

2017 National Survey of Children's Health

Methodology Report

U.S. Census Bureau

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Contents

Abstract.....	5
Objectives.....	5
Methods.....	5
Results.....	5
Introduction	6
Survey History	7
Challenges faced by NSCH/NS-CSHCN and Subsequent Redesign.....	7
Frame, Sample, and Subsampling Specifications.....	9
Overview of the Key Sampling Processes	9
Frame Development	10
Sample Size and Allocation	11
Subsampling Specifications: Selection of Sampled Child.....	12
Instrument Specifications	15
Content Development.....	15
Survey Content.....	16
Web Instrument Specifications.....	17
Programming the Web Instrument.....	18
Paper Instrument Specifications.....	19
Data Collection.....	20
Mailout Specifications.....	20
Telephone Questionnaire Assistance (TQA)	22
Email Questionnaire Assistance (EQA).....	23
Respondent Demographics.....	24
Confidentiality.....	24
Spanish Language Availability	25
Efforts to Maximize Response Rates.....	25
Response Analysis.....	27
Response Rates	27
Response Rates by State	29
Web Survey Breakoffs.....	29
Item Level Response and Skip Patterns	32
Incentive Effort.....	35
Infographic Effectiveness.....	38
Web Group Effectiveness.....	38
Data Editing.....	40
Unduplication.....	40
Paper to Web Standardization.....	41
Data Processing.....	41
Standardized and Recoded Variables	43
Weighting Plan.....	51
Overview	51
Population Controls	54

Limitations.....	55
Imputation	56
Overview of Missing Data	56
Imputed Variables and Flags.....	56
Multiple Imputation.....	57
Estimation and Hypothesis Testing.....	58
Variance Estimation	58
Combining Data across Survey Years	58
Guidelines for Data Use	59
Supporting Material.....	60
References	60
Attachment A – 2017 NSCH Sample Sizes, by Stratum and by State.....	61
Attachment B – Child with Special Health Care Needs Question Battery	63
Attachment C - Completed Screeners and Topicals and Weighted Response Rates by State	64
Attachment D – Invitation Letters	66
Attachment E – Survey Questionnaires	115
Attachment F – Infographic	264

Tables and Figures

Table 1. Anticipated Returns from the 2017 NSCH.....	12
Table 2. Strategies for Selecting the 2017 NSCH Sample Child	13
Table 3. Web Submission Times (in minutes)	18
Table 4. Screener Mailout Schedule	21
Table 5. Topical Mailout Schedule	21
Table 6. TQA Purpose Codes used in ATAC System	23
Table 7. Respondent Relation to Selected Child	24
Table 8. Final Disposition of Screener and Topical Returns.....	28
Table 9. Breakoffs by Survey Section	30
Table 10. Breakoffs by Survey Web Page (breakoffs>100)	31
Table 11. Item Response by Mode, where abs(Web-Paper)>.05	33
Table 12. Treatment Group by Incentive Amount and Web Response Likelihood	36
Table 13. Mailing Costs by Incentive Group	36
Table 14. Cost Effectiveness of Mail Data Collection Strategies.....	37
Table 15. Cost Effectiveness of Incentivized Data Collection Strategies	37
Table 16. Topical Response by Mail Count and Incentive	38
Table 17. Data Collection for High Web vs. High Paper Addresses	39
Table 18. Unduplication Criteria for both Web and Paper Returns.....	40
Table 19. Unduplication Criteria for Two Paper Returns	41
Table 20. List of Standardized Variables	43
Table 21. List of Recoded Variables	43
Table 22. List of Suppressed Variables.....	47
Table 23. List of Geography Variables.....	49
Table 24. Geographies Identified at the Intersections	49
Table 25. Collapsed Dimensions and Affected States.....	55
Table 26. List of Imputed Variables.....	56
Table 27. List of Imputation Flags and Frequencies.....	56
Figure 1. Probability of Nonresponse to SLEEPPOS by Age of Child in Months (2016)	35

Abstract

Objectives

This report details the development, plan, and operation of the 2017 National Survey of Children's Health (NSCH). This survey is designed to provide national and state-level estimates on key indicators of the health and well-being of children, their families and their communities, as well as information about the prevalence and impact of special health care needs. Funding and direction for this survey was provided by the Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB) within the U.S. Department of Health and Human Services. The U.S. Census Bureau conducted the survey on behalf of HRSA MCHB.

Methods

The NSCH is self-administered using a web-based questionnaire or a mail-out/mail-back paper questionnaire. The respondent was a parent or guardian who knew about the child's health and health care needs.

A sample of 170,726 households was selected from the Census Master Address File and allocated across the 50 states and the District of Columbia. The sample was stratified by state and a child-presence indicator that allowed the Census Bureau to oversample households that were more likely to have children. The child-presence indicator was developed by the Census Bureau's Center for Administrative Records Research and Applications and builds on multiple sources of administrative data.

During data collection, a screener was first used to identify households with children. If children were present, the respondent created a roster of children in the household. The roster included the age and other demographics of each child as well as a battery of questions designed to identify children with special health care needs. After completing this screener component of the survey, one child was randomly selected from all children in each household to be the subject of an age-specific topical survey.

Results

The weighted Overall Response Rate for the 2017 NSCH was 37.4%. A total of 58,510 screener questionnaires were completed from August 2017 to February 2018, and 29,343 of those were eligible for topical questionnaire follow-up. Of those topical-eligible households, 21,599 completed a topical interview. Weighted estimates from the Topical data file generalize to state and national resident child populations. Weighted estimates from the Screener data file generalize to state and national resident child populations (using the child weight) and households with children by state and nationally (using the household weight).

Introduction

The 2017 National Survey of Children’s Health (NSCH) was conducted by the U.S. Census Bureau for the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services. As stated in the Office of Management and Budget Clearance Package, the purpose of the NSCH is to “collect information on factors related to the well-being of children, including access to and quality of health care, family interactions, parental health, school and after-school experiences, and neighborhood characteristics.” This document details the objectives, methodologies, and results of the 2017 NSCH. It is organized in 9 sections.

- Survey History. The 2017 NSCH is the second production implementation following the redesign and merging of the previous NSCH and National Survey of Children with Special Health Care Needs.
- Frame, Sample, and Subsampling Specifications. A screener instrument identified households with children and enumerated the children in those households. A topical instrument collected detailed information about one child selected at random from the household.
- Content Development and Instrument Specifications. Data were collected using a two-stage paper survey instrument and a single-stage web-based survey instrument.
- Data Collection. This section discusses the mail schedule and data capture methods for web, paper, and telephone questionnaire assistance operations.
- Response Analysis. This section discusses the calculation of response rates along with analysis of survey breakoffs, item nonresponse, and treatment group comparisons.
- Data Processing and Editing. Web and paper survey responses were unduplicated, standardized across modes, and prepared for analysis.
- Weighting Specifications. Weights allow for generalizations of state and national child resident populations (Screener and Topical file) and households with children (Screener file).
- Imputation Specifications. Missing values were imputed for a subset of variables used as controls in weighting and as inputs in estimating the family poverty ratio.
- Estimation and Data Usage. This section discusses best practices for data users and limitations of the 2017 NSCH.

Survey History

The Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB), within the U.S. Department of Health and Human Services (HHS), has sponsored the National Survey of Children's Health (NSCH)¹ and its companion survey, the National Survey of Children with Special Health Care Needs (NS-CSHCN),² since 2001. HRSA MCHB has provided funding and direction for the two periodic surveys in order to provide both national and state estimates of key indicators of child health and well-being for children ages 0-17 years.

Together, these surveys provided critical data on key measures of child health; the presence and impact of special health care needs; health care access, utilization, and quality; and the family and community factors that impact child and adolescent health and well-being. Both surveys were fielded three times (NS-CSHCN 2001, 2005-06, and 2009-10; NSCH 2003, 2007, and 2011-12) as modules of the State and Local Area Integrated Telephone Survey (SLAITS) system by the Centers for Disease Control and Prevention's National Center for Health Statistics. As part of the SLAITS system, the surveys utilized a random-digit-dial sample of landline telephone numbers, with cell-phone supplementation in the last year of administration for both surveys.

While the geographic representation, sample size, and content breadth remained significant strengths of the surveys, over time HRSA MCHB and its stakeholders came to realize that a redesign of the two surveys was warranted. Declining response rates, along with the declining proportion of households in the U.S. with landline telephones, led to the decision to change the underlying sampling frame from telephone numbers to household addresses. Efforts were made to moderate this trend through the addition of a cell-phone frame to the last administrations of both the NSCH and the NS-CSHCN. However, consistent with industry-wide challenges, the inclusion of cell-phone samples proved to be both costly and inefficient.

In 2015, HRSA MCHB redesigned the NSCH and the NS-CSHCN into a single combined survey that utilized an Address-Based Sampling frame. This newly consolidated survey incorporated questions from both of the former surveys and retained the NSCH name. The U.S. Census Bureau now conducts the NSCH on behalf of HRSA MCHB and HHS under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies.

Challenges faced by NSCH/NS-CSHCN and Subsequent Redesign

The telephone interview methodology utilized for the former NSCH and NS-CSHCN allowed for a complex questionnaire as it ensured that skip patterns were properly followed. Furthermore, it

¹ Blumberg SJ, Foster EB, Frasier AM, et al. 2012. Design and Operation of the National Survey of Children's Health, 2007. National Center for Health Statistics. *Vital Health Stat*, 1(55).

http://www.cdc.gov/nchs/data/series/sr_01/sr01_055.pdf

² Bramlett MD, Blumberg SJ, Ormson AE, et al. 2014. Design and Operation of the National Survey of Children with Special Health Care Needs, 2009–2010. National Center for Health Statistics. *Vital Health Stat*, 1(57).

http://www.cdc.gov/nchs/data/series/sr_01/sr01_057.pdf

protected against data entry error through preprogrammed range and logic checks on responses. Interviewers were able to address respondent questions and concerns as they arose, helping reduce response error. However, in recent years declining willingness of the public to participate in surveys and changes in household telephone use resulted in declining response rates for Computer-Assisted Telephone Interviewing surveys.³ Of particular concern was the increasing prevalence of households substituting wireless service for their landline telephone. Efforts to include these non-landline households within the telephone sampling frames for the former NSCH and NS-CSHCN through the addition of cell-phones to the frame were ultimately not cost efficient or effective. Furthermore, because the former NSCH and NS-CSHCN were administered using the Centers for Disease Control and Prevention's National Immunization Surveys (NIS) sampling frame and followed behind the NIS interview, they experienced additional impacts in response rates when cases failed to move through the NIS itself.

The surveys were no longer sustainable in the face of declining response rates and rising costs. Therefore, considerable work was done to determine how to address these issues, and HRSA MCHB reached the decision to utilize a two-phase multimode data collection design for a combined NSCH/NS-CSHCN survey, henceforth known as the NSCH. The proposed approach to data collection and nonresponse follow-up was based on previous project experience and recommendations made by Dillman and colleagues (2009).⁴

The redesigned NSCH consists of two questionnaires: (1) an initial household screener to assess the presence of children in the home and facilitate the selection of a target child within the household (with oversampling of children with special health care needs and young children ages 0-5 years), and (2) a substantive topical questionnaire that combines selected content from the former NSCH and NS-CSHCN questionnaires along with some newly relevant content.

In 2015, the U.S. Census Bureau conducted a pretest of the NSCH redesign on behalf of HRSA MCHB. The pretest was a one-time national data collection activity, based on a national sample of 16,000 addresses, to evaluate and refine survey methodology, the survey instruments, and the operational procedures and processes used in the 2016 production survey. The 2016 NSCH used an address-based sample covering the 50 states and the District of Columbia. Addresses were randomly sampled within states, with a roughly equal number of addresses selected within each state. The survey designs in 2016 and 2017 were very similar; key differences are noted in the discussion of the 2017 survey design below.

³ Blumberg SJ, Luke JV. 2010. Wireless Substitution: Early Release of Estimates from the National Health Interview Survey, January–June 2010. National Center for Health Statistics. Available from: <https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201012.htm>

⁴ Dillman DA, Smyth JD, Christian LM. 2009. Internet, Mail and Mixed-Mode Surveys: The Tailored Design Method, 3rd edition. Hoboken, NJ: John Wiley & Sons.

Frame, Sample, and Subsampling Specifications

The 2017 NSCH used an address-based sample covering the 50 states and the District of Columbia. Addresses were randomly sampled within states. Unlike the 2016 sample, which Census selected a roughly equal number of addresses within each state, the 2017 sample was distributed across states with the goal of producing a roughly equal number of responses by state.

Administrative records from multiple sources were utilized to match a list of child identifiers to residential addresses. When a child identifier was matched to an address, the address was flagged as being more likely to include children and designated as ‘Stratum 1’; the remaining addresses were designated as ‘Stratum 2’. Starting in 2017, Stratum 2 addresses were divided between those addresses with a higher probability of child presence, designated as ‘Stratum 2a’, and those addresses with a very low probability of child presence, designated ‘Stratum 2b’. Addresses in Stratum 1 were sampled at a higher rate than those in Stratum 2a. Stratum 2b addresses were excluded from sampling due to the very low probability of those households having children in residence, with the constraint that Stratum 2b represented no more than 5% of households with children.

If a household reported more than one child, the age and special health care needs status of those children were used to select a single child from the household and assign the household to receive one of the three age-based topical questionnaires: T1 for 0 to 5 year old children, T2 for 6 to 11 year old children, or T3 for 12 to 17 year old children. The subsampling of a single child from a household was random, but children with special health care needs and young children (0 to 5 years old) had a higher probability of selection. To limit respondent burden, no more than one child was sampled and no more than one topical survey was administered in any given household.

The target population for the NSCH consisted of children ages 17 and younger. Addresses identified as having the highest probability of responding by paper and not by web (‘High Paper’, approximately 30% of addresses) were first mailed the paper screener as well as an invitation to respond to the survey using the web instrument. The remaining addresses (‘High Web’, approximately 70% of addresses) were first sent only the invitation to respond using the web instrument. High Web addresses were subsequently sent paper screeners beginning in the second nonresponse follow-up mailing. The methodology for assigning addresses to High Web and High Paper mailing groups is discussed in the Response Analysis section, Web Group Effectiveness sub-section of this report. Ninety percent of the sample received a \$2 bill with the initial invitation as an incentive to complete the survey. The other ten percent of the sample did not receive an incentive and represented the control group for testing the effectiveness of the incentive treatment. Finally, 50% of addresses received a one-page infographic in the initial mailing; the other 50% of addresses did not receive an infographic.

Overview of the Key Sampling Processes

- Initial Sample Size and Treatment Groups
 - Sample Size: 170,726 addresses nationwide
 - 2,014 (Minnesota) to 5,757 (Alaska) addresses per state
 - Treatment Groups:

- Incentive Groups
 - \$0 (control): 17,047 (10%)
 - \$2 bill: 153,679 (90%)
- Web Groups
 - High Paper: 46,999 (30% of mailable⁵ addresses)
 - High Web: 109,676 (70% of mailable addresses)
- Infographic Groups
 - Infographic: 85,339 (50%)
 - No infographic: 85,387 (50%)
- Initial Sample Stratification and Selection:
 - 97,308 (57%) addresses from Stratum 1 (Flagged as households with children)
 - 73,418 (43%) addresses from Stratum 2a (Not flagged, but a higher child-presence probability than Stratum 2b)
- Selection of the Sample Child
 - Oversample children with special health care needs (CSHCN): 80%
(Note that the 80% oversample was only applied for those households having both CSHCN and Non-CSHCN present.)
 - Oversample young children (0 to 5 years old): 60%
(Note that the 60% oversample was only applied for those households having all or no CSHCN.)

Frame Development

The 2017 NSCH utilized a sample of 170,726 household addresses randomly drawn from the Census Master Address File (MAF), a complete listing of all known living quarters in the 50 states and the District of Columbia that is used to support the decennial census. The Census Bureau's Center for Administrative Records Research and Applications (CARRA) appended indicators to the MAF to sort and stratify the sample.

The sample file was selected from the Census MAF and supplemented with administrative records-based flags identifying households likely to include children. CARRA developed these child indicators based on multiple sources of administrative data which were first used to identify households more likely to have children in the 2016 NSCH, to improve sampling efficiency.

The child-presence flags were used to create three mutually exclusive sampling strata: Stratum 1 (addresses positively linked to a child using administrative records), Stratum 2a (addresses that could not be linked to a specific child using administrative records but had a high probability of child presence

⁵ Sampled addresses were sent to the United States Postal Service (USPS) for address standardization. About 8% of addresses were returned as invalid by the USPS, and these addresses were excluded from mailings. The remaining 156,675 addresses were labeled as 'mailable'. Web group (High Web or High Paper) was assigned after address standardization.

based on administrative records and small-area geographic characteristics), and Stratum 2b (addresses with a very low probability of child presence).

To identify Stratum 1 addresses, Census linked child Numident⁶ records to addresses using a host of administrative records. These records included IRS 1040s and 1099s, the Medicare Enrollment Database, the Indian Health Service database, and the Selective Service System. Child records could be linked directly to an address or through a parent (i.e., administrative records link the child to a parent and the parent to an address). In 2017, this process matched about 69 million child records to 36 million addresses. Approximately 75% of these addresses reported children in the American Community Survey (ACS).

Among the remaining addresses, a linear probability model was developed against ACS returns to predict child presence using block group⁷ characteristics and administrative records associated with the address (e.g., presence of adults 20-50 years old, child-related tax deduction). Addresses were sorted on the probability of child presence by state. The delineating threshold between Stratum 2a and Stratum 2b was determined by state so that no more than 5% of households with children were represented in Stratum 2b in any state.

Within strata, addresses were sorted by the block group⁷ poverty rate (greater than 30% or less than or equal to 30%) with the net result that addresses within states were listed in the following order for sampling:

- Stratum 1: Households with the 'child present' flag
 - Addresses in high poverty block groups
 - Remaining Stratum 1 households
- Stratum 2a: Households without the 'child present' flag
 - Addresses in high poverty block groups
 - Remaining Stratum 2a households

Sample Size and Allocation

State sample sizes were determined objectively to produce an equal number of completed topicals per state while summing to a total sample of 156,000 mailable addresses nationwide (see Table 1). Because some selected addresses would be deemed unavailable, having address components that were not recognized by the United States Postal Service, the sample was overprovisioned with an additional 14,000 addresses, such that the total selected sample of addresses was 170,726. In practice, 14,051 addresses were deemed unavailable.

For each state, sample sizes were allocated based on the relative sizes of Stratum 1 and Stratum 2a, and the efficiency of the Stratum 1 flag (i.e., the probability that a flagged household did have children).

⁶The Numident is the Social Security Administration's database of United States Social Security number applicants.

⁷ A Census block group is a geographical unit with 600 to 3,000 population. Census blocks are grouped into block groups; block groups, in turn, are grouped into Census tracts. The block group is the smallest scale geographical unit for which the Census Bureau publishes sample statistics, i.e., estimates based on a sample of residents in the block group. Consequently, it is the smallest scale geographical unit that could be used for this exercise.

State-level samples were allocated to produce an equal number of completed topical interviews in each state and the District of Columbia. Nationally, 57% of the sample was drawn from Stratum 1.

For a sampled address to complete a topical, it must progress through each of the following stages: 1) it must be a valid residential address, 2) the residents must complete the screener, 3) the screener must report that children are present and the age for at least one child, and 4) the topical-eligible household must complete a topical. Before mailing, Census estimated valid address rates (representing an occupied residence) and screener and topical response rates using response rates from the 2016 NSCH. Census also audited the CARRA child-presence flag against American Community Survey (ACS) returns to estimate the percent of households that have children by state and stratum. Anticipated returns based on these estimates are presented in Table 1.

Table 1. Anticipated Returns from the 2017 NSCH

Initial Sample	Stratum	Incentive	Mailable	Valid	Screeners	Households W/ Children	Completed Topicals
	Stratum 1: 57.0% Stratum 2a: 43.0%	\$0: 10% \$2: 90%	S1: 97.2% ^a S2a: 84.5% ^a	S1: 92.3% ^a S2a: 79.3% ^a	\$0: 38.2% ^a \$2: 43.2% ^a	S1: 77.8% ^b S2a: 17.3% ^b	S1: 69.3% ^a S2a: 69.1% ^a
170,726	1: 97,308	\$0 9,709	9,437	8,710	3,327	2,589	1,794
		\$2 87,599	85,146	78,590	33,951	26,414	18,305
	2: 73,418	\$0 7,338	6,201	4,917	1,878	325	225
		\$2 66,080	55,838	44,279	19,129	3,309	2,287
Totals			156,622	136,497	58,285	32,637	22,610
Average per State						640	443

^a Response rates estimated based on response rates from the 2016 NSCH.

^b Percent of households with children estimated based on ACS audit.

Subsampling Specifications: Selection of Sampled Child

Eligible children within households that completed a screener were sampled for one of the three age-based topical surveys: T1 for 0 to 5 year old children, T2 for 6 to 11 year old children, or T3 for 12 to 17 year old children. Only one child per household was selected for a topical questionnaire in an effort to minimize respondent burden.

To select the sample child from a household, Census determined whether each eligible child was determined to be a Child with Special Health Care Needs (SHCN) or a Child without Special Health Care Needs (Non-CSHCN). This determination was based on answers to a standard set of questions included in the screener questionnaire.⁸

Next, based on the count of children and the SHCN status of those children, each household was assigned to a specific Household Type (HHTYP) (See Table 2). For households having both CSHCN and Non-CSHCN present (i.e., HHTYP=4, 6, and 7), an 80% oversample of CSHCN was applied. An additional

⁸ Bethell CD, Read D, Neff J, Blumberg SJ, Stein RE, Sharp V, Newacheck PW. 2002. "Comparison of the Children with Special Health Care Needs Screener to the Questionnaire for Identifying Children with Chronic Conditions—Revised." *Ambulatory Pediatrics*, Jan-Feb 2(1): 49-57.

60% oversampling of children aged 0-5 years was applied in HHTYP=3 and 5. The second oversample was added in response to internal evaluations in 2016 that showed that approximately 4,433,000 households with children aged 0-5 years were potentially not included in Stratum 1 (versus 7,256,000 households in that age range that were correctly flagged). In other words, the child presence flag used to define Stratum 1 performed less well for the very youngest children (aged 0-2 years) since some of the administrative records used to identify those households are older than the children they need to identify.

For subsampling purposes, all eligible children on the household roster were sorted and assigned a line number. In most cases, children were sorted first by SHCN status (CSHCN then Non-CSHCN) and then by age (youngest to oldest). If there was only one child (HHTYP=2), the sort was not applicable. Finally, in households with four or more eligible children, children were sorted first on SHCN status, then by name, and then by age. The line number to be selected in a given scenario was pre-assigned to each household for each of the eight household types consistent with the probabilities listed in the “% Probability of Selection” column in Table 2.

Table 2. Strategies for Selecting the 2017 NSCH Sample Child

Household Type (HHTYP)	Number of Eligible Children in Household	Number of Eligible Non-CSHCN, CSHCN	% Probability of Selection for Non-CSHCN	% Probability of Selection for CSHCN	Notes
1	0 or 'blank'	0,0		0%	No eligible children in household.
2	1	1,0 or 0,1		100%	Single child is always selected.
3	2	2,0 or 0,2	If only 1 child is aged 0-5 years, that child's probability of selection is 62% and the other child's probability of selection is 38%. Otherwise, each child has an equal chance of selection of 50%.		Includes 60% oversampling of children aged 0-5 years.
4	2	1,1	36%	64%	Includes 80% oversampling of CSHCN.
5	3	3,0 or 0,3	If only 1 child is aged 0-5 years, that child's probability of selection is 44% and each of the other two children have an equal chance of selection of 28%. If 2 children are aged 0-5 years, each has a probability of selection of 38% and the other child has a probability of selection of 24%. If all 3 children are aged 0-5 years or all 3 children are aged 6-17 years, then		Includes 60% oversampling of children aged 0-5 years.

Household Type (HHTYP)	Number of Eligible Children in Household	Number of Eligible Non-CSHCN, CSHCN	% Probability of Selection for Non-CSHCN	% Probability of Selection for CSHCN	Notes
			each child has an equal chance of selection of 33%.		
6	3	2,1	52%	48%	Includes 80% oversampling of CSHCN.
7	3	1,2	22%	78%	Includes 80% oversampling of CSHCN.
8	4 or more	Any combination	Before the sort, each of the first 4 children has an equal 25% probability of selection.		Simple random selection of 1 of the first 4 (sorted) children, regardless of SHCN status.

Instrument Specifications

Content Development

A key objective in developing the redesigned National Survey of Children’s Health (NSCH) instrument was to consolidate the former NSCH and the National Survey of Children with Special Health Care Needs (NS-CSHCN) content into one survey, reducing redundancy in the collection of data and the burden on households that accompanied the administration of two separate surveys. The selection and refinement of content for the redesigned survey reflected the need to retain critical content that was uniquely available through the NSCH while creating room for emergent priorities.

Every effort was made to retain survey items from the former NSCH and NS-CSHCN within the redesigned questionnaire. Revisions to existing items were generally made for the following reasons: 1) a desire for consistency with federal policies or programs and harmonization of content across U.S. Department of Health and Human Services surveys (e.g., the item on physical activity was edited to reflect the new Dietary Guidelines for Americans); 2) changes in the field or our understanding of a topic or issue (e.g., with direction and support from co-sponsors, content on attention deficit/hyperactivity disorder treatment was expanded to include separate items on behavioral and medication treatment); and 3) self-administered surveys require wording and framing that differs from interviewer-assisted surveys (i.e., instructional text throughout the instrument was refined and simplified).

Concomitantly, the addition (or deletion) of content was driven by four factors: 1) the need to include the most critical content from both former surveys; 2) the prioritization of topics highly relevant to HRSA MCHB investments (e.g., items required to track 18 National Performance and Outcome Measures for the Title V Maternal and Child Health Services Block Grant program); 3) the commitment to improve methods for assessing key topics; and 4) the desire to address emergent priorities as identified by states and the broader maternal and child health field (e.g., the addition of items to assess readiness to learn among children aged 3-5 years).

Seven questions were added to the 2017 NSCH questionnaire, which were new since the 2016 NSCH:

- COLOR (“Can this child identify the colors red, yellow, blue, and green by name?”),
- MOLD (“DURING THE PAST 12 MONTHS, other than in a shower or bathtub, have you seen any mold, mildew or other signs of water damage on walls or other surfaces inside your home?”),
- PESTICIDE (“DURING THE PAST 12 MONTHS, how often were pesticides used inside your residence to control for insects?”),
- A1_ACTIVE/A2_ACTIVE (“Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or the National Guard?”), and
- A1_DEPLSTAT/A2_DEPLSTAT (“Were you deployed at any time during (fill with SC_NAME)’s life?”).

In addition, EXPULSION (“IN THE PAST 12 MONTHS, were you ever asked to keep your child home from any child care or preschool because of their behavior (things like hitting, kicking, biting, tantrums or disobeying)?”) was removed from the questionnaire in 2017.

Following an expert review of survey materials, response options were modified on the 2017 NSCH for the following items: CALMDOWN, CLEAREXP, CONFIDENT, COUNTTO, DISTRACTED, HURTSAD, INSTYPE, K7Q02_R, NEWACTIVITY, PLAYWELL, RECOGABC, RECOGBEGIN, RECSHAPES, SIMPLEINST, SITSTILL, STARTSCHOOL, TEMPER, WORKTOFIN, and WRITENAME. In addition, question wording was substantially modified for K6Q08_R and USEPENCIL.

Survey Content

Consistent with all previous administrations, the 2017 NSCH retained a two-phase data collection approach: (1) an initial household screener to assess the presence, basic demographic characteristics, and SHCN status of any children in the home; and (2) a substantive topical questionnaire to be completed by a parent or caregiver of the selected child.

The screener questionnaire consisted of two sections. The first section contained three questions about the presence of children in the home and the primary language spoken. The next section contained detailed questions about the demographics and health of up to four children, from youngest to oldest. If there were more than four children in a household, the first name (or initials or nickname), age, and sex were asked for up to ten children.

There were three different topical questionnaires tailored to three different age groups of the selected children: T1 for 0 to 5 year old children, T2 for 6 to 11 year old children, and T3 for 12 to 17 year old children. All three questionnaires contained 11 sections about the child, their family, and neighborhood, but the specific questions were tailored to be relevant to children in that age specific range. Copies of the screener and topical questionnaires can be found in Attachment E. The questionnaire sections are summarized below:

Section A. This Child's Health – Questions about whether the child has acute or chronic physical, mental, behavioral, learning, or developmental conditions; if the child's health conditions affect his or her ability to do things.

Section B: This Child as an Infant – Birth-related questions including birth weight, breastfeeding, and use of formula. Infant feeding questions are only included on T1.

Section C: Health Care Services – Questions about source of a usual place for health care, need for and use of medical, dental, mental, and specialized health services in the last 12 months.

Section D: Experience with This Child's Health Care Providers – Questions about frequency of care and satisfaction with the child's health care providers. Also, questions about how the child's doctor or health care provider worked with the child. T3 includes questions about the child's preparation for transition into adult health care.

Section E: This Child's Health Insurance Coverage – Questions about whether the child has adequate health care coverage, and whether there were any gaps in health care coverage in the past 12 months, including at the time of the survey.

Section F: Providing for this Child’s Health – Questions on cost of health care in the past 12 months and time spent providing and arranging for the child’s health care.

Section G: This Child’s Learning/Schooling and Activities – Questions on early learning (e.g., speaking, rhyming, counting, attentiveness, making friends, social/emotional development) for children ages 3 to 5 years. For children ages 6 to 17 years, questions about experience at school, participation in organized activities, and physical activity.

Section H: About You and This Child – Questions about daily life and household activities, including the child’s sleep habits, computer and television use, and the demands of parenting on the respondent.

Section I: About Your Family and Household – Questions about the frequency of family meals, the use of tobacco in the household, how the family copes with problems, and if any assistance is needed to provide food for the family. Also questions about the respondent’s perception of their neighborhood (e.g., amenities, safety), and questions about whether the child has ever experienced any adverse childhood experiences.

Section J: About You – Questions on demographic information about up to two adults in the household who are the child’s primary caregivers.

Section K: Household Information – Questions on household count, family count, and family income.

Web Instrument Specifications

All households selected to participate in the 2017 NSCH received an invitation to respond to the survey by web. The invitation included the website URL and a unique 8-digit login ID. After logging in and reviewing the Privacy Act statement, respondents were asked to verify their address. If the listed address matched the respondent’s residence, the case was assigned a pin that the respondent could use to log back in to the survey. The respondent was also asked to provide answers to three security questions that could be used to verify the respondent’s identity if the pin was lost. After pin creation, the respondent was asked about the number of children (0-17 years of age) that usually reside at that address.

If the respondent answered that the address selected for the sample (and displayed on screen) did not match their own or that there were no children that usually reside at the address, then the survey was concluded and the household was removed from further mailings.

If the respondent answered that there were children that usually reside at the address, the respondent was presented with a battery of questions about each child (the screener portion of the survey). The respondent was required to provide at least a first name, initials, or nickname and age for each child on the household roster, as these elements were necessary for subsampling (discussed previously) and name fills in question wording. The respondent was also asked about the race and ethnicity of each child and English language ability for children age 4 and older. Finally, there was a series of 14 questions to determine the SHCN status of each child.

After the respondent entered and confirmed this information about all children in the household, the web instrument applied the subsampling methodology to select one child from the household roster to be the subject of the topical portion of the instrument. Once a child was selected, the web instrument did not allow respondents to revise their answers to the screener portion of the instrument.

Respondents for households without children needed about 52 seconds on average to complete the web instrument. Respondents for households with children completed the screener portion of the instrument in 5 minutes, 42 seconds, the web topical portion in 31 minutes, 32 seconds, and the entire web instrument in 37 minutes, 15 seconds on average. Table 3 details the mean and median time needed to complete the web instrument.

Table 3. Web Submission Times (in minutes)

	Households with Children		Households without Children	
	Mean	Median	Mean	Median
Screener	5.7	4.6	2.2	1.3
Topical	31.5	27.2	-	-
Total	37.3	32.5	2.2	1.3

After respondents answered all questions in the topical portion of the instrument, they were presented with the opportunity to review and edit any answers before submitting. Once the survey was submitted, a submission confirmation screen appeared with the date and time of completion. The instrument was then locked and the respondent was only able to view the submission confirmation screen if they logged back in.

Programming the Web Instrument

The web survey was conducted using the U.S. Census Bureau's Centurion system for internet data collection. This software presented the questionnaire on a computer screen. The interview was self-administered by the respondent; the respondent logged in to the instrument with the login ID provided in the web invitation letter and a PIN was generated along with verification questions for additional security.

There were two hard edits programmed into the web instrument which required respondents to provide a valid answer before continuing. These answers were necessary for subsampling: child's first name, initials, or nickname; and age. Otherwise, respondents were able to skip all other questions and continue the survey. There were soft edits for some questions that prompted respondents to provide an answer or revise an existing answer, but respondents were able to skip past these edits. Online help screens and text were also available in the instrument to aid respondents. Submitted responses were saved in a survey data file. The use of the web instrument reduced the time required to transfer, process, and release data.

The web instrument guided respondents through skip patterns, established legitimate ranges for numerical write-in items, and offered "pick lists" for some response categories. Also in an effort to

reduce respondent burden, the instrument integrated the screener and topical instruments into a single self-administered interview. After the respondent completed the screener questions and the web instrument confirmed that the household was eligible to complete the topical questionnaire, the instrument applied the subsampling methodology to select one child from the household to receive the topical portion of the survey. Fills were then used to prefill the name of the selected child into the topical survey questions.

Once programming of the instrument was completed, the various requirements of the instrument – respondent login, PIN generation, screener subsampling, topical selection, skip pattern implementation, fills, data output – were tested to ensure that the Centurion system was functioning correctly.

Paper Instrument Specifications

High Paper addresses and High Web non-respondent addresses received a two-phase, self-administered mail survey. In the first phase, households received (a) an invitation letter to participate in the NSCH, and (b) a paper screener instrument. Using the paper questionnaire, households were screened to determine if there were any children 17 years or younger who usually lived or stayed at the address. Those households that met the eligibility criteria went on to roster the children living at the address and answered questions to determine the SHCN status of each child (up to 4 children). Detailed information was collected for Child 1 through Child 4, while basic information (name, age, sex) was collected for Child 5 through Child 10.

If the respondent mailed back the screener, it was then processed to determine if eligible children usually reside at the address. If the respondent answered that the address selected for the sample did not match their own or that there were no children that usually reside at the address, the survey was concluded and the household was removed from further mailings. If the respondent answered that there were children usually residing at the address, the subsampling methodology was applied to select one child from the household roster to be the subject of the topical questionnaire.

In the second phase, households that were deemed to have eligible children were mailed one of the three age-based topical questionnaires requesting more information about one selected child living at the address. Docuprint systems were used to print the selected child's first name, initials, or nickname, age, and sex if provided on the topical questionnaires in order to ensure that respondents answered the topical questions for the selected child.

The paper and web instruments were designed to be as similar as possible to minimize the influence of mode on responses. While automatic skips and soft edits could not be implemented in the paper instrument, the questionnaire did include skip instructions within the question wording to mimic the web instrument.

Paper questionnaires were created using Amgraf One Form Plus. Returned forms were processed by iCADE to capture responses through OMR (optical mark recognition), OCR (optical character recognition), and KFI (keying from image). Questionnaires were printed, trimmed, and stitched through an in-house print on-demand process using a Docuprint system that allowed personalization to each respondent.

Data Collection

Data collection efforts for the 2017 National Survey of Children’s Health (NSCH) began on August 7, 2017, and included up to five screener mailings (and up to 2 reminder postcards) and up to four topical mailings. The dates for the label creation, late mail return (LMR) pulls (packages for addresses that responded after the initial mailing list was created were pulled and destroyed shortly before the mailing), and mailout for each mailing are detailed in Table 4. Copies of the invitation letters and postcards can be found in Attachment D. Respondents also had the opportunity to initiate and complete the interview by phone via Telephone Questionnaire Assistance (TQA).

Mailout Specifications

Each address had a total of four (High Paper) or five (High Web) possible screener mailings that included web invitations and, in some cases, a paper screener questionnaire. Respondents also received up to two pressure-sealed reminder postcards, sent 5 to 7 days after a primary mailing.

All sampled addresses received an initial invitation letter with instructions to participate by web. The letter included the web survey URL along with a unique login ID. Most invitations also included a \$2 bill (90% of addresses); the remaining addresses (10%) represented the control group and did not receive an incentive. Addresses were randomly assigned to the incentive groups. High Paper addresses (30%) also received a paper screener questionnaire and paid-postage return envelope with the initial mailing. Additionally, half of each incentive group and High Paper/High Web group received a single-page color infographic that contained information about the data being collected and how respondents’ answers can help (see Attachment F). One week later, all addresses received a pressure-sealed reminder postcard that again included the necessary details for the respondent to complete the survey by web.

If a High Web household did not complete the survey via the web by three weeks after the initial letter was mailed, they were mailed a follow-up letter that included instructions for responding via web. If a High Paper household did not complete the survey via the web or return the paper questionnaire by four weeks after the initial letter was mailed, they were mailed a follow-up letter and another paper questionnaire. This letter again included instructions for responding via web. High Paper addresses again received a pressure-sealed reminder postcard 5 to 7 days after this first follow-up mailing.

Nonresponding addresses after the first follow-up mailing received a second follow-up mailing. High Web addresses received their first paper screener questionnaires in this mailing. All nonresponding addresses received paper screeners in this and all subsequent follow-up mailings. High Web addresses also received a pressure-sealed reminder postcard 5 to 7 days after this second follow-up mailing.

A fourth follow-up mailing was sent to a subset of High Web addresses. Remaining materials, approximately 50,000 mail packages, were not sufficient to cover the full list of High Web nonresponding addresses. Instead, the mailing targeted, first, addresses in Arkansas (due to lower than expected returns from that state) followed by addresses in high poverty block groups (greater than 30% in poverty), sorted inversely by the number of topical returns from that state.

Sampled addresses received up to five screener mailings; addresses received fewer mailings if the residents submitted a web survey, returned a complete paper screener, explicitly refused to participate, or if the address was out-of-scope (i.e., not an occupied residence).

Respondents that returned a paper screener, and did not submit a web survey, were assigned to one of ten topical mailing groups. Group assignments were dependent on the date that the paper screener form was received at the National Processing Center. All forms that were received before the first topical label file was created were assigned to Topical Group A. Non-duplicate forms received from that time until the second topical label file was created were assigned to Group B, and so forth. Respondents received up to four topical survey packages; respondents received fewer packages if they returned a topical form or explicitly refused to participate, the selected child no longer resided at the address when the topical form was received, or the household was assigned to a later topical group (due to time constraints based on survey closeout; see Table 5).

Table 4. Screener Mailout Schedule

Mailing	Label file date	LMR file date	Mail date
Initial Web Invitation Letter (\$0 or \$2, Infographic or no Infographic, Paper Screener to High Paper only)	6/13/2017	N/A	8/7/2017
Pressure-Sealed Reminder Postcard	6/13/2017	N/A	8/14/2017
First Follow-up, Web Invitation Letter (High Web)	8/23/2017	9/1/2017	9/6/2017, 9/7/2017 (Texas)
First Follow-up, Paper Screener (High Paper)	8/30/2017	9/11/2017	9/13/2017
Pressure-Sealed Reminder Postcard (High Paper)	8/30/2017	9/11/2017	9/20/2017
Second Follow-up, Paper Screener (High Web)	9/19/2017	10/2/2017	10/5/2017
Pressure-Sealed Reminder Postcard (High Web)	9/19/2017	10/2/2017	10/11/2017
Second Follow-up, Paper Screener (High Paper)	10/2/2017	10/18/2017	10/20/2017
Third Follow-up, Paper Screener (High Web)	10/25/2017	11/6/2017	11/8/2017
Third Follow-up, Paper Screener (High Paper)	11/8/2017	11/20/2017	11/22/2017
Fourth Follow-up, Paper Screener (High Web, Targeted)	11/27/2017	12/6/2017	12/11/2017

Table 5. Topical Mailout Schedule

Mailing	Mail Groups	Label file date	LMR file date	Mail date
Mailing 1	A	8/31/17	9/13/17	9/15/17
Mailing 2	B	9/14/17	9/27/17	9/29/17
Mailing 3	A, C	9/28/17	10/11/17	10/13/17
Mailing 4	B, D	10/12/17	10/25/17	10/27/17
Mailing 5	A, C, E	10/26/17	11/7/17	11/9/17
Mailing 6	B, D, F	11/9/17	11/21/17	11/24/17

Mailing	Mail Groups	Label file date	LMR file date	Mail date
Mailing 7 (w/ Incentive)	A, C, E, G	11/21/17	12/4/17	12/6/17
Mailing 8 (w/ Incentive)	B, D, F, H	12/6/17	12/18/17	12/20/17
Mailing 9	C, E, G, I	12/19/17	12/29/17	1/3/18
Mailing 10	D, F, H, J	1/5/18	1/16/18	1/18/18

Telephone Questionnaire Assistance (TQA)

A toll-free telephone line was provided to respondents to allow them to call if they had questions about the survey, wanted to complete the interview over the phone, or submit feedback. All invitation letters, the web instrument, and the paper instrument identified this toll-free number.

The telephone line was answered by NSCH trained interviewers in two of the three Census Bureau call center locations: Hagerstown, MD and Tucson, AZ. During the course of data collection there were approximately 5,730 calls made to the toll-free line. If a respondent requested to respond to the survey over the phone, the TQA interviewer would administer the survey using the Centurion web instrument. There were a total of 1,989 cases completed over the phone. Of those completed interviews, 1,829 households reported no children in the household and 160 reported children. Table 6 lists all possible TQA purpose codes that could be assigned during a call or interview.

