ Yes ☐ No		☐ Yes ☐ No → SKIP to question A35 on page 6
۱			If yes, does this child CURRENTLY have the condition?
1	☐ Yes ☐ No		☐ Yes ☐ No
ı	→ If yes, is it:		☐ If yes, is it:
۱	☐ Mild ☐ Moderate ☐ Severe		☐ Mild ☐ Moderate ☐ Severe
A2	6 Developmental Delay?		
Ĭ	☐ Yes ☐ No	A31	How old was this child when a doctor or other health care provider FIRST told you that he or she had Autism,
۱	If yes, does this child CURRENTLY have the		ASD, Asperger's Disorder or PDD?
ı	condition?		Age in years Don't know
1	☐ If yes, is it:		.
ı	☐ Mild ☐ Moderate ☐ Severe	A32	What type of doctor or other health care provider was the FIRST to tell you that this child had Autism, ASD, Asperger's Disorder or PDD? Mark (X) ONE box.
A2	Intellectual Disability (formerly known as Mental Retardation)?		Primary Care Provider
1	☐ Yes ☐ No		Specialist
۱	If yes, does this child CURRENTLY have the disability?		School Psychologist/Counselor
۱	☐ Yes ☐ No		Other Psychologist (Non-School)
۱	☐ If yes, is it:		Psychiatrist
١	☐ Mild ☐ Moderate ☐ Severe		☐ Other, specify: ☐
A2	3 Speech or other language disorder?		Curior, specific 2
	Yes No		
۱	☐ If yes, does this child CURRENTLY have the		☐ Don't know
۱	condition?		N
۱	☐ Yes ☐ No	A33	Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?
۱	☐ If yes, is it:		☐ Yes ☐ No
١	☐ Mild ☐ Moderate ☐ Severe		
A2	9 Learning Disability?	A34	
Ī	☐ Yes ☐ No		child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an
۱	If yes, does this child CURRENTLY have the disability?		intervention that you or this child received to help with his or her behavior?
۱	☐ Yes ☐ No		□ Yes □ No
	☐ If yes, is it:		
	☐ Mild ☐ Moderate ☐ Severe		



A3:	you that this child has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD? ☐ Yes ☐ No → SKIP to question A38 ☐ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No ☐ No ☐ If yes, is it:		What month and year was this child born? Birth Month / 4-Digit Birth Year / 2 0 How much did he or she weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine. pounds AND ounces
АЗ	Mild Moderate Severe		OR kilograms AND grams
A3	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this child received to help with his or her behavior? Yes No	B4	What was the age of the mother when this child was born? Your best estimate is fine. Age in years
АЗ	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected his or her ability to do things other children his or her age do? ☐ This child does not have any health conditions → SKIP to question ☐ Never	G	C. Health Care Services 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? Yes
A33	□ Sometimes □ Usually □ Always To what extent do this child's health conditions or	@	No → SKIP to question con page 7 If yes, at his or her LAST medical care visit, did this child have a chance to speak with a doctor or other health care provider privately, without you or another caregiver in the room?
	problems affect his or her ability to do things? Very little Somewhat	G	☐ Yes ☐ No DURING THE PAST 12 MONTHS, how many times did
	B. This Child as an Infant		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.
В	Was this child born more than 3 weeks before his or her due date? Yes No		□ 0 visits□ 1 visit□ 2 or more visits