Table 6. TQA Purpose Codes used in ATAC System

TQA Purpose Codes	Definitions
01	Internet instrument completed over the phone
02	Refusal to participate
04	Wrong address – Web respondent
05	Address is not a residence (out-of-scope)
06	Paper questionnaire status
20	Questions about monetary incentive
30	Request replacement survey (English)
31	Request Spanish language questionnaire
40	Trouble filling out the paper questionnaire
49	Respondent requested PIN
50	Respondent requested Login ID
51	Problem logging into Internet instrument
52	Other instrument issues
53	PIN/security question reset request
60	Question regarding the survey (General FAQ)
80	Comments

TQA interviewer training was conducted prior to the initial 2017 mailing. A total of 45 interviewers assisted respondents with their questions about the NSCH and conducted interviews over the phone using the web instrument. A background of the survey was provided to TQA interviewers, along with details on the mailout schedule and incentives used. Interviewers were trained on how to determine and assign the correct purpose code in the ATAC (Automated Tracking and Control) system. They were given examples on how to search for the respondent's case in the web instrument and how to administer the survey over the phone. Finally, they were trained on how to properly close out the case and assign a purpose code to identify that the web questionnaire was completed over the phone. TQA interviewers were given a manual that included these details and answers to frequently asked questions that they were able to reference during the 2017 NSCH production cycle.

Call monitoring sessions of recorded TQA calls were scheduled throughout data collection. If any changes were needed to the ATAC TQA instrument based on comments received from interviewers, Census coordinated programming updates. All updates to procedures were communicated to the TQA interviewers. Incoming call volumes were also monitored throughout data collection and scheduling of the interviewers was adjusted accordingly.

Email Questionnaire Assistance (EQA)

In addition to the toll-free telephone line, respondents were able to interact with Census Bureau staff via email. An email address (childrenshealth@census.gov) was listed in both the High Web and High

Paper invitation letters as well as on the Centurion login page. Emails were answered by call center staff in Hagerstown, MD. Staff checked the email inbox daily and replied to messages within 2 business days when possible. Emails were logged in a tracking spreadsheet and cases were assigned purpose codes similar to the TQA purpose codes in Table 6.

EQA agents employed scripted responses for common concerns and questions. These scripts ensured consistent and accurate information. When replying to the messages, agents removed any information in the response email that could be considered personally identifiable (e.g., address, phone number, name).

Respondent Demographics

Web and mail survey instructions requested that the respondent be a parent or guardian who lived in the household and knew about the health and health care of the selected child. TQA interviewers were not permitted to conduct an interview with a respondent below the age of 18 years. Table 7 shows the proportion of respondents by their relationship with the selected child for the topical survey; 90% of topical survey respondents were biological or adoptive parents of the selected child.

Table 7. Respondent Relation to Selected Child

Relationship	Relative Frequency
Biological or Adoptive Parent	90.3%
Step-parent	1.9%
Grandparent	4.5%
Foster Parent	0.3%
Aunt or Uncle	0.6%
Other Relative	0.3%
Other Non-Relative	0.3%
Response Missing	2.0%

Confidentiality

Participation in the 2017 NSCH was voluntary, and all data collected that could potentially identify an individual person are confidential. Data are kept private in accordance with applicable law. Respondents are assured of the confidentiality of their replies in accordance with 13 U.S.C. Section 9. All access to Title 13 data from this survey is restricted to Census Bureau employees and those holding Census Bureau Special Sworn Status pursuant to 13 U.S.C. Section 23(c). In compliance with this law, all data released to the public are only in a statistical format. No information that could personally identify a respondent or household may be released. The Census Bureau ensured that all HRSA MCHB staff obtained Special Sworn Status prior to receiving access to any confidential data. The Screener and Topical public use data files went through a thorough disclosure review process and were approved by the Census Disclosure Review Board prior to release.

Spanish Language Availability

The NSCH paper and web instruments were available in both English and Spanish. The Spanish translation was originally provided by a contractor for the NSCH Pretest. For the 2016 NSCH, the Census Bureau reviewed and verified the previously translated paper and web Spanish instruments and provided new translations where necessary. Census also provided translations for the Spanish language invitation letters that were included in the mailings, printed on the back of each letter. The letters provided details about the survey and instructions for requesting a Spanish language paper questionnaire through the TQA line.

If a respondent returned a Spanish language paper screener questionnaire indicating the presence of children in the household, the Spanish language topical questionnaire was subsequently mailed to the household. Eight addresses requested and received a Spanish language paper screener, approximately half returned a Spanish language paper screener, and roughly a quarter returned a Spanish language topical questionnaire.

The web instrument offered a toggle on the login page that allowed respondents to select the English or Spanish language version of the instrument. Of the web respondents, 137 completed the screener portion and 103 completed the topical portion of the instrument using the Spanish language version of the instrument.

Spanish-speaking respondents that called the TQA line were placed in a Spanish language calling queue; a trained Spanish language agent then answered any questions or administered the Spanish language web instrument over the phone. The agent flagged the case if a Spanish paper questionnaire was requested and informed the respondent that a questionnaire would arrive in the mail within three weeks. The paper and web instruments were available in English and Spanish; additional language support was available when calling into the TQA line.

Efforts to Maximize Response Rates

Cash incentives, follow-up mailings, reminder postcards, toll-free telephone numbers, and translated questionnaires were used to maximize response. The NSCH screener and topical questionnaires were specifically designed to encourage cooperation by prospective respondents. Questions were developed and grouped by subject area to create logical, clear questionnaires with concrete question wording and simple grammar. Both the paper and web versions of the questionnaires used design elements to enhance respondent comprehension and make instructions clear and simple. In addition, the respondent contact strategies and letters were carefully designed to capture the attention of the respondent and pique interest in the subject matter.

Data collection for the 2017 NSCH involved a series of mailings and nonresponse follow-up activities, emphasizing questionnaire completion. The approach to data collection and nonresponse follow-up was based on previous project experience and recommendations made by Dillman and colleagues (2009):⁹

- *Invitation letter.* An initial invitation letter was mailed to all potential respondents providing details about the study, a web URL with the login ID for accessing the web version of the questionnaire (which combined the screener and topical into a consolidated instrument), and a toll-free number for individuals to call if there were questions or comments. In addition to the invitation letter, 90% of the sample also received a one-time cash incentive to complete the survey in the amount of \$2. Half of the sample received the one-page infographic. Each household received up to five invitations and two reminders to participate in the survey.
- *Additional mailings.* Subsequent to the first invitation mailing, the Census Bureau sent all remaining non-respondents a second invitation letter. After the second mailing, all remaining non-respondents received a paper screener questionnaires in follow-up mailings. Only High Paper addresses received the paper questionnaire in the first two mailings. All addresses also received a reminder postcard after the initial mailing, and nonresponding addresses received a second reminder postcard after a follow-up mailing.
- *Paper topical questionnaire mailing.* For respondents who returned a paper screener, the topical questionnaire and accompanying cover letter were personalized to fill in the sample child's name and other identifying information to ensure that the survey was completed for the correct child. This level of personalization in the questionnaire improved data quality by reducing the opportunity for skip logic errors. It also resulted in a questionnaire that was as short as possible for the selected child, increasing the likelihood that the respondent would complete it.

These operational strategies both facilitated response and reduced differential response and nonresponse by mode.

⁹ Dillman DA, Smyth JD, Christian LM. 2009. *Internet, Mail and Mixed-Mode Surveys: The Tailored Design Method*, 3rd edition. Hoboken, NJ: John Wiley & Sons.

Response Analysis

Response Rates

For the purposes of calculating response rates, all sampled addresses were assigned screener and topical outcomes codes. These outcomes can generally be categorized as not eligible, eligible but not complete, or complete.

For some addresses, Census received insufficient correspondence to determine if the address was eligible to complete the screener or topical questionnaires. These addresses were classified as unresolved. Among these addresses, Census estimated the share that were occupied residences using the Household Rate, which is the proportion of resolved addresses that are occupied residences.¹⁰ Census also estimated the Child Rate, which is the share of those households that include children, based on the proportion of households that have children by state and stratum in the 2015 American Community Survey (ACS). The product of the Household Rate and Child Rate is the Eligibility Rate (e), the estimated proportion of unresolved addresses that are households with children. Using this approach, Census estimated that 83.9% (weighted) of unresolved addresses were households and 46% (weighted) of those households were households with children.

$$e = \text{Household Rate} * \text{Child Rate}$$

Three different response rates were calculated based on the estimated proportion of eligible addresses that completed the screener and topical questionnaires. Definitions of completion and calculation of these three response rates are detailed below.

A completed screener had to 1) be returned from a sampled address, and 2) indicate that there were no children present or provide a valid age for at least one child. 58,510 households completed a screener survey. Of those, 29,343 households with children completed the screener instrument and are included on the Screener data file. There were 29,167 households without children that completed the screener instrument and are not included in any published data files.

Complete and sufficient partial topical surveys are included on the Topical data file. Of the 29,343 eligible screened-in households, 21,599 households with children returned a complete or sufficient partial topical survey. A returned topical survey was considered complete if at least 40 of 50 “check items” had valid answers, and 1) the respondent completed at least one item in Section K (Household Information) or 2) the respondent submitted the topical web instrument. Check items are on-path for all respondents, are distributed across all sections of the survey, and offer an indication that the responses

¹⁰ Specifically, Census used the midpoint between the Household Rate including undeliverable addresses (the proportion of all resolved addresses that are occupied residences) and the Household Rate excluding undeliverable addresses (UAAs) by state and stratum. Because UAAs are identified by the United States Postal Service, it is assumed that UAAs are identified at a higher rate than other noneligible addresses (businesses, vacant residences, etc.) that must be self-identified. The midpoint assumes that there are some UAAs still unresolved but at a lower rate than they appear among the resolved addresses.

represent progress through those survey items. Of the 21,599 returned topicals, 21,108 returned topical surveys were complete.

A returned topical survey was considered a sufficient partial if at least 25 of 50 check items had valid answers, and 1) the respondent completed at least one item in Section H or beyond, or 2) the respondent submitted the topical web instrument. Of the 21,599 valid topical questionnaires, 491 were sufficient partials. Overall, there were 7,744 households with children that completed screeners but did not return a topical survey or returned an insufficient partial topical survey.

Table 8. Final Disposition of Screener and Topical Returns

Final Disposition	Count
Completed Screener	58,510
Topical-Eligible Screeners	29,343
Completed Topicals	21,599
Complete	21,108
Sufficient Partial	491

Screener Completion Rate

The Screener Completion Rate is the estimated proportion of households (occupied residences) that completed a screener. The denominator includes both screened households and the number of unresolved addresses that are estimated to be households. This approach yielded a national weighted screener completion rate of 46.2%.

$$\frac{\text{Completed Screeners}}{\text{Screened HHs} + (\text{Unresolved Addresses} * \text{Household Rate})}$$

Topical Completion Rate

The Topical Completion Rate is the estimated proportion of households with children that completed a topical questionnaire. The denominator includes both screened households with children and the number of unresolved addresses that are estimated to be households with children. This approach yields a national weighted topical completion rate of 30.6%.

$$\frac{\text{Completed Topicals}}{\text{Screened HHs with Children} + (\text{Unresolved Addresses} * e)}$$

Interview Completion Rate and Overall Response Rate

The Interview Completion Rate (ICR) and Overall Response Rate (ORR) are designed to account for the multi-stage design of the NSCH. They are the product of two (in the ICR) or three (in the ORR) response rate metrics that are each consistent with standards set by the American Association for Public Opinion Research. Specifically, the ICR is the product of the proportion of resolved households that completed the screener questionnaire (Screener Conversion Rate – 99.1%) and the proportion of screened households with children that completed the topical questionnaire (Topical Conversion Rate – 71.5%).

The ORR is the product of the ICR and the proportion of addresses that were resolved (Resolution Rate – 52.8%). Equivalently, the ORR is the product of the Resolution Rate, the Screener Conversion Rate, and the Topical Conversion Rate. This approach yields a national weighted ICR of 70.9% and a weighted ORR of 37.4%.

$$\text{Resolution Rate} = \frac{\text{Resolved Addresses}}{\text{Total Addresses}}$$

$$\text{Screener Conversion Rate} = \frac{\text{Completed Screeners}}{\text{Resolved Households}}$$

$$\text{Topical Conversion Rate} = \frac{\text{Completed Topicals}}{\text{Screened Households with Children}}$$

Response Rates by State

The probability of response varied by state (see Attachment C). Weighted Screener Completion Rates ranged from 37.3% in Texas to 63.2% in Vermont. Weighted Topical Completion Rates also ranged across states, from 23.7% of households with children completing the topical in Louisiana to 40.3% in Vermont.

Web Survey Breakoffs

In addition to respondent answers, the web instrument produces data that can be used to analyze how respondents interact with the instrument. A set of events – link and button clicks, field entries, and page entries and exits – are recorded and time stamped. Collectively, web instrument paradata offers a valuable tool for evaluating instrument performance and identifying areas for instrument optimization.

The vast majority of respondents that accessed the web instrument completed the survey in the web instrument. Of the respondents that reached the first question in the web instrument, 91% completed the web survey. Effectively all households that reported no children by web completed the survey by web. Of the households that reported children by web, 82% met the requirements of a complete or sufficient partial topical.

Census uses the web instrument paradata to track the experience of respondents that did not complete the web survey. For example, the paradata indicates the last page viewed by each respondent. Respondents break off from an interview for many reasons, most of which are not tied to a particular element of the survey instrument. But breakoffs that accumulate on a particular page may be an indication of an off-putting set of questions or a difficult transition.

Particular sections of the instrument proved more difficult for some respondents to complete and were associated with higher breakoff rates. Table 9 lists the number of respondent breakoffs by section and the percent of all breakoffs that occurred in that section. Because some sections were longer than others, and were therefore more likely to see breakoffs by chance alone, the final two columns list the percent of all respondent time spent and items completed in each section.

Table 9. Breakoffs by Survey Section

Section	# of Breakoffs	% of Breakoffs	% of Resp. Time	% of Items
Login/Pin	755	13.4%	1.5%	0.0%
Verify Household	662	11.7%	6.2%	1.9%
Screen Household	149	2.6%	2.2%	1.9%
Roster Children	686	12.1%	11.3%	6.1%
A. This Child's Health	608	10.8%	14.3%	23.5%
B. This Child as an Infant	301	5.3%	3.5%	2.3%
C. Health Care Services	838	14.8%	14.3%	11.6%
D. Health Care Providers	366	6.5%	7.3%	7.1%
E. Health Insurance Coverage	236	4.2%	3.4%	4.1%
F. Providing for Child's Health	200	3.5%	3.6%	3.2%
G. School and Activities	100	1.8%	4.0%	4.6%
H. About You and This Child	131	2.3%	6.7%	8.0%
I. Family and Household	195	3.4%	9.6%	14.1%
J. About You	70	1.2%	4.7%	7.9%
K. Household Information	302	5.3%	5.4%	3.8%
Review and Submission	17	0.3%	1.8%	0.0%
Instructions and FAQs	39	0.7%	0.2%	0.0%
Total	5,655	100.0%	100.0%	100.0%

The 2017 NSCH saw a significant uptick in the number of respondents breaking off prior to screening ('Screen Household') from 4.2% of breakoffs in 2016 to 25.1% in 2017. In 2016, respondents logged into the web instrument with an 8-digit username and an 8-character password that were provided on the invite letter. For 2017, a PIN system was implemented and the password requirement was removed. Respondents logged in the first time using only the username, and then were asked to create a four digit PIN and answer three security questions that could be used to recover a lost PIN. Users were required to provide that four digit PIN to log back in to an incomplete survey; submitted web surveys were closed out and not accessible. The PIN system, therefore, allowed Census to bypass the password requirement and better protect respondents' answers because the login credentials included on follow-up mailings did not grant access to incomplete surveys. It also shifted respondent burden from the initial log in - failed log in attempts are not captured in paradata - to the PIN creation process.

In the context of web breakoffs, the implementation of the PIN presumably had two effects. First, more respondents passed the initial login threshold so their experience could be recorded in paradata. Second, more respondents broke off in the first pages of the instrument in response to the additional burden of answering three security questions. So the paradata in 2017 captured respondents that broke off instead of answering the three security questions; an uncertain number of these respondents would not have logged in if they were required to enter an 8-character password.

Like 2016, the two other significant breakoff points, in terms of breakoffs per item, were ‘Roster Children’ and ‘C. Health Care Services’. In the ‘Roster Children’ section, respondents were asked to provide names, ages, and other demographic and health-related details for each child in the household. It was the first section in the instrument to ask for detailed personal information.

Within ‘C. Health Care Services’, the webpage ‘hcsheightweight’ was particularly troublesome, which included a series of questions about the child’s current height and weight. Respondents were asked to type (or tap) in the child’s height (feet and inches or meters and centimeters) and weight (pounds or kilograms, and ounces or grams if the child was 5 years old or younger). Respondents needed an average of 20 seconds per completed item on this page, the most time per item of any page in the topical instrument. In general, because write-in response items were more burdensome for respondents, both in terms of time to respond and the inherent request for precision, these items were associated with higher breakoff rates.

Table 10 highlights the 13 (of 105) pages responsible for more than 100 breakoffs. The first column lists a page number indicating the sequence in which respondents typically reached a particular page. Pages are listed in the table in descending order by the number of breakoffs. In addition to the number of breakoffs, the final column reports the percentage of respondents that broke off upon reaching that page.

Two major hurdles for respondents, both in terms of total breakoffs and the rate at which they broke off, were again ‘childdashboard’ (in ‘Screen Household’) and ‘hcsheightweight’. A number of other pages on this list required respondents to type in responses – ‘ihddbwm’ (birth weight), ‘ayincome’ (income), ‘childname’ (child’s name), and ‘ayhowmany’ (household and family count) – or immediately preceded one of those pages.

The single page that experienced the most breakoffs was the street address verification page. Respondents were four times as likely to break off on this page as they were in 2016. This increase is undoubtedly associated with the addition PIN requirement and the additional burden for respondents in the opening pages of the instrument.

Table 10. Breakoffs by Survey Web Page (breakoffs>100)

Pg #	Survey Web Page	Description	# of Breakoffs	% of Respondents Breaking Off
2	streetaddress	Street Address Verification	452	1.2%
49	hcsheightweight	Height and Weight	326	1.8%
5	childdashboard	Children at this Address	304	1.8%
46	ihddbwm	Due Date and Birth Weight	253	1.4%
48	hcscheckup	Doctor Check-up	246	1.4%
99	ayincome	Income	171	1.1%
6	childname	Child N Name	138	0.7%
71	pchhowmuchprob	How Much and Problems Paying	136	0.8%

Pg #	Survey Web Page	Description	# of Breakoffs	% of Respondents Breaking Off
98	ayhowmany	How Many People	131	0.8%
45	ebdhcability	Health Condition Ability	118	0.6%
4	hhlanguage	Household Language	105	0.5%
62	hcphowoften	How Often Did Providers	104	0.6%
16	howwell	How Well Items	102	0.5%

Item Level Response and Skip Patterns

The item response rate is the proportion of item-eligible respondents that provided a valid response to a particular item. Many items were applicable to a subset of survey respondents only; for example, some questions were applicable to children in a specific age range. In that case, the denominator for the item response rate is the count of children in the eligible age range, and the numerator is the count of those children with valid responses.

In some cases, it is uncertain if the child was eligible for an item. For example, before asking about the severity of a condition, respondents reported if the child currently had the condition. The severity item was applicable if the child currently had the condition, and it was not applicable if the child did not currently have the condition. If the respondent chose to skip the current condition filter item, it was not possible to definitively know whether the severity item was applicable.

Census accounts for this situation in the item response rate by assigning eligibility to cases with unknown eligibility equal to the proportion of cases that were eligible when eligibility was known. For example, if 10% of respondents reported that the child did have the condition currently, and so were eligible for the severity follow-up question, the denominator for the severity item response rate becomes

$$\# \text{ Eligible} + (\# \text{ Eligibility Unknown} * .1)$$

Across all survey items, more than 98% of eligible items (estimated using this methodology) generated a valid response.

Only one item on the public use file has an item response rate significantly below 95%: A2_LIVEUSA (94.1% item response rate). Generally, items that require a write-in response, that require respondents to follow a skip pattern, and are near the end of the instrument tend to have higher nonresponse. A2_LIVEUSA is the rare intersection of all three conditions.

After A2_LIVEUSA, the items with the lowest item response rates are BMICLASS (which requires valid answers to current height and current weight) at 95.8% and BIRTHWT at 95.7%. These items were revised for the 2018 NSCH to encourage respondents to provide a best estimate.

Item nonresponse varied between web and paper responses. On the whole, item nonresponse was higher on paper than web (2.0% versus 1.2%). There are several reasons nonresponse would differ between web and paper; two are particularly important. First, the web instrument navigated

respondents through the survey's skip patterns; respondents using the paper instrument needed to follow skip instructions. Second, the web and paper instruments recorded information differently. Specifically, paper responses were converted from marks on paper to a digital record. Substantial research and testing inform this process, yet it is still vulnerable to entry and translation errors that are avoided in the web instrument's digital record.

In total, 35 items had an item response rate that was more than 5 percentage points higher on web than on paper; there were no items for which the inverse, paper over web, was true. Of these 35 items, 14 were linked to skip pattern navigation errors, another 16 were write-in response items, and 3 others were small samples and not statistically significant (see Table 11).

Table 11. Item Response by Mode, where $\text{abs}(\text{Web-Paper}) > .05$

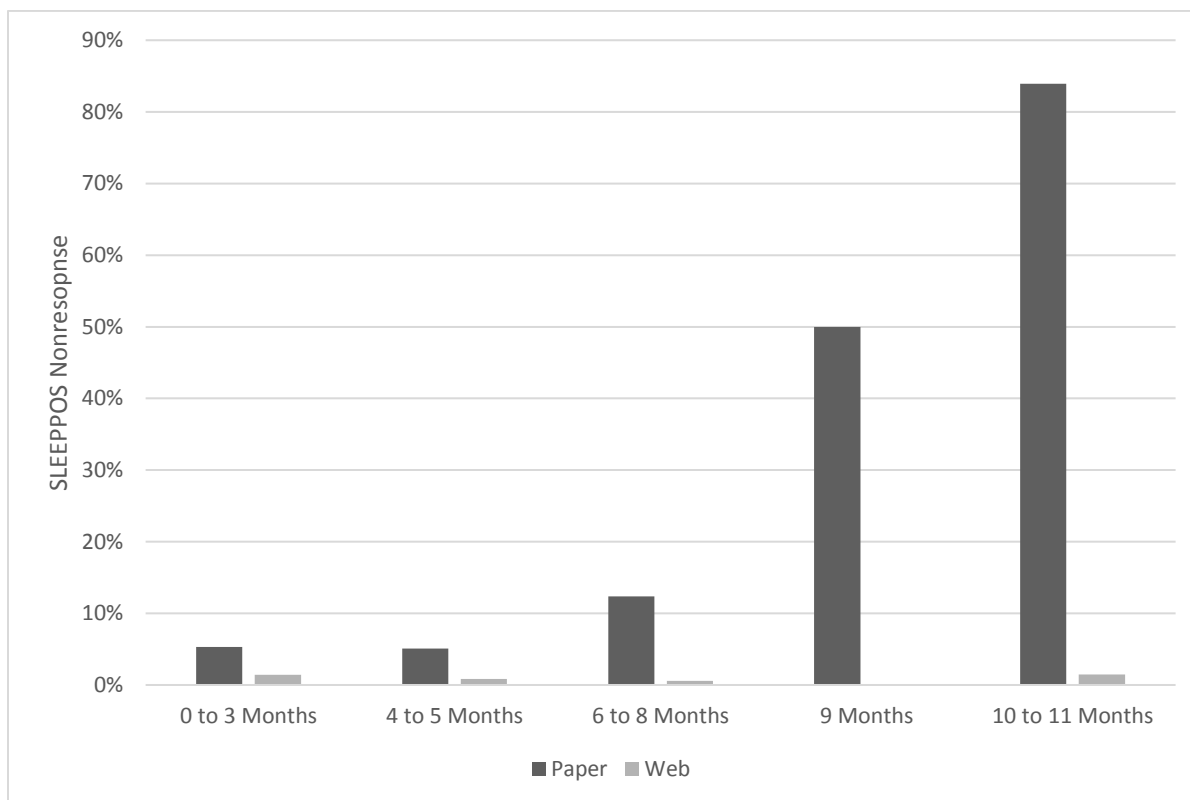
Variable	Web Response	Paper Response	Difference	On-Path (%)
SLEEPPOS - Position Most Often Lay Your Baby Down to Sleep	100%	82%	17.4%	4%
K2Q35D - Autism ASD - Doctor Diagnose	100%	87%	13.0%	3%
K12Q01_G - Reason Not Covered - Other	98%	87%	11.7%	6%
K12Q01_F - Reason Not Covered - Application/Renewal Problems	98%	87%	11.7%	6%
K12Q01_E - Reason Not Covered - Inadequate Providers	98%	87%	11.7%	6%
K12Q01_D - Reason Not Covered - Inadequate Benefits	98%	87%	11.7%	6%
K12Q01_C - Reason Not Covered – Unaffordable	98%	87%	11.7%	6%
K12Q01_B - Reason Not Covered - Cancellation Overdue Premiums	98%	87%	11.7%	6%
K12Q01_A - Reason Not Covered - Change in Employer/Employment	98%	87%	11.7%	6%
K6Q12 - Questionnaire - Development Concerns	99%	90%	9.0%	26%
K4Q26 - Specialist Visit - Problem	99%	91%	8.0%	19%
SUBABUSE_CURR - Substance Abuse Disorder Currently	96%	89%	7.9%	0%
FRSTFORMULA_MO_S - First Fed Formula - Months (Standardized)	99%	92%	7.5%	13%
FRSTFORMULA_WK_S - First Fed Formula - Weeks (Standardized)	99%	92%	7.5%	13%
FRSTFORMULA_DAY_S - First Fed Formula - Days (Standardized)	99%	92%	7.5%	13%
LIVEUSA_MO - How Long Living in the United States - Months	99%	92%	7.0%	3%

Variable	Web Response	Paper Response	Difference	On-Path (%)
LIVEUSA_YR - How Long Living in the United States - Years	99%	92%	7.0%	3%
K6Q14B - Behaves and Gets Along Concerns	99%	92%	7.0%	8%
K6Q14A - Words and Phrases Concerns	99%	92%	7.0%	8%
K2Q38C - Tourette Syndrome Description	100%	93%	6.8%	0%
ANYOTHER_CURR - Any Other Condition Currently	99%	93%	6.8%	5%
BMICLASS - Body Mass Index, Percentile	97%	91%	6.6%	52%
BIRTHWT - Birth Weight Status	97%	91%	6.1%	100%
BIRTHWT_L - Birth Weight is Low (<2500g)	97%	91%	6.1%	100%
BIRTHWT_VL - Birth Weight is Very Low (<1500g)	97%	91%	6.1%	100%
BIRTHWT_OZ_S - Standardized Birth Weight, Ounces	97%	91%	6.1%	100%
TREATNEED - Mental Health Professional Treatment - Problem	99%	93%	6.0%	12%
K2Q42C - Epilepsy Description	100%	94%	6.0%	1%
K2Q32B - Depression Currently	99%	93%	5.9%	5%
FRSTSOLIDS_MO_S - First Fed Solids - Months (Standardized)	99%	94%	5.4%	26%
FRSTSOLIDS_WK_S - First Fed Solids - Weeks (Standardized)	99%	94%	5.4%	26%
FRSTSOLIDS_DAY_S - First Fed Solids - Days (Standardized)	99%	94%	5.4%	26%
BREASTFEDEND_MO_S - Stopped Breastfeeding - Months (Standardized)	98%	93%	5.1%	21%
BREASTFEDEND_WK_S - Stopped Breastfeeding - Weeks (Standardized)	98%	93%	5.1%	21%
BREASTFEDEND_DAY_S - Stopped Breastfeeding - Days (Standardized)	98%	93%	5.1%	21%

Of particular note is SLEPPPOS. SLEPPPOS was asked only to respondents with children less than 12 months old. Census determined eligibility based on the age of the child provided on the screener. In the web instrument, the instrument determined eligibility automatically based on the age of the child entered only moments earlier. In the case of the paper instrument, the respondent returned the screener by mail to be processed, and a topical survey form was then mailed out to the respondent. Respondents were asked to complete the question for children less than 12 months old, but the delay

between screener and topical mailings meant that some children that were eligible for the question based on the screener instrument were no longer eligible by the time the respondent completed the topical because their child had turned 1 year of age in the interim. The net result was higher than anticipated nonresponse from paper respondents for children near 12 months of age on the screener instrument.

Figure 1. Probability of Nonresponse to SLEEPPPOS by Age of Child in Months (2016)



Incentive Effort

Survey research indicates that incentives are a necessary and cost-effective expense for achieving a response rate that minimizes nonresponse bias.¹¹ Due to a preponderance of such research, incentives were used in all previous administrations of the NSCH and National Survey of Children with Special Health Care Needs (NS-CSHCN), and the 2017 NSCH included an incentive in the screener and topical mailings.

Screener Incentive

¹¹ Brick JM, Williams D, Montaquila JM. 2011. "Address-Based Sampling for Subpopulation Surveys". *Public Opinion Quarterly*, 75(3): 409-28; Foster EB, Frasier AM, Morrison HM, O'Connor KS, Blumberg SJ. 2010. "All Things Incentive: Exploring the Best Combination of Incentive Conditions". Paper presented at the American Association for Public Opinion Research annual conference, Chicago, IL.

In the 2017 NSCH, sampled addresses received either a \$2 bill or they were part of the control group that did not receive a cash incentive in the initial screener mailing. The treatment group represented 90% of sample addresses, while the control group represented 10% of addresses. The sample distribution is presented in Table 12.

Table 12. Treatment Group by Incentive Amount and Web Response Likelihood

Incentive Treatment Group	Cases	Web Group	Cases	
Control (\$0)	17,047	High Paper	4,691	2.8%
		High Web	10,970	6.4%
		Unmailable ^a	1,386	0.8%
\$2	153,679	High Paper	42,308	24.8%
		High Web	98,706	57.8%
		Unmailable ^a	12,665	7.4%

^a Approximately 8% of sampled addresses were deemed unmailable. This determination was made when the available address components were not recognized by the United States Postal Service.

On the whole, providing an unconditional screener incentive in the initial mailing was an effective but more expensive strategy for encouraging response. Table 13 gives an overview of the cost effectiveness of each incentive strategy. As noted earlier, the incentive was effective at encouraging response: the share of eligible households that completed the screener (Screeners/Eligible Household) and completed the topical (Topicals/Eligible Household) was higher for the \$2 incentive group. But the difference in response was not enough to overcome the additional cost of providing the incentive. An additional \$2.05 and \$2.90 were spent for each screener and topical, respectively, for the \$2 incentive group relative to the control group.

Table 13. Mailing Costs by Incentive Group

Incentive Group	Screeners	Cost/ Screener	Screeners/ Eligible Household	Topicals	Cost/ Topical	Topicals/ Eligible Household
Total	58,510	\$28.82	46.1%	21,599	\$78.07	31.3%
No Incentive	5,333	\$26.96	42.1%	1,906	\$75.43	27.6%
\$2 Incentive	53,177	\$29.01	46.6%	19,693	\$78.33	31.7%

Screener incentives increased the cost per screener and topical collected, but the effort was cost effective at generating response from a hard-to-reach segment of the sample – addresses that did not respond when the monetary incentive was not offered. The cost of data collection scales with the response rate, so the cost of collecting an additional percentage point of response is greater than the last. The 4.5 percentage points of additional screener response (46.6% versus 42.1%) and 4.1 percentage points of additional topical response (31.7% versus 27.6%) from the \$2 incentive group represents households that were not converted by the full battery of follow-up mailings.

When evaluating the cost effectiveness of the screener incentive, then, it may be more appropriate to compare it against the cost of other higher effort strategies. Tables 14 and 15 identify stages of data collection in the 2017 NSCH and treat them as unique strategies. Table 14 compares the cost effectiveness of follow-up (FU) mailings against a baseline strategy of one initial contact and one follow-up mailing. Adding a second follow-up mailing (2FU) increases response from eligible addresses from 18.1% to 23.1%, but at an additional cost of \$2.68 per address. The additional 5 percentage points of response cost \$122.20 per topical, far larger than the \$49.31 per topical for the baseline strategy. The results for the third and fourth follow-up mailings are similar; the third and fourth follow-ups were combined as 3.5FU because the fourth follow-up was targeted.

Table 14. Cost Effectiveness of Mail Data Collection Strategies

Strategy	Cost /Address	Topicals /Eligible	Cost /Topical	Impact of Adding Follow-Ups		
				Cost /Address	Topicals /Eligible	Cost /Topical
Baseline (1FU)	\$3.93	18.1%	\$49.31			
2FU	\$6.62	23.1%	\$65.05	+\$2.68	+5.0%	\$122.20
3.5FU	\$9.18	27.6%	\$75.43	+\$2.56	+4.5%	\$128.30

Table 15 considers the cost effectiveness of adding a screener incentive to each of the above mail strategies. For example, adding a \$2 incentive to the baseline mail strategy increases response by 4.4 percentage points at a cost of \$2.13 per address. Generally, the \$2 incentive increases response by about 4 percentage points at about \$2 per address and follow-up mailings increase response by 4.5 to 5 percentage points at \$2.50 per address. Both strategies are effective at increasing response and are effective in tandem – the implementation of one strategy does not negatively impact the effectiveness of the other.

Table 15. Cost Effectiveness of Incentivized Data Collection Strategies

Strategy	Cost /Address	Topicals /Eligible	Cost /Topical	Impact of Adding \$2 Incentive		
				Cost /Address	Topicals /Eligible	Cost /Topical
1FU + \$2	\$6.06	22.5%	\$61.18	+\$2.13	+4.4%	\$110.00
2FU + \$2	\$8.54	27.2%	\$71.44	+\$1.92	+4.1%	\$107.90
3.5FU + \$2	\$10.94	31.7%	\$78.33	+\$1.76	+4.1%	\$98.00

Topical Incentive

The 2017 NSCH also included a cash incentive in topical mailings 7 and 8. Approximately 20% of cases were assigned to the control group (no incentive), with the remaining cases receiving a \$2 incentive. Households were assigned to topical mail groups and began receiving topical mailings soon after returning a paper screener. They continued receiving mailings until they returned a topical

questionnaire or until a fourth topical questionnaire invite was sent. Because the incentive was included in the 7th and 8th topical mailings, addresses were receiving their first, second, third, or fourth topical mailing. Topical mailings 7 and 8 are mutually exclusive; there were no addresses included in both.

As anticipated, response was higher for cases receiving the incentive (see Table 16). The \$2 incentive increased the odds of response by 51%, controlling for the number of mailings received prior. By this measure, the incentive was responsible for 315 of the 1,176 topical returns from mailings 7 and 8. Given an incentive cost just over \$13,000, the cost per topical from the incentive treatment comes out to \$41.25, suggesting that the topical incentive was a very cost efficient data collection strategy.

Table 16. Topical Response by Mail Count and Incentive

Mailing	Return Rate	
	\$2	\$0
First	27.8%	21.7%
Second	17.3%	11.8%
Third	12.4%	2.4%
Fourth	11.1%	10.0%

Infographic Effectiveness

Half of addresses received a one-page infographic with the initial contact materials. It was anticipated that a colorful infographic that provided additional information about the survey in an appealing form would encourage some households to participate. In that respect, the infographic was less effective than anticipated.

On the whole, the infographic reduced response. 37.3% of all addresses returned a screener; only 36.8% of those addresses that received the infographic returned a screener. Though small, the difference is significant. The negative impact of the infographic was larger for the High Web group (-1.4 percentage points of response) than the High Paper group (-0.5 percentage points of response and not statistically significant). This could indicate that the infographic added unwanted clutter to the smaller, web invite only envelope received by the High Web group than the larger package mailed to High Paper addresses. It should also be noted that these infographic treatment groups were objectively assigned and not random, thus other differences between households in these two groups cannot be ruled out as the driving force behind the differential effectiveness of the infographic. Regardless, the infographic was not effective.

Web Group Effectiveness

Census modified data collection procedures based on the estimated block group-level paper response likelihood. Since 2012, ACS respondents have been able to submit survey forms over the internet. Alternatively, ACS respondents can eschew the online option and respond by mail (or personal interview) instead. For the 2017 NSCH, Census developed a paper-response probability index built on ACS response mode behavior and small-area geographic characteristics to identify block-groups with

more residents that would opt against responding by web, but would ultimately respond by mail (versus not responding entirely).

NSCH mailable addresses were assigned a paper-response probability score and sorted. The highest scoring 30% of addresses were assigned to the High Paper group. To accelerate response and reduce respondent frustration, these addresses were provided a paper screener questionnaire in the initial contact. The remaining 70% of addresses were classified as High Web, and received a first paper screener in the second nonresponse follow-up. See Table 17 for an overview of the data collection procedures for both the High Web and High Paper groups.

Table 17. Data Collection for High Web vs. High Paper Addresses

	High Web	High Paper
Mailing 1	Web	Web+Paper
Mailing 2	Web	Web+Paper
Mailing 3	Web+Paper	Web+Paper
Mailing 4	Web+Paper	Web+Paper
Mailing 5	Web+Paper	N/A

Screener response was significantly higher for the High Paper group, 43.3% of all addresses versus 34.8% of all High Web addresses. The mode of response correlated with Census' expectations; the High Paper group was three times as likely to respond by paper but 60% as likely to respond by web as the High Web group.

The additional response from the High Paper group came with a cost, approximately \$2.10 per case. This suggests that the additional High Paper screener response cost about \$24.63 per returned screener, on par with the average cost of about \$25 per returned screener. At this stage we cannot evaluate the independent effect of the High Paper treatment on screener response because High Web/Paper group assignments were not random. But we are satisfied at this stage that the High Paper group assignment methodology identified addresses likely to respond by paper, and that targeting these addresses with paper screeners in the initial contact accelerates and probably increases response.

Data Editing

Census processed the data for inconsistent, out-of-range, and out-of-path responses. Finally, Census applied a completeness test to label cases as completed interviews, sufficient partials, or insufficient partials, and Census removed insufficient partials from the data files.

Unduplication

All nonresponding households were offered two modes, web and paper, for completing the survey. In some cases, respondents utilized both options. In these cases, Census selected one response, web or paper, to include in the data file. The unduplicated process prioritized records based on the type of return and the level of completeness. Completed web surveys were always selected over completed paper returns. However, completed paper returns were chosen over partial web survey returns. The web/paper unduplication hierarchy is detailed in Table 18.

Table 18. Unduplication Criteria for both Web and Paper Returns

Order Chosen	Type of Return
1	Completed web survey - Household with children
2	Completed paper screener and topical
3	Completed web survey - Household w/o children
4	Completed paper screener - Household w/o children
5	Partially completed web survey
6	Out of scope paper return
7	Refusal paper return, Hard Refusal
8	Incomplete, Duplicate
9	Blank, Soft Refusal
10	Deceased
11	Undeliverable address (UAA) with address correction – mail forwarded, UAA with address correction
12	UAAs, Forwarding Order Expired, Moved out of U.S.
13	Default
14	Blank form

Multiple follow-up mailings including the screener and topical questionnaires were sent out so it was also possible that respondents received more than one paper questionnaire and sent back two paper submissions. In these cases, only one return was chosen to be included in the data file. A completed paper return for a household with children was always chosen first. Completed paper returns without children were then chosen. A blank form was always the last type of return to be chosen. If both returns were complete screeners without eligible children, the record with the most number of variables that contained data was chosen. For all other Automated Tracking and Control (ATAC) status codes, if there were two of the same code, the return with the earliest received date was chosen. The paper/paper unduplication hierarchy is detailed in Table 19.

Table 19. Unduplication Criteria for Two Paper Returns

Order Chosen	Type of Return
1	Completed paper screener/topical - Household with children
2	Completed paper screener - Household w/o children
3	Out of scope paper return
4	Refusal paper return, Hard Refusal
5	Incomplete, Duplicate
6	Blank, Soft Refusal
7	Deceased
8	UAA with address correction – mail forwarded, UAA with address correction
9	UAAs, Forwarding Order Expired, Moved out of U.S.
10	Default
11	Blank form

Paper to Web Standardization

Responses were standardized across web and paper so they could be appended in a single data file. Although the majority of the survey questions had the same valid values for the paper and web instruments, sometimes the values did not appear in the same order on the paper questionnaire as in the web survey instrument. For instance, the first screener question on both the paper and the web instruments asked the respondent if there were any children 0-17 years living or staying at their address. For the paper screener, in order to provide the appropriate skip pattern, the “No” response option was listed first with an instruction to the respondent that they were done with the survey; “Yes” was the second response option with an instruction to continue with the rest of the screener questionnaire. In the web instrument, there was no benefit to listing “No” as the first response option, because skips were programmed into the web instrument and “No” is traditionally listed after the “Yes” response option. Therefore, prior to appending web and paper responses into a single data file, paper responses were reformatted to the proper valid values. After the topical responses were combined, screener and sampling data were merged into the data file.

Data Processing

The 2017 National Survey of Children’s Health (NSCH) raw output was processed to manage inconsistent and invalid responses in nine sequential steps: stop process, not in universe, range, backfill, yes/no, consistency, legitimate skip, missing in error, and disclosure.

- Stop Process Edit. A case is removed from the data file if the case fails address verification (the respondent indicates that their address does not match the address on file), the respondent indicates that there are no children in the household, or the respondent does not complete a screener for a household with children. The cases are not eligible to be included on a NSCH data file, so are removed from processing.