С	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	C10		s, where does this child USUALLY go first?
	in the room with you? Your best estimate is fine.			Doctor's Office
	Less than 10 minutes			Hospital Emergency Room
	10-20 minutes			Hospital Outpatient Department
	☐ More than 20 minutes			Clinic or Health Center
C	What is this child's CURRENT height?			Retail Store Clinic or "Minute Clinic"
	Your best estimate is fine.			School (Nurse's Office, Athletic Trainer's Office)
	feet AND inches			Some other place
	OR meters AND centimeters	G	he o	ere a place that this child USUALLY goes when r she needs routine preventive care, such as a sical examination or well-child check-up?
C	6 How much does this child CURRENTLY weigh?			Yes
Ì	Your best estimate is fine.			No → SKIP to question C13
	pounds	C12		s, is this the same place this child goes when he he is sick?
	OR			Yes
	kilograms			No
C	Are you concerned about this child's weight?	C13	DUR	ING THE PAST 12 MONTHS, has this child had his
	☐ Yes, it's too high		or he	er vision tested, such as with pictures, shapes, or
	☐ Yes, it's too low			Yes
	□ No, I am not concerned			No → SKIP to question C15 on page 8
C	Has a doctor or other health care provider ever told you that this child is overweight?	C1 4	_	s, where was this child's vision tested? Mark (X) that apply.
	Yes			Eye doctor or eye specialist (ophthalmologist, optometrist) office
	□ No			Pediatrician or other general doctor's office
С	9 Is there a place you or another caregiver USUALLY			Clinic or health center
	take this child when he or she is sick or you need advice about his or her health?			School
	□ Yes			Other, specify: \nearrow
	□ No → SKIP to question C11			



- 1				
C1	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?	C2	а	DURING THE PAST 12 MONTHS, has this child taken in medication because of difficulties with his or her emotions, concentration, or behavior?
١	Yes, saw a dentist		[Yes
١	Yes, saw other oral health care provider		[□ No
C1	 No → SKIP to question C18 If yes, DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for 	C2	s S d	DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional? Specialists are doctors like surgeons, heart doctors, allergy loctors, skin doctors, and others who specialize in one
	PREVENTIVE dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments?		а [rea of health care. Yes
	No preventive visits in the past 12 months → SKIP to question C18		I	No, but this child needed to see a specialist
١	☐ Yes, 1 visit		[No, this child did not need to see a specialist → SKIP to question C23
	Yes, 2 or more visits	C2		low difficult was it to get the specialist care that this hild needed?
C 1	PREVENTIVE dental service(s) did this child receive?		[□ Not difficult
١	Mark (X) ALL that apply.		[Somewhat difficult
١	☐ Check-up		[□ Very difficult
١	☐ Cleaning		[☐ It was not possible to obtain care
١	Instruction on tooth brushing and oral health care	C2		OURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? Alternative
			h re	bealth care can include acupuncture, chiropractic care, elaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider,
١	Sealant (plastic coatings on back teeth)			while others can be done on your own.
١	☐ Don't know		,	□ Yes
C1	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.	Œ	v r a	DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not eceived? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.
١	Yes		[Yes
	No, but this child needed to see a mental health professional			No → SKIP to question c27 on page 9
	No, this child did not need to see a mental health professional → SKIP to question (20)	Cź		f yes, which types of care were not received? Mark (X) ALL that apply.
C 1	9 How difficult was it to get the mental health treatment			Medical Care
I	or counseling that this child needed?			Dental Care
١	Not difficult			Vision Care
	Somewhat difficult			Hearing Care
	☐ Very difficult			Mental Health Services
	☐ It was not possible to obtain care			Other, specify:
۱				