- Not in Universe Edit. An item is not in universe if it is not included in the instrument the respondent received. Some items are unique to web or paper, and others are specific to a version of the topical instrument, T1, T2, or T3. The value for an item that is not in universe is set to '.N'.
- Range Edit. If a value falls outside the bounds of a defined minimum and maximum for that item, the value is replaced with an indicator that the response is missing. The minimum and maximum are selected to represent a reasonable range of possible responses to the item.
- Backfill Edit. The backfill edit imputes values to some items based on responses to subsequent items that necessarily indicate the correct response to the edited item. Backfill edits apply almost exclusively to paper questionnaires, which cannot prevent a respondent from skipping a root item but answering follow-up questions. For example, INCWAGES is a binary item that filters respondents on whether the family did (INCWAGES=1) or did not (INCWAGES=2) receive wage or salary income. If a respondent does not answer INCWAGES, but provides a valid and non-zero value for INCWAGES_AMT, the dollar amount of wage and salary income, then it is necessarily correct that INCWAGES=1.
- Yes/No Edit. The NSCH includes several series that ask respondents to select all applicable items from a list. These series may or may not allow the respondent to answer in the negative, indicating that the item is not applicable. In most cases, if a respondent answers in the affirmative (=1) to at least one item in the series, it is assumed that all other items in the series do not apply (=2) unless otherwise noted. If a respondent is only able to respond in the affirmative, and the items in the series are not comprehensive (e.g., they do not include an "Other" option), then it is assumed that all unanswered items do not apply (=2) without imposing the requirement that at least one item is answered in the affirmative.
- Consistency Edit. If responses to two items in the survey are fundamentally inconsistent, one response is maintained and the other is removed and changed to missing. Most consistency edits require that a child does not experience a life event at an age greater than their current age. Because the instrument generally trends from more general, fundamental information to more specific, priority is given to the item that appears first in the instrument.
- Legitimate Skip Edit. Unlike the 'Not in Universe Edit', the legitimate skip edit applies to items that are on the respondent's instrument, but not on path. The value for an item that is in universe but not on path is set to '.L'.
- Missing in Error Edit. If an item is in universe (does not equal .N), is on path (does not equal .L), but does not hold a valid value, that item is missing in error, identified as '.M'.
- Disclosure Edit. Some survey responses, if published, could compromise a respondent's confidentiality. Disclosure edits involve removing entire items (e.g., child's name) or suppressing rare or unique values (e.g., top codes on the family poverty ratio). Census disclosure avoidance standards make reference to weighted and unweighted cell counts (i.e., the number of children with a characteristic or set of characteristics), the size of the underlying population (e.g., the number of children in Kentucky Metropolitan Statistical Areas), and the existence of outside data sources that could be matched to the NSCH (e.g., a registry of children diagnosed with Cerebral Palsy).

Edits were applied in two stages. In the first stage, edits for screener items were applied to completed screeners with children. When these edits were completed, cases that did not return a completed topical were removed from edits, and the second stage edits to topical items were applied.

Standardized and Recoded Variables

Standardized Variables

Several questions in the 2016 NSCH allowed respondents to provide an answer using more than one unit (e.g., years and months) and to choose from two systems of units (e.g., imperial or metric). In these cases, standardized variables convert responses across units and systems to a single unit. See Table 20 for a list and description of these variables.

Table 20. List of Standardized Variables

Variable	Description	Units
BIRTHWT_OZ_S	Child birth weight	Ounces
BREASTFEDEND_DAY_S	Stopped breastfeeding	Days
BREASTFEDEND_WK_S	Stopped breastfeeding	Weeks
BREASTFEDEND_MO_S	Stopped breastfeeding	Months
FRSTFORMULA_DAY_S	First fed formula	Days
FRSTFORMULA_WK_S	First fed formula	Weeks
FRSTFORMULA_MO_S	First fed formula	Months
FRSTSOLIDS_DAY_S	First fed solids	Days
FRSTSOLIDS_WK_S	First fed solids	Weeks
FRSTSOLIDS_MO_S	First fed solids	Months

Recoded Variables

A number of variables were derived and recoded from existing variables on the survey. See Table 21 for a list and description of these variables.

Table 21. List of Recoded Variables

Variable	Description	Derived from
AGEPOS4	Birth position of the selected child relative to other children in household	C_AGE_YEARS C_AGE_MONTHS
TOTMALE	Count of male children in household	C_SEX
TOTFEMALE	Count of female children in household	C_SEX
C_CSHCN	Special Health Care Needs (SHCN) status	C_K2Q10 - C_K2Q23
SC_CSHCN	SHCN status of selected child	C_CSHCN
TOTCSHCN	Count of children with SHCN	CSHCN
TOTNONSHCN	Count of children without SHCN	C_K2Q10 - C_K2Q23
TOTAGE_0_5	Count of children 0 to 5 years old in household	C_AGE_YEARS
TOTAGE_6_11	Count of children 6 to 11 years old in household	C_AGE_YEARS
TOTAGE_12_17	Count of children 12 to 17 years old in household	C_AGE_YEARS
SC_AGE_LT4	Age of selected child (less than 4 months)	SC_AGE_YEARS SC_AGE_MONTHS

Variable	Description	Derived from
SC_AGE_LT6	Age of selected child (less than 6 months)	SC_AGE_YEARS SC_AGE_MONTHS
SC_AGE_LT9	Age of selected child (less than 9 months)	SC_AGE_YEARS SC_AGE_MONTHS
SC_AGE_LT10	Age of selected child (less than 10 months)	SC_AGE_YEARS SC_AGE_MONTHS
C_RACER	Race of child	C_RACE_R
C_RACEASIA	Asian race category is included for the following states: CA, HI, MA, MD, MN, NJ, NV, NY, VA, WA	C_RACE_R
C_RACEAIAN	American Indian/Alaska Native race category is included for the following states: AK, AZ, NM, MT, ND, OK, SD	C_RACE_R
C_HISPANIC_R	Hispanic origin	C_HISPANIC
SC_RACER	Race of selected child	SC_RACE_R
SC_RACEASIA	Asian race category is included for the following states: CA, HI, MA, MD, MN, NJ, NV, NY, VA, WA (Selected Child)	SC_RACE_R
SC_RACEAIAN	American Indian/Alaska Native race category is included for the following states: AK, AZ, NM, MT, ND, OK, SD (Selected Child)	SC_RACE_R
SC_HISPANIC_R	Hispanic origin of selected child	SC_HISPANIC
HOUSE_GEN	Parental nativity	BORNUSA A1_RELATION A1_BORN A2_RELATION A2_BORN
FAMILY	Family structure	A1_RELATION A2_RELATION A1_MARITAL A2_MARITAL A1_SEX A2_SEX
CURRINS	Current health insurance coverage status	K3Q04_R CURRCOV K12Q03, K12Q04, K12Q12, TRICARE, HCCOVOTH, K11Q03R
INSTYPE	Type of insurance	CURRINS K12Q03, K12Q04, K12Q12, TRICARE, HCCOVOTH, K11Q03R
INSGAP	Health insurance coverage over the past 12 months	K3Q04_R, CURRINS
FPL	Family poverty ratio	FAMCOUNT TOTINCOME

Variable	Description	Derived from
HIGRADE	Highest level of education for reported adults (three categories)	A1_GRADE A2_GRADE
HIGRADE_TVIS	Highest level of education for reported adults (four categories)	A1_GRADE A2_GRADE
BIRTHWT	Birth weight status	BIRTHWT_OZ_S
BIRTHWT_L	Low birth weight (<2500g)	BIRTHWT_OZ_S
BIRTHWT_VL	Very low birth weight (<1500g)	BIRTHWT_OZ_S
BMICLASS	Body Mass Index	WEIGHT_* HEIGHT_*

Specification of Select Derived Variables

Family Poverty Ratio (FPL) - The family poverty ratio is calculated as the ratio of total family income and the family poverty threshold, and reported as a rounded percentage. Respondents reported total family income in item K4 on the paper instrument: “The following question is about your 2016 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?” Additional text instructed respondents to include all money incomes, for example, social security, dividends, and child support. Responses to K4 were edited for consistency against answers in K3, a series of questions about specific sources of income. Finally, missing or invalid responses were replaced with multiply imputed values.

The family poverty threshold is derived from the Census Bureau’s poverty thresholds. Thresholds vary by family size and the number of related children under 18 years. They do not vary across geographies. Family size was reported in K2 of the paper instrument. Missing or invalid values were assigned using reported or multiply imputed values of household count adjusted for the number of nonfamily members in the household. The number of related children was determined by the number of children reported in the screener.

To protect the confidentiality of respondents, only FPL is reported in the Public Use File; total family income and the family poverty threshold are not included. Further, FPL is top and bottom coded. Reported values range from 50 (total family income is 50% of the family poverty threshold) to 400 (total family income is 400% of the family poverty threshold). Values beyond this range are reported as 50 or 400, respectively.

Household Nativity (HOUSE_GEN) - Household nativity is determined by the birth location of the child (BORNUSA) and parents (A1_BORN and A2_BORN). If the child was born outside of the U.S. and all reported parents were born outside of the U.S., the household is reported as a 1st generation household.

Second generation households have members born both inside and outside of the U.S. For example, the child was born in the U.S. and at least one parent was born outside of the U.S., or the child was born outside of the U.S. and one of two parents was born in the U.S.

Finally, in 3rd+ generation households, all parents were born in the U.S. A fourth category, “Other”, captures households with insufficient information about the nativity of the parents.

Family Structure (FAMILY) - A family structure variable uses the reported information on the child's primary caregivers to organize households into common types. Notably, the NSCH collects information on only two adults in the household and requires only that the two adults be primary caregivers of the child. As a result, in multigenerational households, this can mean that a biological, adoptive, or step parent is not reported.

Further, respondents do not report their relationship to other adult members of the household, only to the child; consequently, reported values may indicate that two adults are married, but not if they are married to each other. Instead of making assumptions about the relationship between reported adults, the family structure variable depends only on the number of adults in the household (one or two), their relationship to the child, and their individual marital statuses. For example, a reported value of FAMILY=1 means that the two reported adults are biological/adoptive parents of the child and they are currently married; one may assume that they are married to each other, but in some cases that may not be true.

Two family structure categories (FAMILY=5 and 6) are also defined by the sex of the respondent. In these cases, it is specified that the responding adult is a female and that no other adults are in the household.

Insurance - The 2017 NSCH reports several variables that include information on the child's health insurance status and insurance type. We strongly recommend that data users interested in current health insurance status and insurance type use the derived variables CURRINS (Currently Insured), INSGAP (Gaps in Coverage), and INSTYPE (Insurance Type) in their analyses.

Currently Covered (CURRINS) - CURRINS is derived primarily from the respondent-reported values in K3Q04_R (Health Insurance Coverage – Past 12 Months) and CURRCOV (Health Insurance Coverage – Currently Covered). The child is coded as currently insured (CURRINS=1) if the respondent reported that the child had coverage for all of the last 12 months (K3Q04_R=1) or reported that the child is currently covered (CURRCOV=1), but with an important caveat. If the respondent reported that the child is currently insured but reported only Indian Health Service or health care sharing ministry as the type of coverage, the child is coded as not having current insurance coverage (CURRINS=2). Consequently, a respondent may report that a child is insured, but the child is coded as not insured in the data file.

Gaps in Coverage (INSGAP) - INSGAP is derived primarily from the respondent-reported values in K3Q04_R (Health Insurance Coverage – Past 12 Months) and CURRCOV (Health Insurance Coverage – Currently Covered). The child is coded as having consistent coverage (INSGAP=1) if the respondent reported that the child had coverage for all of the last 12 months (K3Q04_R=1) but with an important caveat. If the respondent reported that the child is currently insured but reported only Indian Health Service or health care sharing ministry as the type of coverage, information about the consistency of the child's coverage is coded as missing (INSGAP=.M).

Insurance Type (INSTYPE) - INSTYPE is derived from CURRINS (Currently Insured) and respondent answers to questions on the coverage type: K12Q03 (Current/Former Employer or Union), K12Q04 (Directly Purchased), K12Q12 (Government Assistance Plan), TRICARE (TRICARE or other military health

care), K11Q03 (Indian Health Service), and HCCOVOTH_WRITEIN (Other Type, Write-in). Any insurance reported as coming from an employer or union, directly purchased, TRICARE or other military health care, or the Affordable Care Act is considered private. Coverage from any government assistance plan is considered public. Both the private and public coverage categories reflect a single reported source of coverage; a combined category for children with both public and private coverage is also included.

HCCOVOTH_WRITEIN - Write-in responses were back-coded to flag public and private insurance types, religious health care sharing ministry, and Indian Health Service coverage. These flags were used in the derivation of CURRINS and INSTYPE. To protect respondent confidentiality, answers to HCCOVOTH_WRITEIN are not reported in the Public Use File.

Suppressed Variables

A number of variables had range caps or suppressed values to protect respondent confidentiality. See Table 22 for a list and description of these variables.

Table 22. List of Suppressed Variables

Variable	Description	Valid Values
TOTKIDS_R	Number of children living in the household	1 = 1 2 = 2 3 = 3 4 = 4+
MOMAGE	Age of mother when child was born	18 = 18 years or younger 45 = 45 years or older
K2Q35A_1_YEARS	Age of child when first diagnosed with autism	1 = 1 year or younger 15 = 15 years or older
BIRTHWT_OZ_S	Birth weight	72 = 72 oz. or less 155 = 155 oz. or more
K11Q43R	Number of time the child has moved to a new address	13 = 13 or more times
A1_AGE	Age of Adult 1	19 = 18 or 19 years old 75 = 75 years or older
A2_AGE	Age of Adult 2	75 = 75 years or older
A1_LIVEUSA	When Adult 1 came to live in the U.S.	1970 = Before or in 1970 2017 = In or after 2017
A2_LIVEUSA	When Adult 2 came to live in the U.S.	1970 = Before or in 1970 2017 = In or after 2017
BREASTFEDEND_DAY_S	Stopped breastfeeding, age in days	Suppressed if > 5
BREASTFEDEND_WK_S	Stopped breastfeeding, age in weeks	Suppressed if > 10
BREASTFEDEND_MO_S	Stopped breastfeeding, age in months	30 = 30 or more
FRSTFORMULA_DAY_S	First fed formula, age in days	Suppressed if > 6
FRSTFORMULA_WK_S	First fed formula, age in weeks	Suppressed if > 10
FRSTFORMULA_MO_S	First fed formula, age in months	12 = 12 or more
FRSTSOLIDS_DAY_S	First fed solids, age in days	Suppressed if > 1
FRSTSOLIDS_WK_S	First fed solids, age in weeks	Suppressed if > 4
FRSTSOLIDS_MO_S	First fed solids, age in months	15 = 15 or more

Variable	Description	Valid Values
FPL	Family poverty ratio	50 = 50% or less 400 = 400% or more
FAMCOUNT	Family Count	8 = 8 or more
HHCOUNT	Household Count	10 = 10 or more
K4Q37	Received Special Services - Age in Years	15 = 15 or more
SESPLANR	Special Education Plan - Age in Years	16 = 16 or more

Geography Variables

The 2017 NSCH includes four geographic variables on the Public Use File: FIPST (State of Residence), CBSAFP_YN (Core-Based Statistical Area Status), METRO_YN (Metropolitan Statistical Area Status), and MPC_YN (Metropolitan Principal City Status) (see Table 23). The intersection of CBSAFP_YN and METRO_YN also identifies children in Micropolitan Statistical Areas (see Table 24).

Core-Based Statistical Areas (CBSAs) are defined as a county or counties with at least one urbanized area or urban cluster (a core) of at least 10,000 population, plus adjacent counties that have a high degree of social and economic integration with the core (as measured through commuting ties). There are two types of CBSAs: Metropolitan Statistical Areas (MSAs) and Micropolitan Statistical Areas (μ SAs). The differentiating factor between these types is that MSAs have a larger core, with a population of at least 50,000. Principal Cities include the largest incorporated place or census designated place (CDP) in a CBSA and any other incorporated place or CDP that meets specific population and workforce requirements.¹² The NSCH reports Principal City status only for addresses in MSAs.

The intersection of CBSAFP_YN, METRO_YN, and MPC_YN identifies four geographic areas (see Table 26):

- Not in a CBSA (CBSAFP_YN=2)
- Micropolitan Statistical Area (CBSAFP_YN=1 and METRO_YN=2)
- Metropolitan Statistical Area, not Principal City (METRO_YN=1 and MPC_YN=2)
- Metropolitan Principal City (MPC_YN=1)

To protect respondent confidentiality, CBSAFP_YN, METRO_YN, and MPC_YN are not reported in some states. If a variable or intersection of variables could be used to identify a geographic area within a state with a child population under 100,000, reported values for that variable were replaced with ".D", indicating "Suppressed for Confidentiality". Note that values identifying both the suppressed area and the counterpart area must be suppressed; for example, if the child population in non-MSAs for a particular state is less than 100,000, then any indicator of MSA status (i.e., both non-MSA and MSA) in that state is suppressed. CBSA status is suppressed in 27 states, MSA status is suppressed in 16 states, and Metropolitan Principal City status is suppressed in 21 states.

¹² See https://www.census.gov/geo/reference/gtc/gtc_cbsa.html

Table 23. List of Geography Variables

Variable	Description	Valid Values
CBSAFL_YN	Core Based Statistical Area (CBSA): County or counties associated with at least one core (urbanized area or urban cluster) of at least 10,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties.	.D = Suppressed for confidentiality 1 = Located within a CBSA 2 = Located outside a CBSA
METRO_YN	Metropolitan Statistical Area (MSA): County or counties associated with at least one urbanized area of at least 50,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties.	.D = Suppressed for confidentiality 1 = In MSA 2 = Not in MSA
MPC_YN	Metropolitan Principal City: An incorporated place or census designated place in a Metropolitan Statistical Area that meets specific population and workforce requirements.	.D = Suppressed for confidentiality 1 = In Metropolitan Principal City 2 = Not in Metropolitan Principal City

Table 24. Geographies Identified at the Intersections

Intersection	Geography Levels	Definitions
CBSAFP_YN x METRO_YN	In MSA	County or counties associated with at least one urbanized area of at least 50,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties.
	In Micropolitan Statistical Area	County or counties (or equivalent entities) associated with at least one urban cluster of at least 10,000 but less than 50,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties.
	Not in CBSA (Metro or Micro)	
METRO_YN x MPC_YN	In Metropolitan Principal City	An incorporated place or census designated place in a Metropolitan Statistical Area that meets specific population and workforce requirements.
	In MSA, not in Principal City	In an MSA but not in a Principal City.
	Not in MSA	
CBSAFP_YN x METRO_YN x MPC_YN	In Metropolitan Principal City	An incorporated place or census designated place in a Metropolitan Statistical Area that meets specific population and workforce requirements.
	In MSA, not in Principal City	In an MSA but not in a Principal City.

Intersection	Geography Levels	Definitions
	In Micropolitan Statistical Area	County or counties (or equivalent entities) associated with at least one urban cluster of at least 10,000 but less than 50,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties.
	Not in CBSA	

Weighting Plan

Overview

To obtain population-based estimates, each selected child for whom an interview was completed was assigned a weight. The child's weight was composed of a base sampling weight, adjustments for both screener and topical nonresponse, an adjustment for the selection of a single child within the sample household, and adjustments to control to population counts for various demographics obtained from the 2016 American Community Survey (ACS) one-year data. In addition to a final weight for selected children, household and child screener weights were assigned for all households and children with completed screeners. These additional weights were comprised mostly of a subset of the adjustments used to assign final weights to selected children. The various steps in the production of the weights are described below.

Base Sampling Weights

The weighting process began with the base sampling weight for each sample household. The base weight (i.e., sampling interval) for each sample housing unit was the inverse of its probability of selection for the screener. Base weights were calculated separately for each of the two strata and each state, including the District of Columbia. If there had been no nonresponse and the survey frame was complete, using this weight would give unbiased estimates for the survey population.

Adjustment for Screener Nonresponse

Following the base weight, an adjustment for screener nonresponse was implemented to increase the weights of the households that responded to the screener in order to account for all of the households that did not respond to the screener. Households were put into one of sixteen cells defined by stratum, a block group poverty measure variable (yes or no) indicating the proportion of households with income less than 150% of the federal poverty level, web group (High Paper or High Web), and whether they reside inside or outside of a Core Based Statistical Metropolitan Area. The screener nonresponse adjustment factor was calculated within each cell using the following formula:

$$\left(\frac{\text{weighted sum of screener interviews} + \text{weighted number of screener non-interviews}}{\text{weighted sum of screener interviews}} \right)$$

where the number of screener non-interviews =

$$\left(\frac{\text{weighted sum of screener interviews}}{\text{weighted sum of screener interviews} + \text{weighted sum of screener ineligible households}} \right)$$

×

$$(\text{weighted sum of households with unknown screener eligibility})$$

In other words, the count of screener non-interviews was an estimate of the expected number of eligible households from those cases for which nothing was received back. The term "eligible" here refers to the address belonging to an occupied, residential household. The expected number of eligible

cases was estimated by taking the eligibility rate among the known cases and applying it to the unknown cases. The screener nonresponse adjustment was the last step of the weight processing that included the households for which there was no screener interview and the screener-interviewed households that indicated no eligible children.

Adjustment to Population Controls at the Household Level

All households with children that completed a screener were given a household-level weight. In addition to the base weight and screener nonresponse adjustment, a household post-stratification adjustment was applied in order to achieve the final household screener weight. This factor consisted of ratio adjustments to population controls at the household level obtained from the 2016 ACS data.

Households were put into one of 255 cells defined by state, race of the child selected for the topical, and Hispanic origin (yes or no) of the selected child if the selected child's race was White. Within each cell, the household post-stratification adjustment was calculated as the ACS population count for the cell divided by the cell's weighted total. The product of the base weight, screener nonresponse adjustment, and this household post-stratification adjustment constituted the final household screener weight.

First Raking to Population Controls: All Screener Children

All eligible children (four at most) from completed screener interviews were given a child-level screener weight. The weights of children from completed screener interviews were adjusted to match the 2016 ACS estimates for the following characteristics:

- Dimension #1 – State by Child's Race (White, Black, Asian, Other)
- Dimension #2 – State by Child's Ethnicity (Hispanic, Non-Hispanic)
- Dimension #3 – State by Child's Sex by Child's Age Group (0-5, 6-11, 12-17 years)

Each iteration of this process consisted of calculating three ratio adjustments, one for each dimension, sequentially. The adjustment factor calculated for Dimension 1 was applied to the weights accordingly and this newly adjusted weight went into the calculation of the adjustment factor for Dimension 2. This iterative raking process continued until the difference between the sum of the weights and the control total associated with each cell was less than 10% of the control. The resulting weight from this process was the final child-level screener weight for each eligible child. Only the children selected for the topical continued in the weighting process to eventually receive a final interviewed child weight.

Adjustment for Households with More than One Child

In households with multiple children, the selected child represented all eligible children in their household. Thus, a within-household subsampling factor was applied to account for the selection of a single child, as well as the oversampling for young children and children with special health care needs (CSHCN). The value of this adjustment was the inverse of the probability of selection for the selected child. Probabilities varied by the number of children in the household, the presence of children aged 0-5, and the presence of CSHCN.

Adjustment for Topical Nonresponse

Similar to the screener nonresponse adjustment, the weights of the households responding to the topical needed to be increased to account for all of the households not responding to the topical. If the respondent reached Section H of the topical questionnaire and answered at least 50% of the key items, then it was considered a topical interview. A returned topical that did not meet these conditions was considered a topical non-interview.

All topical-eligible households were put into one of seven cells depending on imputed poverty/non-poverty status, web group (High Paper vs. High Web), and presence of CSHCN. The topical nonresponse adjustment was calculated within each of the eight cells as:

$$\left(\frac{\text{weighted sum of topical interviews} + \text{weighted sum of topical non-interviews}}{\text{weighted sum of topical interviews}} \right)$$

After this adjustment, the selected children from topical non-interview households were no longer involved in the weighting process and only interviewed children continued to the last steps.

Second Raking to Population Controls: Topical Interviewed Children

The final step of the weighting was accomplished through a second iterative raking process to ACS population controls. The process was equivalent to that of the child-level screener weight, with the exception of additional and different dimensions as well as a trimming step. The following eight analytical domains of interest were used:

- Dimension #1 – State by Family Poverty Ratio ($\leq 100\%$, 101-200%, $> 200\%$)
- Dimension #2 – State by Household Size (≤ 3 , 4, > 4)
- Dimension #3 – State Groupings by Respondent’s Education (<High School, High School, >High School)
- Dimension #4 – State by Selected Child’s Race (White, Black, Asian, Other)
- Dimension #5 – State by Selected Child’s Ethnicity (Hispanic, Non-Hispanic)
- Dimension #6 – State by Selected Child’s Special Health Care Needs Status
- Dimension #7 – Selected Child’s Race by Ethnicity (at the national level)
- Dimension #8 – Selected Child’s Sex by Single Age (at the national level)

For Dimension #3, states needed to be grouped due to the low number of respondents in each state with less than a high school degree. States were grouped with others that had similar education distributions based on ACS data. The states were first sorted by the ACS-derived percent of children in households where the respondent has less than a high school degree, followed by an additional sort by the percent of children in households where the respondent has a high school degree. State groupings were made with the intent of keeping these distributions similar within each group. The following were the resulting 15 groupings:

Group 1: Minnesota, New Hampshire, North Dakota, and Utah

Group 2: Maine, Montana, Vermont, and Wyoming

- Group 3: Colorado, Maryland, Massachusetts, and Virginia
- Group 4: Connecticut, Kansas, Nebraska, and New Jersey
- Group 5: Hawaii, Iowa, Michigan, and Wisconsin
- Group 6: Illinois, Oregon, Rhode Island, and Washington
- Group 7: Idaho, Ohio, South Dakota, and West Virginia
- Group 8: Kentucky, Missouri, Pennsylvania, and Tennessee
- Group 9: District of Columbia, Florida, North Carolina, and South Carolina
- Group 10: Alaska, Delaware, and Indiana
- Group 11: Georgia and New York
- Group 12: Alabama and Mississippi
- Group 13: Arkansas, Louisiana, and Oklahoma
- Group 14: Arizona and Nevada
- Group 15: California, New Mexico, and Texas

Trimming of Large Weights

The resulting weights from each iteration of the raking process were checked for extreme values in order to prevent a small number of cases with large weights from having undue influence on estimates and increasing the variance. An extreme value was determined to be a weight that exceeded the median weight plus six times the interquartile range (IQR) of the weights in each state. These extreme weights were truncated to this cutoff (median plus six times the IQR of weights in that state) and the weights were checked for convergence to the controls. Convergence required the weighted total of each cell to be within 1% of the control for the cell. If convergence was not met for every cell, another iteration of the raking process was applied again. This process of raking and trimming was reiterated until convergence was met and there were few extreme weights left. In general, the remaining extreme weights were observed to be very close to the cutoff. The remaining extreme weights were truncated a final time to the median plus six times the IQR in the state and the process was complete.

Population Controls

Population controls used throughout the weighting were derived from the 2016 ACS one-year estimates. By using the 2016 ACS data, the weighted totals were ensured to match the most up-to-date population control totals available for key demographic variables for children and households in the U.S. The controls were used in the household post-stratification adjustment, the raking to attain the child-level screener weights, and the raking to attain the final topical interviewed children weights. Almost all controls used were at the state level, with the exception of the last two dimensions where national-level controls were used in the second raking process.

For the household post-stratification adjustment, the National Survey of Children's Health (NSCH) household weights were adjusted so that the sum of the weights equaled the 2016 ACS estimates for the number of households in each state by race (White, Black, Asian, Other) and by Hispanic origin (yes or no) if the selected child's race was White. In the first raking process, up to four children from each screener received adjustments so that the sum of the weights of all children listed on screeners equaled the ACS estimates for the number of children in each state by race, state by Hispanic origin, and state by

sex by age group (0-5, 6-11, 12-17 years). Finally, in the second raking process, the weights of the NSCH topical interviewed children were adjusted so that the sum of their weights equaled the ACS estimates for each state by family poverty ratio ($\leq 100\%$, 101-200%, $>200\%$), household size (≤ 3 , 4, >4), respondent's highest level of education ($<$ High School, High School, $>$ High School), race, Hispanic origin, and special health care needs status, as well as race by ethnicity and sex by age in years at the national level.

Limitations

In order to minimize the variability of the weights caused by large adjustment factors, cells having fewer than 30 cases were collapsed with a neighboring cell. The adjustment factors were then calculated for the merged cells by combining the population controls and the sample cases for the two cells. Since the individual cells were combined, and only one adjustment factor was created per cell, only the weighted total for the *combined* cell will match the control following the raking procedure. Consequently, the weighted totals for the individual cells will most likely not match the population controls for the original individual cells.

As shown in Table 25, cells were collapsed in two of the dimensions in the last raking step.

Table 25. Collapsed Dimensions and Affected States

Dimension #4 - State by Selected Child's Race (White, Black, Asian, Other)	Black collapsed with Other in 24 states	Affected states: AK, AZ, CO, HI, ID, IA, KS, ME, MA, MN, MT, NE, NH, NM, ND, OK, OR, SD, UT, VT, WA, WV, WI, WY
	Asian collapsed with Other in 34 states	Affected states: AL, AZ, AR, CO, DC, ID, IN, IA, KS, KY, LA, ME, MN, MS, MO, MT, NE, NH, NM, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VT, WV, WI, WY
Dimension #5 - State by Selected Child's Ethnicity (Hispanic, Non-Hispanic)	Hispanic and Non-Hispanic collapsed in 7 states	Affected states: AL, ME, NH, ND, SD, VT, WV

Imputation

Overview of Missing Data

Data from the 2017 National Survey of Children’s Health (NSCH) can be missing due to a few reasons: a respondent did not answer a question, a question was not on path for a respondent, or a respondent’s answer to a question was removed in order to protect their privacy. The SAS and Stata data files for the NSCH include special missing value codes for analysts who may wish to differentiate between different types of missing values.

- (.L) Legitimate Skip – The item is not applicable to the respondent, as determined by a previous answer to a root question.
- (.M) Missing in Error – The value is missing due to respondent or system errors, or the respondent did not provide a valid answer.
- (.N) Not in Universe – The item was not included on the respondent’s age-appropriate version of the topical questionnaire.
- (.D) Suppressed for Confidentiality – The value is suppressed in order to protect respondent confidentiality.

Imputed Variables and Flags

A small number of variables were imputed to be used in weighting (see Table 26). Race, ethnicity, and sex were imputed using hot-deck imputation for all children with missing values on those items. Adult 1 education, household size, and total family income were imputed using regression imputation methods. Total family income was used as an input for the derived family poverty ratio and is not reported on the public use file.

Table 26. List of Imputed Variables

Variable	Description	Public Use File
C_SEX	Child’s sex	Screener
C_RACE_R	Child’s race, detailed	Screener
C_HISPANIC_R	Child’s Hispanic origin	Screener
SC_SEX	Selected child’s sex	Topical
SC_RACE_R	Selected child’s race, detailed	Topical
SC_HISPANIC_R	Selected child’s Hispanic origin	Topical
A1_GRADE	Adult 1 highest completed year of school	Topical
HHCOUNT	Household size	Topical
FPL	Family poverty ratio	Topical

The Public Use Files include imputation flags to indicate which records contain imputed values (see Table 27).

Table 27. List of Imputation Flags and Frequencies

Flag Variable	Associated Variable(s)	Imputation Rate
C_SEX_IF	C_SEX	0.3%

C_RACE_R_IF	C_RACER, C_RACE_R, C_RACEASIA, C_RACEAIAN	0.8%
C_HISPANIC_R_IF	C_HISPANIC_R	1.1%
SC_SEX_IF	SC_SEX	0.2%
SC_RACE_R_IF	SC_RACER, SC_RACE_R, SC_RACEASIA, SC_RACEAIAN	0.4%
SC_HISPANIC_R_IF	SC_HISPANIC_R	0.7%
A1_GRADE_IF	A1_GRADE_I	2.0%
HHCOUNT_IF	HHSIZE_I	2.1%
FPL_IF	FPL	16.0%

Multiple Imputation

Household size (HHCOUNT) and total family income (TOTINCOME_I) were multiply imputed, creating six implicates of each. In turn, these variables were used to create six implicates of the Family Poverty Ratio (FPL). The imputation was executed by sequential regression modeling imputation¹³ using IVEWare.¹⁴ The primary motivation for the multiple imputation is to allow interested researchers to appropriately account for uncertainty in estimates using FPL that is hidden when using a single implicate.¹⁵

The Screener and Topical Public Use Files include the imputed values for sex, race, and ethnicity, and the associated imputation flags; the Topical Public Use File includes imputed values for Adult 1 education (A1_GRADE) and household count (HHCOUNT), and the associated imputation flags. The Topical Public Use File also includes the six implicates of FPL.

¹³ Raghunathan TE, Lepkowski JM, Hoewyk JV, Solenberger PW. 2001. "A Multivariate Technique for Multiply Imputing Missing Values using a Sequence of Regression Models". *Survey Methodology*, 27: 85–95.

¹⁴ Raghunathan TE, Solenberger PW, Hoewyk JV. 2016. IVEware: Imputation and Variance Estimation Software User's Guide (Version 0.3). Ann Arbor, MI: Institute for Social Research, University of Michigan.
www.isr.umich.edu/c/smp/ive/

¹⁵ Schaefer JL, Graham JW. 2002. "Missing Data: Our View of State of the Art". *Psychological Methods*, 7(2): 147-77.

Estimation and Hypothesis Testing

Variance Estimation

When survey weights are used, the resulting estimates from the 2017 National Survey of Children's Health (NSCH) are representative of all non-institutionalized children aged 0 to 17 years in the U.S. and in each state and the District of Columbia who live in housing units. These weighted estimates do not generalize to the population of parents, mothers, or pediatric health care providers. Analysts are advised to avoid statements such as "the percent of parents".

Two stratum identifiers should be used to estimate variance: FIPSST (state of residence) and STRATUM (identifies households flagged with children). Each record in the data file is assigned a unique household identifier, HHID. Some analysts may be using statistical programs that only permit the specification of a single stratum variable. These users should define a new variable with 102 levels by crossing STRATUM (2 levels) with FIPSST (51 levels). This new variable can then be used as the stratum variable. For example, Stata users can specify only one variable in the strata() option of svyset. This new variable (named here as STRATACROSS) can be created using the following statement:

- `EGEN STRATACROSS = GROUP (FIPSST STRATUM)`

SUDAAN users can identify both FIPSST and STRATUM in the NEST statement. However, SUDAAN users should note that the first variable listed after the word NEST is assumed to be the stratum variable, and the second variable listed is assumed to be the PSU. To properly identify the PSU variable, the PSULEV option must be invoked in the NEST statement as shown here:

- `NEST FIPSST STRATUM HHID / PSULEV = 3;`

Data should not be subsetted before analysis. The procedure of keeping only select records and list-wise deleting other records is called subsetting the data. Most software packages that analyze complex survey data will incorrectly compute standard errors for subsetted data, because subsetting the data can delete important design information needed for variance estimation. Analysts should not subset the data, with one exception: Subsetting the survey data to a particular state does not compromise the design structure. Analysts interested in examining specific population subgroups (such as children living in poverty) must use the appropriate options in their software package (e.g., SUBPOPN in SUDAAN).

Combining Data across Survey Years

Yes, the data sets can be combined (appended) to derive multi-year estimates, though the survey weights should be adjusted. Since each year is already weighted to represent the population of children residing in households for that year, the weight can simply be divided by the number of years being combined to derive multi-year estimates with an average annual or midpoint population size. For example, to calculate the combined 2016-2017 weight, analysts must divide each individual survey weight by 2 (i.e., number of survey years being combined).

Note: When analyzing combined years of data, it is also recommended that 2017 STRATUM=2a records be recoded as STRATUM=2. Sampling strata need to be defined correctly in order to do variance estimation or sampling error analyses. Whereas the two state-level sampling strata in 2016 were STRATUM=1 and STRATUM=2, sampling in 2017 split Stratum 2 into Strata 2a and 2b, with no households selected from STRATUM=2b. When analyzing individual years, the strata can be used as defined on the data file. When analyzing combined years of data, it is recommended that 2017 STRATUM=2a records be recoded as STRATUM=2 to ensure that the combined file is correctly treated as having two mutually exclusive sampling strata rather than three.

Guidelines for Data Use

The U.S. Census Bureau is conducting the NSCH on the behalf of the Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB) within the U.S. 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 U.S. The data collected under this agreement are confidential under 13 U.S.C. Section 9. All access to Title 13 data from this survey is restricted to Census Bureau employees and those holding Census Bureau Special Sworn Status pursuant to 13 U.S.C. Section 23(c).

Any effort to determine the identity of any reported case is prohibited. The Census Bureau and HRSA MCHB take extraordinary measures to assure that the identity of survey subjects cannot be disclosed. All direct identifiers, as well as characteristics that might lead to identification, have been omitted from the data set. Any intentional identification or disclosure of a person or establishment violates the assurances of confidentiality given to the providers of the information. Therefore, users must:

- Use the data in this data set for statistical reporting and analysis only
- Make no use of the identity of any person discovered, inadvertently or otherwise
- Not link this data set with individually identifiable data from any other Census Bureau or non-Census Bureau data sets

Use of the data set signifies users' agreement to comply with the previously stated statutory-based requirements. Before releasing any statistics to the public, the Census Bureau reviews them to make sure none of the information or characteristics could identify someone. For more information about the Census Bureau's privacy and confidentiality protections, contact the Policy Coordination Office toll-free at 1-800-923-8282.

Supporting Material

References

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Attachment A – 2017 NSCH Sample Sizes, by Stratum and by State

State	Total Sample	Stratum 1 (Address linked to child admin record)	Stratum 2A (Not linked to child admin record, higher probability of child presence)
Alabama	4,598	2,540	2,058
Alaska	5,757	1,785	3,972
Arizona	3,664	2,046	1,618
Arkansas	4,173	2,200	1,973
California	2,847	1,976	871
Colorado	2,680	1,633	1,047
Connecticut	2,770	1,759	1,011
Delaware	2,944	2,030	914
District of Columbia	3,226	2,091	1,135
Florida	3,621	2,454	1,167
Georgia	3,619	2,330	1,289
Hawaii	3,714	1,211	2,503
Idaho	2,840	1,578	1,262
Illinois	2,733	1,723	1,010
Indiana	3,188	1,975	1,213
Iowa	2,780	1,602	1,178
Kansas	2,877	1,907	970
Kentucky	3,336	2,044	1,292
Louisiana	4,787	2,836	1,951
Maine	3,726	1,805	1,921
Maryland	2,515	1,726	789
Massachusetts	2,474	1,573	901
Michigan	2,444	1,695	749
Minnesota	2,014	1,391	623
Mississippi	5,287	3,050	2,237
Missouri	3,036	1,967	1,069
Montana	3,765	1,698	2,067
Nebraska	2,601	1,657	944
Nevada	4,187	2,438	1,749
New Hampshire	3,119	1,770	1,349
New Jersey	2,663	1,782	881
New Mexico	5,379	2,096	3,283
New York	3,355	1,926	1,429
North Carolina	3,044	2,004	1,040
North Dakota	3,238	1,771	1,467
Ohio	2,712	1,883	829

State	Total Sample	Stratum 1 (Address linked to child admin record)	Stratum 2A (Not linked to child admin record, higher probability of child presence)
Oklahoma	4,768	2,393	2,375
Oregon	2,367	1,573	794
Pennsylvania	2,497	1,691	806
Rhode Island	3,167	1,921	1,246
South Carolina	3,686	2,178	1,508
South Dakota	3,027	1,585	1,442
Tennessee	3,246	2,015	1,231
Texas	3,496	2,285	1,211
Utah	2,132	1,512	620
Vermont	4,470	1,547	2,923
Virginia	2,387	1,625	762
Washington	2,347	1,597	750
West Virginia	4,764	2,056	2,708
Wisconsin	2,104	1,489	615
Wyoming	4,555	1,889	2,666
Total	170,726	97,308	73,418
Proportion by State		57.0%	43.0%

Attachment B – Child with Special Health Care Needs Question Battery

For an address that is eligible for topical sampling, the following is required to determine if an eligible child has special health care needs (CSHCN). One or more of the following five groups must have “Yes” responses to all of its variable/questionnaire items.

- (1) *All of the following are marked "Yes":*
 K2Q10 - Does ... currently need or use medicine prescribed by a doctor, other than vitamins?
 K2Q11 - Is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
 K2Q12 - If yes, is this a condition that has lasted or is expected to last 12 months or longer?
- (2) *All of the following are marked "Yes":*
 K2Q13 - Does ... need or use more medical care, mental health, or educational services than is usual for most children of the same age?
 K2Q14 - Is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?
 K2Q15 - If yes, is this a condition that has lasted or is expected to last 12 months or longer?
- (3) *All of the following are marked "Yes":*
 K2Q16 - Is ... limited or prevented in any way in his/her ability to do the things most children of the same age can do?
 K2Q17 - Is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
 K2Q18 - If yes, is this a condition that has lasted or is expected to last 12 months or longer?
- (4) *All of the following are marked "Yes":*
 K2Q19 - Does ... need or get special therapy, such as physical, occupational, or speech therapy?
 K2Q20 - Is this child's need for special therapy because of ANY medical, behavioral, or other health condition?
 K2Q21 - If yes, is this a condition that has lasted or is expected to last 12 months or longer?
- (5) *Both of the following are marked "Yes":*
 K2Q22 - Does ... have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?
 K2Q23 - If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

For an address that is eligible for topical sampling, an eligible child is classified as Non-CSHCN if no group of questions listed above has “Yes” answers to all questions in the group.