02	ı	Did any of the following reasons contributed to	ark (X) Yes	or No		Is this child CURRENTLY receiving services under one of these plans?
		a. This child was not eligible for the	Yes	No		Yes
	ŀ	services The services this child needed were				□ No
	Ó	not available in your area There were problems getting an appointment when this child needed one			33	Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?
	(d. There were problems with getting transportation or child care				Yes
	•	The clinic or doctor's office wasn't open when this child needed care				No → SKIP to question D1
	ſ	f. There were issues related to cost			34	If yes, how old was this child when he or she began receiving these special services?
C2		DURING THE PAST 12 MONTHS, how of frustrated in your efforts to get services				Years AND Months
		Never		(35	Is this child CURRENTLY receiving these special services?
		Sometimes				Yes
		Usually				□ No
		Always				D. Experience with This
C2		DURING THE PAST 12 MONTHS, how mathin the child visit a hospital emergency root		lid		Child's Health Care Providers
		None				
		1 time		(D1)	child's personal doctor or nurse? A personal doctor or
C2	9 [2 or more times	1-11-11	:44 a al		nurse is a health professional who knows this child well and is familiar with this child's health history. This can be
У,		DURING THE PAST 12 MONTHS, was thi	s chiid adh	nittea		a general doctor, a pediatrician, a specialist doctor, a
	1	DURING THE PAST 12 MONTHS, was thit to the hospital to stay for at least one nig		nittea		nurse practitioner, or a physician's assistant.
	ı	To the hospital to stay for at least one nig		nittea		nurse practitioner, or a physician's assistant. Yes, one person
		to the hospital to stay for at least one nig	ght?			nurse practitioner, or a physician's assistant.
C3	30 I	To the hospital to stay for at least one nig	ght? tion or earl e services o	ly often ⊿	22	nurse practitioner, or a physician's assistant. Yes, one person Yes, more than one person
C3	30 I	Yes No Has this child EVER had a special educantervention plan? Children receiving these have an Individualized Family Service Plan	ght? tion or earl e services o	ly often ⊿	32	nurse practitioner, or a physician's assistant. Yes, one person Yes, more than one person No DURING THE PAST 12 MONTHS, did this child need a
C3	30 I	Yes No Has this child EVER had a special education plan? Children receiving these have an Individualized Family Service Plan Individualized Education Plan (IEP).	ght? tion or earl e services o	ly often ⊿	02	nurse practitioner, or a physician's assistant. Yes, one person Yes, more than one person No DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?
C3	30 I I	Yes No Has this child EVER had a special education plan? Children receiving these have an Individualized Family Service Plant Individualized Education Plan (IEP). Yes No → SKIP to question (33) If yes, how old was this child at the time	tion or earl e services o (IFSP) or	l y ften		nurse practitioner, or a physician's assistant. Yes, one person Yes, more than one person No DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services? Yes
	30 I I	Yes No No Has this child EVER had a special educa ntervention plan? Children receiving these have an Individualized Family Service Plan Individualized Education Plan (IEP). Yes No → SKIP to question €33	tion or earl e services o (IFSP) or	l y ften		nurse practitioner, or a physician's assistant. Yes, one person Yes, more than one person No DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services? Yes No → SKIP to question • on page 10
	30 I I	Yes No Has this child EVER had a special education plan? Children receiving these have an Individualized Family Service Plant Individualized Education Plan (IEP). Yes No → SKIP to question (33) If yes, how old was this child at the time	tion or earl e services o (IFSP) or	l y ften		nurse practitioner, or a physician's assistant. Yes, one person Yes, more than one person No DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services? Yes No → SKIP to question → on page 10 How difficult was it to get referrals?
	30 I I	Yes No Has this child EVER had a special educa ntervention plan? Children receiving these have an Individualized Family Service Plan Individualized Education Plan (IEP). Yes No → SKIP to question (33) If yes, how old was this child at the time plan?	tion or earl e services o (IFSP) or	l y ften		nurse practitioner, or a physician's assistant. Yes, one person Yes, more than one person No DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services? Yes No → SKIP to question □4 on page 10 How difficult was it to get referrals?
	30 I I	Yes No Has this child EVER had a special educa ntervention plan? Children receiving these have an Individualized Family Service Plan Individualized Education Plan (IEP). Yes No → SKIP to question (33) If yes, how old was this child at the time plan?	tion or earl e services o (IFSP) or	l y ften		nurse practitioner, or a physician's assistant. Yes, one person Yes, more than one person No DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services? Yes No → SKIP to question D4 on page 10 How difficult was it to get referrals? Not difficult Somewhat difficult



D	4	Answer the following question to question 013.					D	cou this	RING THE PAST 12 MONTHS, have you felt that you all have used extra help arranging or coordinating schild's care among the different health care oviders or services?
		DURING THE PAST 12 I child's doctors or other				s		рго	
				-	Sometimes	Never			Yes
		a. Spend enough time with this child?							No → SKIP to question D10
		b. Listen carefully to you?					D	did	es, DURING THE PAST 12 MONTHS, how often you get as much help as you wanted with anging or coordinating this child's health care?
		c. Show sensitivity to your family's values and customs?							Usually
		d. Provide the specific information you							Sometimes
		needed concerning this child?							Never
		e. Help you feel like a partner in this child's care?					01	you	RING THE PAST 12 MONTHS, how satisfied were unwith the communication between this child's ctors and other health care providers?
D	5	DURING THE PAST 12 I							Very satisfied
		care, such as whether to procedures?							Somewhat satisfied
		Yes							Somewhat dissatisfied
		□ No → SKIP to ques	stion D7						Very dissatisfied
D	6	If yes, DURING THE PA this child's doctors or c					D1	car	RING THE PAST 12 MONTHS, did this child's health e provider communicate with the child's school, child e provider, or special education program?
		- Di	Always	Usuall	y Sometimes	Never			Yes
		a. Discuss with you the range of options to consider for his							No → SKIP to question D13
		or her health care or treatment?							Did not need health care provider to communicate
		b. Make it easy for you to raise concerns or							with these providers → SKIP to question 13
		disagree with recommendations for this child's health care?					D1	hea	es, during this time, how satisfied were you with the alth care provider's communication with the school, ld care provider, or special education program?
		c. Work with you to							Very satisfied
		decide together which health care and treatment							Somewhat satisfied
		choices would be best for this child?							Somewhat dissatisfied
D	7	DURING THE PAST 12 I	MONTHS,	did ar	nyone help	you		Ш	Very dissatisfied
		arrange or coordinate the different doctors or service.					D 1		any of this child's doctors or other health care viders treat only children?
		Yes							Yes
		No							No → SKIP to question D15 on page 11
		Did not see more the in the PAST 12 MO				D11			



D1	If yes, have they talked with you about when this child will need to see doctors or other health care providers who treat adults?			adul	bility for health insurance often cha thood. Do you know how this child v e or she becomes an adult?		
	Yes	Yes			Yes → SKIP to question E1		
	No				No		
D1	Has this child's doctor or other health actively worked with this child to:	-	Don't	keep	, has anyone discussed with you ho some type of health insurance cover		
	 a. Make positive choices about his or her health. For example, by eating healthy, getting regular exercise, not using tobacco, alcohol or other drugs, or delaying sexual activity? b. Gain skills to manage his or her health and health care. For example, by understanding current health needs, knowing what to do in a medical emergency, or taking medications he or she may need? c. Understand the changes in health care that happen at age 18. For example, by understanding changes in privacy, consent, access to information, or decision-making? 	Yes No ki	now E1	DUR	No E. This Child's He Insurance Cover ING THE PAST 12 MONTHS, was the red by ANY kind of health insurance rage plan? Yes, this child was covered all 12 months → SKIP to question Yes, but this child had a gap in covered No	is child EV e or health	
D1	Did you and this child receive a sumr child's medical history (for example, r allergies, medications, immunizations	ons, E2	child	cate whether any of the following is I was not covered by health insuran ING THE PAST 12 MONTHS:		ime	
	Yes				change in employer or employment tatus		No
	□ No				Cancellation due to overdue remiums		
D1	Have this child's doctors or other hea worked with you and this child to crea to meet his or her health goals and no	ate a plan of ca		c. D	Propped coverage because it was naffordable		
	Yes				Propped coverage because benefits vere inadequate		
C	No → SKIP to question D20 8 If yes, do you and this child have acc			0	Propped coverage because choice f health care providers was nadequate		
4	care?	oos to tilis plail			roblems with application or enewal process		
	Yes				Other, specify: 🔀		
	No						
Di	 Does this plan of care address transit other health care providers who treat Yes No No, child already sees providers who treat 	adults?	and E3		is child CURRENTLY covered by ANth insurance or health coverage plan Yes No → SKIP to question F1 on page	1?	