Attachment C - Completed Screeners and Topicals and Weighted Response Rates by State

State	Sample	Screeners	Screener Completion Rate	Topicals	Topical Completion Rate	Resolution Rate	Screener Conversion Rate	Topical Conversion Rate	Interview Completion Rate	Overall Response Rate
<i>United States</i>	170726	58510	46%	21599	30.6%	52.8%	99.1%	71.5%	70.9%	37.4%
Alabama	4598	1255	45%	426	28.2%	56.7%	99.1%	69.4%	68.8%	39.0%
Alaska	5757	1784	55%	431	36.2%	67.1%	99.3%	75.4%	74.8%	50.2%
Arizona	3664	1204	47%	434	30.8%	54.4%	99.3%	71.8%	71.4%	38.8%
Arkansas	4173	1177	45%	343	24.8%	56.2%	99.2%	61.2%	60.6%	34.1%
California	2847	958	40%	450	28.6%	44.6%	99.1%	75.4%	74.7%	33.3%
Colorado	2680	983	50%	431	35.0%	57.0%	98.7%	75.7%	74.7%	42.6%
Connecticut	2770	1063	47%	470	32.5%	51.8%	98.5%	69.7%	68.7%	35.5%
Delaware	2944	1007	44%	419	28.1%	50.4%	99.1%	69.5%	68.9%	34.7%
District of Columbia	3226	1141	46%	441	33.6%	50.8%	99.0%	75.2%	74.4%	37.8%
Florida	3621	1120	42%	413	26.9%	48.1%	98.5%	66.4%	65.4%	31.5%
Georgia	3619	1065	41%	420	26.7%	48.8%	98.6%	71.0%	70.0%	34.1%
Hawaii	3714	1432	53%	427	37.1%	60.3%	99.3%	70.8%	70.2%	42.4%
Idaho	2840	1051	53%	406	34.6%	61.8%	99.3%	73.7%	73.2%	45.3%
Illinois	2733	1068	50%	441	34.9%	55.6%	98.9%	73.2%	72.4%	40.2%
Indiana	3188	1075	49%	429	33.4%	57.3%	99.3%	73.2%	72.7%	41.6%
Iowa	2780	1267	59%	421	36.7%	62.3%	99.8%	71.2%	71.1%	44.3%
Kansas	2877	1024	48%	429	33.0%	55.3%	99.1%	71.7%	71.1%	39.3%
Kentucky	3336	1109	48%	392	27.7%	55.7%	99.5%	64.8%	64.5%	35.9%
Louisiana	4787	1255	39%	416	23.7%	47.8%	99.3%	68.4%	67.9%	32.5%
Maine	3726	1299	54%	445	34.1%	64.1%	99.7%	74.8%	74.6%	47.8%
Maryland	2515	964	47%	454	35.1%	51.3%	98.8%	75.5%	74.7%	38.3%
Massachusetts	2474	1036	51%	417	32.3%	55.0%	99.5%	70.4%	70.1%	38.5%
Michigan	2444	965	50%	428	35.2%	55.4%	99.5%	74.1%	73.7%	40.9%
Minnesota	2014	923	57%	433	40.3%	61.7%	99.2%	74.5%	73.9%	45.6%
Mississippi	5287	1311	41%	432	24.4%	53.0%	99.7%	65.8%	65.6%	34.8%

State	Sample	Screeners	 Screener Completion Rate	Topicals	Topical Completion Rate	Resolution Rate	Screener Conversion Rate	Topical Conversion Rate	Interview Completion Rate	Overall Response Rate
Missouri	3036	1093	52%	425	33.4%	59.6%	99.2%	68.7%	68.2%	40.6%
Montana	3765	1403	58%	445	37.7%	67.7%	99.5%	73.0%	72.6%	49.2%
Nebraska	2601	1085	56%	429	35.3%	61.4%	99.5%	72.1%	71.8%	44.0%
Nevada	4187	1264	41%	452	27.1%	47.0%	99.1%	71.4%	70.7%	33.2%
New Hampshire	3119	1153	52%	427	32.6%	61.0%	99.5%	70.1%	69.7%	42.5%
New Jersey	2663	945	45%	436	30.4%	49.9%	98.4%	71.1%	70.0%	34.9%
New Mexico	5379	1628	50%	398	29.1%	61.6%	99.5%	69.0%	68.7%	42.3%
New York	3355	1153	44%	441	30.2%	50.5%	98.6%	68.9%	67.9%	34.3%
North Carolina	3044	1000	44%	391	27.5%	50.6%	99.3%	70.2%	69.8%	35.3%
North Dakota	3238	1194	56%	429	36.9%	63.5%	99.6%	76.1%	75.8%	48.1%
Ohio	2712	1004	50%	415	31.6%	56.8%	99.2%	70.5%	69.9%	39.7%
Oklahoma	4768	1357	46%	422	28.4%	56.0%	99.1%	69.4%	68.7%	38.5%
Oregon	2367	996	53%	408	34.5%	57.7%	99.0%	72.7%	72.0%	41.6%
Pennsylvania	2497	979	50%	425	33.7%	55.9%	99.6%	70.8%	70.5%	39.4%
Rhode Island	3167	1080	42%	417	27.5%	46.6%	99.4%	71.7%	71.3%	33.3%
South Carolina	3686	1219	44%	411	26.9%	50.3%	99.6%	68.0%	67.8%	34.1%
South Dakota	3027	1246	58%	447	38.8%	64.3%	99.5%	73.9%	73.5%	47.3%
Tennessee	3246	1123	45%	404	28.5%	51.3%	99.1%	70.4%	69.7%	35.8%
Texas	3496	929	37%	381	24.6%	46.4%	98.7%	69.7%	68.8%	31.9%
Utah	2132	869	50%	442	37.6%	55.3%	98.8%	79.4%	78.4%	43.4%
Vermont	4470	1655	63%	440	40.3%	73.0%	99.8%	76.0%	75.8%	55.3%
Virginia	2387	937	48%	421	33.5%	53.2%	98.8%	72.0%	71.1%	37.8%
Washington	2347	956	51%	433	36.6%	56.8%	99.0%	76.5%	75.7%	43.0%
West Virginia	4764	1601	55%	383	29.8%	64.4%	99.7%	71.6%	71.4%	46.0%
Wisconsin	2104	908	56%	416	38.2%	61.3%	99.9%	72.4%	72.3%	44.3%
Wyoming	4555	1197	50%	413	33.4%	66.4%	99.1%	74.2%	73.5%	48.8%

Attachment D – Invitation Letters

- [67-68] NSCH-11P(A)
- [69-70] NSCH-11P(B)
- [71-72] NSCH-11W(A)
- [73-74] NSCH-11W(B)
- [75-76] NSCH-12PB(A)
- [77-78] NSCH-12WA(B)
- [79-80] NSCH-13(B)
- [81-82] NSCH-14(B)
- [83-84] NSCH-21(A)
- [85-86] NSCH-21(B)
- [87-88] NSCH-21(C)
- [89-90] NSCH-21(D)
- [91-92] NSCH-22(A)
- [93-94] NSCH-22(B)
- [95-96] NSCH-22(C)
- [97-98] NSCH-22(D)
- [99-100] NSCH-23(A)
- [101-102] NSCH-23(B)
- [103-104] NSCH-23(C)
- [105-106] NSCH-23(D)
- [107-108] NSCH-24(A)
- [109-110] NSCH-PC2
- [111-112] NSCH-PCP
- [113-114] NSCH-PCW

NSCH-11P(A)
(5-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

Your address has been selected to participate in the **National Survey of Children's Health**. This survey collects information that is used to improve the health of children and families throughout the United States. The U.S. Census Bureau conducts this survey on behalf of the U.S. Department of Health and Human Services. Even if there are no children age 0 to 17 in your household, it is important that you complete this survey.

Responding to this survey online is easy:

1. Go to <https://respond.census.gov/nsch>
2. Enter your Login ID:

If you need assistance with the survey or have questions, please call **1-800-845-8241** or email us at childrenshealth@census.gov. If you are unable to complete the survey online, we have enclosed a paper questionnaire. If you decide to complete the paper questionnaire instead of the online survey, please mail it back in the postage-paid envelope provided.

Your household was randomly selected as part of this voluntary survey. We cannot replace your household with another one. The survey takes less than 5 minutes if there are no children in your household, and an average of 33 minutes for households with children.

The U.S. Census Bureau is required by law to protect your information. We are not permitted to publicly release your responses in a way that could identify your household. The U.S. Census Bureau is conducting this survey under the authority of Title 13, United States Code (U.S.C.), Section 8(b) and Section 501(a)(2) of the Social Security Act (42 U.S.C. §701). Federal law protects your privacy and keeps your answers confidential under Title 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.

This survey has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number 0607-0990 appears in the bottom left corner of the survey web page and in the upper right corner of the paper questionnaire. If this number were not displayed, we could not conduct this survey.

The success of this survey depends on your participation. The results will help our nation better understand and respond to the health care needs of children and families.

Thank you for your help.

Enclosure

NSCH-11P(A)
(5-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensaje del Director de la Oficina del Censo de los EE.UU.:

Su dirección fue seleccionada para participar en la **Encuesta Nacional de Salud de los Niños**. Esta encuesta recopila información que se utiliza para mejorar la salud de los(as) niños(as) y sus familias en todos los Estados Unidos. La Oficina del Censo realiza esta encuesta para el Departamento de Salud y Servicios Humanos de los EE.UU. Aunque no haya niños(as) de 0 a 17 años en su hogar, es importante que usted complete esta encuesta.

Es muy fácil responder a esta encuesta por internet:

1. **Vaya a <https://respond.census.gov/nsch>**
2. **Introduzca su ID de Usuario:**

Si necesita ayuda con la encuesta o tiene preguntas, por favor, llame al **1-800-845-8241** o envíenos un correo electrónico a: childrenshealth@census.gov. Hemos adjuntado un cuestionario impreso por si usted no puede completar la encuesta por internet. Si usted decide completar el cuestionario impreso en lugar de la encuesta por internet, por favor, envíelo de vuelta por correo utilizando el sobre con franqueo prepago que le proporcionamos.

Su hogar fue seleccionado al azar como parte de este estudio voluntario. No podemos reemplazar su hogar con otro. Completar esta encuesta toma menos de 5 minutos si no hay niños(as) en su hogar, y un promedio de 33 minutos para aquellos hogares con niños(as).

La Oficina del Censo de los EE.UU. está obligada por ley a proteger su información. No se nos permite divulgar sus respuestas de manera que su hogar pudiera ser identificado. La Oficina del Censo de los Estados Unidos está llevando a cabo esta encuesta de acuerdo con la autoridad de la Sección 8(b) del Título 13 del Código de los Estados Unidos y de la Sección 501(a)(2) de la Ley de Seguro Social (Sección 701 del Título 42 del Código de los EE.UU.). Las leyes federales protegen su privacidad y mantienen confidenciales sus respuestas, en conformidad con la Sección 9 del Título 13, Código de los Estados Unidos. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten.

Esta encuesta ha sido aprobada por la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). El número de aprobación de ocho dígitos de la OMB, 0607-0990, aparece en la esquina inferior izquierda de la encuesta en la página web o en la esquina superior derecha del cuestionario impreso. De no mostrarse este número, no podríamos realizar esta encuesta.

El éxito de esta encuesta depende de su participación. Los resultados ayudarán a nuestra nación a comprender y responder mejor a las necesidades de atención médica de los(as) niños(as) y sus familias.

Muchas gracias por su ayuda.

Documento adjunto

NSCH-11P(B)
(5-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

Your address has been selected to participate in the **National Survey of Children's Health**. This survey collects information that is used to improve the health of children and families throughout the United States. The U.S. Census Bureau conducts this survey on behalf of the U.S. Department of Health and Human Services. Even if there are no children age 0 to 17 in your household, it is important that you complete this survey.

Responding to this survey online is easy:

1. Go to <https://respond.census.gov/nsch>
2. Enter your Login ID:

If you need assistance with the survey or have questions, please call **1-800-845-8241** or email us at childrenshealth@census.gov. If you are unable to complete the survey online, we have enclosed a paper questionnaire. If you decide to complete the paper questionnaire instead of the online survey, please mail it back in the postage-paid envelope provided.

Your household was randomly selected as part of this voluntary survey. We cannot replace your household with another one. The survey takes less than 5 minutes if there are no children in your household, and an average of 33 minutes for households with children.

The U.S. Census Bureau is required by law to protect your information. We are not permitted to publicly release your responses in a way that could identify your household. The U.S. Census Bureau is conducting this survey under the authority of Title 13, United States Code (U.S.C.), Section 8(b) and Section 501(a)(2) of the Social Security Act (42 U.S.C. §701). Federal law protects your privacy and keeps your answers confidential under Title 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.

This survey has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number 0607-0990 appears in the bottom left corner of the survey web page and in the upper right corner of the paper questionnaire. If this number were not displayed, we could not conduct this survey.

The success of this survey depends on your participation. The results will help our nation better understand and respond to the health care needs of children and families.

Thank you for your help.

Enclosure

NSCH-11P(B)
(5-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensaje del Director de la Oficina del Censo de los EE.UU.:

Su dirección fue seleccionada para participar en la **Encuesta Nacional de Salud de los Niños**. Esta encuesta recopila información que se utiliza para mejorar la salud de los(as) niños(as) y sus familias en todos los Estados Unidos. La Oficina del Censo realiza esta encuesta para el Departamento de Salud y Servicios Humanos de los EE.UU. Aunque no haya niños(as) de 0 a 17 años en su hogar, es importante que usted complete esta encuesta.

Es muy fácil responder a esta encuesta por internet:

1. **Vaya a <https://respond.census.gov/nsch>**
2. **Introduzca su ID de Usuario:**

Si necesita ayuda con la encuesta o tiene preguntas, por favor, llame al **1-800-845-8241** o envíenos un correo electrónico a: childrenshealth@census.gov. Hemos adjuntado un cuestionario impreso por si usted no puede completar la encuesta por internet. Si usted decide completar el cuestionario impreso en lugar de la encuesta por internet, por favor, envíelo de vuelta por correo utilizando el sobre con franqueo prepago que le proporcionamos.

Su hogar fue seleccionado al azar como parte de este estudio voluntario. No podemos reemplazar su hogar con otro. Completar esta encuesta toma menos de 5 minutos si no hay niños(as) en su hogar, y un promedio de 33 minutos para aquellos hogares con niños(as).

La Oficina del Censo de los EE.UU. está obligada por ley a proteger su información. No se nos permite divulgar sus respuestas de manera que su hogar pudiera ser identificado. La Oficina del Censo de los Estados Unidos está llevando a cabo esta encuesta de acuerdo con la autoridad de la Sección 8(b) del Título 13 del Código de los Estados Unidos y de la Sección 501(a)(2) de la Ley de Seguro Social (Sección 701 del Título 42 del Código de los EE.UU.). Las leyes federales protegen su privacidad y mantienen confidenciales sus respuestas, en conformidad con la Sección 9 del Título 13, Código de los Estados Unidos. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten.

Esta encuesta ha sido aprobada por la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). El número de aprobación de ocho dígitos de la OMB, 0607-0990, aparece en la esquina inferior izquierda de la encuesta en la página web o en la esquina superior derecha del cuestionario impreso. De no mostrarse este número, no podríamos realizar esta encuesta.

El éxito de esta encuesta depende de su participación. Los resultados ayudarán a nuestra nación a comprender y responder mejor a las necesidades de atención médica de los(as) niños(as) y sus familias.

Muchas gracias por su ayuda.

Documento adjunto

NSCH-11W(A)
(5-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

Your address has been selected to participate in the **National Survey of Children's Health**. This survey collects information that is used to improve the health of children and families throughout the United States. The U.S. Census Bureau conducts this survey on behalf of the U.S. Department of Health and Human Services. Even if there are no children age 0 to 17 in your household, it is important that you complete this survey.

Responding to this survey online is easy:

1. Go to <https://respond.census.gov/nsch>
2. Enter your Login ID:

We are conducting this survey online to help us reduce costs and report results quickly. If you are unable to complete the survey online, need assistance, or have questions, please call **1-800-845-8241** or email us at childrenshealth@census.gov.

Your household was randomly selected as part of this voluntary survey. We cannot replace your household with another one. The survey takes less than 5 minutes if there are no children in your household and an average of 33 minutes for households with children.

The U.S. Census Bureau is required by law to protect your information. We are not permitted to publicly release your responses in a way that could identify your household. The Census Bureau is conducting this survey under the authority of Title 13, United States Code (U.S.C.), Section 8(b) and Section 501(a)(2) of the Social Security Act (42 U.S.C. §701). Federal law protects your privacy and keeps your answers confidential under Title 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.

This survey has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number 0607-0990 appears in the bottom left corner of the survey web page. If this number were not displayed, we could not conduct this survey.

The success of this survey depends on your participation. The results will help our nation better understand and respond to the health care needs of children and families.

Thank you for your help.



Mensaje del Director de la Oficina del Censo de los EE.UU.:

Su dirección fue seleccionada para participar en la **Encuesta Nacional de Salud de los Niños**. Esta encuesta recopila información que se utiliza para mejorar la salud de los(as) niños(as) y sus familias en todos los Estados Unidos. La Oficina del Censo realiza esta encuesta para el Departamento de Salud y Servicios Humanos de los EE.UU. Aunque no haya niños(as) de 0 a 17 años en su hogar, es importante que usted complete esta encuesta.

Es muy fácil responder a esta encuesta por internet:

1. Vaya a <https://respond.census.gov/nsch>
2. Introduzca su ID de Usuario:

Estamos llevando a cabo esta encuesta por internet para reducir los costos y poder reportar los resultados rápidamente. Si no puede contestar la encuesta por internet, necesita ayuda o tiene preguntas, por favor, llame al **1-800-845-8241** o envíenos un correo electrónico a: childrenshealth@census.gov.

Su hogar fue seleccionado al azar como parte de este estudio voluntario. No podemos reemplazar su hogar con otro. Completar esta encuesta toma menos de 5 minutos si no hay niños(as) en su hogar, y un promedio de 33 minutos para aquellos hogares con niños(as).

La Oficina del Censo de los EE.UU. está obligada por ley a proteger su información. No se nos permite divulgar sus respuestas de manera que su hogar pudiera ser identificado. La Oficina del Censo de los Estados Unidos está llevando a cabo esta encuesta de acuerdo con la autoridad de la Sección 8(b) del Título 13 del Código de los Estados Unidos y de la Sección 501(a)(2) de la Ley de Seguro Social (Sección 701 del Título 42 del Código de los EE.UU.). Las leyes federales protegen su privacidad y mantienen confidenciales sus respuestas, en conformidad con la Sección 9 del Título 13, Código de los Estados Unidos. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten.

Esta encuesta ha sido aprobada por la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). El número de aprobación de ocho dígitos de la OMB, 0607-0990, aparece en la esquina inferior izquierda de la encuesta en la página web. De no mostrarse este número, no podríamos realizar esta encuesta.

El éxito de esta encuesta depende de su participación. Los resultados ayudarán a nuestra nación a comprender y responder mejor a las necesidades de atención médica de los(as) niños(as) y sus familias.

Muchas gracias por su ayuda.

NSCH-11W(B)
(5-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
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A Message from the Director, U.S. Census Bureau:

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Responding to this survey online is easy:

1. Go to <https://respond.census.gov/nsch>
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We are conducting this survey online to help us reduce costs and report results quickly. If you are unable to complete the survey online, need assistance, or have questions, please call **1-800-845-8241** or email us at childrenshealth@census.gov.

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This survey has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number 0607-0990 appears in the bottom left corner of the survey web page. If this number were not displayed, we could not conduct this survey.

The success of this survey depends on your participation. The results will help our nation better understand and respond to the health care needs of children and families. We have enclosed a small token of appreciation for your participation.

Thank you for your help.

Enclosure



Mensaje del Director de la Oficina del Censo de los EE.UU.:

Su dirección fue seleccionada para participar en la **Encuesta Nacional de Salud de los Niños**. Esta encuesta recopila información que se utiliza para mejorar la salud de los(as) niños(as) y sus familias en todos los Estados Unidos. La Oficina del Censo realiza esta encuesta para el Departamento de Salud y Servicios Humanos de los EE.UU. Aunque no haya niños(as) de 0 a 17 años en su hogar, es importante que usted complete esta encuesta.

Es muy fácil responder a esta encuesta por internet:

1. **Vaya a <https://respond.census.gov/nsch>**
2. **Introduzca su ID de Usuario:**

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Su hogar fue seleccionado al azar como parte de este estudio voluntario. No podemos reemplazar su hogar con otro. Completar esta encuesta toma menos de 5 minutos si no hay niños(as) en su hogar, y un promedio de 33 minutos para aquellos hogares con niños(as).

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Esta encuesta ha sido aprobada por la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). El número de aprobación de ocho dígitos de la OMB, 0607-0990, aparece en la esquina inferior izquierda de la encuesta en la página web. De no mostrarse este número, no podríamos realizar esta encuesta.

El éxito de esta encuesta depende de su participación. Los resultados ayudarán a nuestra nación a comprender y responder mejor a las necesidades de atención médica de los(as) niños(as) y sus familias. Hemos incluido una pequeña muestra de agradecimiento por su participación.

Muchas gracias por su ayuda.

Documento adjunto

NSCH-12P(B)
(5-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

Recently, we requested your participation in the **National Survey of Children's Health** (NSCH). If you have completed the NSCH prior to receiving this mailing, please accept our thanks. If you have not yet responded, we encourage you to complete the survey online or return the enclosed paper questionnaire today. This survey collects important information used to improve the health of children and families throughout the United States.

Responding to this survey online is easy:

1. Go to <https://respond.census.gov/nsch>
2. Enter your Login ID:

If you need assistance with the survey or have questions, please call **1-800-845-8241** or email us at childrenshealth@census.gov.

Even if there are no children 0 to 17 years old in your household, it is important that you respond. The survey takes less than 5 minutes to respond if there are no children in your household and an average of 33 minutes for households with children.

The information gathered in this survey is critical to understanding children's health care needs in your state and across the country. Your household was scientifically selected from all of the households in the country and your response represents thousands of other households. The U.S. Census Bureau is not permitted to publicly release your responses in a way that could identify your household. By law, the Census Bureau can only use your responses for statistical research.

Your response is vital to the success of this survey. Thank you again for your participation. We hope to hear from you soon.

Enclosure



Mensaje del Director de la Oficina del Censo de los EE.UU.:

Recientemente solicitamos su participación en la **Encuesta Nacional de Salud de los Niños** (NSCH). Si usted ya completó la NSCH antes de recibir esta carta, por favor, acepte nuestro agradecimiento. Si aún no la ha completado, le exhortamos a que complete hoy la encuesta por internet o el cuestionario impreso adjunto. Esta encuesta recoge información importante que se utiliza para mejorar la salud de los(as) niños(as) y sus familias en todos los Estados Unidos.

Es muy fácil responder a esta encuesta por internet:

1. **Vaya a <https://respond.census.gov/nsch>**
2. **Introduzca su ID de Usuario:**

Si necesita ayuda con la encuesta o tiene preguntas, por favor, llame al **1-800-845-8241** o envíenos un correo electrónico a: childrenshealth@census.gov.

Aunque no haya niños(as) de 0 a 17 años en su hogar, es importante que usted responda. Por lo general, completar esta encuesta toma menos de 5 minutos si no hay niños(as) en su hogar, y un promedio de 33 minutos para aquellos hogares con niños(as).

La información obtenida en esta encuesta es crítica para entender la salud de los(as) niños(as) y sus necesidades de cuidado de salud tanto en su estado como en todo el país. Su hogar fue seleccionado de manera científica entre todos los hogares en el país y su respuesta representa a miles de otros hogares. A la Oficina del Censo de los EE.UU. no se le permite divulgar sus respuestas de manera que su hogar pudiera ser identificado. Por ley, la Oficina del Censo solamente puede usar sus repuestas para investigaciones estadísticas.

Su respuesta es esencial para el éxito de esta encuesta. Muchas gracias de nuevo por su participación. Esperamos pronto su respuesta.

Documento adjunto

NSCH-12W(A)
(5-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

Recently, we requested your participation in the **National Survey of Children's Health (NSCH)**. If you have completed the NSCH prior to receiving this mailing, please accept our thanks. If you have not yet responded, we encourage you to complete the survey online. This survey collects important information used to improve the health of children and families throughout the United States.

Responding to this survey online is easy:

1. Go to <https://respond.census.gov/nsch>
2. Enter your Login ID:

If you would prefer a paper version of the survey, need assistance or have questions, please call **1-800-845-8241** or email us at childrenshealth@census.gov.

Even if there are no children 0 to 17 years old in your household, it is important that you respond. The survey takes less than 5 minutes to respond if there are no children in your household and an average of 33 minutes for households with children.

The information gathered in this survey is critical to understanding children's health care needs in your state and across the country. Your household was scientifically selected from all of the households in the country and your response represents thousands of other households. The U.S. Census Bureau is not permitted to publicly release your responses in a way that could identify your household. By law, the Census Bureau can only use your responses for statistical research.

Your response is vital to the success of this survey. Thank you again for your participation. We hope to hear from you soon.



Mensaje del Director de la Oficina del Censo de los EE.UU.:

Recientemente solicitamos su participación en la **Encuesta Nacional de Salud de los Niños (NSCH)**. Si usted ya completó la NSCH antes de recibir esta carta, por favor, acepte nuestro agradecimiento. Si aún no la ha completado, le exhortamos a que complete hoy la encuesta por internet. Esta encuesta recoge información importante que se utiliza para mejorar la salud de los(as) niños(as) y sus familias en todos los Estados Unidos.

Es muy fácil responder a esta encuesta por internet:

1. **Vaya a <https://respond.census.gov/nsch>**
2. **Introduzca su ID de Usuario:**

Si usted prefiere el cuestionario impreso, necesita ayuda o tiene preguntas, por favor, llame al **1-800-845-8241** o envíenos un correo electrónico a: childrenshealth@census.gov.

Aunque no haya niños(as) de 0 a 17 años en su hogar, es importante que usted responda. Por lo general, completar esta encuesta toma menos de 5 minutos si no hay niños(as) en su hogar, y un promedio de 33 minutos para aquellos hogares con niños(as).

La información obtenida en esta encuesta es crítica para entender la salud de los(as) niños(as) y sus necesidades de cuidado de salud tanto en su estado como en todo el país. Su hogar fue seleccionado de manera científica entre todos los hogares en el país y su respuesta representa a miles de otros hogares. A la Oficina del Censo de los EE.UU. no se le permite divulgar sus respuestas de manera que su hogar pudiera ser identificado. Por ley, la Oficina del Censo solamente puede usar sus repuestas para investigaciones estadísticas.

Su respuesta es esencial para el éxito de esta encuesta. Muchas gracias de nuevo por su participación. Esperamos pronto su respuesta.

NSCH-13
(5-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

Recently, we wrote asking for your help with the **National Survey of Children's Health**. If you have already responded, thank you. If you have not, we are asking you to complete this survey because your participation is vital to its success. The survey period is ending soon.

There are two ways you can respond:

1. Go to <https://respond.census.gov/nsch> and enter your **Login ID**:
OR
2. Complete the **enclosed paper questionnaire** and mail it back in the postage-paid envelope provided.

If you need assistance with the survey or have questions, please call **1-800-845-8241** or email us at childrenshealth@census.gov. It is important that we hear from you, even if there are no children age 0 to 17 living in your household.

The results of the survey will help us better understand the health and health care needs of children in the United States. Your household was scientifically selected from all of the households in the country and will represent thousands of other households. The U.S. Census Bureau is not permitted to publicly release your responses in a way that could identify your household. By law, the Census Bureau can only use your responses for statistical research.

Thank you again for your participation. We hope to hear from you soon.

Enclosure

NSCH-13
(5-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensaje del Director de la Oficina del Censo de los EE.UU.:

Recientemente le escribimos solicitando su ayuda con la **Encuesta Nacional de Salud de los Niños**. Si usted ya respondió, muchas gracias. Si aún no ha respondido, le pedimos que complete esta encuesta ya que su participación es vital para el éxito de esta. El periodo de la encuesta está a punto de terminar.

Hay dos maneras de completar la encuesta:

1. Vaya a <https://respond.census.gov/nsch> e introduzca su **ID de Usuario**:
O
2. Complete y devuelva por correo el **cuestionario adjunto** en el sobre con franqueo prepago que le proporcionamos.

Si necesita ayuda con la encuesta o tiene preguntas, por favor, llame al **1-800-845-8241** o envíenos un correo electrónico a: childrenshealth@census.gov. Es importante que nos conteste, aunque no haya niños(as) de 0 a 17 años viviendo en su hogar.

Los resultados de la encuesta nos ayudarán a entender mejor la salud y las necesidades de cuidado de salud de los(as) niños(as) de los EE.UU. Su hogar fue seleccionado de manera científica entre todos los hogares en el país y su respuesta representará a miles de otros hogares. A la Oficina del Censo de los EE.UU. no se le permite divulgar sus respuestas de manera que su hogar pudiera ser identificado. Por ley, la Oficina del Censo solamente puede usar sus repuestas para investigaciones estadísticas.

Muchas gracias de nuevo por su participación. Esperamos pronto su respuesta.

Documento adjunto

NSCH-14
(5-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

In July, we requested your participation in the **National Survey of Children's Health**. We are contacting you today one final time to ask for your help with this very important survey.

If you have already responded to the survey, please accept our sincere thanks. If you have not yet responded, please respond today. The information gathered in this survey is critical to understanding children's health care needs in your state and across the country. It provides key insights about the health and welfare of the youngest members of our society and what they need to thrive.

There are two ways you can respond:

1. Go to <https://respond.census.gov/nsch> and enter your **Login ID:**
OR
2. Complete the enclosed paper questionnaire and mail it back in the postage-paid envelope provided.

This is your last opportunity to ensure that the survey results reflect the characteristics of households like yours. **It is important that we hear from you, even if there are no children age 0 to 17 living in your household.**

If you have any questions about participating, please contact us at **1-800-845-8241** or by email at childrenshealth@census.gov.

Thank you for your help.

Enclosure

NSCH-14
(5-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensaje del Director de la Oficina del Censo de los EE.UU.:

En julio le invitamos a participar de la **Encuesta Nacional de Salud de los Niños**. Le estamos contactando hoy por última vez para pedirle su ayuda con esta encuesta tan importante.

Si usted ya contestó la encuesta, por favor, acepte nuestro más sincero agradecimiento. Si usted no ha completado todavía la encuesta, por favor, hágalo hoy mismo. La información obtenida en esta encuesta es crítica para entender la salud de los(as) niños(as) y sus necesidades de cuidado de salud tanto en su estado como en todo el país. Esta encuesta proporciona información clave acerca de la salud y bienestar de los miembros más jóvenes de nuestra sociedad.

Hay dos maneras de completar la encuesta:

1. Vaya a <https://respond.census.gov/nsch> e introduzca su **ID de Usuario**:
O
2. Complete y devuelva por correo el **cuestionario adjunto** en el sobre con franqueo prepagado que le proporcionamos.

Esta es su última oportunidad para asegurarnos de que la encuesta refleje las características de hogares como el suyo. **Es importante que nos conteste, aunque no haya niños(as) de 0 a 17 años viviendo en su hogar.**

Si tiene alguna pregunta o preguntas acerca de su participación, por favor, llámenos al **1-800-845-8241** o envíenos un correo electrónico a: childrenshealth@census.gov.

Muchas gracias por su ayuda.

Documento adjunto

NSCH-21(A)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

A few weeks ago you responded to the **National Survey of Children's Health**. We greatly appreciate your participation.

The second and **final step** of this survey is to answer some follow-up questions about:

This voluntary survey should be filled out by an adult who is familiar with this child's health and health care. For most households, it usually takes an average of 33 minutes to complete. Please return your completed questionnaire in the postage-paid envelope provided.

The U.S. Census Bureau is required by law to protect your information. We are not permitted to publicly release your responses in a way that could identify your household. The U.S. Census Bureau is conducting this survey under the authority of Title 13, United States Code (U.S.C.), Section 8(b) and Section 501(a)(2) of the Social Security Act (42 U.S.C. §701). Federal law protects your privacy and keeps your answers confidential under Title 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.

This survey has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number 0607-0990 appears in the upper right corner of the paper questionnaire. If this number were not displayed, we could not conduct this survey.

If you need assistance with the survey or have questions, please call **1-800-845-8241** or email childrenshealth@census.gov.

The success of this survey depends on your participation. The results will help our nation better understand and respond to the health care needs of children and families.

Thank you once again for your help.

Enclosure

NSCH-21(A)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensaje del Director de la Oficina del Censo de los EE.UU.:

Hace unas semanas usted respondió a nuestra solicitud de ayuda con la **Encuesta Nacional de Salud de los Niños**. Le agradecemos mucho su participación.

El segundo y **último paso** de esta encuesta es contestar algunas preguntas de seguimiento sobre:

Esta encuesta voluntaria debe ser completada por un adulto que esté familiarizado con la salud y atención médica de este(a) niño(a). A la mayoría de los hogares les toma un promedio de 33 minutos completar esta encuesta. Por favor, envíe el cuestionario completado utilizando el sobre con franqueo prepagado que le proporcionamos.

La Oficina del Censo de los EE.UU. está obligada por ley a proteger su información. No se nos permite divulgar sus respuestas de manera que usted, este(a) niño(a) o su hogar pudieran ser identificados. La Oficina del Censo de los Estados Unidos está llevando a cabo esta encuesta de acuerdo con la autoridad de la Sección 8(b) del Título 13 del Código de los Estados Unidos y de la Sección 501(a)(2) de la Ley de Seguro Social (Sección 701 del Título 42 del Código de los EE.UU.). Las leyes federales protegen su privacidad y mantienen confidenciales sus respuestas, en conformidad con la Sección 9 del Título 13, Código de los Estados Unidos. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten.

Esta encuesta ha sido aprobada por la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). El número de aprobación de ocho dígitos de la OMB, 0607-0990, confirma esta aprobación y aparece en la esquina superior derecha del cuestionario impreso. De no mostrarse este número, no podríamos realizar esta encuesta.

Si necesita ayuda con la encuesta o tiene preguntas, por favor, llame al **1-800-845-8241** o envíenos un correo electrónico a: childrenshealth@census.gov.

El éxito de esta encuesta depende de su participación. Los resultados ayudarán a nuestro país a comprender y responder mejor a las necesidades de atención médica de los(as) niños(as) y sus familias.

Gracias una vez más por su ayuda.

Documento adjunto

NSCH-21(B)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

A few weeks ago you responded to the **National Survey of Children's Health**. We greatly appreciate your participation.

The second and **final step** of this survey is to answer some follow-up questions about:

This voluntary survey should be filled out by an adult who is familiar with this child's health and health care. We have selected only one child in your household to minimize the amount of time you will need to complete the survey. This child was selected at random to ensure the survey results represent every type of child and health situation across the country. For most households, it usually takes an average of 33 minutes to complete. Please return your completed questionnaire in the postage-paid envelope provided.

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Enclosure

NSCH-21(B)
(6-2018)



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Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

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Esta encuesta voluntaria debe ser completada por un adulto que esté familiarizado con la salud y atención médica de este(a) niño(a). Hemos seleccionado a un(a) solo(a) niño(a) en su hogar con el fin de minimizar la cantidad de tiempo que necesitará para completar la encuesta. Este(a) niño(a) fue seleccionado(a) al azar para así poder asegurarnos que los resultados de la encuesta representan a todos(as) los(as) tipos de niños(as) y toda la gama de situaciones de salud en todo el país. A la mayoría de los hogares les toma un promedio de 33 minutos completar esta encuesta. Por favor, envíe el cuestionario completado utilizando el sobre con franqueo prepago que le proporcionamos.

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El éxito de esta encuesta depende de su participación. Los resultados ayudarán a nuestro país a comprender y responder mejor a las necesidades de atención médica de los(as) niños(as) y sus familias.

Gracias una vez más por su ayuda.

Documento adjunto

NSCH-21(C)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

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Enclosure

NSCH-21(C)
(6-2018)



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Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

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Documento adjunto

NSCH-21(D)
(6-2018)



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Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

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Enclosure

NSCH-21(D)
(6-2018)



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Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

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Gracias una vez más por su ayuda.

Documento adjunto

NSCH-22(A)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

We recently contacted you to ask for your participation in the final step of the **National Survey of Children's Health**. The final step is to answer some follow-up questions about:

To the best of our knowledge, we have not yet received your response. If you have already responded, please accept our thanks. If you have not, we encourage you to complete and return the enclosed paper questionnaire today. For most households, it usually takes an average of 33 minutes to complete the survey.

Please contact us at **1-800-845-8241** or childrenshealth@census.gov if you have any questions or need any assistance completing this survey.

The information collected in this survey will help our nation better understand and respond to the health care needs of children and families. We ask for your response because this survey is the only way we have to gather this important information. Your household was scientifically selected from all of the households in the country and will represent thousands of other households.

We want to assure you that your responses to this questionnaire are confidential as explained on the front page of the survey. The U.S. Census Bureau and the U.S. Department of Health and Human Services are required by law to protect the confidentiality of your responses.

Your response is vital to the success of this survey. Thank you in advance for your participation. We hope to hear from you soon.

Enclosure

NSCH-22(A)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensaje del Director de la Oficina del Censo de los EE.UU.:

Recientemente lo(a) contactamos para solicitar su participación en el último paso de la **Encuesta Nacional de Salud de los Niños**. El último paso es completar algunas preguntas de seguimiento sobre:

No tenemos conocimiento de haber recibido su respuesta. Si usted ya respondió, por favor, acepte nuestro agradecimiento. Si aún no ha contestado, lo(a) exhortamos a que complete y nos envíe hoy el cuestionario impreso adjunto. A la mayoría de los hogares les toma un promedio de 33 minutos completar esta encuesta.

Por favor llámenos al **1-800-845-8241** o envíenos un correo electrónico a childrenshealth@census.gov si tiene alguna pregunta o necesita ayuda para completar la encuesta.

La información recopilada en esta encuesta ayudará a nuestro país a comprender y responder mejor a las necesidades de atención médica de los(as) niños(as) y sus familias. Solicitamos su respuesta porque esta encuesta es la única manera que tenemos de recopilar esta importante información. Su hogar fue seleccionado de manera científica entre todos los hogares en el país y su respuesta representará a miles de otros hogares.

Queremos asegurarle que sus respuestas a este cuestionario son confidenciales como se explica en la primera página de la encuesta. La ley estipula que la Oficina del Censo de los EE.UU. y el Departamento de Salud y Servicios Humanos de los EE.UU. tienen que proteger la confidencialidad de sus respuestas.

Su respuesta es esencial para el éxito de esta encuesta. Gracias de antemano por su participación. Esperamos pronto su respuesta.

Documento adjunto

NSCH-22(B)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

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To the best of our knowledge, we have not yet received your response. If you have already responded, please accept our thanks. If you have not, we encourage you to complete and return the enclosed paper questionnaire today. To reduce the time you will need to respond to the questions, we have selected only one child from your household. For most households, it usually takes an average of 33 minutes to complete the survey.

Please contact us at **1-800-845-8241** or childrenshealth@census.gov if you have any questions or need any assistance completing this survey.

The information collected in this survey will help our nation better understand and respond to the health care needs of children and families. We ask for your response because this survey is the only way we have to gather this important information. Your household was scientifically selected from all of the households in the country and will represent thousands of other households.

We want to assure you that your responses to this questionnaire are confidential as explained on the front page of the survey. The U.S. Census Bureau and the U.S. Department of Health and Human Services are required by law to protect the confidentiality of your responses.

Your response is vital to the success of this survey. Thank you in advance for your participation. We hope to hear from you soon.

Enclosure

NSCH-22(B)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensaje del Director de la Oficina del Censo de los EE.UU.:

Recientemente lo(a) contactamos para solicitar su participación en el último paso de la **Encuesta Nacional de Salud de los Niños**. El último paso es completar algunas preguntas de seguimiento sobre:

No tenemos conocimiento de haber recibido su respuesta. Si usted ya respondió, por favor, acepte nuestro agradecimiento. Si aún no ha contestado, lo(a) exhortamos a que complete y nos envíe hoy el cuestionario impreso adjunto. Con el fin de reducir el tiempo que le tomará contestar estas preguntas, hemos seleccionado a un(a) solo(a) niño(a) de su hogar. A la mayoría de los hogares les toma un promedio de 33 minutos completar esta encuesta.

Por favor, llámenos al **1-800-845-8241** o envíenos un correo electrónico a childrenshealth@census.gov si tiene alguna pregunta o necesita ayuda para completar la encuesta.

La información recopilada en esta encuesta ayudará a nuestro país a comprender y responder mejor a las necesidades de atención médica de los(as) niños(as) y sus familias. Solicitamos su respuesta porque esta encuesta es la única manera que tenemos de recopilar esta importante información. Su hogar fue seleccionado de manera científica entre todos los hogares en el país y su respuesta representará a miles de otros hogares.

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Su respuesta es esencial para el éxito de esta encuesta. Gracias de antemano por su participación. Esperamos pronto su respuesta.

Documento adjunto

NSCH-22(C)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

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We want to assure you that your responses to this questionnaire are confidential as explained on the front page of the survey. The U.S. Census Bureau and the U.S. Department of Health and Human Services are required by law to protect the confidentiality of your responses.

Your response is vital to the success of this survey. Thank you in advance for your participation. We hope to hear from you soon.

Enclosure

NSCH-22(C)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensaje del Director de la Oficina del Censo de los EE.UU.:

Recientemente lo(a) contactamos para solicitar su participación en el paso final de la **Encuesta Nacional de Salud de los Niños**. Dado que la encuesta está a punto de terminar, esta es su última oportunidad para poder ayudarnos. El último paso es completar algunas preguntas de seguimiento sobre:

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Documento adjunto

NSCH-22(D)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

We recently contacted you to ask for your participation in the final step of the **National Survey of Children's Health**. Since the survey is ending soon, this is your last opportunity to help. The final step is to answer some follow-up questions about:

To the best of our knowledge, we have not yet received your response. If you have already responded, please accept our thanks. If you have not, we encourage you to complete and return the enclosed paper questionnaire today. To reduce the time you will need to respond to the questions, we have selected only one child from your household. For most households, it usually takes an average of 33 minutes to complete the survey.

Please contact us at **1-800-845-8241** or childrenshealth@census.gov if you have any questions or need any assistance completing this survey.

The information collected in this survey will help our nation better understand and respond to the health care needs of children and families. We ask for your response because this survey is the only way we have to gather this important information. Your household was scientifically selected from all of the households in the country and will represent thousands of other households.

We want to assure you that your responses to this questionnaire are confidential as explained on the front page of the survey. The U.S. Census Bureau and the U.S. Department of Health and Human Services are required by law to protect the confidentiality of your responses.

Your response is vital to the success of this survey. Thank you in advance for your participation. We hope to hear from you soon.

Enclosure

NSCH-22(D)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensaje del Director de la Oficina del Censo de los EE.UU.:

Recientemente lo(a) contactamos para solicitar su participación en el último paso de la **Encuesta Nacional de Salud de los Niños**. Dado que la encuesta está a punto de terminar, esta es su última oportunidad para poder ayudarnos. El último paso es completar algunas preguntas de seguimiento sobre:

No tenemos conocimiento de haber recibido su respuesta. Si usted ya respondió, por favor, acepte nuestro agradecimiento. Si aún no ha contestado, lo(a) exhortamos a que complete y nos envíe hoy el cuestionario impreso adjunto. Con el fin de reducir el tiempo que le tomará contestar estas preguntas, hemos seleccionado a un(a) solo(a) niño(a) de su hogar. A la mayoría de los hogares les toma un promedio de 33 minutos completar esta encuesta.

Por favor, llámenos al **1-800-845-8241** o envíenos un correo electrónico a childrenshealth@census.gov si tiene alguna pregunta o necesita ayuda para completar la encuesta.

La información recopilada en esta encuesta ayudará a nuestro país a comprender y responder mejor a las necesidades de atención médica de los(as) niños(as) y sus familias. Solicitamos su respuesta porque esta encuesta es la única manera que tenemos de recopilar esta importante información. Su hogar fue seleccionado de manera científica entre todos los hogares en el país y su respuesta representará a miles de otros hogares.

Queremos asegurarle que sus respuestas a este cuestionario son confidenciales como se explica en la primera página de la encuesta. La ley estipula que la Oficina del Censo de los EE.UU. y el Departamento de Salud y Servicios Humanos de los EE.UU. tienen que proteger la confidencialidad de sus respuestas.

Su respuesta es esencial para el éxito de esta encuesta. Gracias de antemano por su participación. Esperamos pronto su respuesta.

Documento adjunto

NSCH-23(A)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

Over the past few months, we have contacted you to ask you to complete the final part of the **National Survey of Children's Health**. We conduct this important survey for the U.S. Department of Health and Human Services.

The survey provides vital information about the health status and needs of our nation's children. This information gives the public insights into how the youngest members of our society are doing and what they need to thrive.

We know there are competing demands for your time. We ask for your response because this survey is the only way we have to gather this important information. Your household was scientifically selected from all of the households in the country and cannot be replaced with another household.

To the best of our knowledge, we have not yet received your response. If you have completed the survey prior to receiving this mailing, please accept our thanks. If you have not yet responded, please complete and return the enclosed paper questionnaire as soon as possible.

Contact us at **1-800-845-8241** or childrenshealth@census.gov if you have any questions or need any assistance completing this survey.

Thank you in advance for your continued participation in this important survey.

Enclosure

NSCH-23(A)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensaje del Director de la Oficina del Censo de los EE.UU.:

En los últimos meses nos hemos comunicado con usted para pedirle que complete el último paso de la **Encuesta Nacional de Salud de los Niños**. Estamos llevando a cabo esta importante encuesta para el Departamento de Salud y Servicios Humanos de los EE.UU.

Esta encuesta provee información vital sobre las necesidades y el estado de salud de los(as) niños(as) de nuestro país. Esta información le dará al público una visión clave sobre cómo se encuentran los miembros más jóvenes de nuestra sociedad y lo que necesitan para su bienestar.

Sabemos que usted tiene que dedicarles tiempo a muchas otras cosas. Solicitamos su respuesta porque esta encuesta es la única manera que tenemos de recopilar esta importante información. Su hogar fue seleccionado de manera científica entre todos los hogares en el país y no puede ser reemplazado por otro hogar.

No tenemos conocimiento de haber recibido su respuesta. Si usted ya completó la encuesta antes de recibir esta correspondencia, por favor, acepte nuestro agradecimiento. Si aún no ha contestado, por favor, complete el cuestionario impreso adjunto y envíelo por correo lo antes posible.

Llámenos al **1-800-845-8241** o envíenos un correo electrónico a childrenshealth@census.gov si tiene alguna pregunta o necesita ayuda para completar la encuesta.

Gracias de antemano por su continua participación en esta importante encuesta.

Documento adjunto

NSCH-23(B)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

Over the past few months, we have contacted you to ask you to complete the final part of the **National Survey of Children's Health**. We conduct this important survey for the U.S. Department of Health and Human Services.

The survey provides vital information about the health status and needs of our nation's children. This information gives the public insights into how the youngest members of our society are doing and what they need to thrive.

We know there are competing demands for your time. We ask for your response because this survey is the only way we have to gather this important information. Your household was scientifically selected from all of the households in the country and cannot be replaced with another household.

To the best of our knowledge, we have not yet received your response to follow up questions about:

If you have completed the survey prior to receiving this mailing, please accept our thanks. If you have not yet responded, please complete and return the enclosed paper questionnaire as soon as possible.

Contact us at **1-800-845-8241** or childrenshealth@census.gov if you have any questions or need any assistance completing this survey.

Thank you in advance for your continued participation in this important survey.

Enclosure

NSCH-23(B)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensaje del Director de la Oficina del Censo de los EE.UU.:

En los últimos meses nos hemos comunicado con usted para pedirle que complete el último paso de la **Encuesta Nacional de Salud de los Niños**. Estamos llevando a cabo esta importante encuesta para el Departamento de Salud y Servicios Humanos de los EE.UU.

Esta encuesta provee información vital sobre las necesidades y el estado de salud de los(as) niños(as) de nuestro país. Esta información le dará al público una visión clave sobre cómo se encuentran los miembros más jóvenes de nuestra sociedad y lo que necesitan para su bienestar.

Sabemos que usted tiene que dedicarles tiempo a muchas otras cosas. Solicitamos su respuesta porque esta encuesta es la única manera que tenemos de recopilar esta importante información. Su hogar fue seleccionado de manera científica entre todos los hogares en el país y no puede ser reemplazado por otro hogar.

No tenemos conocimiento de haber recibido su respuesta a las preguntas de seguimiento sobre:

Si usted ya completó la encuesta antes de recibir esta correspondencia, por favor, acepte nuestro agradecimiento. Si aún no ha contestado, por favor, complete el cuestionario impreso adjunto y envíelo por correo lo antes posible.

Llámenos al **1-800-845-8241** o envíenos un correo electrónico a childrenshealth@census.gov si tiene alguna pregunta o necesita ayuda para completar la encuesta.

Gracias de antemano por su continua participación en esta importante encuesta.

Documento adjunto

NSCH-23(C)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

Over the past few months, we have contacted you to ask you to complete the final part of the **National Survey of Children's Health**. We conduct this important survey for the U.S. Department of Health and Human Services. Since the survey will soon end, this is your last opportunity to help.

The survey provides vital information about the health status and needs of our nation's children. This information gives the public insights into how the youngest members of our society are doing and what they need to thrive.

We know there are competing demands for your time. We ask for your response because this survey is the only way we have to gather this important information. Your household was scientifically selected from all of the households in the country and cannot be replaced with another household.

To the best of our knowledge, we have not yet received your response. If you have completed the survey prior to receiving this mailing, please accept our thanks. If you have not yet responded, please complete and return the enclosed paper questionnaire as soon as possible.

Contact us at **1-800-845-8241** or childrenshealth@census.gov if you have any questions or need any assistance completing this survey.

Thank you in advance for your continued participation in this important survey.

Enclosure

NSCH-23(C)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensaje del Director de la Oficina del Censo de los EE.UU.:

En los últimos meses nos hemos comunicado con usted para pedirle que complete el último paso de la **Encuesta Nacional de Salud de los Niños**. Estamos llevando a cabo esta importante encuesta para el Departamento de Salud y Servicios Humanos de los EE.UU. Dado que la encuesta está a punto de terminar, esta es su última oportunidad para poder ayudarnos.

Esta encuesta provee información vital sobre las necesidades y el estado de salud de los(as) niños(as) de nuestro país. Esta información le dará al público una visión clave sobre cómo se encuentran los miembros más jóvenes de nuestra sociedad y lo que necesitan para su bienestar.

Sabemos que usted tiene que dedicarles tiempo a muchas otras cosas. Solicitamos su respuesta porque esta encuesta es la única manera que tenemos de recopilar esta importante información. Su hogar fue seleccionado de manera científica entre todos los hogares en el país y no puede ser reemplazado por otro hogar.

No tenemos conocimiento de haber recibido su respuesta. Si usted ya completó la encuesta antes de recibir esta correspondencia, por favor, acepte nuestro agradecimiento. Si aún no ha contestado, por favor, complete el cuestionario impreso adjunto y envíelo por correo lo antes posible.

Llámenos al **1-800-845-8241** o envíenos un correo electrónico a childrenshealth@census.gov si tiene alguna pregunta o necesita ayuda para completar la encuesta.

Gracias de antemano por su continua participación en esta importante encuesta.

Documento adjunto

NSCH-23(D)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

Over the past few months, we have contacted you to ask you to complete the final part of the **National Survey of Children's Health**. We conduct this important survey for the U.S. Department of Health and Human Services. Since the survey will soon end, this is your last opportunity to help.

The survey provides vital information about the health status and needs of our nation's children. This information gives the public insights into how the youngest members of our society are doing and what they need to thrive.

We know there are competing demands for your time. We ask for your response because this survey is the only way we have to gather this important information. Your household was scientifically selected from all of the households in the country and cannot be replaced with another household.

To the best of our knowledge, we have not yet received your response to follow up questions about:

If you have completed the survey prior to receiving this mailing, please accept our thanks. If you have not yet responded, please complete and return the enclosed paper questionnaire as soon as possible.

Contact us at **1-800-845-8241** or childrenshealth@census.gov if you have any questions or need any assistance completing this survey.

Thank you in advance for your continued participation in this important survey.

Enclosure

NSCH-23(D)
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensaje del Director de la Oficina del Censo de los EE.UU.:

En los últimos meses nos hemos comunicado con usted para pedirle que complete el último paso de la **Encuesta Nacional de Salud de los Niños**. Estamos llevando a cabo esta importante encuesta para el Departamento de Salud y Servicios Humanos de los EE.UU. Dado que la encuesta está a punto de determinarse, esta es su última oportunidad para poder ayudarnos.

Esta encuesta provee información vital sobre las necesidades y el estado de salud de los(as) niños(as) de nuestro país. Esta información le dará al público una visión clave sobre cómo se encuentran los miembros más jóvenes de nuestra sociedad y lo que necesitan para su bienestar.

Sabemos que usted tiene que dedicarles tiempo a muchas otras cosas. Solicitamos su respuesta porque esta encuesta es la única manera que tenemos de recopilar esta importante información. Su hogar fue seleccionado de manera científica entre todos los hogares en el país y no puede ser reemplazado por otro hogar.

No tenemos conocimiento de haber recibido su respuesta a las preguntas de seguimiento sobre:

Si usted ya completó la encuesta antes de recibir esta correspondencia, por favor, acepte nuestro agradecimiento. Si aún no ha contestado, por favor, complete el cuestionario impreso adjunto y envíelo por correo lo antes posible.

Llámenos al **1-800-845-8241** o envíenos un correo electrónico a childrenshealth@census.gov si tiene alguna pregunta o necesita ayuda para completar la encuesta.

Gracias de antemano por su continua participación en esta importante encuesta.

Documento adjunto

NSCH-24
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

In recent months we have contacted you regarding the final part of the **National Survey of Children's Health**.

If you have responded to our request to participate in the final part of the survey, we thank you. By participating, you ensure that we gather accurate and complete information.

If you have not responded, please complete and return the enclosed survey as soon as possible. The survey is ending soon. This is your last opportunity to help us collect information that is critical to understanding children's health care needs, in your state and across the country.

Thousands of families have already returned their surveys. We understand that your time is valuable. For most households, the survey takes an average of 33 minutes to complete. Respond today to ensure that the survey results reflect the characteristics of households like yours.

If you have questions or need assistance, please contact us at **1-800-845-8241** or childrenshealth@census.gov.

We greatly appreciate your help.

Enclosure

NSCH-24
(6-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensaje del Director de la Oficina del Censo de los EE.UU.:

En los últimos meses nos hemos comunicado con usted sobre el último paso de la **Encuesta Nacional de Salud de los Niños**.

Si usted ya respondió a nuestra solicitud de que participe de la última parte de la encuesta, queremos darle las gracias. Su participación garantiza que la información que recopilamos sea precisa y completa.

Si aún no ha contestado, por favor, complete el cuestionario impreso adjunto y envíelo por correo lo antes posible. La encuesta está a punto de terminar. Esta es su última oportunidad para ayudarnos a recopilar información que es crítica para entender necesidades de cuidado de salud de los(as) niños(as), tanto en su estado como en todo el país.

Miles de familias ya han enviado de vuelta sus encuestas. Entendemos que su tiempo es valioso. A la mayoría de los hogares les toma un promedio de 33 minutos completar esta encuesta. Responda hoy para asegurarnos que los resultados de la encuesta reflejen las características de hogares como el suyo.

Si tiene preguntas o necesita ayuda, por favor, llámenos al **1-800-845-8241** o envíenos un correo electrónico a childrenshealth@census.gov.

Agradecemos mucho su ayuda.

Documento adjunto

NSCH-PC2
(5-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

We've attempted to reach you to ask for your help with the **National Survey of Children's Health**. Your response will help us better understand the health care needs of children in the United States.

If you have already responded to the survey, please accept our sincere thanks. If you have not yet completed the survey, please do so right away.

Responding to this survey online is easy:

1. Go to <https://respond.census.gov/nsch>
2. Enter your Login ID:

If you need a paper version of the survey or have questions, please call **1-800-845-8241** or email us at childrenshealth@census.gov.

Thank you for your help.

Mensaje del Director de la Oficina del Censo de los EE.UU.:

Hemos intentado comunicarnos con usted para solicitar su ayuda con la **Encuesta Nacional de Salud de los Niños**. Su respuesta nos ayudará a entender mejor la salud y las necesidades de cuidado de salud de los(as) niños(as) de los EE.UU.

Si usted ya respondió a la encuesta, por favor, acepte nuestro más sincero agradecimiento. Si usted no ha completado todavía la encuesta, por favor, hágalo inmediatamente.

Es muy fácil responder a esta encuesta por internet:

1. Vaya a: <https://respond.census.gov/nsch>
2. Introduzca su ID de Usuario:

Si usted necesita un cuestionario impreso o tiene preguntas, por favor, llame al **1-800-845-8241** o envíenos un correo electrónico a: childrenshealth@census.gov.

Muchas gracias por su ayuda.

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
1201 E 10th St
Jeffersonville IN 47134-0001

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Permit No. G-58

OFFICIAL BUSINESS
Penalty for Private Use \$300

NSCH-PC2 (05-2018)

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Census
Bureau

NSCH-PCP
(5-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

Recently we mailed you a letter requesting your participation in the **National Survey of Children's Health**. If you have already responded to the survey, please accept our sincere thanks. If you have not yet completed your survey online or returned the paper questionnaire we sent you, please do so right away.

Responding to this survey online is easy:

1. Go to <https://respond.census.gov/nsch>
2. Enter your Login ID:

If you need assistance with the survey or have questions, please call **1-800-845-8241** or email us at childrenshealth@census.gov.

Thank you for your help.

Mensaje del Director de la Oficina del Censo de los EE.UU.:

Recientemente le enviamos una carta invitándolo(a) a participar en la **Encuesta Nacional de Salud de los Niños**. Si usted ya respondió a la encuesta, por favor, acepte nuestro más sincero agradecimiento. Si usted no ha completado la encuesta por internet ni ha completado y enviado el cuestionario impreso que le enviamos, por favor, hágalo inmediatamente.

Es muy fácil responder a esta encuesta por internet:

1. Vaya a: <https://respond.census.gov/nsch>
2. Introduzca su ID de Usuario:

Si necesita ayuda para o tiene preguntas, por favor, llame al **1-800-845-8241** o envíenos un correo electrónico a: childrenshealth@census.gov.

Muchas gracias por su ayuda.

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
1201 E 10th St
Jeffersonville IN 47134-0001

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Penalty for Private Use \$300

NSCH-PCP (05-2018)

United States™
Census
Bureau

NSCH-PCW
(5-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A Message from the Director, U.S. Census Bureau:

Recently we mailed you a letter requesting your participation in the **National Survey of Children's Health**. If you have already responded to the survey, please accept our sincere thanks. If you have not yet completed your survey, please do so right away.

Responding to this survey online is easy:

1. Go to <https://respond.census.gov/nsch>
2. Enter your Login ID:

If you are unable to complete the survey online, need assistance, or have questions, please call **1-800-845-8241** or email us at childrenshealth@census.gov.

Thank you for your help.

Mensaje del Director de la Oficina del Censo de los EE.UU.:

Recientemente le enviamos una carta invitándolo(a) a participar en la **Encuesta Nacional de Salud de los Niños**. Si usted ya respondió a la encuesta, por favor, acepte nuestro más sincero agradecimiento. Si usted no ha completado todavía la encuesta, por favor, hágalo inmediatamente.

Es muy fácil responder a esta encuesta por internet:

1. Vaya a: <https://respond.census.gov/nsch>
2. Introduzca su ID de Usuario:

Si usted no puede completar la encuesta por internet, necesita ayuda o tiene preguntas, por favor, llame al **1-800-845-8241** o envíenos un correo electrónico a: childrenshealth@census.gov.

Muchas gracias por su ayuda.

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
1201 E 10th St
Jeffersonville IN 47134-0001

AN EQUAL OPPORTUNITY EMPLOYER

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U.S. Census Bureau
Permit No. G-58

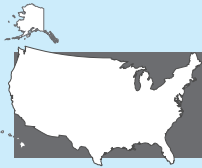
OFFICIAL BUSINESS
Penalty for Private Use \$300

NSCH-PCW (05-2018)

United States™
Census
Bureau

Attachment E – Survey Questionnaires

- [116-183] English Questionnaires
 - [116-123] Screener
 - [124-143] Topical T1
 - [144-163] Topical T2
 - [164-183] Topical T3
- [184-263] Spanish Questionnaires
 - [184-191] Screener
 - [192-211] Topical T1
 - [212-231] Topical T2
 - [232-251] Topical T3



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
(02/26/2018)



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.

If you need help or have 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

1 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.

2 How many children 0-17 years old usually live or stay at this address?

Number of children living or staying at this address

3 What is the primary language spoken in the household?

English

Spanish

Other Language, specify:

4 Is this house, apartment, or mobile home –
Mark (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?

→ Answer the remaining questions for each of the children 0-17 years old who usually live or stay at this address.

Start with the **YOUNGEST CHILD**, who we will call “Child 1” and continue with the next youngest until you have answered the questions for all children who usually live or stay at this address.



CHILD 1

(Youngest)

1 First name, initials, or nickname of the youngest child

2 How old is this child? *If the child is less than one month old, round age in months to 1.*

<input type="text"/>	Years	OR	<input type="text"/>	Months
----------------------	-------	----	----------------------	--------

3 What is this child's sex?

Male Female

→ NOTE: Answer BOTH question **4** about Hispanic origin and question **5** about race. For this survey, Hispanic origins are not races.

4 Is this child of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin

5 What is this child's race? *Mark (X) one or more boxes.*

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Some other race |
| <input type="checkbox"/> Korean | |

6 Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question **7**.

How well does this child speak English?

- Very well
- Well
- Not well
- Not at all

7 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?

Yes No

↳ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

8 Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?

Yes No

↳ If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

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 can do?

Yes No

↳ If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

10 Does this child need or get special therapy, such as physical, occupational, or speech therapy?

Yes No

↳ If yes, is this because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

11 Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?

Yes No

↳ If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

Yes No



CHILD 2

(Next youngest)

- 1** First name, initials, or nickname of the next youngest child

- 2** How old is this child? *If the child is less than one month old, round age in months to 1.*

<input type="text"/>	Years	OR	<input type="text"/>	Months
----------------------	-------	----	----------------------	--------

- 3** What is this child's sex?

Male Female

- **NOTE:** Answer BOTH question **4** about Hispanic origin and question **5** about race. For this survey, Hispanic origins are not races.

- 4** Is this child of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin

- 5** What is this child's race? *Mark (X) one or more boxes.*

<input type="checkbox"/> White	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Asian
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Chinese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Japanese	<input type="checkbox"/> Some other race
<input type="checkbox"/> Korean	

- 6** Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question **7**.

How well does this child speak English?

Very well

Well

Not well

Not at all

- 7** Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?

Yes No

↳ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

- 8** Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?

Yes No

↳ If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

- 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 can do?

Yes No

↳ If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

- 10** Does this child need or get special therapy, such as physical, occupational, or speech therapy?

Yes No

↳ If yes, is this because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

- 11** Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?

Yes No

↳ If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

Yes No



CHILD 3

(Next youngest)

1 First name, initials, or nickname of the next youngest child

2 How old is this child? *If the child is less than one month old, round age in months to 1.*

<input type="text"/>	Years	OR	<input type="text"/>	Months
----------------------	-------	----	----------------------	--------

3 What is this child's sex?

Male Female

→ NOTE: Answer BOTH question **4** about Hispanic origin and question **5** about race. For this survey, Hispanic origins are not races.

4 Is this child of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin

5 What is this child's race? *Mark (X) one or more boxes.*

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Some other race |
| <input type="checkbox"/> Korean | |

6 Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question **7**.

How well does this child speak English?

- Very well
- Well
- Not well
- Not at all

7 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?

Yes No

↳ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

8 Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?

Yes No

↳ If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

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 can do?

Yes No

↳ If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

10 Does this child need or get special therapy, such as physical, occupational, or speech therapy?

Yes No

↳ If yes, is this because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

11 Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?

Yes No

↳ If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

Yes No



CHILD 4

(Next youngest)

1 First name, initials, or nickname of the next youngest child

2 How old is this child? *If the child is less than one month old, round age in months to 1.*

<input type="text"/>	Years	OR	<input type="text"/>	Months
----------------------	-------	----	----------------------	--------

3 What is this child's sex?

Male Female

→ NOTE: Answer BOTH question **4** about Hispanic origin and question **5** about race. For this survey, Hispanic origins are not races.

4 Is this child of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin

5 What is this child's race? *Mark (X) one or more boxes.*

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Some other race |
| <input type="checkbox"/> Korean | |

6 Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question **7**.

How well does this child speak English?

- Very well
- Well
- Not well
- Not at all

7 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?

Yes No

↳ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

8 Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?

Yes No

↳ If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

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 can do?

Yes No

↳ If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

10 Does this child need or get special therapy, such as physical, occupational, or speech therapy?

Yes No

↳ If yes, is this because of ANY medical, behavioral, or other health condition?

Yes No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

Yes No

11 Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?

Yes No

↳ If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

Yes No





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*(Next youngest)* ▶

First name, initials, or nickname

Age

Years

OR

Months

Sex

Male

Female

Child 7*(Next youngest)* ▶

First name, initials, or nickname

Age

Years

OR

Months

Sex

Male

Female

Child 8*(Next youngest)* ▶

First name, initials, or nickname

Age

Years

OR

Months

Sex

Male

Female

Child 9*(Next youngest)* ▶

First name, initials, or nickname

Age

Years

OR

Months

Sex

Male

Female

Child 10*(Next youngest)* ▶

First name, initials, or nickname

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

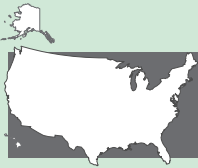
→ Place the completed questionnaire in the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

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.

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.





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-T1
(04/17/2018)



Start Here

Recently, you completed a survey that asked about the children usually living or staying at this address. Thank you for taking the time to complete that survey.

We now have some follow-up questions to ask about:

If the name listed above is not correct or does not correspond to a child living in this household, please call 1-800-845-8241 for assistance.

We have selected only one child per household in an effort to minimize the amount of time you will need to complete the follow-up questions.

The survey should be completed by an adult who is familiar with this child's health and health care.

Your participation is important. Thank you.

A. This Child's Health

A1 In general, how would you describe this child's health (the one named above)?

- Excellent
- Very good
- Good
- Fair
- Poor

A2 How would you describe the condition of this child's teeth?

- This child does not have any teeth
- Excellent
- Very good
- Good
- Fair
- Poor

A3 How often...

	Always	Usually	Sometimes	Never
a. Is this child affectionate and tender with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does this child bounce back quickly when things do not go his or her way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does this child show interest and curiosity in learning new things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does this child smile and laugh?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4 DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?

	Yes	No
a. Breathing or other respiratory problems (such as wheezing or shortness of breath)	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating or swallowing because of a health condition	<input type="checkbox"/>	<input type="checkbox"/>
c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
d. Repeated or chronic physical pain, including headaches or other back or body pain	<input type="checkbox"/>	<input type="checkbox"/>
e. Using his or her hands	<input type="checkbox"/>	<input type="checkbox"/>
f. Coordination or moving around	<input type="checkbox"/>	<input type="checkbox"/>
g. Toothaches	<input type="checkbox"/>	<input type="checkbox"/>
h. Bleeding gums	<input type="checkbox"/>	<input type="checkbox"/>
i. Decayed teeth or cavities	<input type="checkbox"/>	<input type="checkbox"/>

A5 Does this child have any of the following?

	Yes	No
a. Deafness or problems with hearing	<input type="checkbox"/>	<input type="checkbox"/>
b. Blindness or problems with seeing, even when wearing glasses	<input type="checkbox"/>	<input type="checkbox"/>



Has a doctor or other health care provider EVER told you that this child has...

A6 Allergies (including food, drug, insect, or other)?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A7 Arthritis?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A8 Asthma?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A9 Brain injury, concussion or head injury?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A10 Cerebral Palsy?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A11 Diabetes?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

Has a doctor or other health care provider EVER told you that this child has...

A12 Epilepsy or Seizure Disorder?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A13 Heart Condition?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A14 Frequent or severe headaches, including migraine?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A15 Tourette Syndrome?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A16 Anxiety Problems?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A17 Depression?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe



Has a doctor or other health care provider EVER told you that this child has...

A18 Down Syndrome?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A19 Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?

Yes No

↳ 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.*

Yes No

↳ If yes, was this child diagnosed with:

Sickle Cell Disease? Yes No

Thalassemia? Yes No

Hemophilia? Yes No

Other Blood Disorders? Yes No

A20 Cystic Fibrosis?

Yes No

↳ 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.*

Yes No

Has a doctor or other health care provider EVER told you that this child has...

A21 Other genetic or inherited condition?

Yes No

↳ If yes, specify: ↴

↳ Is it:

Mild Moderate Severe

Was this condition identified through a blood test done shortly after birth? *These tests are sometimes called newborn screening.*

Yes No

Has a doctor, other health care provider, or educator EVER told you that this child has...

Examples of educators are teachers and school nurses.

A22 Behavioral or Conduct Problems?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A23 Developmental Delay?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A24 Intellectual Disability (formerly known as Mental Retardation)?

Yes No

↳ If yes, does this child CURRENTLY have the disability?

Yes No

↳ If yes, is it:

Mild Moderate Severe



Has a doctor, other health care provider, or educator **EVER** told you that this child has...

Examples of educators are teachers and school nurses.

A25 Speech or other language disorder?

Yes No

↳ If yes, does this child **CURRENTLY** have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A26 Learning Disability?

Yes No

↳ If yes, does this child **CURRENTLY** have the disability?

Yes No

↳ If yes, is it:

Mild Moderate Severe

Has a doctor or other health care provider **EVER** told you that this child has...

A27 Any other mental health condition?

Yes No

↳ If yes, specify: ↘

↳ If yes, does this child **CURRENTLY** have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A28 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).

Yes No → **SKIP to question A33**

↳ If yes, does this child **CURRENTLY** have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A29 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?

Age in years Don't know

A30 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.*

Primary Care Provider

Specialist

School Psychologist/Counselor

Other Psychologist (Non-School)

Psychiatrist

Other, specify: ↘

Don't know

A31 Is this child **CURRENTLY** taking medication for Autism, ASD, Asperger's Disorder or PDD?

Yes No

A32 At any time **DURING THE PAST 12 MONTHS**, did this child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an intervention that you or this child received to help with his or her behavior?

Yes No

A33 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?

Yes No → **SKIP to question A36 on page 6**

↳ If yes, does this child **CURRENTLY** have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A34 Is this child **CURRENTLY** taking medication for ADD or ADHD?

Yes No



A35 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

A36 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 B1**

Never

Sometimes

Usually

Always

A37 To what extent do this child's health conditions or problems affect his or her ability to do things?

Very little

Somewhat

A great deal

B. This Child as an Infant

B1 Was this child born more than 3 weeks before his or her due date?

Yes

No

B2 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

OR

kilograms AND grams

B3 What was the age of the mother when this child was born? Your best estimate is fine.

Age in years

B4 Was this child EVER breastfed or fed breast milk?

Yes

No → **SKIP to question B6**

B5 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

B6 How old was this child when he or she was FIRST fed formula?

Check this box if child has never been fed formula

OR

At birth

OR

days

OR

weeks

OR

months

B7 How old was this child when he or she was FIRST fed anything other than breast milk or formula? Include juice, cow's milk, sugar water, baby food, or anything else that your child might have been given, even water.

Check this box if child has never been fed anything other than breast milk or formula

OR

At birth

OR

days

OR

weeks

OR

months



C. Health Care Services

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)?

Yes

No → **SKIP to question C4**

C2 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.

0 visits

1 visit

2 or more visits

C3 Thinking about the LAST TIME you took this child for a PREVENTIVE check-up, about how long was the doctor or health care provider who examined this child in the room with you? *Your best estimate is fine.*

Less than 10 minutes

10-20 minutes

More than 20 minutes

C4 What is this child's CURRENT height? *Your best estimate is fine.*

feet AND inches

OR

meters AND centimeters

C5 How much does this child CURRENTLY weigh? *Your best estimate is fine.*

pounds AND ounces

OR

kilograms AND grams

C6 Are you concerned about this child's weight?

Yes, it's too high

Yes, it's too low

No, I am not concerned

C7 Has a doctor or other health care provider ever told you that this child is overweight?

Yes

No

C8 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

C9 Answer the following question only if this child is at least 9 months old. Otherwise skip to question C10.

DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about observations or concerns you may have about this child's development, communication, or social behaviors? *Sometimes a child's doctor or other health care provider will ask a parent to do this at home or during a child's visit.*

Yes

No

→ If 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?

→ If yes, and this child is 2-5 Years:

Did the questionnaire ask about your concerns or observations about: Mark (X) ALL that apply.

Words and phrases this child uses and understands?

How this child behaves and gets along with you and others?

C10 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?

Yes

No → **SKIP to question C12 on page 8**

C11 If yes, where does this child USUALLY go first? Mark (X) ONE box.

Doctor's Office

Hospital Emergency Room

Hospital Outpatient Department

Clinic or Health Center

Retail Store Clinic or "Minute Clinic"

School (Nurse's Office, Athletic Trainer's Office)

Some other place



C12 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?

- Yes
- No → **SKIP to question C14**

C13 If yes, is this the same place this child goes when he or she is sick?

- Yes
- No

C14 **DURING THE PAST 12 MONTHS**, has this child had his or her vision tested, such as with pictures, shapes, or letters?

- Yes
- No → **SKIP to question C16**

C15 If yes, where was this child's vision tested?
Mark (X) ALL that apply.

- Eye doctor or eye specialist (ophthalmologist, optometrist) office
- Pediatrician or other general doctor's office
- Clinic or health center
- School
- Other, specify:

C16 **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?

- Yes, saw a dentist
- Yes, saw other oral health care provider
- No → **SKIP to question C19**

C17 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 C19**
- Yes, 1 visit
- Yes, 2 or more visits

C18 If yes, **DURING THE PAST 12 MONTHS**, what preventive dental service(s) did this child receive? Mark (X) ALL that apply.

- Check-up
- Cleaning
- Instruction on tooth brushing and oral health care
- X-Rays
- Fluoride treatment
- Sealant (plastic coatings on back teeth)
- Don't know

C19 **DURING THE PAST 12 MONTHS**, has this child received any treatment or counseling from a mental health professional? *Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.*

- Yes
- No, but this child needed to see a mental health professional
- No, this child did not need to see a mental health professional → **SKIP to question C21**

C20 How difficult was it to get the mental health treatment or counseling that this child needed?

- Not difficult
- Somewhat difficult
- Very difficult
- It was not possible to obtain care

C21 **DURING THE PAST 12 MONTHS**, has this child taken any medication because of difficulties with his or her emotions, concentration, or behavior?

- Yes
- No

C22 **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 doctors, skin doctors, and others who specialize in one area of health care.*

- Yes
- No, but this child needed to see a specialist
- No, this child did not need to see a specialist → **SKIP to question C24 on page 9**



C23 How difficult was it to get the specialist care that this child needed?

- Not difficult
- Somewhat difficult
- Very difficult
- It was not possible to obtain care

C24 DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? *Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.*

- Yes
- No

C25 DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not received? *By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.*

- Yes
- No → **SKIP to question C28**

C26 If yes, which types of care were not received? *Mark (X) ALL that apply.*

- Medical Care
- Dental Care
- Vision Care
- Hearing Care
- Mental Health Services
- Other, specify:

C27 Did any of the following reasons contribute to this child not receiving needed health services? *Mark (X) Yes or No for each item.*

	Yes	No
a. This child was not eligible for the services	<input type="checkbox"/>	<input type="checkbox"/>
b. The services this child needed were not available in your area	<input type="checkbox"/>	<input type="checkbox"/>
c. There were problems getting an appointment when this child needed one	<input type="checkbox"/>	<input type="checkbox"/>
d. There were problems with getting transportation or child care	<input type="checkbox"/>	<input type="checkbox"/>
e. The clinic or doctor's office wasn't open when this child needed care	<input type="checkbox"/>	<input type="checkbox"/>
f. There were issues related to cost	<input type="checkbox"/>	<input type="checkbox"/>

C28 DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?

- Never
- Sometimes
- Usually
- Always

C29 DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?

- None
- 1 time
- 2 or more times

C30 DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?

- Yes
- No

C31 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 C34**

C32 If yes, how old was this child at the time of the FIRST plan?

Years AND Months

C33 Is this child CURRENTLY receiving services under one of these plans?

- Yes
- No

C34 Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?

- Yes
- No → **SKIP to question D1 on page 10**

C35 If yes, how old was this child when he or she began receiving these special services?

Years AND Months

C36 Is this child CURRENTLY receiving these special services?

- Yes
- No



D. Experience with This Child's Health Care Providers

D1 Do you have one or more persons you think of as this child's personal doctor or nurse? A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.

- Yes, one person
- Yes, more than one person
- No

D2 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**

D3 How difficult was it to get referrals?

- Not difficult
- Somewhat difficult
- Very difficult
- It was not possible to get a referral

D4 Answer the following questions only if this child had a health care visit **IN THE PAST 12 MONTHS**. Otherwise skip to question **E1** on page 11.

DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers...

- | | Always | Usually | Sometimes | Never |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Spend enough time with this child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Listen carefully to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Show sensitivity to your family's values and customs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Provide the specific information you needed concerning this child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Help you feel like a partner in this child's care? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D5 DURING THE PAST 12 MONTHS, did this child need any decisions to be made regarding his or her health care, such as whether to get prescriptions, referrals, or procedures?

- Yes
- No → **SKIP to question D7**

D6 If yes, DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers...

- | | Always | Usually | Sometimes | Never |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Discuss with you the range of options to consider for his or her health care or treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Make it easy for you to raise concerns or disagree with recommendations for this child's health care? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Work with you to decide together which health care and treatment choices would be best for this child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

D8 DURING THE PAST 12 MONTHS, have you felt that you could have used extra help arranging or coordinating this child's care among the different health care providers or services?

- Yes
- No → **SKIP to question D10**

D9 If yes, DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with arranging or coordinating this child's health care?

- Usually
- Sometimes
- Never

D10 DURING THE PAST 12 MONTHS, how satisfied were you with the communication between this child's doctors and other health care providers?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied



D11 DURING THE PAST 12 MONTHS, did this child's health care provider communicate with the child's school, child care provider, or special education program?

- Yes
- No → **SKIP to question E1**
- Did not need health care provider to communicate with these providers → **SKIP to question E1**

D12 If yes, during this time, how satisfied were you with the health care provider's communication with the school, child care provider, or special education program?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

E. This Child's Health Insurance Coverage

E1 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 E4**
- Yes, but this child had a gap in coverage
- No

E2 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	No
a. Change in employer or employment status	<input type="checkbox"/>	<input type="checkbox"/>
b. Cancellation due to overdue premiums	<input type="checkbox"/>	<input type="checkbox"/>
c. Dropped coverage because it was unaffordable	<input type="checkbox"/>	<input type="checkbox"/>
d. Dropped coverage because benefits were inadequate	<input type="checkbox"/>	<input type="checkbox"/>
e. Dropped coverage because choice of health care providers was inadequate	<input type="checkbox"/>	<input type="checkbox"/>
f. Problems with application or renewal process	<input type="checkbox"/>	<input type="checkbox"/>
g. Other, specify: ↘	<input type="checkbox"/>	<input type="checkbox"/>

E3 Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?

- Yes
- No → **SKIP to question F1 on page 12**

E4 Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark (X) Yes or No for EACH item.

	Yes	No
a. Insurance through a current or former employer or union	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance purchased directly from an insurance company	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>
d. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>
e. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>
f. Other, specify: ↘	<input type="checkbox"/>	<input type="checkbox"/>

E5 How often does this child's health insurance offer benefits or cover services that meet this child's needs?

- Always
- Usually
- Sometimes
- Never

E6 How often does this child's health insurance allow him or her to see the health care providers he or she needs?

- Always
- Usually
- Sometimes
- Never

E7 Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that meet these needs?

- This child does not use mental or behavioral health services
- Always
- Usually
- Sometimes
- Never



F. Providing for This Child's Health

F1 Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending 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 premiums or costs that were or will be reimbursed by insurance or another source.

- \$0 (No medical or health-related expenses) → SKIP to question **F4**
- \$1-\$249
- \$250-\$499
- \$500-\$999
- \$1,000-\$5,000
- More than \$5,000

F2 How often are these costs reasonable?

- Always
- Usually
- Sometimes
- Never

F3 DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills?

- Yes
- No

F4 DURING THE PAST 12 MONTHS, have you or other family members...

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Left a job or taken a leave of absence because of this child's health or health conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cut down on the hours you work because of this child's health or health conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Avoided changing jobs because of concerns about maintaining health insurance for this child? | <input type="checkbox"/> | <input type="checkbox"/> |

F5 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 bandages, or giving medication and therapies when needed.

- This child does not need health care provided at home on a weekly basis
- Less than 1 hour per week
- 1-4 hours per week
- 5-10 hours per week
- 11 or more hours per week

F6 IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making appointments or locating services?

- This child does not need health care coordinated on a weekly basis
- Less than 1 hour per week
- 1-4 hours per week
- 5-10 hours per week
- 11 or more hours per week

G. This Child's Learning

Answer the following question only if this child is at least 1 year old. Otherwise skip to **H1** on page 15.

G1 Is this child able to do the following...

Mark (X) Yes or No for each item.

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Say at least one word, such as "hi" or "dog"? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Use 2 words together, such as "car go"? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Use 3 words together in a sentence, such as, "Mommy come now."? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Ask questions like "who," "what," "when," "where"? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Ask questions like "why" and "how"? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Tell a story with a beginning, middle, and end? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Understand the meaning of the word "no"? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Follow a verbal direction without hand gestures, such as "Wash your hands."? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Point to things in a book when asked? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Follow 2-step directions, such as "Get your shoes and put them in the basket."? | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Understand words such as "in," "on," and "under"? | <input type="checkbox"/> | <input type="checkbox"/> |



G2 Is this child 3 years old or older?

- Yes
- No → **SKIP to question H1 on page 15**

G3 Has this child started school? *Include any formal home schooling.*

- Yes, preschool
- Yes, kindergarten
- Yes, first grade
- No

G4 Are you concerned about how this child is learning to do things for him or herself?

- Yes, somewhat concerned
- Yes, very concerned
- No

G5 How confident are you that this child is ready to be in school?

- Completely confident
- Mostly confident
- Somewhat confident
- Not at all confident

G6 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?*

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G7 About how many letters of the alphabet can this child recognize?

- All of them
- Most of them
- About half of them
- Some of them
- None of them

G8 Can this child rhyme words?

- Yes
- No

G9 How often can this child explain things he or she has seen or done so that you get a very good idea what happened?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G10 How often can this child write his or her first name, even if some of the letters aren't quite right or are backwards?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G11 How high can this child count?

- This child cannot count
- Up to five
- Up to ten
- Up to 20
- Up to 50
- Up to 100 or more

G12 How often can this child identify basic shapes such as a triangle, circle, or square?

- Always
- Most of the time
- About half the time
- Sometimes
- Never



G13 Can this child identify the colors red, yellow, blue, and green by name?

- Yes, all of them
- Yes, some of them
- No, none of them

G14 How often is this child easily distracted?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G15 How often does this child keep working at something until he or she is finished?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G16 When this child is paying attention, how often can he or she follow instructions to complete a simple task?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G17 How does this child usually hold a pencil?

- Uses fingers to hold the pencil
- Grips the pencil in his or her fist
- This child cannot hold a pencil

G18 How often does this child play well with others?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G19 How often does this child become angry or anxious when going from one activity to another?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G20 How often does this child show concern when others are hurt or unhappy?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G21 When excited or all wound up, how often can this child calm down quickly?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G22 How often does this child lose control of his or her temper when things do not go his or her way?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G23 Compared to other children his or her age, how much difficulty does this child have making or keeping friends?

- No difficulty
- A little difficulty
- A lot of difficulty



G24 Compared to other children his or her age, how often is this child able to sit still?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

H. About You and This Child

H1 Was this child born in the United States?

- Yes → **SKIP to question H3**
- No

H2 If no, how long has this child been living in the United States?

Years AND Months

H3 How many times has this child moved to a new address since he or she was born?

Number of times

H4 How often does this child go to bed at about the same time on weeknights?

- Always
- Usually
- Sometimes
- Rarely
- Never

H5 DURING THE PAST WEEK, how many hours of sleep did this child get during an average day (count both nighttime sleep and naps)?

- Less than 7 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12 or more hours

H6 Answer the next question only if this child is **LESS THAN 12 MONTHS OLD**. Otherwise, **SKIP** to question **H7**.

In which position do you most often lay this baby down to sleep now? Mark (X) **ONE** box.

- On his or her side
- On his or her back
- On his or her stomach

H7 ON MOST WEEKDAYS, about how much time did this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media? Do not include time spent doing schoolwork.

- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 or more hours

H8 DURING THE PAST WEEK, how many days did you or other family members read to this child?

- 0 days
- 1-3 days
- 4-6 days
- Every day

H9 DURING THE PAST WEEK, how many days did you or other family members tell stories or sing songs to this child?

- 0 days
- 1-3 days
- 4-6 days
- Every day

H10 How well do you think you are handling the day-to-day demands of raising children?

- Very well
- Somewhat well
- Not very well
- Not well at all



H11 DURING THE PAST MONTH, how often have you felt...

- | | Never | Rarely | Sometimes | Usually | Always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. That this child is much harder to care for than most children his or her age? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. That this child does things that really bother you a lot? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Angry with this child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H12 DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?

- Yes
- No → **SKIP to question H14**

H13 If yes, did you receive emotional support from...

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Spouse or domestic partner? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Other family member or close friend? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Health care provider? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Place of worship or religious leader? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Support or advocacy group related to specific health condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Peer support group? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Counselor or other mental health professional? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other person, specify: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H14 Does this child receive care for at least 10 hours per week from someone other than his or her parent or guardian? *This could be a day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter or relative.*

- Yes
- No

H15 DURING THE PAST 12 MONTHS, did you or anyone in the family have to quit a job, not take a job, or greatly change your job because of problems with child care for this child?