4	fol	his child CURRENTLY covered by any owing types of health insurance or heans? Mark (X) Yes or No for EACH item.	alth cover	_			F. Providing for T Child's Health	his	
	a.	Insurance through a current or former employer or union	Yes	No	(1)		uding co-pays and amounts reimburseings Accounts (HSA) and Flexible Spe		lealth
	b.	Insurance purchased directly from an insurance company				Acc	ounts (FSA), how much money did yo d's medical, health, dental, and vision	u pay for care DUF	RING
	C.	Medicaid, Medical Assistance, or any kind of government assistance plan for those with				pren	PAST 12 MONTHS? Do not include he niums or costs that were or will be reimb rance or another source.		ance
	d.	low incomes or a disability TRICARE or other military					\$0 (No medical or health-related expenses) → SKIP to question F4		
		health care					\$1-\$249		
		Indian Health Service Other, specify: ✓					\$250-\$499		
	١.	Other, specify.					\$500-\$999		
							\$1,000-\$5,000		
5		w often does this child's health insural nefits or cover services that meet this o		eds?			More than \$5,000		
		Always		1	(2)	How	often are these costs reasonable?		
		Usually					Always		
		Sometimes					Usually		
		Never					Sometimes		
6		w often does this child's health insurar					Never		
		her to see the health care providers he Always	or she n	eeusr	F3	prob	RING THE PAST 12 MONTHS, did your plems paying for any of this child's me th care bills?		ave
		Usually					Yes		
		Sometimes					No		
		Never			F4	DUR	RING THE PAST 12 MONTHS, have you	u or othe	r
7		nking specifically about this child's me			T		ly members	Yes	No
	hea	navioral health needs, how often does to alth insurance offer benefits or cover se et these needs?				a	Left a job or taken a leave of absence because of this child's nealth or health conditions?		
		This child does not use mental or beha health services	vioral			b	Cut down on the hours you work pecause of this child's health or health conditions?		
		Always				c. /	Avoided changing jobs because of		
		Usually					concerns about maintaining health nsurance for this child?		
		Sometimes							
		Never							



	oth ho	AN AVERAGE WEEK, how many hours do you or ner family members spend providing health care at me for this child? Care might include changing indages, or giving medication and therapies when needed.	G3		CE STARTING KINDERGARTEN, ha eated any grades? Yes	s this child	d
		This child does not need health care provided at home on a weekly basis			No		
		Less than 1 hour per week	G 4		RING THE PAST 12 MONTHS, how ondevents or activities that this chil		
		1-4 hours per week			Always	a participa	itou iii .
		5-10 hours per week					
		11 or more hours per week			Usually		
E	oth hea	AN AVERAGE WEEK, how many hours do you or ner family members spend arranging or coordinating alth or medical care for this child, such as making pointments or locating services?			Sometimes Rarely		
	αρ	This child does not need health care coordinated			Never		
		on a weekly basis	G5		RING THE PAST 12 MONTHS, did thicipate in		Na
		Less than 1 hour per week 1-4 hours per week		t	A sports team or did he or she ake sports lessons after school or on weekends?	Yes	No
		5-10 hours per week			Any clubs or organizations after school or on weekends?		
		11 or more hours per week		c. /	Any other organized activities or essons, such as music, dance, anguage, or other arts?		
		G. This Child's Schooling and Activities		d. /	Any type of community service or volunteer work at school, place of vorship, or in the community?		
G	did	RING THE PAST 12 MONTHS, about how many days I this child miss school because of illness or injury? Idude days missed from any formal home schooling.		j	Any paid work, including regular obs as well as babysitting, cutting grass, or other occasional work?		
		No missed school days	G6	this	RING THE PAST WEEK, on how man	ticipate in	d
		1-3 days		pny	sical activity for at least 60 minutes	•	
		4-6 days		H	0 days		
		7-10 days			1-3 days		
	<u> </u>	11 or more days			4-6 days		
	L	This child was not enrolled in school		Ш	Every day		
G	thi:	RING THE PAST 12 MONTHS, how many times has s child's school contacted you or another adult in ur household about any problems he or she is	G7		pared to other children his or her a culty does this child have making o ids?		nuch
	na	ving with school?			No difficulty		
					A little difficulty		
		1 time			A lot of difficulty		
		2 or more times					