- Yes
- No

I. About Your Family and Household

I1 DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal together?

- 0 days
- 1-3 days
- 4-6 days
- Every day

I2 Does anyone living in your household use cigarettes, cigars, or pipe tobacco?

- Yes
- No → **SKIP to question I4**

I3 If yes, does anyone smoke inside your home?

- Yes
- No

I4 DURING THE PAST 12 MONTHS, how often were pesticides used inside your residence to control for insects? *If the frequency changed throughout the year, report the highest frequency.*

- More than once a week
- Once a week
- Once a month
- Once every 2-5 months
- Once every 6 months
- Once during the past 12 months
- Never
- Don't know

I5 DURING THE PAST 12 MONTHS, other than in a shower or bathtub, have you seen any mold, mildew or other signs of water damage on walls or other surfaces inside your home?

- Yes
- No



16 When your family faces problems, how often are you likely to do each of the following?

	All of the time	Most of the time	Some of the time	None of the time
a. Talk together about what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work together to solve our problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Know we have strengths to draw on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stay hopeful even in difficult times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 SINCE THIS CHILD WAS BORN, how often has it been very hard to cover the basics, like food and housing, on your family's income?

- Never
- Rarely
- Somewhat often
- Very often

18 Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS?

- We could always afford to eat good nutritious meals.
- We could always afford enough to eat but not always the kinds of food we should eat.
- Sometimes we could not afford enough to eat.
- Often we could not afford enough to eat.

19 At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive...

	Yes	No
a. Cash assistance from a government welfare program?	<input type="checkbox"/>	<input type="checkbox"/>
b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?	<input type="checkbox"/>	<input type="checkbox"/>
c. Free or reduced-cost breakfasts or lunches at school?	<input type="checkbox"/>	<input type="checkbox"/>
d. Benefits from the Woman, Infants, and Children (WIC) Program?	<input type="checkbox"/>	<input type="checkbox"/>

110 In your neighborhood, is/are there...

	Yes	No
a. Sidewalks or walking paths?	<input type="checkbox"/>	<input type="checkbox"/>
b. A park or playground?	<input type="checkbox"/>	<input type="checkbox"/>
c. A recreation center, community center, or boys' and girls' club?	<input type="checkbox"/>	<input type="checkbox"/>
d. A library or bookmobile?	<input type="checkbox"/>	<input type="checkbox"/>
e. Litter or garbage on the street or sidewalk?	<input type="checkbox"/>	<input type="checkbox"/>
f. Poorly kept or rundown housing?	<input type="checkbox"/>	<input type="checkbox"/>
g. Vandalism such as broken windows or graffiti?	<input type="checkbox"/>	<input type="checkbox"/>

111 To what extent do you agree with these statements about your neighborhood or community?

	Definitely agree	Somewhat agree	Somewhat disagree	Definitely disagree
a. People in this neighborhood help each other out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We watch out for each other's children in this neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. This child is safe in our neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When we encounter difficulties, we know where to go for help in our community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

112 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 uncomfortable with these questions. You may skip any questions you do not want to answer.

To the best of your knowledge, has this child EVER experienced any of the following?

	Yes	No
a. Parent or guardian divorced or separated	<input type="checkbox"/>	<input type="checkbox"/>
b. Parent or guardian died	<input type="checkbox"/>	<input type="checkbox"/>
c. Parent or guardian served time in jail	<input type="checkbox"/>	<input type="checkbox"/>
d. Saw or heard parents or adults slap, hit, kick, punch one another in the home	<input type="checkbox"/>	<input type="checkbox"/>
e. Was a victim of violence or witnessed violence in his or her neighborhood	<input type="checkbox"/>	<input type="checkbox"/>
f. Lived with anyone who was mentally ill, suicidal, or severely depressed	<input type="checkbox"/>	<input type="checkbox"/>
g. Lived with anyone who had a problem with alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>
h. Treated or judged unfairly because of his or her race or ethnic group	<input type="checkbox"/>	<input type="checkbox"/>



J. Child's Caregivers

→ Complete the questions for up to two adults in the household who are this child's primary caregivers. If there is just one adult primary caregiver, provide answers for that adult.

J1 How are you related to this child?

- Biological or Adoptive Parent
- Step-parent
- Grandparent
- Foster Parent
- Other: Relative
- Other: Non-Relative

J2 What is your sex?

- Male
- Female

J3 What is your age?

Age in years

J4 Where were you born?

- In the United States → **SKIP to question J6**
- Outside of the United States

J5 When did you come to live in the United States?

Year

J6 What is the highest grade or level of school you have completed? Mark (X) ONE box.

- 8th grade or less
- 9th-12th grade; No diploma
- High School Graduate or GED Completed
- Completed a vocational, trade, or business school program
- Some College Credit, but no Degree
- Associate Degree (AA, AS)
- Bachelor's Degree (BA, BS, AB)
- Master's Degree (MA, MS, MSW, MBA)
- Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

J7 What is your marital status?

- Married
- Not married, but living with a partner
- Never Married
- Divorced
- Separated
- Widowed

J8 In general, how is your physical health?

- Excellent
- Very good
- Good
- Fair
- Poor

J9 In general, how is your mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

J10 Were you employed at least 50 out of the past 52 weeks?

- Yes
- No

J11 Have you ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.

- Never served in the military → **SKIP to question J13 on page 19**
- Only on active duty for training in the Reserves or National Guard → **SKIP to question J13 on page 19**
- Now on active duty
- On active duty in the past, but not now

J12 Were you deployed at any time during this child's life?

- Yes
- No



→ Questions J13 - J24 ask about another adult primary caregiver who may be in the household in addition to yourself.

J13 How is this adult primary caregiver in the household related to this child?

- There is only one primary adult caregiver in the household for this child → **SKIP to question K1 on page 20**
- Biological or Adoptive Parent
- Step-parent
- Grandparent
- Foster Parent
- Other: Relative
- Other: Non-Relative

J14 What is this primary caregiver's sex?

- Male
- Female

J15 What is this primary caregiver's age?

Age in years

J16 Where was this primary caregiver born?

- In the United States → **SKIP to question J18**
- Outside of the United States

J17 When did this primary caregiver come to live in the United States?

Year

J18 What is the highest grade or level of school this primary caregiver has completed? Mark (X) ONE box.

- 8th grade or less
- 9th-12th grade; No diploma
- High School Graduate or GED Completed
- Completed a vocational, trade, or business school program
- Some College Credit, but no Degree
- Associate Degree (AA, AS)
- Bachelor's Degree (BA, BS, AB)
- Master's Degree (MA, MS, MSW, MBA)
- Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

J19 What is this primary caregiver's marital status?

- Married
- Not married, but living with a partner
- Never Married
- Divorced
- Separated
- Widowed

J20 In general, how is this primary caregiver's physical health?

- Excellent
- Very good
- Good
- Fair
- Poor

J21 In general, how is this primary caregiver's mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

J22 Was this primary caregiver employed at least 50 out of the past 52 weeks?

- Yes
- No

J23 Has this primary caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.

- Never served in the military → **SKIP to question K1 on page 20**
- Only on active duty for training in the Reserves or National Guard → **SKIP to question K1 on page 20**
- Now on active duty
- On active duty in the past, but not now

J24 Was this primary caregiver deployed at any time during this child's life?

- Yes
- No



K. Household Information

- K1** 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

- K2** 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 2017

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.

Yes →

No

TOTAL AMOUNT
in the last calendar year

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

Yes →

Loss

No

TOTAL AMOUNT
in the last calendar year

- c. 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 →

No

TOTAL AMOUNT
in the last calendar year

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

Yes →

No

TOTAL AMOUNT
in the last calendar year

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

Yes →

No

TOTAL AMOUNT
in the last calendar year

K4

The following question is about your 2017 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.

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.

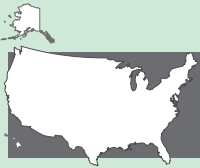
Place the completed questionnaire in the postage-paid return envelope. If the envelope has been misplaced, mail the questionnaire to:

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.

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.





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
(05/02/2018)



Start Here

Recently, you completed a survey that asked about the children usually living or staying at this address. Thank you for taking the time to complete that survey.

We now have some follow-up questions to ask about:

If the name listed above is not correct or does not correspond to a child living in this household, please call 1-800-845-8241 for assistance.

We have selected only one child per household in an effort to minimize the amount of time you will need to complete the follow-up questions.

The survey should be completed by an adult who is familiar with this child's health and health care.

Your participation is important. Thank you.

A. This Child's Health

A1 In general, how would you describe this child's health (the one named above)?

- Excellent
- Very good
- Good
- Fair
- Poor

A2 How would you describe the condition of this child's teeth?

- Excellent
- Very good
- Good
- Fair
- Poor

A3 How often does this child...

	Always	Usually	Sometimes	Never
a. Show interest and curiosity in learning new things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work to finish tasks he or she starts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Stay calm and in control when faced with a challenge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Care about doing well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do all required homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Argue too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4 DURING THE PAST 12 MONTHS, how often was this child bullied, picked on, or excluded by other children? If the frequency changed throughout the year, report the highest frequency.

- Never (in the past 12 months)
- 1-2 times (in the past 12 months)
- 1-2 times per month
- 1-2 times per week
- Almost every day

A5 DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them? If the frequency changed throughout the year, report the highest frequency.

- Never (in the past 12 months)
- 1-2 times (in the past 12 months)
- 1-2 times per month
- 1-2 times per week
- Almost every day



A6 DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Breathing or other respiratory problems (such as wheezing or shortness of breath) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Eating or swallowing because of a health condition | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Repeated or chronic physical pain, including headaches or other back or body pain | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Toothaches | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Bleeding gums | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Decayed teeth or cavities | <input type="checkbox"/> | <input type="checkbox"/> |

A7 Does this child have any of the following?

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Serious difficulty walking or climbing stairs | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Difficulty dressing or bathing | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Deafness or problems with hearing | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Blindness or problems with seeing, even when wearing glasses | <input type="checkbox"/> | <input type="checkbox"/> |

Has a doctor or other health care provider EVER told you that this child has...

A8 Allergies (including food, drug, insect, or other)?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe

A9 Arthritis?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe

Has a doctor or other health care provider EVER told you that this child has...

A10 Asthma?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe

A11 Brain injury, concussion or head injury?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe

A12 Cerebral Palsy?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe

A13 Diabetes?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe

A14 Epilepsy or Seizure Disorder?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe

A15 Heart Condition?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe



Has a doctor or other health care provider EVER told you that this child has...

A16 Frequent or severe headaches, including migraine?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A17 Tourette Syndrome?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A18 Anxiety Problems?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A19 Depression?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A20 Down Syndrome?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

Has a doctor or other health care provider EVER told you that this child has...

A21 Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?

Yes No

↳ 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.*

Yes No

↳ If yes, was this child diagnosed with:

Sickle Cell Disease? Yes No

Thalassemia? Yes No

Hemophilia? Yes No

Other Blood Disorders? Yes No

A22 Cystic Fibrosis?

Yes No

↳ 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.*

Yes No

A23 Other genetic or inherited condition?

Yes No

↳ If yes, specify:

Is it:

Mild Moderate Severe

Was this condition identified through a blood test done shortly after birth? *These tests are sometimes called newborn screening.*

Yes No

A24 Substance Use Disorder?

Yes No

↳ If yes, does this child CURRENTLY have the disorder?

Yes No

↳ If yes, is it:

Mild Moderate Severe



Has a doctor, other health care provider, or educator **EVER** told you that this child has...

Examples of educators are teachers and school nurses.

A25 Behavioral or Conduct Problems?

Yes No

↳ If yes, does this child **CURRENTLY** have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A26 Developmental Delay?

Yes No

↳ If yes, does this child **CURRENTLY** have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A27 Intellectual Disability (formerly known as Mental Retardation)?

Yes No

↳ If yes, does this child **CURRENTLY** have the disability?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A28 Speech or other language disorder?

Yes No

↳ If yes, does this child **CURRENTLY** have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A29 Learning Disability?

Yes No

↳ If yes, does this child **CURRENTLY** have the disability?

Yes No

↳ If yes, is it:

Mild Moderate Severe

Has a doctor or other health care provider **EVER** told you that this child has...

A30 Any other mental health condition?

Yes No

↳ If yes, specify: ↴

↳ If yes, does this child **CURRENTLY** have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A31 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).**

Yes No → **SKIP to question A36 on page 6**

↳ If yes, does this child **CURRENTLY** have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A32 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?**

Age in years Don't know

A33 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.**

Primary Care Provider

Specialist

School Psychologist/Counselor

Other Psychologist (Non-School)

Psychiatrist

Other, specify: ↴

Don't know

A34 Is this child **CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?**

Yes No



A35 At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an intervention that you or this child received to help with his or her behavior?

Yes No

A36 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?

Yes No → **SKIP to question A39**

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A37 Is this child CURRENTLY taking medication for ADD or ADHD?

Yes No

A38 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

A39 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 B1**

Never

Sometimes

Usually

Always

A40 To what extent do this child's health conditions or problems affect his or her ability to do things?

Very little

Somewhat

A great deal

B. This Child as an Infant

B1 Was this child born more than 3 weeks before his or her due date?

Yes

No

B2 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

OR

kilograms AND grams

B3 What was the age of the mother when this child was born? Your best estimate is fine.

Age in years

C. Health Care Services

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)?

Yes

No → **SKIP to question C4 on page 7**

C2 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.

0 visits

1 visit

2 or more visits

C3 Thinking about the LAST TIME you took this child for a PREVENTIVE check-up, about how long was the doctor or health care provider who examined this child in the room with you? Your best estimate is fine.

Less than 10 minutes

10-20 minutes

More than 20 minutes



C4 What is this child's **CURRENT** height?

Your best estimate is fine.

feet **AND** inches

OR

meters **AND** centimeters

C5 How much does this child **CURRENTLY** weigh?

Your best estimate is fine.

pounds

OR

kilograms

C6 Are you concerned about this child's weight?

- Yes, it's too high
- Yes, it's too low
- No, I am not concerned

C7 Has a doctor or other health care provider ever told you that this child is overweight?

- Yes
- No

C8 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?

- Yes
- No → **SKIP to question C10**

C9 If yes, where does this child **USUALLY** go first?
Mark (X) **ONE** box.

- Doctor's Office
- Hospital Emergency Room
- Hospital Outpatient Department
- Clinic or Health Center
- Retail Store Clinic or "Minute Clinic"
- School (Nurse's Office, Athletic Trainer's Office)
- Some other place

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?

- Yes
- No → **SKIP to question C12**

C11 If yes, is this the same place this child goes when he or she is sick?

- Yes
- No

C12 **DURING THE PAST 12 MONTHS**, has this child had his or her vision tested, such as with pictures, shapes, or letters?

- Yes
- No → **SKIP to question C14**

C13 If yes, where was this child's vision tested?
Mark (X) **ALL** that apply.

- Eye doctor or eye specialist (ophthalmologist, optometrist) office
- Pediatrician or other general doctor's office
- Clinic or health center
- School
- Other, specify:

C14 **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?

- Yes, saw a dentist
- Yes, saw other oral health care provider
- No → **SKIP to question C17 on page 8**

C15 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 C17 on page 8**
- Yes, 1 visit
- Yes, 2 or more visits



C16 If yes, DURING THE PAST 12 MONTHS, what preventive dental service(s) did this child receive? Mark (X) ALL that apply.

- Check-up
- Cleaning
- Instruction on tooth brushing and oral health care
- X-Rays
- Fluoride treatment
- Sealant (plastic coatings on back teeth)
- Don't know

C17 DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? *Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.*

- Yes
- No, but this child needed to see a mental health professional
- No, this child did not need to see a mental health professional → **SKIP to question C19**

C18 How difficult was it to get the mental health treatment or counseling that this child needed?

- Not difficult
- Somewhat difficult
- Very difficult
- It was not possible to obtain care

C19 DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with his or her emotions, concentration, or behavior?

- Yes
- No

C20 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 doctors, skin doctors, and others who specialize in one area of health care.*

- Yes
- No, but this child needed to see a specialist
- No, this child did not need to see a specialist → **SKIP to question C22**

C21 How difficult was it to get the specialist care that this child needed?

- Not difficult
- Somewhat difficult
- Very difficult
- It was not possible to obtain care

C22 DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? *Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.*

- Yes
- No

C23 DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not received? *By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.*

- Yes
- No → **SKIP to question C26 on page 9**

C24 If yes, which types of care were not received? Mark (X) ALL that apply.

- Medical Care
- Dental Care
- Vision Care
- Hearing Care
- Mental Health Services
- Other, specify:

C25 Did any of the following reasons contribute to this child not receiving needed health services? Mark (X) Yes or No for each item.

	Yes	No
a. This child was not eligible for the services	<input type="checkbox"/>	<input type="checkbox"/>
b. The services this child needed were not available in your area	<input type="checkbox"/>	<input type="checkbox"/>
c. There were problems getting an appointment when this child needed one	<input type="checkbox"/>	<input type="checkbox"/>
d. There were problems with getting transportation or child care	<input type="checkbox"/>	<input type="checkbox"/>
e. The clinic or doctor's office wasn't open when this child needed care	<input type="checkbox"/>	<input type="checkbox"/>
f. There were issues related to cost	<input type="checkbox"/>	<input type="checkbox"/>



C26 DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?

- Never
- Sometimes
- Usually
- Always

C27 DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?

- None
- 1 time
- 2 or more times

C28 DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?

- Yes
- No

C29 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**

C30 If yes, how old was this child at the time of the FIRST plan?

Years AND Months

C31 Is this child CURRENTLY receiving services under one of these plans?

- Yes
- No

C32 Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?

- Yes
- No → **SKIP to question D1**

C33 If yes, how old was this child when he or she began receiving these special services?

Years AND Months

C34 Is this child CURRENTLY receiving these special services?

- Yes
- No

D. Experience with This Child's Health Care Providers

D1 Do you have one or more persons you think of as this child's personal doctor or nurse? *A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.*

- Yes, one person
- Yes, more than one person
- No

D2 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**

D3 How difficult was it to get referrals?

- Not difficult
- Somewhat difficult
- Very difficult
- It was not possible to get a referral

D4 Answer the following questions only if this child had a health care visit IN THE PAST 12 MONTHS. Otherwise skip to question E1 on page 11.

DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers...

	Always	Usually	Sometimes	Never
a. Spend enough time with this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Listen carefully to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Show sensitivity to your family's values and customs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Provide the specific information you needed concerning this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help you feel like a partner in this child's care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



D5 DURING THE PAST 12 MONTHS, did this child need any decisions to be made regarding his or her health care, such as whether to get prescriptions, referrals, or procedures?

Yes

No → **SKIP to question D7**

D6 If yes, DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers...

- | | Always | Usually | Sometimes | Never |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Discuss with you the range of options to consider for his or her health care or treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Make it easy for you to raise concerns or disagree with recommendations for this child's health care? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Work with you to decide together which health care and treatment choices would be best for this child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

D8 DURING THE PAST 12 MONTHS, have you felt that you could have used extra help arranging or coordinating this child's care among the different health care providers or services?

Yes

No → **SKIP to question D10**

D9 If yes, DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with arranging or coordinating this child's health care?

Usually

Sometimes

Never

D10 DURING THE PAST 12 MONTHS, how satisfied were you with the communication between this child's doctors and other health care providers?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

D11 DURING THE PAST 12 MONTHS, did this child's health care provider communicate with the child's school, child care provider, or special education program?

Yes

No → **SKIP to question E1 on page 11**

Did not need health care provider to communicate with these providers → **SKIP to question E1 on page 11**

D12 If yes, during this time, how satisfied were you with the health care provider's communication with the school, child care provider, or special education program?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied



E. This Child's Health Insurance Coverage

E1 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 E4**
- Yes, but this child had a gap in coverage
- No

E2 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 | No |
|--|--------------------------|--------------------------|
| a. Change in employer or employment status | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cancellation due to overdue premiums | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Dropped coverage because it was unaffordable | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Dropped coverage because benefits were inadequate | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Dropped coverage because choice of health care providers was inadequate | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Problems with application or renewal process | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other, specify: ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

E3 Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?

- Yes
- No → **SKIP to question F1 on page 12**

E4 Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark (X) Yes or No for EACH item.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| d. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other, specify: ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

E5 How often does this child's health insurance offer benefits or cover services that meet this child's needs?

- Always
- Usually
- Sometimes
- Never

E6 How often does this child's health insurance allow him or her to see the health care providers he or she needs?

- Always
- Usually
- Sometimes
- Never

E7 Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that meet these needs?

- This child does not use mental or behavioral health services
- Always
- Usually
- Sometimes
- Never



F. Providing for This Child's Health

F1 Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending 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 premiums or costs that were or will be reimbursed by insurance or another source.

- \$0 (No medical or health-related expenses) → **SKIP to question F4**
- \$1-\$249
- \$250-\$499
- \$500-\$999
- \$1,000-\$5,000
- More than \$5,000

F2 How often are these costs reasonable?

- Always
- Usually
- Sometimes
- Never

F3 DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills?

- Yes
- No

F4 DURING THE PAST 12 MONTHS, have you or other family members...

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Left a job or taken a leave of absence because of this child's health or health conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cut down on the hours you work because of this child's health or health conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Avoided changing jobs because of concerns about maintaining health insurance for this child? | <input type="checkbox"/> | <input type="checkbox"/> |

F5 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 bandages, or giving medication and therapies when needed.

- This child does not need health care provided at home on a weekly basis
- Less than 1 hour per week
- 1-4 hours per week
- 5-10 hours per week
- 11 or more hours per week

F6 IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making appointments or locating services?

- This child does not need health care coordinated on a weekly basis
- Less than 1 hour per week
- 1-4 hours per week
- 5-10 hours per week
- 11 or more hours per week



G. This Child's Schooling and Activities

G1 DURING THE PAST 12 MONTHS, about how many days did this child miss school because of illness or injury? Include days missed from any formal home schooling.

- No missed school days
- 1-3 days
- 4-6 days
- 7-10 days
- 11 or more days
- This child was not enrolled in school

G2 DURING THE PAST 12 MONTHS, how many times has this child's school contacted you or another adult in your household about any problems he or she is having with school?

- None
- 1 time
- 2 or more times

G3 SINCE STARTING KINDERGARTEN, has this child repeated any grades?

- Yes
- No

G4 DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in?

- Always
- Usually
- Sometimes
- Rarely
- Never

G5 DURING THE PAST 12 MONTHS, did this child participate in...

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. A sports team or did he or she take sports lessons after school or on weekends? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Any clubs or organizations after school or on weekends? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Any other organized activities or lessons, such as music, dance, language, or other arts? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Any type of community service or volunteer work at school, place of worship, or in the community? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work? | <input type="checkbox"/> | <input type="checkbox"/> |

G6 DURING THE PAST WEEK, on how many days did this child exercise, play a sport, or participate in physical activity for at least 60 minutes?

- 0 days
- 1-3 days
- 4-6 days
- Every day

G7 Compared to other children his or her age, how much difficulty does this child have making or keeping friends?

- No difficulty
- A little difficulty
- A lot of difficulty



H. About You and This Child

H1 Was this child born in the United States?

- Yes → **SKIP to question H3**
- No

H2 If no, how long has this child been living in the United States?

Years **AND** Months

H3 How many times has this child moved to a new address since he or she was born?

Number of times

H4 How often does this child go to bed at about the same time on weeknights?

- Always
- Usually
- Sometimes
- Rarely
- Never

H5 DURING THE PAST WEEK, how many hours of sleep did this child get on most weeknights?

- Less than 6 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 or more hours

H6 ON MOST WEEKDAYS, about how much time did this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media? *Do not include time spent doing schoolwork.*

- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 or more hours

H7 How well can you and this child share ideas or talk about things that really matter?

- Very well
- Somewhat well
- Not very well
- Not well at all

H8 How well do you think you are handling the day-to-day demands of raising children?

- Very well
- Somewhat well
- Not very well
- Not well at all

H9 DURING THE PAST MONTH, how often have you felt...

	Never	Rarely	Sometimes	Usually	Always
a. That this child is much harder to care for than most children his or her age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. That this child does things that really bother you a lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Angry with this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H10 DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?

- Yes
- No → **SKIP to question I1 on page 15**

H11 If yes, did you receive emotional support from...

	Yes	No
a. Spouse or domestic partner?	<input type="checkbox"/>	<input type="checkbox"/>
b. Other family member or close friend?	<input type="checkbox"/>	<input type="checkbox"/>
c. Health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
d. Place of worship or religious leader?	<input type="checkbox"/>	<input type="checkbox"/>
e. Support or advocacy group related to specific health condition?	<input type="checkbox"/>	<input type="checkbox"/>
f. Peer support group?	<input type="checkbox"/>	<input type="checkbox"/>
g. Counselor or other mental health professional?	<input type="checkbox"/>	<input type="checkbox"/>
h. Other person, specify: ↴	<input type="checkbox"/>	<input type="checkbox"/>



I. About Your Family and Household

11 DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal together?

- 0 days
- 1-3 days
- 4-6 days
- Every day

12 Does anyone living in your household use cigarettes, cigars, or pipe tobacco?

- Yes
- No → **SKIP to question 14**

13 If yes, does anyone smoke inside your home?

- Yes
- No

14 DURING THE PAST 12 MONTHS, how often were pesticides used inside your residence to control for insects? If the frequency changed throughout the year, report the highest frequency.

- More than once a week
- Once a week
- Once a month
- Once every 2-5 months
- Once every 6 months
- Once during the past 12 months
- Never
- Don't know

15 DURING THE PAST 12 MONTHS, other than in a shower or bathtub, have you seen any mold, mildew or other signs of water damage on walls or other surfaces inside your home?

- Yes
- No

16 When your family faces problems, how often are you likely to do each of the following?

	All of the time	Most of the time	Some of the time	None of the time
a. Talk together about what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work together to solve our problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Know we have strengths to draw on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stay hopeful even in difficult times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 SINCE THIS CHILD WAS BORN, how often has it been very hard to cover the basics, like food and housing, on your family's income?

- Never
- Rarely
- Somewhat often
- Very often

18 Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS?

- We could always afford to eat good nutritious meals.
- We could always afford enough to eat but not always the kinds of food we should eat.
- Sometimes we could not afford enough to eat.
- Often we could not afford enough to eat.

19 At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive...

	Yes	No
a. Cash assistance from a government welfare program?	<input type="checkbox"/>	<input type="checkbox"/>
b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?	<input type="checkbox"/>	<input type="checkbox"/>
c. Free or reduced-cost breakfasts or lunches at school?	<input type="checkbox"/>	<input type="checkbox"/>
d. Benefits from the Woman, Infants, and Children (WIC) Program?	<input type="checkbox"/>	<input type="checkbox"/>



110 In your neighborhood, is/are there...

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Sidewalks or walking paths? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A park or playground? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A recreation center, community center, or boys' and girls' club? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A library or bookmobile? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Litter or garbage on the street or sidewalk? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Poorly kept or rundown housing? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Vandalism such as broken windows or graffiti? | <input type="checkbox"/> | <input type="checkbox"/> |

113 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 uncomfortable with these questions. You may skip any questions you do not want to answer.

To the best of your knowledge, has this child EVER experienced any of the following?

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Parent or guardian divorced or separated | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Parent or guardian died | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Parent or guardian served time in jail | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Saw or heard parents or adults slap, hit, kick, punch one another in the home | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Was a victim of violence or witnessed violence in his or her neighborhood | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Lived with anyone who was mentally ill, suicidal, or severely depressed | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Lived with anyone who had a problem with alcohol or drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Treated or judged unfairly because of his or her race or ethnic group | <input type="checkbox"/> | <input type="checkbox"/> |

111 To what extent do you agree with these statements about your neighborhood or community?

- | | Definitely agree | Somewhat agree | Somewhat disagree | Definitely disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. People in this neighborhood help each other out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. We watch out for each other's children in this neighborhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. This child is safe in our neighborhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. When we encounter difficulties, we know where to go for help in our community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. This child is safe at school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

112 Other than you or other adults in your home, is there at least one other adult in this child's school, neighborhood, or community who knows this child well and who he or she can rely on for advice or guidance?

- Yes
- No



J. Child's Caregivers

→ Complete the questions for up to two adults in the household who are this child's primary caregivers. If there is just one adult primary caregiver, provide answers for that adult.

J1 How are you related to this child?

- Biological or Adoptive Parent
- Step-parent
- Grandparent
- Foster Parent
- Other: Relative
- Other: Non-Relative

J2 What is your sex?

- Male
- Female

J3 What is your age?

Age in years

J4 Where were you born?

- In the United States → **SKIP to question J6**
- Outside of the United States

J5 When did you come to live in the United States?

Year

J6 What is the highest grade or level of school you have completed? Mark (X) ONE box.

- 8th grade or less
- 9th-12th grade; No diploma
- High School Graduate or GED Completed
- Completed a vocational, trade, or business school program
- Some College Credit, but no Degree
- Associate Degree (AA, AS)
- Bachelor's Degree (BA, BS, AB)
- Master's Degree (MA, MS, MSW, MBA)
- Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

J7 What is your marital status?

- Married
- Not married, but living with a partner
- Never Married
- Divorced
- Separated
- Widowed

J8 In general, how is your physical health?

- Excellent
- Very good
- Good
- Fair
- Poor

J9 In general, how is your mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor



J10 Were you employed at least 50 out of the past 52 weeks?

- Yes
- No

J11 Have you ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.

- Never served in the military → **SKIP to question J13**
- Only on active duty for training in the Reserves or National Guard → **SKIP to question J13**
- Now on active duty
- On active duty in the past, but not now

J12 Were you deployed at any time during this child's life?

- Yes
- No

→ Questions J13 - J24 ask about another adult primary caregiver who may be in the household in addition to yourself.

J13 How is this adult primary caregiver in the household related to this child?

- There is only one primary adult caregiver in the household for this child → **SKIP to question K1 on page 19**
- Biological or Adoptive Parent
- Step-parent
- Grandparent
- Foster Parent
- Other: Relative
- Other: Non-Relative

J14 What is this primary caregiver's sex?

- Male
- Female

J15 What is this primary caregiver's age?

Age in years

J16 Where was this primary caregiver born?

- In the United States → **SKIP to question J18**
- Outside of the United States

J17 When did this primary caregiver come to live in the United States?

Year

J18 What is the highest grade or level of school this primary caregiver has completed? Mark (X) ONE box.

- 8th grade or less
- 9th-12th grade; No diploma
- High School Graduate or GED Completed
- Completed a vocational, trade, or business school program
- Some College Credit, but no Degree
- Associate Degree (AA, AS)
- Bachelor's Degree (BA, BS, AB)
- Master's Degree (MA, MS, MSW, MBA)
- Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

J19 What is this primary caregiver's marital status?

- Married
- Not married, but living with a partner
- Never Married
- Divorced
- Separated
- Widowed

J20 In general, how is this primary caregiver's physical health?

- Excellent
- Very good
- Good
- Fair
- Poor



J21 In general, how is this primary caregiver's mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

J22 Was this primary caregiver employed at least 50 out of the past 52 weeks?

- Yes
- No

J23 Has this primary caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.

- Never served in the military → **SKIP to question K1**
- Only on active duty for training in the Reserves or National Guard → **SKIP to question K1**
- Now on active duty
- On active duty in the past, but not now

J24 Was this primary caregiver deployed at any time during this child's life?

- Yes
- No

K. Household Information

K1 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

K2 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 2017

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.

Yes → \$.00

No TOTAL AMOUNT in the last calendar year

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

Yes → \$.00 Loss

No TOTAL AMOUNT in the last calendar year

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

Yes → \$.00 Loss

No TOTAL AMOUNT in the last calendar year

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

Yes → \$.00

No TOTAL AMOUNT in the last calendar year

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

Yes → \$.00

No TOTAL AMOUNT in the last calendar year

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

Yes → \$.00

No TOTAL AMOUNT in the last calendar year

K4 The following question is about your 2017 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.

\$.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.

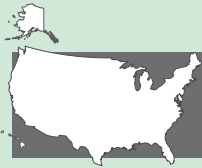
Place the completed questionnaire in the postage-paid return envelope. If the envelope has been misplaced, mail the questionnaire to:

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.

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.





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-T3
(04/17/2018)



Start Here

Recently, you completed a survey that asked about the children usually living or staying at this address. Thank you for taking the time to complete that survey.

We now have some follow-up questions to ask about:

If the name listed above is not correct or does not correspond to a child living in this household, please call 1-800-845-8241 for assistance.

We have selected only one child per household in an effort to minimize the amount of time you will need to complete the follow-up questions.

The survey should be completed by an adult who is familiar with this child's health and health care.

Your participation is important. Thank you.

A. This Child's Health

A1 In general, how would you describe this child's health (the one named above)?

- Excellent
- Very good
- Good
- Fair
- Poor

A2 How would you describe the condition of this child's teeth?

- Excellent
- Very good
- Good
- Fair
- Poor

A3 How often does this child...

	Always	Usually	Sometimes	Never
a. Show interest and curiosity in learning new things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work to finish tasks he or she starts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Stay calm and in control when faced with a challenge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Care about doing well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do all required homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Argue too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4 DURING THE PAST 12 MONTHS, how often was this child bullied, picked on, or excluded by other children? If the frequency changed throughout the year, report the highest frequency.

- Never (in the past 12 months)
- 1-2 times (in the past 12 months)
- 1-2 times per month
- 1-2 times per week
- Almost every day

A5 DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them? If the frequency changed throughout the year, report the highest frequency.

- Never (in the past 12 months)
- 1-2 times (in the past 12 months)
- 1-2 times per month
- 1-2 times per week
- Almost every day



A6 DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Breathing or other respiratory problems (such as wheezing or shortness of breath) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Eating or swallowing because of a health condition | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Repeated or chronic physical pain, including headaches or other back or body pain | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Toothaches | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Bleeding gums | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Decayed teeth or cavities | <input type="checkbox"/> | <input type="checkbox"/> |

A7 Does this child have any of the following?

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Serious difficulty walking or climbing stairs | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Difficulty dressing or bathing | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical, mental, or emotional condition | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Deafness or problems with hearing | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Blindness or problems with seeing, even when wearing glasses | <input type="checkbox"/> | <input type="checkbox"/> |

Has a doctor or other health care provider EVER told you that this child has...

A8 Allergies (including food, drug, insect, or other)?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe

A9 Arthritis?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe

Has a doctor or other health care provider EVER told you that this child has...

A10 Asthma?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe

A11 Brain injury, concussion or head injury?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe

A12 Cerebral Palsy?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe

A13 Diabetes?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe

A14 Epilepsy or Seizure Disorder?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe

A15 Heart Condition?

- Yes No
- ↳ If yes, does this child CURRENTLY have the condition?
- Yes No
- ↳ If yes, is it:
- Mild Moderate Severe



Has a doctor or other health care provider EVER told you that this child has...

A16 Frequent or severe headaches, including migraine?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A17 Tourette Syndrome?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A18 Anxiety Problems?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A19 Depression?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A20 Down Syndrome?

Yes No

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

Has a doctor or other health care provider EVER told you that this child has...

A21 Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?

Yes No

↳ 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.*

Yes No

↳ If yes, was this child diagnosed with:

Sickle Cell Disease? Yes No

Thalassemia? Yes No

Hemophilia? Yes No

Other Blood Disorders? Yes No

A22 Cystic Fibrosis?

Yes No

↳ 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.*

Yes No

A23 Other genetic or inherited condition?

Yes No

↳ If yes, specify: ↴

Is it:

Mild Moderate Severe

Was this condition identified through a blood test done shortly after birth? *These tests are sometimes called newborn screening.*

Yes No

A24 Substance Use Disorder?

Yes No

↳ If yes, does this child CURRENTLY have the disorder?

Yes No

↳ If yes, is it:

Mild Moderate Severe



Has a doctor, other health care provider, or educator **EVER** told you that this child has...

Examples of educators are teachers and school nurses.

A25 Behavioral or Conduct Problems?

Yes No

↳ If yes, does this child **CURRENTLY** have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A26 Developmental Delay?

Yes No

↳ If yes, does this child **CURRENTLY** have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A27 Intellectual Disability (formerly known as Mental Retardation)?

Yes No

↳ If yes, does this child **CURRENTLY** have the disability?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A28 Speech or other language disorder?

Yes No

↳ If yes, does this child **CURRENTLY** have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A29 Learning Disability?

Yes No

↳ If yes, does this child **CURRENTLY** have the disability?

Yes No

↳ If yes, is it:

Mild Moderate Severe

Has a doctor or other health care provider **EVER** told you that this child has...

A30 Any other mental health condition?

Yes No

↳ If yes, specify: ↴

↳ If yes, does this child **CURRENTLY** have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A31 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).*

Yes No → **SKIP to question A36 on page 6**

↳ If yes, does this child **CURRENTLY** have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A32 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?**

Age in years Don't know

A33 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.*

Primary Care Provider

Specialist

School Psychologist/Counselor

Other Psychologist (Non-School)

Psychiatrist

Other, specify: ↴

Don't know

A34 Is this child **CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?**

Yes No



A35 At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an intervention that you or this child received to help with his or her behavior?

Yes No

A36 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?

Yes No → **SKIP to question A39**

↳ If yes, does this child CURRENTLY have the condition?

Yes No

↳ If yes, is it:

Mild Moderate Severe

A37 Is this child CURRENTLY taking medication for ADD or ADHD?

Yes No

A38 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

A39 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 B1**

Never

Sometimes

Usually

Always

A40 To what extent do this child's health conditions or problems affect his or her ability to do things?

Very little

Somewhat

A great deal

B. This Child as an Infant

B1 Was this child born more than 3 weeks before his or her due date?

Yes

No

B2 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

OR

kilograms AND grams

B3 What was the age of the mother when this child was born? Your best estimate is fine.

Age in years

C. Health Care Services

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)?

Yes

No → **SKIP to question C5 on page 7**

C2 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?

Yes

No

C3 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.

0 visits

1 visit

2 or more visits



C4 Thinking about the **LAST TIME** you took this child for a **PREVENTIVE** check-up, about how long was the doctor or health care provider who examined this child in the room with you? *Your best estimate is fine.*

- Less than 10 minutes
- 10-20 minutes
- More than 20 minutes

C5 What is this child's **CURRENT** height?
Your best estimate is fine.

feet **AND** inches

OR

meters **AND** centimeters

C6 How much does this child **CURRENTLY** weigh?
Your best estimate is fine.

pounds

OR

kilograms

C7 Are you concerned about this child's weight?

- Yes, it's too high
- Yes, it's too low
- No, I am not concerned

C8 Has a doctor or other health care provider ever told you that this child is overweight?

- Yes
- No

C9 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?

- Yes
- No → **SKIP to question C11**

C10 If yes, where does this child **USUALLY** go first?
Mark (X) ONE box.

- Doctor's Office
- Hospital Emergency Room
- Hospital Outpatient Department
- Clinic or Health Center
- Retail Store Clinic or "Minute Clinic"
- School (Nurse's Office, Athletic Trainer's Office)
- Some other place

C11 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?

- Yes
- No → **SKIP to question C13**

C12 If yes, is this the same place this child goes when he or she is sick?

- Yes
- No

C13 **DURING THE PAST 12 MONTHS**, has this child had his or her vision tested, such as with pictures, shapes, or letters?

- Yes
- No → **SKIP to question C15 on page 8**

C14 If yes, where was this child's vision tested? *Mark (X) ALL that apply.*

- Eye doctor or eye specialist (ophthalmologist, optometrist) office
- Pediatrician or other general doctor's office
- Clinic or health center
- School
- Other, specify: ↴



C15 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?

- Yes, saw a dentist
- Yes, saw other oral health care provider
- No → **SKIP to question C18**

C16 If yes, DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for preventive dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments?

- No preventive visits in the past 12 months → **SKIP to question C18**
- Yes, 1 visit
- Yes, 2 or more visits

C17 If yes, DURING THE PAST 12 MONTHS, what preventive dental service(s) did this child receive? Mark (X) ALL that apply.

- Check-up
- Cleaning
- Instruction on tooth brushing and oral health care
- X-Rays
- Fluoride treatment
- Sealant (plastic coatings on back teeth)
- Don't know

C18 DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? *Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.*

- Yes
- No, but this child needed to see a mental health professional
- No, this child did not need to see a mental health professional → **SKIP to question C20**

C19 How difficult was it to get the mental health treatment or counseling that this child needed?

- Not difficult
- Somewhat difficult
- Very difficult
- It was not possible to obtain care

C20 DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with his or her emotions, concentration, or behavior?

- Yes
- No

C21 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 doctors, skin doctors, and others who specialize in one area of health care.*

- Yes
- No, but this child needed to see a specialist
- No, this child did not need to see a specialist → **SKIP to question C23**

C22 How difficult was it to get the specialist care that this child needed?

- Not difficult
- Somewhat difficult
- Very difficult
- It was not possible to obtain care

C23 DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? *Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.*

- Yes
- No

C24 DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not received? *By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.*

- Yes
- No → **SKIP to question C27 on page 9**

C25 If yes, which types of care were not received? Mark (X) ALL that apply.

- Medical Care
- Dental Care
- Vision Care
- Hearing Care
- Mental Health Services
- Other, specify: ↘



C26 Did any of the following reasons contribute to this child not receiving needed health services? Mark (X) Yes or No for each item.

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. This child was not eligible for the services | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The services this child needed were not available in your area | <input type="checkbox"/> | <input type="checkbox"/> |
| c. There were problems getting an appointment when this child needed one | <input type="checkbox"/> | <input type="checkbox"/> |
| d. There were problems with getting transportation or child care | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The clinic or doctor's office wasn't open when this child needed care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. There were issues related to cost | <input type="checkbox"/> | <input type="checkbox"/> |

C27 DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?

- Never
- Sometimes
- Usually
- Always

C28 DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?

- None
- 1 time
- 2 or more times

C29 DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?

- Yes
- No

C30 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 C33**

C31 If yes, how old was this child at the time of the FIRST plan?

Years AND Months

C32 Is this child CURRENTLY receiving services under one of these plans?

- Yes
- No

C33 Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?

- Yes
- No → **SKIP to question D1**

C34 If yes, how old was this child when he or she began receiving these special services?

Years AND Months

C35 Is this child CURRENTLY receiving these special services?

- Yes
- No

D. Experience with This Child's Health Care Providers

D1 Do you have one or more persons you think of as this child's personal doctor or nurse? A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.

- Yes, one person
- Yes, more than one person
- No

D2 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**

D3 How difficult was it to get referrals?

- Not difficult
- Somewhat difficult
- Very difficult
- It was not possible to get a referral



D4 Answer the following questions only if this child had a health care visit **IN THE PAST 12 MONTHS**. Otherwise skip to question **D13**.

DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers...

- | | Always | Usually | Sometimes | Never |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Spend enough time with this child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Listen carefully to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Show sensitivity to your family's values and customs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Provide the specific information you needed concerning this child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Help you feel like a partner in this child's care? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D5 **DURING THE PAST 12 MONTHS**, did this child need any decisions to be made regarding his or her health care, such as whether to get prescriptions, referrals, or procedures?

Yes

No → **SKIP to question D7**

D6 If yes, **DURING THE PAST 12 MONTHS**, how often did this child's doctors or other health care providers...

- | | Always | Usually | Sometimes | Never |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Discuss with you the range of options to consider for his or her health care or treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Make it easy for you to raise concerns or disagree with recommendations for this child's health care? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Work with you to decide together which health care and treatment choices would be best for this child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

D8 **DURING THE PAST 12 MONTHS**, have you felt that you could have used extra help arranging or coordinating this child's care among the different health care providers or services?

Yes

No → **SKIP to question D10**

D9 If yes, **DURING THE PAST 12 MONTHS**, how often did you get as much help as you wanted with arranging or coordinating this child's health care?

Usually

Sometimes

Never

D10 **DURING THE PAST 12 MONTHS**, how satisfied were you with the communication between this child's doctors and other health care providers?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

D11 **DURING THE PAST 12 MONTHS**, did this child's health care provider communicate with the child's school, child care provider, or special education program?

Yes

No → **SKIP to question D13**

Did not need health care provider to communicate with these providers → **SKIP to question D13**

D12 If yes, during this time, how satisfied were you with the health care provider's communication with the school, child care provider, or special education program?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

D13 Do any of this child's doctors or other health care providers treat only children?

Yes

No → **SKIP to question D15 on page 11**



D14 If yes, have they talked with you about when this child will need to see doctors or other health care providers who treat adults?

- Yes
- No

D15 Has this child's doctor or other health care provider actively worked with this child to:

- | | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D16 Did you and this child receive a summary of your child's medical history (for example, medical conditions, allergies, medications, immunizations)?

- Yes
- No

D17 Have this child's doctors or other health care providers worked with you and this child to create a plan of care to meet his or her health goals and needs?

- Yes
- No → **SKIP to question D20**

D18 If yes, do you and this child have access to this plan of care?

- Yes
- No

D19 Does this plan of care address transition to doctors and other health care providers who treat adults?

- Yes
- No
- No, child already sees providers who treat adults

D20 Eligibility for health insurance often changes in young adulthood. Do you know how this child will be insured as he or she becomes an adult?

- Yes → **SKIP to question E1**
- No

D21 If no, has anyone discussed with you how to obtain or keep some type of health insurance coverage as this child becomes an adult?

- Yes
- No

E. This Child's Health Insurance Coverage

E1 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 E4 on page 12**
- Yes, but this child had a gap in coverage
- No

E2 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 | No |
|--|--------------------------|--------------------------|
| a. Change in employer or employment status | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cancellation due to overdue premiums | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Dropped coverage because it was unaffordable | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Dropped coverage because benefits were inadequate | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Dropped coverage because choice of health care providers was inadequate | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Problems with application or renewal process | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other, specify: ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

E3 Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?

- Yes
- No → **SKIP to question F1 on page 12**



E4 Is this child **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark (X) Yes or No for EACH item.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| d. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other, specify: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E5 How often does this child's health insurance offer benefits or cover services that meet this child's needs?

- Always
- Usually
- Sometimes
- Never

E6 How often does this child's health insurance allow him or her to see the health care providers he or she needs?

- Always
- Usually
- Sometimes
- Never

E7 Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that meet these needs?

- This child does not use mental or behavioral health services
- Always
- Usually
- Sometimes
- Never

F. Providing for This Child's Health

F1 Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending 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 premiums or costs that were or will be reimbursed by insurance or another source.

- \$0 (No medical or health-related expenses) → **SKIP to question F4**
- \$1-\$249
- \$250-\$499
- \$500-\$999
- \$1,000-\$5,000
- More than \$5,000

F2 How often are these costs reasonable?

- Always
- Usually
- Sometimes
- Never

F3 **DURING THE PAST 12 MONTHS**, did your family have problems paying for any of this child's medical or health care bills?

- Yes
- No

F4 **DURING THE PAST 12 MONTHS**, have you or other family members...

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Left a job or taken a leave of absence because of this child's health or health conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cut down on the hours you work because of this child's health or health conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Avoided changing jobs because of concerns about maintaining health insurance for this child? | <input type="checkbox"/> | <input type="checkbox"/> |



F5 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 bandages, or giving medication and therapies when needed.*

- This child does not need health care provided at home on a weekly basis
- Less than 1 hour per week
- 1-4 hours per week
- 5-10 hours per week
- 11 or more hours per week

F6 IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making appointments or locating services?

- This child does not need health care coordinated on a weekly basis
- Less than 1 hour per week
- 1-4 hours per week
- 5-10 hours per week
- 11 or more hours per week

G. This Child's Schooling and Activities

G1 DURING THE PAST 12 MONTHS, about how many days did this child miss school because of illness or injury? *Include days missed from any formal home schooling.*

- No missed school days
- 1-3 days
- 4-6 days
- 7-10 days
- 11 or more days
- This child was not enrolled in school

G2 DURING THE PAST 12 MONTHS, how many times has this child's school contacted you or another adult in your household about any problems he or she is having with school?

- None
- 1 time
- 2 or more times

G3 SINCE STARTING KINDERGARTEN, has this child repeated any grades?

- Yes
- No

G4 DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in?

- Always
- Usually
- Sometimes
- Rarely
- Never

G5 DURING THE PAST 12 MONTHS, did this child participate in...

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. A sports team or did he or she take sports lessons after school or on weekends? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Any clubs or organizations after school or on weekends? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Any other organized activities or lessons, such as music, dance, language, or other arts? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Any type of community service or volunteer work at school, place of worship, or in the community? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work? | <input type="checkbox"/> | <input type="checkbox"/> |

G6 DURING THE PAST WEEK, on how many days did this child exercise, play a sport, or participate in physical activity for at least 60 minutes?

- 0 days
- 1-3 days
- 4-6 days
- Every day

G7 Compared to other children his or her age, how much difficulty does this child have making or keeping friends?

- No difficulty
- A little difficulty
- A lot of difficulty



H. About You and This Child

H1 Was this child born in the United States?

- Yes → **SKIP to question H3**
- No

H2 If no, how long has this child been living in the United States?

Years **AND** Months

H3 How many times has this child moved to a new address since he or she was born?

Number of times

H4 How often does this child go to bed at about the same time on weeknights?

- Always
- Usually
- Sometimes
- Rarely
- Never

H5 DURING THE PAST WEEK, how many hours of sleep did this child get on most weeknights?

- Less than 6 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 or more hours

H6 ON MOST WEEKDAYS, about how much time did this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media? *Do not include time spent doing schoolwork.*

- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 or more hours

H7 How well can you and this child share ideas or talk about things that really matter?

- Very well
- Somewhat well
- Not very well
- Not well at all

H8 How well do you think you are handling the day-to-day demands of raising children?

- Very well
- Somewhat well
- Not very well
- Not well at all

H9 DURING THE PAST MONTH, how often have you felt...

	Never	Rarely	Sometimes	Usually	Always
a. That this child is much harder to care for than most children his or her age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. That this child does things that really bother you a lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Angry with this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H10 DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?

- Yes
- No → **SKIP to question I1 on page 15**

H11 If yes, did you receive emotional support from...

	Yes	No
a. Spouse or domestic partner?	<input type="checkbox"/>	<input type="checkbox"/>
b. Other family member or close friend?	<input type="checkbox"/>	<input type="checkbox"/>
c. Health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
d. Place of worship or religious leader?	<input type="checkbox"/>	<input type="checkbox"/>
e. Support or advocacy group related to specific health condition?	<input type="checkbox"/>	<input type="checkbox"/>
f. Peer support group?	<input type="checkbox"/>	<input type="checkbox"/>
g. Counselor or other mental health professional?	<input type="checkbox"/>	<input type="checkbox"/>
h. Other person, specify: ↴	<input type="checkbox"/>	<input type="checkbox"/>



I. About Your Family and Household

11 DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal together?

- 0 days
- 1-3 days
- 4-6 days
- Every day

12 Does anyone living in your household use cigarettes, cigars, or pipe tobacco?

- Yes
- No → **SKIP to question 14**

13 If yes, does anyone smoke inside your home?

- Yes
- No

14 DURING THE PAST 12 MONTHS, how often were pesticides used inside your residence to control for insects? If the frequency changed throughout the year, report the highest frequency.

- More than once a week
- Once a week
- Once a month
- Once every 2-5 months
- Once every 6 months
- Once during the past 12 months
- Never
- Don't know

15 DURING THE PAST 12 MONTHS, other than in a shower or bathtub, have you seen any mold, mildew or other signs of water damage on walls or other surfaces inside your home?

- Yes
- No

16 When your family faces problems, how often are you likely to do each of the following?

	All of the time	Most of the time	Some of the time	None of the time
a. Talk together about what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work together to solve our problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Know we have strengths to draw on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stay hopeful even in difficult times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 SINCE THIS CHILD WAS BORN, how often has it been very hard to cover the basics, like food and housing, on your family's income?

- Never
- Rarely
- Somewhat often
- Very often

18 Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS?

- We could always afford to eat good nutritious meals.
- We could always afford enough to eat but not always the kinds of food we should eat.
- Sometimes we could not afford enough to eat.
- Often we could not afford enough to eat.

19 At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive...

	Yes	No
a. Cash assistance from a government welfare program?	<input type="checkbox"/>	<input type="checkbox"/>
b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?	<input type="checkbox"/>	<input type="checkbox"/>
c. Free or reduced-cost breakfasts or lunches at school?	<input type="checkbox"/>	<input type="checkbox"/>
d. Benefits from the Woman, Infants, and Children (WIC) Program?	<input type="checkbox"/>	<input type="checkbox"/>



110 In your neighborhood, is/are there:

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Sidewalks or walking paths? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A park or playground? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A recreation center, community center, or boys' and girls' club? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A library or bookmobile? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Litter or garbage on the street or sidewalk? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Poorly kept or rundown housing? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Vandalism such as broken windows or graffiti? | <input type="checkbox"/> | <input type="checkbox"/> |

111 To what extent do you agree with these statements about your neighborhood or community?

- | | Definitely agree | Somewhat agree | Somewhat disagree | Definitely disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. People in this neighborhood help each other out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. We watch out for each other's children in this neighborhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. This child is safe in our neighborhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. When we encounter difficulties, we know where to go for help in our community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. This child is safe at school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

112 Other than you or other adults in your home, is there at least one other adult in this child's school, neighborhood, or community who knows this child well and who he or she can rely on for advice or guidance?

- Yes
- No

113 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 uncomfortable with these questions. You may skip any questions you do not want to answer.

To the best of your knowledge, has this child EVER experienced any of the following?

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Parent or guardian divorced or separated | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Parent or guardian died | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Parent or guardian served time in jail | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Saw or heard parents or adults slap, hit, kick, punch one another in the home | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Was a victim of violence or witnessed violence in his or her neighborhood | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Lived with anyone who was mentally ill, suicidal, or severely depressed | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Lived with anyone who had a problem with alcohol or drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Treated or judged unfairly because of his or her race or ethnic group | <input type="checkbox"/> | <input type="checkbox"/> |



J. Child's Caregivers

→ Complete the questions for up to two adults in the household who are this child's primary caregivers. If there is just one adult primary caregiver, provide answers for that adult.

J1 How are you related to this child?

- Biological or Adoptive Parent
- Step-parent
- Grandparent
- Foster Parent
- Other: Relative
- Other: Non-Relative

J2 What is your sex?

- Male
- Female

J3 What is your age?

Age in years

J4 Where were you born?

- In the United States → **SKIP to question J6**
- Outside of the United States

J5 When did you come to live in the United States?

Year

J6 What is the highest grade or level of school you have completed? Mark (X) ONE box.

- 8th grade or less
- 9th-12th grade; No diploma
- High School Graduate or GED Completed
- Completed a vocational, trade, or business school program
- Some College Credit, but no Degree
- Associate Degree (AA, AS)
- Bachelor's Degree (BA, BS, AB)
- Master's Degree (MA, MS, MSW, MBA)
- Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

J7 What is your marital status?

- Married
- Not married, but living with a partner
- Never Married
- Divorced
- Separated
- Widowed

J8 In general, how is your physical health?

- Excellent
- Very good
- Good
- Fair
- Poor

J9 In general, how is your mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor



J10 Were you employed at least 50 out of the past 52 weeks?

- Yes
- No

J11 Have you ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.

- Never served in the military → **SKIP to question J13**
- Only on active duty for training in the Reserves or National Guard → **SKIP to question J13**
- Now on active duty
- On active duty in the past, but not now

J12 Were you deployed at any time during this child's life?

- Yes
- No

→ Questions J13 - J24 ask about another adult primary caregiver who may be in the household in addition to yourself.

J13 How is this adult primary caregiver in the household related to this child?

- There is only one primary adult caregiver in the household for this child → **SKIP to question K1 on page 19**
- Biological or Adoptive Parent
- Step-parent
- Grandparent
- Foster Parent
- Other: Relative
- Other: Non-Relative

J14 What is this primary caregiver's sex?

- Male
- Female

J15 What is this primary caregiver's age?

Age in years

J16 Where was this primary caregiver born?

- In the United States → **SKIP to question J18**
- Outside of the United States

J17 When did this primary caregiver come to live in the United States?

Year

J18 What is the highest grade or level of school this primary caregiver has completed? Mark (X) ONE box.

- 8th grade or less
- 9th-12th grade; No diploma
- High School Graduate or GED Completed
- Completed a vocational, trade, or business school program
- Some College Credit, but no Degree
- Associate Degree (AA, AS)
- Bachelor's Degree (BA, BS, AB)
- Master's Degree (MA, MS, MSW, MBA)
- Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

J19 What is this primary caregiver's marital status?

- Married
- Not married, but living with a partner
- Never Married
- Divorced
- Separated
- Widowed

J20 In general, how is this primary caregiver's physical health?

- Excellent
- Very good
- Good
- Fair
- Poor



J21 In general, how is this primary caregiver’s mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

J22 Was this primary caregiver employed at least 50 out of the past 52 weeks?

- Yes
- No

J23 Has this primary caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.

- Never served in the military → **SKIP to question K1**
- Only on active duty for training in the Reserves or National Guard → **SKIP to question K1**
- Now on active duty
- On active duty in the past, but not now

J24 Was this primary caregiver deployed at any time during this child’s life?

- Yes
- No

K. Household Information

K1 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

K2 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 2017

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.

Yes → \$, , , .00

No TOTAL AMOUNT in the last calendar year

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

Yes → \$, , , .00 Loss

No TOTAL AMOUNT in the last calendar year

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

Yes → \$, , , .00 Loss

No TOTAL AMOUNT in the last calendar year

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

Yes → \$, , , .00

No TOTAL AMOUNT in the last calendar year

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

Yes → \$, , , .00

No TOTAL AMOUNT in the last calendar year

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

Yes → \$, , , .00

No TOTAL AMOUNT in the last calendar year

K4 The following question is about your 2017 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.

\$, , , .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.

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.





Encuesta Nacional de Salud de los Niños

Un estudio realizado por el Departamento de Salud y Servicios Humanos de los EE. UU. para entender mejor los problemas de salud que enfrentan actualmente los(as) niños(as) en los Estados Unidos.



La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información y no se le permite divulgar sus respuestas de manera que usted o su hogar pudieran ser identificados. La Oficina del Censo de los Estados Unidos está llevando a cabo la Encuesta Nacional de Salud de los Niños para el Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS) en conformidad con la Sección 8(b) del Título 13, Código de los Estados Unidos, que le permite a la Oficina del Censo realizar encuestas para otras agencias. La Sección 701(a)(2) del Título 42, Código de los Estados Unidos, le permite al HHS recopilar información con el propósito de entender la salud y el bienestar de los(as) niños(as) en los Estados Unidos. Las leyes federales protegen su privacidad y mantienen confidenciales sus respuestas, en conformidad con la Sección 9 del Título 13, Código de los Estados Unidos. De acuerdo con la Ley para el Fortalecimiento de la Seguridad Cibernética del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten.

Cualquier información que proporcione será compartida para fines relacionados con el trabajo identificado anteriormente y según lo permitido por la Ley de Privacidad de 1974 (Sección 552 del Título 5, Código de los Estados Unidos) y SORN COMMERCE/CENSUS-3, Recopilación de la Encuesta Demográfica (Marco Muestral de la Oficina del Censo).

La participación en esta encuesta es voluntaria y no hay sanciones por negarse a responder a las preguntas. Sin embargo, su cooperación en la obtención de esta información necesaria es de suma importancia a fin de garantizar resultados completos y precisos.

NSCH-S-S1
(03/15/2018)



Comience Aquí

Responda hoy por la Internet en:

<https://respond.census.gov/nsch>

O

Llene y devuelva por correo este cuestionario tan pronto sea posible.

Gracias por ayudarnos a conocer sobre la salud y el bienestar de los(as) niños(as) de los Estados Unidos.

Si su hogar tiene niños(as) de 0 a 17 años de edad, las preguntas de esta encuesta deben ser contestadas por un adulto que esté familiarizado(a) con la salud y cuidado médico de estos(as) niños(as).

Si su hogar no tiene niños(as), por favor conteste la pregunta **1** y devuelva el cuestionario.

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.

En su casa

1 ¿Hay niños(as) de 0 a 17 años que usualmente viven o se quedan en esta dirección?

Sí

No – **NO CONTINUE.** Marque "No" y envíenos esta encuesta en el sobre adjunto. Es importante que recibamos una respuesta de cada hogar seleccionado para este estudio.


2 ¿Cuántos(as) niños(as) de 0 a 17 años de edad usualmente viven o se quedan en esta dirección?

Número de niños(as) que viven o se quedan en esta dirección

3 ¿Qué idioma se habla principalmente en el hogar?

Inglés

Español

Otro idioma, especifique: 

4 ¿Es esta casa, apartamento o casa móvil: –

Marque (X) **UNA sola casilla.**

Propiedad suya o de alguien en este hogar con una hipoteca o préstamo? *Incluya préstamos sobre el valor líquido de esta casa.*

Propiedad suya o de alguien en este hogar libre y sin deuda (sin una hipoteca o préstamo)?

Alquilada?

Ocupada sin pago de alquiler?

→ Responda a las preguntas restantes para cada uno de los(as) niños(as) de 0 a 17 años de edad que usualmente viven o se quedan en esta dirección.

Comience con el (la) NIÑO(A) MÁS JOVEN, a quien llamaremos "Niño(a) 1" y continúe con el(la) siguiente niño(a) más joven hasta haber respondido las preguntas para todos(as) los(as) niños(as) que usualmente viven o se quedan en esta dirección.



NIÑO(A) 1

(el/la) más joven

1 Nombre, Iniciales, o Apodo del (de la) niño(a) más joven

2 ¿Qué edad tiene este(a) niño(a)? Si el/la niño(a) tiene menos de un mes de edad, redondee la edad de meses a 1.

<input type="text"/>	<input type="text"/>	Años	<input type="radio"/>	<input type="text"/>	<input type="text"/>	Meses
----------------------	----------------------	------	-----------------------	----------------------	----------------------	-------

3 ¿Cuál es el sexo de este(a) niño(a)?

Masculino Femenino

→ **NOTA: Responda AMBAS PREGUNTAS, la pregunta 4 sobre el origen hispano Y la pregunta 5 sobre la raza. Para esta encuesta, origen hispano no es una raza.**

4 ¿Es este(a) niño(a) de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano(a), mexicano(a) americano(a), chicano(a)
- Sí, puertorriqueño(a)
- Sí, cubano(a)
- Sí, de otro origen hispano, latino o español

5 ¿Cuál es la raza de este(a) niño(a)? Marque (X) una o más casillas.

- | | |
|--|---|
| <input type="checkbox"/> Blanca | <input type="checkbox"/> Vietnamita |
| <input type="checkbox"/> Negra o afroamericana | <input type="checkbox"/> Otra asiática |
| <input type="checkbox"/> Indígena de las Américas o nativa de Alaska | <input type="checkbox"/> Nativa de Hawaii |
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Guameña o Chamorro |
| <input type="checkbox"/> China | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Otra de las Islas del Pacífico |
| <input type="checkbox"/> Japonesa | <input type="checkbox"/> Alguna otra raza |
| <input type="checkbox"/> Coreana | |

6 Conteste la siguiente pregunta sólo si este(a) niño(a) tiene al menos 4 años de edad. De lo contrario pase a la pregunta **7**.

¿Qué tan bien habla inglés este(a) niño(a)?

- Muy bien
- Bien
- Regular
- No habla inglés

7 ¿ACTUALMENTE este(a) niño(a) necesita o toma medicamentos recetados por un médico, aparte de vitaminas?

- Sí No

↳ Si la respuesta es sí, la necesidad de medicamentos recetados para este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta o alguna otra condición de salud?

- Sí No

↳ Si la respuesta es sí, ¿es ésta una condición que ha durado 12 meses o se espera que dure más de 12 meses?

- Sí No

8 ¿Necesita o utiliza este(a) niño(a) más servicios de atención médica, salud mental o educativos de los que normalmente requieren la mayoría de los(as) niños(as) de su misma edad?

- Sí No

↳ Si la respuesta es sí, la necesidad de servicios de atención médica, salud mental o educativos de este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta u otro problema de salud?

- Sí No

↳ Si la respuesta es sí, ¿es ésta una condición que ha durado 12 meses o se espera que dure más de 12 meses?

- Sí No

9 ¿Hay algo que le limite o le impida de alguna manera a este(a) niño(a) hacer las cosas que hacen la mayoría de los(as) niños(as) de su misma edad?

- Sí No

↳ Si la respuesta es sí, la limitación en las capacidades de este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta, o alguna otra condición de salud?

- Sí No

↳ Si la respuesta es sí, ¿es ésta una condición que ha durado 12 meses o se espera que dure más de 12 meses?

- Sí No

10 ¿Necesita o recibe este(a) niño(a) alguna terapia especial, como terapia física, ocupacional o del habla?

- Sí No

↳ Si la respuesta es sí, ¿se debe a ALGUNA condición médica, de conducta, o alguna otra condición de salud?

- Sí No

↳ Si la respuesta es sí, ¿es ésta una condición que ha durado 12 meses o se espera que dure más de 12 meses?

- Sí No

11 ¿Tiene este(a) niño(a) algún tipo de problema emocional, de desarrollo o de conducta para el cual necesita tratamiento o consejería?

- Sí No

↳ Si la respuesta es sí, este problema emocional, de desarrollo o de conducta, ¿ha durado 12 meses o se espera que dure más de 12 meses?

- Sí No



NIÑO(A) 2

(siguiente niño(a) más joven)

1 Nombre, Iniciales, o Apodo del (de la) siguiente niño(a) más joven

2 ¿Qué edad tiene este(a) niño(a)? Si el(la) niño(a) tiene menos de un mes de edad, redondee la edad de meses a 1.

<input type="text"/>	<input type="text"/>	Años	<input type="radio"/>	<input type="text"/>	<input type="text"/>	Meses
----------------------	----------------------	------	-----------------------	----------------------	----------------------	-------

3 ¿Cuál es el sexo de este(a) niño(a)?

Masculino Femenino

→ **NOTA: Responda AMBAS PREGUNTAS, la pregunta 4 sobre el origen hispano Y la pregunta 5 sobre la raza. Para esta encuesta, origen hispano no es una raza.**

4 ¿Es este(a) niño(a) de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano(a), mexicano(a) americano(a), chicano(a)
- Sí, puertorriqueño(a)
- Sí, cubano(a)
- Sí, de otro origen hispano, latino o español

5 ¿Cuál es la raza de este(a) niño(a)? Marque (X) una o más casillas.

- | | |
|--|---|
| <input type="checkbox"/> Blanca | <input type="checkbox"/> Vietnamita |
| <input type="checkbox"/> Negra o afroamericana | <input type="checkbox"/> Otra asiática |
| <input type="checkbox"/> Indígena de las Américas o nativa de Alaska | <input type="checkbox"/> Nativa de Hawaii |
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Guameña o Chamorro |
| <input type="checkbox"/> China | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Otra de las Islas del Pacífico |
| <input type="checkbox"/> Japonesa | <input type="checkbox"/> Alguna otra raza |
| <input type="checkbox"/> Coreana | |

6 Conteste la siguiente pregunta sólo si este(a) niño(a) tiene al menos 4 años de edad. De lo contrario pase a la pregunta **7**.

¿Qué tan bien habla inglés este(a) niño(a)?

- Muy bien
- Bien
- Regular
- No habla inglés

7 ¿ACTUALMENTE este(a) niño(a) necesita o toma medicamentos recetados por un médico, aparte de vitaminas?

Sí No

↳ Si la respuesta es sí, la necesidad de medicamentos recetados para este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta o alguna otra condición de salud?

Sí No

↳ Si la respuesta es sí, ¿es ésta una condición que ha durado 12 meses o se espera que dure más de 12 meses?

Sí No

8 ¿Necesita o utiliza este(a) niño(a) más servicios de atención médica, salud mental o educativos de los que normalmente requieren la mayoría de los(as) niños(as) de su misma edad?

Sí No

↳ Si la respuesta es sí, la necesidad de servicios de atención médica, salud mental o educativos de este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta u otro problema de salud?

Sí No

↳ Si la respuesta es sí, ¿es ésta una condición que ha durado 12 meses o se espera que dure más de 12 meses?

Sí No

9 ¿Hay algo que le limite o le impida de alguna manera a este(a) niño(a) hacer las cosas que hacen la mayoría de los(as) niños(as) de su misma edad?

Sí No

↳ Si la respuesta es sí, la limitación en las capacidades de este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta, o alguna otra condición de salud?

Sí No

↳ Si la respuesta es sí, ¿es ésta una condición que ha durado 12 meses o se espera que dure más de 12 meses?

Sí No

10 ¿Necesita o recibe este(a) niño(a) alguna terapia especial, como terapia física, ocupacional o del habla?

Sí No

↳ Si la respuesta es sí, ¿se debe a ALGUNA condición médica, de conducta, o alguna otra condición de salud?

Sí No

↳ Si la respuesta es sí, ¿es ésta una condición que ha durado 12 meses o se espera que dure más de 12 meses?

Sí No

11 ¿Tiene este(a) niño(a) algún tipo de problema emocional, de desarrollo o de conducta para el cual necesita tratamiento o consejería?

Sí No

↳ Si la respuesta es sí, este problema emocional, de desarrollo o de conducta, ¿ha durado 12 meses o se espera que dure más de 12 meses?

Sí No



NIÑO(A) 3

(siguiente niño(a) más joven)

1 Nombre, Iniciales, o Apodo del (de la) siguiente niño(a) más joven

2 ¿Qué edad tiene este(a) niño(a)? Si el(la) niño(a) tiene menos de un mes de edad, redondee la edad de meses a 1.

<input type="text"/>	<input type="text"/>	Años	<input type="radio"/>	<input type="text"/>	<input type="text"/>	Meses
----------------------	----------------------	------	-----------------------	----------------------	----------------------	-------

3 ¿Cuál es el sexo de este(a) niño(a)?

Masculino Femenino

→ **NOTA: Responda AMBAS PREGUNTAS, la pregunta 4 sobre el origen hispano Y la pregunta 5 sobre la raza. Para esta encuesta, origen hispano no es una raza.**

4 ¿Es este(a) niño(a) de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano(a), mexicano(a) americano(a), chicano(a)
- Sí, puertorriqueño(a)
- Sí, cubano(a)
- Sí, de otro origen hispano, latino o español

5 ¿Cuál es la raza de este(a) niño(a)? Marque (X) una o más casillas.

- | | |
|--|---|
| <input type="checkbox"/> Blanca | <input type="checkbox"/> Vietnamita |
| <input type="checkbox"/> Negra o afroamericana | <input type="checkbox"/> Otra asiática |
| <input type="checkbox"/> Indígena de las Américas o nativa de Alaska | <input type="checkbox"/> Nativa de Hawaii |
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Guameña o Chamorro |
| <input type="checkbox"/> China | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Otra de las Islas del Pacífico |
| <input type="checkbox"/> Japonesa | <input type="checkbox"/> Alguna otra raza |
| <input type="checkbox"/> Coreana | |

6 Conteste la siguiente pregunta sólo si este(a) niño(a) tiene al menos 4 años de edad. De lo contrario pase a la pregunta **7**.

¿Qué tan bien habla inglés este(a) niño(a)?

- Muy bien
- Bien
- Regular
- No habla inglés

7 ¿ACTUALMENTE este(a) niño(a) necesita o toma medicamentos recetados por un médico, aparte de vitaminas?

Sí No

↳ Si la respuesta es sí, la necesidad de medicamentos recetados para este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta o alguna otra condición de salud?

Sí No

↳ Si la respuesta es sí, ¿es ésta una condición que ha durado 12 meses o se espera que dure más de 12 meses?

Sí No

8 ¿Necesita o utiliza este(a) niño(a) más servicios de atención médica, salud mental o educativos de los que normalmente requieren la mayoría de los(as) niños(as) de su misma edad?

Sí No

↳ Si la respuesta es sí, la necesidad de servicios de atención médica, salud mental o educativos de este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta u otro problema de salud?

Sí No

↳ Si la respuesta es sí, ¿es ésta una condición que ha durado 12 meses o se espera que dure más de 12 meses?

Sí No

9 ¿Hay algo que le limite o le impida de alguna manera a este(a) niño(a) hacer las cosas que hacen la mayoría de los(as) niños(as) de su misma edad?

Sí No

↳ Si la respuesta es sí, la limitación en las capacidades de este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta, o alguna otra condición de salud?

Sí No

↳ Si la respuesta es sí, ¿es ésta una condición que ha durado 12 meses o se espera que dure más de 12 meses?

Sí No

10 ¿Necesita o recibe este(a) niño(a) alguna terapia especial, como terapia física, ocupacional o del habla?

Sí No

↳ Si la respuesta es sí, ¿se debe a ALGUNA condición médica, de conducta, o alguna otra condición de salud?

Sí No

↳ Si la respuesta es sí, ¿es ésta una condición que ha durado 12 meses o se espera que dure más de 12 meses?

Sí No

11 ¿Tiene este(a) niño(a) algún tipo de problema emocional, de desarrollo o de conducta para el cual necesita tratamiento o consejería?

Sí No

↳ Si la respuesta es sí, este problema emocional, de desarrollo o de conducta, ¿ha durado 12 meses o se espera que dure más de 12 meses?

Sí No



NIÑO(A) 4

(siguiente niño(a) más joven)

1 Nombre, Iniciales, o Apodo del (de la) siguiente niño(a) más joven

2 ¿Qué edad tiene este(a) niño(a)? Si el(la) niño(a) tiene menos de un mes de edad, redondee la edad de meses a 1.

<input type="text"/>	<input type="text"/>	Años	<input type="radio"/>	<input type="text"/>	<input type="text"/>	Meses
----------------------	----------------------	------	-----------------------	----------------------	----------------------	-------

3 ¿Cuál es el sexo de este(a) niño(a)?

Masculino Femenino

→ **NOTA: Responda AMBAS PREGUNTAS, la pregunta 4 sobre el origen hispano Y la pregunta 5 sobre la raza. Para esta encuesta, origen hispano no es una raza.**

4 ¿Es este(a) niño(a) de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano(a), mexicano(a) americano(a), chicano(a)
- Sí, puertorriqueño(a)
- Sí, cubano(a)
- Sí, de otro origen hispano, latino o español

5 ¿Cuál es la raza de este(a) niño(a)? Marque (X) una o más casillas.

- | | |
|--|---|
| <input type="checkbox"/> Blanca | <input type="checkbox"/> Vietnamita |
| <input type="checkbox"/> Negra o afroamericana | <input type="checkbox"/> Otra asiática |
| <input type="checkbox"/> Indígena de las Américas o nativa de Alaska | <input type="checkbox"/> Nativa de Hawaii |
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Guameña o Chamorro |
| <input type="checkbox"/> China | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Otra de las Islas del Pacífico |
| <input type="checkbox"/> Japonesa | <input type="checkbox"/> Alguna otra raza |
| <input type="checkbox"/> Coreana | |

6 Conteste la siguiente pregunta sólo si este(a) niño(a) tiene al menos 4 años de edad. De lo contrario pase a la pregunta **7**.

¿Qué tan bien habla inglés este(a) niño(a)?

- Muy bien
- Bien
- Regular
- No habla inglés

7 ¿ACTUALMENTE este(a) niño(a) necesita o toma medicamentos recetados por un médico, aparte de vitaminas?

Sí No

↳ Si la respuesta es sí, la necesidad de medicamentos recetados para este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta o alguna otra condición de salud?

Sí No

↳ Si la respuesta es sí, ¿es ésta una condición que ha durado 12 meses o se espera que dure más de 12 meses?

Sí No

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Sí No

↳ Si la respuesta es sí, la necesidad de servicios de atención médica, salud mental o educativos de este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta u otro problema de salud?

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↳ Si la respuesta es sí, ¿es ésta una condición que ha durado 12 meses o se espera que dure más de 12 meses?

Sí No

9 ¿Hay algo que le limite o le impida de alguna manera a este(a) niño(a) hacer las cosas que hacen la mayoría de los(as) niños(as) de su misma edad?

Sí No

↳ Si la respuesta es sí, la limitación en las capacidades de este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta, o alguna otra condición de salud?

Sí No

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Sí No

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Sí No

↳ Si la respuesta es sí, ¿se debe a ALGUNA condición médica, de conducta, o alguna otra condición de salud?

Sí No

↳ Si la respuesta es sí, ¿es ésta una condición que ha durado 12 meses o se espera que dure más de 12 meses?

Sí No

11 ¿Tiene este(a) niño(a) algún tipo de problema emocional, de desarrollo o de conducta para el cual necesita tratamiento o consejería?

Sí No

↳ Si la respuesta es sí, este problema emocional, de desarrollo o de conducta, ¿ha durado 12 meses o se espera que dure más de 12 meses?

Sí No



→ Si hay más de cuatro niños(as) de 0 a 17 años que usualmente viven o se quedan en esta dirección, escriba el nombre, las iniciales o el apodo de cada niño(a), y también su edad y sexo.

No repita la información de los(as) niños(as) 1 a 4 ya incluidos anteriormente.

NIÑO(A) 5

*((siguiente niño(a)
más joven)*

Nombre, Iniciales, o Apodo

Edad

Años

O

Meses

Sexo

Masculino

Femenino

NIÑO(A) 6

*(siguiente niño(a)
más joven)*

Nombre, Iniciales, o Apodo

Edad

Años

O

Meses

Sexo

Masculino

Femenino

NIÑO(A) 7

*(siguiente niño(a)
más joven)*

Nombre, Iniciales, o Apodo

Edad

Años

O

Meses

Sexo

Masculino

Femenino

NIÑO(A) 8

*(siguiente niño(a)
más joven)*

Nombre, Iniciales, o Apodo

Edad

Años

O

Meses

Sexo

Masculino

Femenino

NIÑO(A) 9

*(siguiente niño(a)
más joven)*

Nombre, Iniciales, o Apodo

Edad

Años

O

Meses

Sexo

Masculino

Femenino

NIÑO(A) 10

*(siguiente niño(a)
más joven)*

Nombre, Iniciales, o Apodo

Edad

Años

O

Meses

Sexo

Masculino

Femenino



Instrucciones de envío postal

Gracias por su participación.

En nombre del Departamento de Salud y Servicios Humanos de los EE.UU., queremos agradecerle por su esfuerzo y el tiempo que dedicó para compartir esta información sobre este(a) niño(a) y su familia.

Sus respuestas son importantes para nosotros y facilitarán que investigadores, personas encargadas de formular políticas públicas y defensores de la familia comprendan mejor las necesidades en materia de salud y atención médica de los(as) niños(as) de nuestra población diversa.

→ Asegúrese de que:

- Escribió todos los nombres, iniciales o apodos de los(as) niños(as) de 0 a 17 años de edad en el hogar
- Contestó todas las preguntas para cada uno(a) de los(as) niños(as) incluidos(as)

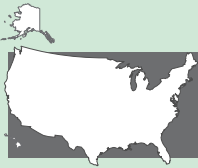
→ Coloque el cuestionario completado en el sobre con franqueo pagado. Si el sobre se ha extraviado, envíe el cuestionario por correo a:

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

También puede llamar al **1-800-845-8241** para solicitar un sobre de reemplazo.

Se calcula que el tiempo promedio necesario para recopilar esta información es de 5 minutos por respuesta, que incluye el tiempo para revisar las instrucciones, buscar las fuentes de datos existentes, recopilar y mantener los datos necesarios, y completar y revisar la recopilación de la información. Para realizar comentarios sobre este cálculo o sobre cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir el tiempo que toma, escriba a: Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a DEMO.Paperwork@census.gov; escriba como asunto "Paperwork Project 0607-0990".





Encuesta Nacional de Salud de los Niños

Un estudio realizado por el Departamento de Salud y Servicios Humanos de los EE. UU. para entender mejor los problemas de salud que enfrentan actualmente los(as) niños(as) en los Estados Unidos.



La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información y no se le permite divulgar sus respuestas de manera que usted o su hogar pudieran ser identificados. La Oficina del Censo de los Estados Unidos está llevando a cabo la Encuesta Nacional de Salud de los Niños para el Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS) en conformidad con la Sección 8(b) del Título 13, Código de los Estados Unidos, que le permite a la Oficina del Censo realizar encuestas para otras agencias. La Sección 701(a)(2) del Título 42, Código de los Estados Unidos, le permite al HHS recopilar información con el propósito de entender la salud y el bienestar de los(as) niños(as) en los Estados Unidos. Las leyes federales protegen su privacidad y mantienen confidenciales sus respuestas, en conformidad con la Sección 9 del Título 13, Código de los Estados Unidos. De acuerdo con la Ley para el Fortalecimiento de la Seguridad Cibernética del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten.

Cualquier información que proporcione será compartida para fines relacionados con el trabajo identificado anteriormente y según lo permitido por la Ley de Privacidad de 1974 (Sección 552 del Título 5, Código de los Estados Unidos) y SORN COMMERCE/CENSUS-3, Recopilación de la Encuesta Demográfica (Marco Muestral de la Oficina del Censo).

La participación en esta encuesta es voluntaria y no hay sanciones por negarse a responder a las preguntas. Sin embargo, su cooperación en la obtención de esta información necesaria es de suma importancia a fin de garantizar resultados completos y precisos.

NSCH-S-T1
(05/02/2018)



Comience Aquí

Recientemente, usted completó una encuesta con preguntas sobre los(as) niños(as) que usualmente viven o se quedan en esta dirección. Gracias por tomar de su tiempo para completar esta encuesta.

Ahora le haremos algunas preguntas de seguimiento sobre:

Si el nombre que aparece anteriormente es incorrecto o no corresponde a un(a) niño(a) que viva en este hogar, llame al 1-800-845-8241.

Hemos seleccionado solamente a un(a) niño(a) por hogar con el fin de minimizar la cantidad de tiempo que necesitará para responder a las preguntas de seguimiento.

La encuesta deberá ser completada por un adulto familiarizado con la salud y atención médica de este(a) niño(a).

Su participación es importante. Gracias.

A. La salud de este(a) niño(a)

A1 En general, ¿cómo describiría la salud de este(a) niño(a) (cuyo nombre aparece más arriba)?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

A2 ¿Cómo describiría la salud dental de este(a) niño(a)?

- Este(a) niño(a) no tiene dientes
- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

A3 ¿Con qué frecuencia...

	Siempre	Casi siempre	A veces	Nunca
a. Este(a) niño(a) es cariñoso(a) y tierno(a) con usted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Este(a) niño(a) se recupera rápidamente cuando las cosas no salen como él o ella quiere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Este(a) niño(a) muestra interés y curiosidad por aprender cosas nuevas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Este(a) niño(a) sonríe y se ríe mucho?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4 DURANTE LOS ÚLTIMOS 12 MESES, ¿este(a) niño(a) ha tenido dificultades CRÓNICAS o FRECUENTES con cualquiera de los(as) siguientes?

	Sí	No
a. Respirar u otros problemas respiratorios (como respiración sibilante o falta de aire)	<input type="checkbox"/>	<input type="checkbox"/>
b. Comer o tragar debido a una condición médica	<input type="checkbox"/>	<input type="checkbox"/>
c. Digerir la comida, incluyendo problemas estomacales o intestinales, estreñimiento o diarrea	<input type="checkbox"/>	<input type="checkbox"/>
d. Dolor físico crónico o recurrente, incluyendo dolor de cabeza, dolor de espalda o dolor corporal.	<input type="checkbox"/>	<input type="checkbox"/>
e. Usando sus manos	<input type="checkbox"/>	<input type="checkbox"/>
f. Coordinación o moviéndose	<input type="checkbox"/>	<input type="checkbox"/>
g. Dolor de muelas	<input type="checkbox"/>	<input type="checkbox"/>
h. Sangrado en las encías	<input type="checkbox"/>	<input type="checkbox"/>
i. Dientes deteriorados o caries	<input type="checkbox"/>	<input type="checkbox"/>

A5 ¿Presenta este(a) niño(a) alguno de los siguientes problemas?