	H. About You and This Child	(well can you ut things that r			share ide	eas or ta	lk
	1 Was this child born in the United States?				Very well					
۱	Yes → SKIP to question H3				Somewhat we	II				
ı	□ No				Not very well					
					Not well at all					
ľ	If no, how long has this child been living in the United States?	H			well do you t			ndling t	he day-t	o-day
l	Years AND Months		(dem	ands of raising Very well	g child	lren?			
	How many times has this child moved to a new addresince he or she was born?	ss			Somewhat we	II				
ı	Number of times				Not very well					
H2	4 How often does this child go to bed at about the same				Not well at all					
I	time on weeknights?	G.	19) [DUK	ING THE PAS	I MON Never			ave you s Usually	
ı	□ Always		a		hat this child much harder					
ı	☐ Usually				o care for than nost children					
ı	Sometimes		١.		is or her age?					
ı	Rarely		,	C	loes things nat really					
ı	☐ Never			b	other you lot?					
	DURING THE PAST WEEK, how many hours of sleep did this child get on most weeknights?		(c. <i>A</i>	angry with his child?					
ı	Less than 6 hours	H			ING THE PAS					
ı	☐ 6 hours				you could turn parenting or r				tional su	ıpport
ı	☐ 7 hours				Yes					
ı	8 hours				No → SKIP to	ques	tion 🕕 d	on page	15	
ı	9 hours	H	10 1	f ye	s, did you rec	eive eı	motional	support		
ı	☐ 10 hours				Spauga or doma	otio na	ortnor?		Yes	No
ı	☐ 11 or more hours				Spouse or dome	-				
H	6 ON MOST WEEKDAYS, about how much time did this	;			Other family me		or close fri	end?		
Ī	child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing		(c. H	lealth care prov	/ider?			Ш	Ш
ı	games, accessing the internet or using social media? Do not include time spent doing schoolwork.				Place of worship		_			
	Less than 1 hour				Support or advo o specific healtl			eu		
	☐ 1 hour				Peer support gro					
	☐ 2 hours		9		Counselor or oth rofessional?	ner me	ntal health	ו		
	☐ 3 hours		ŀ	n. (Other person, sp	pecify:				
	4 or more hours									
1				_						



			_							
	ı	in Albour Four Fulling all a		When your family faces problems, how often are you likely to do each of the following?						
		Household			All of the time	Most of the time	Some of the time			
[i	faı	JRING THE PAST WEEK, on how many days did all the mily members who live in the household eat a meal gether?	a.	Talk together about what to do						
	[O		b.	Work together to solve our problems						
		0 days	c.	Know we have						
		1-3 days	d.	strengths to draw on Stay hopeful even						
	L	4-6 days		in difficult times						
		Every day		NCE THIS CHILD WA						
E		es anyone living in your household use cigarettes, gars, or pipe tobacco?		your family's incom				9,		
		Yes		Never						
		No → SKIP to question 14		Rarely						
				Somewhat often						
I	lf y	yes, does anyone smoke inside your home?		Very often						
	L	Yes		nich of these statem				LIDING		
		No		usehold's ability to IE PAST 12 MONTHS		e rood yo	u need D	UKING		
14	pe in:	JRING THE PAST 12 MONTHS, how often were sticides used inside your residence to control for sects? If the frequency changed throughout the year, port the highest frequency.		We could always a We could always a the kinds of food w	fford end	ough to ea				
		More than once a week		Sometimes we cou	ıld not af	ford enoug	gh to eat.			
		Once a week		Often we could not	afford e	nough to	eat.			
		Once a month		any time DURING T				n for		
		Once every 2-5 months	on	e month, did anyone	ın your	ramily re	Yes	No		
		Once every 6 months	a.	Cash assistance from welfare program?	n a gove	rnment				
		Once during the past 12 months	b.	Food Stamps or Sup Assistance Program			n 🔲			
		Never	c.	Free or reduced-cos lunches at school?	t breakfa	sts or				
		Don't know	d.	Benefits from the Wo						
Ιŧ	or sig	JRING THE PAST 12 MONTHS, other than in a shower bathtub, have you seen any mold, mildew or other gns of water damage on walls or other surfaces inside ur home?		and Children (WIC)	rogram					
		Yes								
		No								



11	In	your neighborhood,	is/are there:	Vac	(I		The next questions are about events that		
	a.	Sidewalks or walking	g paths?	Yes	No	r	nappened during this child's life. These the nappen in any family, but some people ma uncomfortable with these questions. You	ay feel	
ı	b.	A park or playground	d?			а	any questions you do not want to answer	•	
ı	c.	A recreation center,					To the best of your knowledge, has this c experienced any of the following?		
ı	d	center, or boys' and				а	Parent or guardian divorced or separated	Yes	No
ı		A library or bookmob				b	separated D. Parent or guardian died		
ı	٠.	or sidewalk?					. Parent or guardian served time in jail		
ı	f.	Poorly kept or rundo	wn housing?				d. Saw or heard parents or adults slap,		
ı	g.	Vandalism such as b windows or graffiti?	oroken				hit, kick, punch one another in the home		
1		o what extent do you bout your neighborho			ts	e	 Was a victim of violence or witnessed violence in his or her neighborhood 		
ı				ewhat Somewhat gree disagree	Definitely disagree	f	ill, suicidal, or severely depressed		
	a.	People in this neighborhood help each other				ç	g. Lived with anyone who had a problem with alcohol or drugs		
	b.	out We watch out for each other's children in this				ŀ	 Treated or judged unfairly because of his or her race or ethnic group 		
ı		neighborhood							
	C.	This child is safe in our neighborhood							
	d.	When we encounter difficulties, we know where to go for help in our community							
	e.	This child is safe at school							
	le or	ther than you or othe ast one other adult ir r community who kno ne can rely on for adv	n this child's ows this child	school, neighb d well and who	orhood,				
ı		Yes							
ı		No							
ı									
ı									
1									

	J. Child's Ca	regivers	J6		t is the highest grade or level of school you have pleted? Mark (X) ONE box.
Ę	Complete the questions for L in the household who are this				8th grade or less
ı	caregivers.	o omia o primary			9th-12th grade; No diploma
ı	CAREGIVER	. 1 (You)			High School Graduate or GED Completed
J	How are you related to this child	1?			Completed a vocational, trade, or business school program
ı	☐ 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	Other: Relative			П	Doctorate (PhD, EdD) or Professional Degree
ı	Other: Non-Relative				(MD, DDS, DVM, JD)
Jz	J2 What is your sex?	•	W	Wha	t is your marital status?
I	Male			H	Married
ı	Female			H	Not married, but living with a partner
J:	What is your age?			H	Never Married
Ī				H	Divorced
	Age in years			H	Separated
J ²	Where were you born?			ш	Widowed
ı	☐ In the United States → SKIP	to question J6	J8	In ge	eneral, how is your physical health?
ı	Outside of the United States				Excellent
Jį	When did you come to live in the				Very good
ı	Indicate the 4-digit year in which you united States.	ou came to live in the			Good
ı	4-Digit Year				Fair
ı					Poor
ı			J9	In ge	eneral, how is your mental or emotional health?
ı					Excellent
ı					Very good
					Good
					Fair
					Poor