	Sí	No
a. Sordera o problemas de audición	<input type="checkbox"/>	<input type="checkbox"/>
b. Ceguera o problemas de la vista, incluso cuando usa anteojos o lentes	<input type="checkbox"/>	<input type="checkbox"/>



ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A6 ¿Alergias (incluyendo alimentos, medicamentos, insectos o de otro tipo)?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A7 ¿Artritis?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A8 ¿Asma?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A9 ¿Lesión cerebral, contusión o lesión en la cabeza?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A10 ¿Parálisis cerebral?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A11 ¿Diabetes?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A12 ¿Epilepsia o trastornos convulsivos?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A13 ¿Condición o problemas cardíacos?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A14 ¿Dolores de cabeza frecuentes o intensos, incluyendo migrañas?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A15 ¿Síndrome de Tourette?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave



ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A16 ¿Problemas de ansiedad?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A17 ¿Depresión?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A18 ¿Síndrome de Down?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A19 ¿Trastornos sanguíneos (como enfermedad de anemia drepanocítica o de células falciformes, talasemia o hemofilia)?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

↳ Si la respuesta es sí, ¿fue este(a) niño(a) diagnosticado(a) con:

	Sí	No
Enfermedad de anemia drepanocítica	<input type="checkbox"/>	<input type="checkbox"/>
Talasemia	<input type="checkbox"/>	<input type="checkbox"/>
Hemofilia	<input type="checkbox"/>	<input type="checkbox"/>
Otros trastornos sanguíneos	<input type="checkbox"/>	<input type="checkbox"/>

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A20 ¿Fibrosis quística?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

A21 ¿Otra condición genética o hereditaria?

Sí No

↳ Si la respuesta es sí, especifique: ↴

↳ La condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

ALGUNA VEZ un médico, otro proveedor de atención médica o un educador le ha dicho a usted que este(a) niño(a) padece de...

Algunos ejemplos de educadores son maestros(as) y enfermeros(as) escolares.

A22 ¿Problemas de comportamiento o conducta?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A23 ¿Retraso en el desarrollo?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave



ALGUNA VEZ un médico, otro proveedor de atención médica o un educador le ha dicho a usted que este(a) niño(a) padece de...

Algunos ejemplos de educadores son maestros(as) y enfermeros(as) escolares.

A24 ¿Discapacidad intelectual (anteriormente conocida como retraso mental)?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la discapacidad **ACTUALMENTE**?

Sí No

↳ Si la respuesta es sí, la discapacidad es:

Leve Moderada Grave

A25 ¿Trastorno del habla u otro trastorno del lenguaje?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición **ACTUALMENTE**?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A26 ¿Discapacidades del aprendizaje?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la discapacidad **ACTUALMENTE**?

Sí No

↳ Si la respuesta es sí, la discapacidad es:

Leve Moderada Grave

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A27 ¿Cualquier otra condición de salud mental?

Sí No

↳ Si la respuesta es sí, especifique:

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición **ACTUALMENTE**?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A28 ¿**ALGUNA VEZ** le ha dicho a usted un médico u otro proveedor de atención médica que este(a) niño(a) padece de Autismo o Trastorno del Espectro Autista (TEA)? Incluya los diagnósticos de Síndrome de Asperger o Trastorno Generalizado del Desarrollo (TGD).

Sí No → **PASE a la pregunta A33 en la página 6**

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición **ACTUALMENTE**?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A29 ¿Qué edad tenía este(a) niño(a) cuando un médico u otro proveedor de atención médica le dijo a usted por **PRIMERA VEZ** que este(a) niño(a) tenía Autismo, Trastornos del Espectro Autista (TEA), Síndrome de Asperger o Trastorno Generalizado del Desarrollo (TGD)?

Edad en años No sabe

A30 ¿Qué tipo de médico u otro proveedor de atención médica fue el **PRIMERO** en decirle a usted que este(a) niño(a) tenía Autismo, Trastornos del Espectro Autista (TEA), Síndrome de Asperger, o Trastorno Generalizado del Desarrollo (TGD)? Marque (X) sólo **UNA** opción.

Proveedor de atención primaria

Especialista

Psicólogo(a)/consejero(a) escolar

Otro(a) psicólogo(a) (no escolar)

Psiquiatra

Otro(a), especifique:

No sabe

A31 ¿Toma este(a) niño(a) **ACTUALMENTE** medicamentos para tratar el Autismo, los Trastornos del Espectro Autista (TEA), Síndrome de Asperger, o el Trastorno Generalizado del Desarrollo (TGD)?

Sí No



A32 En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) tratamiento de la conducta por Autismo, Trastornos del Espectro Autista (TEA), Síndrome de Asperger, o Trastorno Generalizado del Desarrollo (TGD), tal como alguna capacitación o intervención que haya recibido usted o este(a) niño(a) para ayudar con su conducta?

Sí No

A33 ¿ALGUNA VEZ le dijo a usted un médico u otro proveedor de atención médica que este(a) niño(a) padece del Trastorno por Déficit de Atención o del Trastorno por Déficit de Atención e Hiperactividad, es decir, TDA or TDAH?

Sí No → **PASE a la pregunta A36**

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A34 ¿Toma este(a) niño(a) ACTUALMENTE medicamentos para tratar el Trastorno por Déficit de Atención (TDA) o el Trastorno por Déficit de Atención con Hiperactividad (TDAH)?

Sí No

A35 En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) tratamiento de la conducta por el Trastorno por Déficit de Atención (TDA) o Trastorno por Déficit de Atención e Hiperactividad (TDAH), tal como alguna capacitación o intervención que haya recibido usted o este(a) niño(a) para ayudar con su conducta?

Sí No

A36 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia las condiciones o los problemas de salud de este(a) niño(a) afectaron su capacidad para hacer actividades que realizan otros(as) niños(as) de su edad?

Este(a) niño(a) no padece ninguna condición médica → **PASE a la pregunta B1**

Nunca

A veces

Casi siempre

Siempre

A37 ¿En qué medida las condiciones o problemas de salud de este(a) niño(a) afectan su capacidad de hacer actividades?

Muy poco

Algo

En gran medida

B. Este(a) niño(a) cuando era bebé

B1 ¿Nació este(a) niño(a) más de 3 semanas antes de la fecha para la cual se esperaba el parto?

Sí

No

B2 ¿Cuánto pesó al nacer?

Responda utilizando libras y onzas O kilogramos y gramos. Puede proveer su mejor aproximación o estimación.

libras Y onzas

O

kilogramos Y gramos

B3 ¿Qué edad tenía la madre cuando nació este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

Edad en años

B4 ALGUNA VEZ, ¿fue amamantado(a) o tomó leche materna este(a) niño(a)?

Sí

No → **PASE a la pregunta B6 en la página 7**

B5 Si la respuesta es sí, ¿qué edad tenía este(a) niño(a) cuando dejó COMPLETAMENTE de ser amamantado(a) o de tomar leche materna?

días

O

semanas

O

meses

O

Marque esta casilla si este(a) niño(a) aún está amamantando



B6 ¿Qué edad tenía este(a) niño(a) cuando tomó leche de fórmula por PRIMERA VEZ?

Marque esta casilla si este(a) niño(a) nunca tomó leche de fórmula

Al nacer

días

semanas

meses

B7 ¿Qué edad tenía este(a) niño(a) cuando ingirió por PRIMERA VEZ otros alimentos aparte de leche materna o de fórmula? Incluya jugo, leche de vaca, agua con azúcar, alimento para bebé o cualquier otra cosa que haya ingerido este(a) niño(a), incluso agua.

Marque esta casilla si este(a) niño(a) nunca ingirió otro alimento aparte de leche materna o de fórmula

Al nacer

días

semanas

meses

C. Servicios de atención médica

C1 DURANTE LOS ÚLTIMOS 12 MESES, ¿vio este(a) niño(a) a algún médico, enfermero(a) u otro profesional de la salud para recibir atención médica (por ejemplo, para cuidado preventivo, cuidado médico, hospitalizaciones)?

Sí

No → PASE a la pregunta **C4**

C2 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces tuvo este(a) niño(a) una consulta con un médico, enfermero(a) u otro(a) profesional de la salud para realizarse un chequeo PREVENTIVO? El chequeo preventivo se realiza cuando este(a) niño(a) no ha estado enfermo(a) ni lesionado(a), tal como un chequeo preventivo anual o un examen físico para hacer deporte o la visita de niño sano.

0 visitas

1 visita

2 visitas o más

C3 Pensando en la ÚLTIMA VEZ que llevó al (a la) niño a un chequeo PREVENTIVO, ¿aproximadamente cuánto tiempo en el consultorio estuvo con usted el médico o proveedor de atención médica que examinó a este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

Menos de 10 minutos

De 10 a 20 minutos

Más de 20 minutos

C4 ¿Cuál es la estatura ACTUAL de este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

pies Y pulgadas

metros Y centímetros

C5 ¿Cuál es el peso ACTUAL de este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

libras Y onzas

kilogramos Y gramos

C6 ¿Le preocupa el peso de este(a) niño(a)?

Sí, este(a) niño(a) pesa mucho

Sí, este(a) niño(a) pesa muy poco

No, no me preocupa



C7 ¿Alguna vez un médico u otro proveedor de atención médica le ha dicho a usted que este(a) niño(a) tiene sobrepeso?

- Sí
- No

C8 DURANTE LOS ÚLTIMOS 12 MESES, ¿le preguntaron los médicos o proveedores de atención médica de este(a) niño(a) si usted estaba preocupado(a) por el aprendizaje, el desarrollo o la conducta de este(a) niño(a)?

- Sí
- No

C9 Conteste la siguiente pregunta sólo si este(a) niño(a) tiene al menos 9 meses de edad. De lo contrario pase a la pregunta **C10**.

DURANTE LOS ÚLTIMOS 12 MESES, ¿le pidió un médico u otro proveedor de atención médica a usted u otro cuidador que completara un cuestionario sobre las inquietudes u observaciones que pudiera tener sobre el desarrollo, la comunicación o el comportamiento social de este(a) niño(a)? A veces el médico u otro proveedor de atención médica le solicitará al padre o la madre que complete éste en casa o durante la visita de este(a) niño(a).

- Sí No

→ Si la respuesta es sí, y este(a) niño(a) tiene entre 9 y 23 meses:

Incluyó el cuestionario preguntas sobre sus inquietudes u observaciones acerca de:
Marque (X) TODAS las que apliquen.

- ¿Cómo habla este(a) niño(a) o emite los sonidos del habla?
- ¿Cómo interactúa este(a) niño(a) con usted y los demás?

→ Si la respuesta es sí, y este(a) niño(a) tiene entre 2 y 5 años:

Incluyó el cuestionario preguntas sobre sus inquietudes u observaciones acerca de:
Marque (X) TODAS las que apliquen.

- ¿Palabras y frases que este(a) niño(a) usa y comprende?
- ¿Cómo se comporta y se lleva con usted y los demás este(a) niño(a)?

C10 ¿Hay algún lugar en donde usted u otro cuidador USUALMENTE lleva a este(a) niño(a) cuando está enfermo(a) o necesita asesoramiento sobre la salud de este(a) niño(a)?

- Sí
- No → PASE a la pregunta **C12**

C11 Si la respuesta es sí, ¿adónde NORMALMENTE va este(a) niño(a) primero? Marque (X) SÓLO una opción.

- Consultorio del médico
- Sala de emergencias del hospital
- Departamento de pacientes ambulatorios del hospital
- Clínica o centro de salud
- Clínica ambulatoria dentro de un negocio o "Minute Clinic"
- Escuela (enfermería, oficina del entrenador atlético)
- Algún otro lugar

C12 ¿Hay algún lugar a donde este(a) niño(a) USUALMENTE va cuando necesita atención preventiva de rutina, como un examen físico o un chequeo de niño sano?

- Sí
- No → PASE a la pregunta **C14**

C13 Si la respuesta es sí, ¿es éste el mismo lugar a donde el(la) niño(a) va cuando está enfermo(a)?

- Sí
- No

C14 DURANTE LOS ÚLTIMOS 12 MESES, ¿se le hizo a este(a) niño(a) un examen de la vista, utilizando imágenes, formas o letras?

- Sí
- No → PASE a la pregunta **C16** en la página 9

C15 Si la respuesta es sí, ¿dónde se le examinó la vista a este(a) niño(a)? Marque (X) TODAS las que apliquen.

- Consultorio de un oculista o especialista en ojos (oftalmólogo, optometrista)
- Consultorio del pediatra u otro médico generalista
- Clínica o centro de salud
- Escuela
- Otro(a), especifique: ↴



C16 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) al dentista u otro profesional de la salud oral para recibir algún tipo de atención o cuidado dental u oral?

- Sí, fue al dentista
- Sí, fue a otro(a) profesional de la salud oral
- No → **PASE a la pregunta C19**

C17 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) al dentista u otro(a) profesional de la salud oral para recibir atención preventiva, como chequeos, limpiezas dentales, selladores dentales o tratamientos de fluoruro?

- No tuvo visitas preventivas en los últimos 12 meses → **PASE a la pregunta C19**
- Sí, 1 visita
- Sí, 2 visitas o más

C18 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿qué servicio(s) dental(es) preventivo(s) recibió este(a) niño(a)? Marque (X) TODAS las que apliquen.

- Chequeo
- Limpieza
- Instrucciones sobre cepillado de dientes y cuidado de la salud oral
- Radiografías
- Tratamiento de fluoruro
- Sellador (sellador plástico en muelas posteriores)
- No sabe

C19 DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) algún tratamiento, consejería o asesoría por parte de un profesional de la salud mental?

Los profesionales de salud mental incluyen psiquiatras, psicólogos(as), enfermeros(as) psiquiátricos(as) y trabajadores sociales clínicos.

- Sí
- No, pero este(a) niño(a) necesitaba ver a un profesional de la salud mental
- No, este(a) niño(a) no necesitó ver a un profesional de la salud mental → **PASE a la pregunta C21**

C20 ¿Qué tan difícil le resultó obtener el tratamiento, consejería o asesoría de salud mental que este(a) niño(a) necesitaba?

- No fue difícil
- Algo difícil
- Muy difícil
- No fue posible obtenerlo

C21 DURANTE LOS ÚLTIMOS 12 MESES, ¿tomó este(a) niño(a) algún medicamento debido a dificultades con sus emociones, concentración o conducta?

- Sí
- No

C22 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) a algún especialista aparte de un profesional de la salud mental? *Los especialistas son médicos como cirujanos, cardiólogos(as), alergistas, dermatólogos y otros médicos que se especializan en una sola área de la atención médica.*

- Sí
- No, pero este(a) niño(a) necesitó ver a un especialista
- No, este(a) niño(a) no necesitó ver a un especialista → **PASE a la pregunta C24**

C23 ¿Qué tan difícil le resultó a usted que este(a) niño(a) recibiera la atención del especialista que necesitaba?

- No fue difícil
- Algo difícil
- Muy difícil
- No fue posible obtenerla

C24 DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó este(a) niño(a) algún tipo de cuidado médico o tratamiento alternativo? *El cuidado médico o tratamiento alternativo puede incluir acupuntura, atención quiropráctica, terapias de relajación, suplementos a base de hierbas y otros tratamientos. Algunas terapias implican ver a un proveedor de atención médica, mientras que otras se pueden realizar por cuenta propia.*

- Sí
- No



C25 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este(a) niño(a) atención médica en alguna ocasión pero no la recibió? *Por atención médica nos referimos a la atención médica así como atención dental, de la vista y de salud mental.*

- Sí
- No → **PASE a la pregunta C28**

C26 Si la respuesta es sí, ¿qué tipo de atención no recibió? *Marque (X) TODAS las que apliquen.*

- Atención médica
- Atención dental
- Atención de la vista
- Atención de la audición
- Servicios de salud mental
- Otro(a), *especifique:* ↴

C27 ¿Cuáles de las siguientes razones contribuyeron a que este(a) niño(a) no recibiera los servicios de salud necesarios? *Marque (X) Sí o No en cada categoría.*

	Sí	No
a. Este(a) niño(a) no era elegible para recibir los servicios	<input type="checkbox"/>	<input type="checkbox"/>
b. Los servicios que necesitaba este(a) niño(a) no estaban disponibles en su área	<input type="checkbox"/>	<input type="checkbox"/>
c. Hubo problemas para programar u obtener una cita cuando este(a) niño(a) la necesitó.	<input type="checkbox"/>	<input type="checkbox"/>
d. Hubo problemas para obtener transporte o cuidado de los niños	<input type="checkbox"/>	<input type="checkbox"/>
e. El consultorio (del médico o la clínica) no estaba abierto(a) cuando este(a) niño(a) necesitó atención	<input type="checkbox"/>	<input type="checkbox"/>
f. Hubo problemas relacionados con el costo	<input type="checkbox"/>	<input type="checkbox"/>

C28 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia se sintió frustrado(a) en sus esfuerzos para obtener servicios para este(a) niño(a)?

- Nunca
- A veces
- Casi siempre
- Siempre

C29 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces fue este(a) niño(a) a la sala de emergencias de un hospital?

- Nunca
- 1 vez
- 2 o más veces

C30 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) admitido(a) al hospital para quedarse ahí por lo menos una noche?

- Sí
- No

C31 ¿Recibió este(a) niño(a) ALGUNA VEZ un plan de educación especial o de intervención temprana? *Los(as) niños(as) que reciben estos servicios a menudo cuentan con un Plan de Servicio Familiar Individualizado (IFSP) o Plan de Educación Individualizado (IEP).*

- Sí
- No → **PASE a la pregunta C34 en la página 11**

C32 Si la respuesta es sí, ¿qué edad tenía este(a) niño(a) cuando se estableció el PRIMER plan?

Años Y Meses

C33 ¿Recibe este(a) niño(a) ACTUALMENTE servicios bajo alguno de estos planes?

- Sí
- No



C34 ¿Recibió este(a) niño(a) **ALGUNA VEZ** servicios especiales para cumplir con sus necesidades del desarrollo, tales como terapia del habla, ocupacional o de la conducta?

- Sí
- No → **PASE a la pregunta D1**

C35 Si la respuesta es sí, ¿qué edad tenía este(a) niño(a) cuando comenzó a recibir estos servicios especiales?

Años Y Meses

C36 ¿Recibe este(a) niño(a) **ACTUALMENTE** estos servicios especiales?

- Sí
- No

D. Experiencia con los proveedores de atención médica de este(a) niño(a)

D1 ¿Tiene usted a una o más personas a quienes considera como médico o enfermera(o) de cabecera de este(a) niño(a)? *Un médico o enfermo(a) es un profesional de la salud quien conoce bien al (a la) niño(a) y está familiarizado con la historia de salud de este(a) niño(a). Puede ser un médico de medicina general, un pediatra, un médico especialista, un(a) enfermero(a) practicante o asociado médico.*

- Sí, a una persona
- Sí, a más de una persona
- No

D2 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este(a) niño(a) un referido para ver a algún médico o recibir algún servicio?

- Sí
- No → **PASE a la pregunta D4**

D3 ¿Qué tan difícil le resultó a usted obtener referidos?

- No fue difícil
- Algo difícil
- Muy difícil
- No fue posible obtener referidos

D4 **Responda las siguientes preguntas sólo si este(a) niño(a) tuvo una visita de atención médica EN LOS ÚLTIMOS 12 MESES. De lo contrario vaya a la pregunta E1 en la página 12.**

DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este(a) niño(a) hicieron lo siguiente...

	Siempre	Casi siempre	A veces	Nunca
a. ¿Estuvieron tiempo suficiente con este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Lo(a) escucharon a usted con atención?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Mostraron sensibilidad por sus valores y costumbres familiares?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Le brindaron la información específica que necesitaba con relación a este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Lo(a) hicieron sentir como un(a) participante en la atención y cuidado de este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D5 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó tomar alguna decisión sobre el cuidado de salud de este(a) niño(a), tal como obtener medicamentos recetados, referidos o algún otro procedimiento médico?

- Sí
- No → **PASE a la pregunta D7 en la página 12**



D6 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este(a) niño(a)...

- | | Siempre | Casi siempre | A veces | Nunca |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. ¿Analizaron con usted la variedad de opciones a considerar para la atención médica o el tratamiento de este(a) niño(a)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Le dieron lugar para expresar sus dudas o desacuerdo con las recomendaciones sobre la atención médica de este(a) niño(a)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Trabajaron con usted para decidir cuáles serían las mejores opciones para este(a) niño(a) en lo que se refiere a cuidado de salud y opciones de tratamiento? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D7 DURANTE LOS ÚLTIMOS 12 MESES, ¿le ayudó alguien a organizar o coordinar el cuidado de este(a) niño(a) entre los diferentes médicos y servicios que este(a) niño(a) utiliza?

- Sí
- No
- No vio a más de un proveedor de atención médica en los ÚLTIMOS 12 MESES

D8 DURANTE LOS ÚLTIMOS 12 MESES, ¿sintió que podría haber usado ayuda adicional para hacer arreglos o coordinar la atención médica de este(a) niño(a) entre los diferentes proveedores o servicios de atención médica?

- Sí
- No → PASE a la pregunta **D10**

D9 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia obtuvo la ayuda que deseaba para hacer arreglos o coordinar la atención médica de este(a) niño(a)?

- Casi siempre
- A veces
- Nunca

D10 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuán satisfecho(a) estuvo con respecto a la comunicación entre los médicos de este(a) niño(a) y los demás proveedores de atención médica?

- Muy satisfecho
- Algo satisfecho
- Algo insatisfecho
- Muy insatisfecho

D11 DURANTE LOS ÚLTIMOS 12 MESES, ¿el proveedor de atención médica de este(a) niño(a) se comunicó con la escuela, el proveedor de cuidado de niños o el programa de educación especial de este(a) niño(a)?

- Sí
- No → PASE a la pregunta **E1**
- No fue necesario que el proveedor de atención médica se comunicara con estos proveedores → PASE a la pregunta **E1**

D12 Si la respuesta es sí, durante este tiempo, ¿qué tan satisfecho(a) se ha sentido con respecto a la comunicación que el proveedor de atención médica de este(a) niño(a) ha tenido con la escuela, el proveedor de cuidado de niños o el programa de educación especial?

- Muy satisfecho
- Algo satisfecho
- Algo insatisfecho
- Muy insatisfecho

E. Cobertura de seguro médico de este(a) niño(a)

E1 DURANTE LOS ÚLTIMOS 12 MESES, ¿estuvo este(a) niño(a) cubierto(a) por ALGÚN tipo de seguro médico o plan de cobertura de salud?

- Sí, este(a) niño(a) tuvo cobertura durante los 12 meses → PASE a la pregunta **E4** en la página 13
- Sí, pero este(a) niño(a) tuvo una interrupción en la cobertura
- No



E2 Indique si algunos de los siguientes es un motivo por el cual este(a) niño(a) no tuvo cobertura de salud DURANTE LOS ÚLTIMOS 12 MESES:

	Sí	No
a. Cambio de empleador o de situación laboral	<input type="checkbox"/>	<input type="checkbox"/>
b. Cancelación por primas vencidas	<input type="checkbox"/>	<input type="checkbox"/>
c. Renunció a la cobertura porque costaba demasiado	<input type="checkbox"/>	<input type="checkbox"/>
d. Renunció a la cobertura porque los beneficios eran inadecuados	<input type="checkbox"/>	<input type="checkbox"/>
e. Renunció a la cobertura porque las opciones de proveedores de atención médica eran inadecuadas	<input type="checkbox"/>	<input type="checkbox"/>
f. Problemas con el proceso de solicitud o renovación de la cobertura	<input type="checkbox"/>	<input type="checkbox"/>
g. Otro(a), especifique: ↴	<input type="checkbox"/>	<input type="checkbox"/>

E3 ¿Está este(a) niño(a) cubierto(a) ACTUALMENTE por ALGÚN tipo de seguro de salud o plan de cobertura de salud?

Sí

No → **PASE a la pregunta F1**

E4 ¿Está este(a) niño(a) ACTUALMENTE cubierto(a) por alguno de los siguientes tipos de seguro de salud o planes de cobertura de salud? Marque (X) Sí o No en CADA categoría.

	Sí	No
a. Seguro a través de un empleador actual o previo o a través de un sindicato	<input type="checkbox"/>	<input type="checkbox"/>
b. Seguro adquirido directamente de una compañía de seguros	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicaid, Medical Assistance, o cualquier tipo de plan de asistencia del gobierno para personas con bajos ingresos o una discapacidad	<input type="checkbox"/>	<input type="checkbox"/>
d. TRICARE u otros servicios de atención médica de las Fuerzas Armadas	<input type="checkbox"/>	<input type="checkbox"/>
e. Servicio de Salud Indio (Indian Health Services)	<input type="checkbox"/>	<input type="checkbox"/>
f. Otro(a), especifique: ↴	<input type="checkbox"/>	<input type="checkbox"/>

E5 ¿Con qué frecuencia el seguro de salud de este(a) niño(a) ofrece beneficios o cubre servicios que satisfacen las necesidades de este(a) niño(a)?

Siempre

Casi siempre

A veces

Nunca

E6 ¿Con qué frecuencia el seguro de salud de este(a) niño(a) le permite ver a los proveedores de atención médica que necesita?

Siempre

Casi siempre

A veces

Nunca

E7 Pensando específicamente en las necesidades de salud mental o de conducta de este(a) niño(a), ¿con qué frecuencia el seguro de salud de este(a) niño(a) ofrece beneficios o cubre servicios que satisfacen estas necesidades?

Este(a) niño(a) no utiliza servicios de salud mental o de la conducta

Siempre

Casi siempre

A veces

Nunca

F. Proveyendo para el cuidado de salud de este(a) niño(a)

F1 Incluyendo co-pagos y cantidades reembolsables de las Cuentas de Ahorros de Salud (HAS) y Cuentas de Gastos Flexibles (FSA), ¿cuánto dinero pagó por los cuidados médicos, de salud, dentales y de visión de este(a) niño(a) DURANTE LOS ÚLTIMOS 12 MESES? No incluya las primas o los costos del seguro que fueron o serán reembolsados por el seguro u otra fuente.

\$0 (Sin gastos médicos o gastos relacionados con la salud) → **PASE a la pregunta F4 en la página 14**

De \$1 a \$249

De \$250 a \$499

De \$500 a \$999

De \$1,000 a \$5,000

Más de \$5,000



F2 ¿Con qué frecuencia son razonables estos costos?

- Siempre
- Casi siempre
- A veces
- Nunca

F3 DURANTE LOS ÚLTIMOS 12 MESES, ¿tuvo su familia problemas para pagar las facturas médicas o de atención médica de este(a) niño(a)?

- Sí
- No

F4 DURANTE LOS ÚLTIMOS 12 MESES, ¿usted u otro miembro de la familia...

- | | Sí | No |
|--|--------------------------|--------------------------|
| a. ¿Dejó el trabajo o se ausentó unos cuantos días debido a la salud o condición(es) médica(s) de este(a) niño(a)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Redució la cantidad de horas que trabaja debido a la salud o condición(es) médica(s) de este(a) niño(a)? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Evitó cambiar de trabajo para mantener el seguro de salud para este(a) niño(a)? | <input type="checkbox"/> | <input type="checkbox"/> |

F5 EN UNA SEMANA PROMEDIO, ¿cuántas horas dedica usted u otros miembros de la familia a la atención médica de este(a) niño(a) en su hogar? *El cuidado puede incluir cambiar vendajes o dar medicamentos y terapias cuando sea necesario.*

- Este(a) niño(a) no necesita atención médica en el hogar cada semana
- Menos de 1 hora por semana
- De 1 a 4 horas por semana
- De 5 a 10 horas por semana
- 11 horas o más por semana

F6 EN UNA SEMANA PROMEDIO, ¿cuántas horas dedica usted u otros miembros de la familia haciendo arreglos o coordinando la atención médica o de la salud de este(a) niño(a), tal como programar citas o localizar servicios?

- Este(a) niño(a) no necesita atención médica coordinada cada semana
- Menos de 1 hora por semana
- De 1 a 4 horas por semana
- De 5 a 10 horas por semana
- 11 horas o más por semana

G. El aprendizaje de este(a) niño(a)

Conteste la siguiente pregunta sólo si este(a) niño(a) tiene al menos 1 año de edad. De lo contrario pase a la pregunta **H1** en la página 17.

G1 ¿Puede este(a) niño(a) hacer lo siguiente... Marque (X) Sí o No en cada pregunta.

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Decir al menos una palabra como "hola" o "perro"? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Utilizar 2 palabras juntas como "carro ve"? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Utilizar 3 palabras juntas en una oración como "Mamá ven ahora"? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Hacer preguntas como "quién," "qué," "cuándo," "dónde"? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Hacer preguntas como "por qué" y "cómo"? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Contar una historia que tiene principio, desarrollo y fin? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Entender el significado de la palabra "no"? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Seguir una instrucción verbal sin tener que hacer gestos con las manos como "lávese las manos"? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Señalar cosas de un libro cuando se le pregunta? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Seguir instrucciones que constan de 2 pasos como "Consigue tus zapatos y colócalos en la canasta"? | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Entender palabras como "en," "debajo"? | <input type="checkbox"/> | <input type="checkbox"/> |

G2 ¿Es este(a) niño(a) de 3 años de edad o más?

- Sí
- No → **PASE a la pregunta H1 en la página 17**

G3 ¿Comenzó este(a) niño(a) la escuela? *Incluya cualquier programa formal de enseñanza en el hogar (homeschooling).*

- Sí, preescolar
- Sí, kindergarten
- Sí, primer grado
- No

G4 ¿Está usted preocupado(a) acerca de cómo este(a) niño(a) está aprendiendo a hacer cosas por su cuenta?

- Sí, algo preocupado(a)
- Sí, muy preocupado(a)
- No



G5 ¿Cuán seguro(a) está de que este(a) niño(a) está listo(a) para ir a la escuela?

- Completamente seguro(a)
- Casi seguro(a)
- Un poco seguro(a)
- Para nada seguro(a)

G6 ¿Con qué frecuencia puede reconocer este(a) niño(a) el sonido inicial de una palabra? *Por ejemplo, ¿puede este(a) niño(a) decirle que la palabra "pelota" comienza con el sonido de la letra "p"?*

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

G7 ¿Aproximadamente cuántas letras del alfabeto puede reconocer este(a) niño(a)?

- Todas
- Casi todas
- Aproximadamente la mitad
- Algunas
- Ninguna

G8 ¿Puede este(a) niño(a) decir palabras que rimen?

- Sí
- No

G9 ¿Con qué frecuencia puede explicar este(a) niño(a) lo que ha visto o hecho para que usted tenga una idea bastante clara de lo que pasó?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

G10 ¿Con qué frecuencia puede escribir este(a) niño(a) su nombre incluso si algunas de las letras no están del todo bien o están al revés?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

G11 ¿Hasta qué número puede contar este(a) niño(a)?

- Este(a) niño(a) no sabe contar
- Hasta cinco
- Hasta diez
- Hasta 20
- Hasta 50
- Hasta 100 o más

G12 ¿Con qué frecuencia puede identificar este(a) niño(a) formas básicas, como un triángulo, círculo o cuadrado?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

G13 ¿Puede este(a) niño(a) identificar los colores rojo, amarillo, azul y verde por sus nombres?

- Sí, todos
- Sí, algunos
- No, ninguno

G14 ¿Con qué frecuencia se distrae fácilmente este(a) niño(a)?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca



G15 ¿Con qué frecuencia sigue trabajando este(a) niño(a) en algo hasta terminarlo?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

G16 Cuando este(a) niño(a) está prestando atención, ¿con qué frecuencia puede seguir instrucciones para completar una tarea simple?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

G17 Generalmente, ¿cómo sostiene un lápiz este(a) niño(a)?

- Usa los dedos para sostener el lápiz
- Agarra el lápiz con todo el puño
- Este(a) niño(a) no puede sostener un lápiz

G18 ¿Con qué frecuencia este(a) niño(a) juega bien con los(as) demás?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

G19 ¿Con qué frecuencia este(a) niño(a) se enfada o se siente ansioso(a) cuando pasa de una actividad a otra?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

G20 ¿Con qué frecuencia este(a) niño(a) muestra preocupación cuando otros(as) están heridos(as) o infelices?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

G21 Cuando está emocionado(a) o alterado(a), ¿con qué frecuencia puede este(a) niño(a) calmarse rápidamente?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

G22 ¿Con qué frecuencia pierde este(a) niño(a) el control de su temperamento cuando las cosas no salen a su manera?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

G23 En comparación con otros(as) niños(as) de la misma edad, ¿cuánta dificultad tiene este(a) niño(a) para hacer o mantener amistades?

- Ninguna dificultad
- Algo de dificultad
- Mucha dificultad

G24 En comparación con otros(as) niños(as) de la misma edad, ¿con qué frecuencia puede permanecer este(a) niño(a) quieto(a) mientras está sentado(a)?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca



H. Acerca de usted y este(a) niño(a)

H1 ¿Nació este(a) niño(a) en los Estados Unidos?

- Sí → **PASE a la pregunta H3**
- No

H2 Si la respuesta es no, ¿cuánto tiempo ha vivido este(a) niño(a) en los Estados Unidos?

Años Y Meses

H3 ¿Cuántas veces se ha mudado este(a) niño(a) a una dirección nueva desde que nació?

Cantidad de veces

H4 ¿Con qué frecuencia este(a) niño(a) se va a dormir aproximadamente a la misma hora durante las noches entre semana?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

H5 DURANTE LA SEMANA PASADA, ¿cuántas horas durmió este(a) niño(a) en un día normal o promedio (incluya sueño durante las noches y las siestas)?

- Menos de 7 horas
- 7 horas
- 8 horas
- 9 horas
- 10 horas
- 11 horas
- 12 horas o más

H6 Responda la siguiente pregunta sólo si este(a) niño(a) tiene **MENOS DE 12 MESES DE EDAD**. De lo contrario, **PASE a la pregunta H7**.

¿En qué posición acuesta con mayor frecuencia al bebé para dormir? Marque (X) sólo UNA opción.

- De costado
- Boca arriba
- Boca abajo

H7 EN LA MAYORÍA DE LOS DÍAS DE LA SEMANA, ¿aproximadamente cuánto tiempo pasó este(a) niño(a) frente a una televisión, computadora, teléfono celular u otro dispositivo electrónico viendo programas, jugando juegos, accediendo a internet, o utilizando los medios de comunicación social? No incluya el tiempo dedicado a hacer tareas escolares.

- Menos de 1 hora
- 1 hora
- 2 horas
- 3 horas
- 4 horas o más

H8 DURANTE LA SEMANA PASADA, ¿cuántos días usted u otros miembros de la familia le leyeron a este(a) niño(a)?

- 0 días
- De 1 a 3 días
- De 4 a 6 días
- Todos los días

H9 DURANTE LA SEMANA PASADA, ¿cuántos días usted u otros miembros de la familia le contaron un cuento o le cantaron canciones a este(a) niño(a)?

- 0 días
- De 1 a 3 días
- De 4 a 6 días
- Todos los días

H10 ¿Cómo considera que sobrelleva las obligaciones cotidianas de la crianza de los(as) niños(as)?

- Muy bien
- Algo bien
- No muy bien
- Nada de bien



H11 DURANTE EL MES PASADO, ¿con qué frecuencia sintió...

- | | Nunca | En raras ocasiones | A veces | Casi siempre | Siempre |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. ¿Qué este(a) niño(a) es mucho más difícil de cuidar que la mayoría de los(as) niños(as) de su edad? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Qué este(a) niño(a) hace cosas que realmente le molestan mucho a usted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Qué estaba enojado(a) con este(a) niño(a)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H12 DURANTE LOS ÚLTIMOS 12 MESES, ¿hubo alguien a quién usted pudiera recurrir regularmente en busca de apoyo emocional relacionado con la crianza de los(as) niños(as)?

- Sí
- No → PASE a la pregunta **H14**

H13 Si la respuesta es sí, ¿recibió usted apoyo emocional de...

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. ¿Esposo(a) o compañero(a) de casa? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Otro familiar o amigo(a) cercano(a)? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Un proveedor de atención médica? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Un lugar de culto o un líder religioso? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿Un grupo de apoyo o asistencia relacionado con una condición de salud específica? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ¿Un grupo de apoyo? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Un consejero u otro profesional de la salud mental? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Otra persona, especifique: ➤ | <input type="checkbox"/> | <input type="checkbox"/> |

H14 ¿Recibe este(a) niño(a) cuidado, por lo menos 10 horas semanales, de otra persona que no sea su padre, madre o tutor? Pueder ser una guardería infantil, centro de educación preescolar, programa Head Start, hogar de cuidado de niños, niñera, au pair o pariente.

- Sí
- No

H15 DURANTE LOS ÚLTIMOS 12 MESES, ¿usted o alguien de la familia tuvo que renunciar al trabajo, no aceptar un trabajo o cambiar de su trabajo radicalmente por problemas con el cuidado de niños para este(a) niño(a)?

- Sí
- No

I. Acerca de su familia y su hogar

I1 DURANTE LA SEMANA PASADA, ¿cuántos días se reunieron todos los miembros de la familia que viven en el hogar para comer juntos?

- 0 días
- De 1 a 3 días
- De 4 a 6 días
- Todos los días

I2 ¿Alguien que vive en su hogar fuma cigarrillos, cigarros o tabaco de pipa?

- Sí
- No → PASE a la pregunta **I4** en la página 19

I3 Si la respuesta es sí, ¿alguien fuma dentro del hogar?

- Sí
- No



14 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia se utilizaron pesticidas dentro de su residencia para controlar los insectos? Si la frecuencia cambió durante el año, indique la frecuencia más alta.

- Más de una vez a la semana
- Una vez a la semana
- Una vez al mes
- Una vez cada 2 a 5 meses
- Una vez cada 6 meses
- Una vez durante los últimos 12 meses
- Nunca
- No sé

15 DURANTE LOS ÚLTIMOS 12 MESES, aparte de en una ducha o bañera ¿ha visto moho, hongos u otros signos de daños por agua en las paredes u otras superficies dentro de su casa?

- Sí
- No

16 Cuando su familia enfrenta problemas, ¿con qué frecuencia es probable que hagan lo siguiente?

	Siempre	Casi siempre	A veces	Nunca
a. Hablar juntos sobre qué hacer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trabajar juntos para resolver nuestros problemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Saber que tenemos fuerzas en donde ayoyarnos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mantener la esperanza aún en tiempos difíciles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 DESDE QUE ESTE(A) NIÑO(A) NACIÓ, ¿con qué frecuencia ha sido muy difícil cubrir los gastos básicos, como alimentos y vivienda, utilizando sus ingresos familiares?

- Nunca
- En raras ocasiones
- En algunas ocasiones
- En muchas ocasiones

18 ¿Cuál de estas afirmaciones describe mejor la capacidad de su hogar para poder costear los alimentos que necesitaba DURANTE LOS ÚLTIMOS 12 MESES?

- Siempre pudimos costear buenas comidas nutritivas.
- Siempre pudimos costear lo suficiente para comer, pero no siempre la clase de alimentos que debemos comer.
- A veces no pudimos costear lo suficiente para comer.
- Con frecuencia no pudimos costear lo suficiente para comer.

19 En algún momento, DURANTE LOS ÚLTIMOS 12 MESES, aunque fuera durante un mes, ¿algún miembro de la familia recibió lo siguiente...

	Sí	No
a. ¿Ayuda en efectivo de un programa de asistencia social del gobierno?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Cupones para alimentos o beneficios del Programa de Asistencia Nutricional Suplementaria (SNAP)?	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Desayunos o almuerzos gratuitos o de costo reducido en la escuela?	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Beneficios del Programa Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños (WIC)?	<input type="checkbox"/>	<input type="checkbox"/>

110 ¿En su vecindario hay...

	Sí	No
a. ¿Aceras o paseos peatonales?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Un parque o área de juegos?	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Un centro de recreación, centro comunitario o club "boys and girls"?	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Una biblioteca o biblioteca ambulante?	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Basura o desperdicios en las calles o aceras?	<input type="checkbox"/>	<input type="checkbox"/>
f. ¿Hogares deteriorados o mal conservados?	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Vandalismo, como ventanas rotas o grafitis?	<input type="checkbox"/>	<input type="checkbox"/>



I11 ¿En qué medida está de acuerdo con estas afirmaciones sobre su vecindario o comunidad?

	Definitivamente de acuerdo	Algo de acuerdo	Algo en desacuerdo	Definitivamente en desacuerdo
a. La gente de este vecindario se ayuda mutuamente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. En este vecindario cuidamos mutuamente de nuestros(as) hijos(as)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Este(a) niño(a) está seguro(a) en nuestro vecindario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cuando enfrentamos dificultades, sabemos a donde acudir para buscar ayuda en nuestra comunidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I12 Las siguientes preguntas son sobre eventos que pueden haber ocurrido durante la vida del (de la) niño(a). Éstos pueden suceder en cualquier familia, pero algunas personas quizás se sientan incómodas con estas preguntas. Usted puede omitir cualquier pregunta que no desee responder.

A su entender, ¿el(la) niño(a) experimentó **ALGUNA VEZ** algunas de las siguientes situaciones?

	Sí	No
a. Los padres o tutores se divorciaron o separaron	<input type="checkbox"/>	<input type="checkbox"/>
b. Los padres o tutores murieron	<input type="checkbox"/>	<input type="checkbox"/>
c. Los padres o tutores estuvieron en la cárcel	<input type="checkbox"/>	<input type="checkbox"/>
d. Vio u oyó a sus padres o adultos abofetearse, golpearse, patearse o pegarse en el hogar	<input type="checkbox"/>	<input type="checkbox"/>
e. Fue víctima o testigo de violencia en su vecindario	<input type="checkbox"/>	<input type="checkbox"/>
f. Vivió con alguna persona que tenía una enfermedad mental, estaba suicida o tenía depresión grave o severa	<input type="checkbox"/>	<input type="checkbox"/>
g. Vivió con alguna persona con problemas de alcohol o drogas	<input type="checkbox"/>	<input type="checkbox"/>
h. Fue tratado(a) o juzgado(a) injustamente por su raza o grupo étnico	<input type="checkbox"/>	<input type="checkbox"/>

J. Cuidador(es) de este(a) niño(a)

→ Complete las siguientes preguntas hasta un máximo de dos adultos por hogar para cada uno de los cuidadores primarios de este(a) niño(a). Si sólo un adulto es el cuidador primario, conteste las preguntas solamente para ese adulto.

J1 ¿Qué parentesco tiene con este(a) niño(a)?

- Padre o madre biológica o adoptiva
- Padrastro o madrastra
- Abuelo(a)
- Padre o madre de crianza a través del programa Foster del gobierno
- Otro(a): Pariente
- Otro(a): No pariente

J2 ¿Cuál es su sexo?

- Masculino
- Femenino

J3 ¿Qué edad tiene?

Edad en años

J4 ¿Dónde nació?

- En los Estados