J1		re you employed at least 50 out of the past weeks?	J 16	Whe	ere was Caregiver 2 born?
		Yes			In the United States → SKIP to question 118
					Outside of the United States
Jí	U.S	No ve you ever served on active duty in the b. Armed Forces, Reserves, or the National Guard? rk (X) ONE box.	•	India	en did Caregiver 2 come to live in the United States? cate the 4-digit year in which Caregiver 2 came to live in United States.
		Never served in the military → SKIP to question J13			4-Digit Year
		Only on active duty for training in the Reserves or National Guard → SKIP to question	J 18		at is the highest grade or level of school Caregiver 2 completed? Mark (X) ONE box.
		Now on active duty			8th grade or less
		On active duty in the past, but not now			9th-12th grade; No diploma
J1	2 We	re you deployed at any time during this child's life?			High School Graduate or GED Completed
		Yes			Completed a vocational, trade, or business school program
		No			Some College Credit, but no Degree
Ę		his child has another primary adult caregiver o lives in this household, complete Questions			Associate Degree (AA, AS)
		3-J24. Otherwise, skip to Question K1 on page			Bachelor's Degree (BA, BS, AB)
		CAREGIVER 2			Master's Degree (MA, MS, MSW, MBA)
J1	3 Ho	w is Caregiver 2 related to this child?			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
		There is only one primary adult caregiver in the household for this child → SKIP to question page 19	119	Wha	at is Caregiver 2's marital status?
		Biological or Adoptive Parent			Married
		Step-parent			Not married, but living with a partner
		Grandparent			Never Married
		Foster Parent			Divorced
		Other: Relative			Separated
		Other: Non-Relative			Widowed
J1	4 Wh	at is Caregiver 2's sex?	J20	In g	eneral, how is Caregiver 2's physical health?
		Male			Excellent
		Female			Very good
J1	5 Wh	at is Caregiver 2's age?			Good
		Ago in voore			Fair
		Age in years			Poor



J2	health? Excellent	Mark (X) the "Yes" box for each type of income this child's 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.
	☐ Very good ☐ Good	a. Wages, salary, commissions, bonuses, or tips for all jobs.
	☐ Fair	☐ Yes → \$,
١	Poor	No TOTAL AMOUNT in the last calendar year
J2	Was Caregiver 2 employed at least 50 out of the past 52 weeks?	b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships.
١	Yes	☐ Yes → \$,
١	□ No	No TOTAL AMOUNT in the last calendar year
J2	Armed Forces, Reserves, or the National Guard?	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
١	Mark (X) ONE box.	☐ Yes → \$
١	Never served in the military → SKIP to question (1)	No TOTAL AMOUNT in the last calendar year
	Only on active duty for training in the Reserves or National Guard → SKIP to question (€1)	d. Social security or railroad retirement; retirement, survivor, or disability pensions.
١	Now on active duty	☐ Yes → \$.00
	On active duty in the past, but not now	No TOTAL AMOUNT
J2	Was Caregiver 2 deployed at any time during this child's life? Yes	in the last calendar year e. Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office.
	□ No	□ Yes → \$, .00 .00
	K. Household Information	No TOTAL AMOUNT in the last calendar year
K	How many people are living or staying at this address? Include everyone who usually lives or stays at this address.	f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony.
١	Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away	☐ Yes → \$
١	or someone in the Armed Forces on deployment.	No TOTAL AMOUNT in the last calendar year
١	Number of people	The following question is about your 2018 income.
K	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	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 interest, dividends, net income from businesses, farm or rent, and any other money income received.
		TOTAL AMOUNT in the last calendar year



Mailing Instructions

Thank you for your participation.

On behalf of the U.S. 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 health care 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.

We estimate that completing the National Survey of Children's Health will take 33 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Commerce, Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.

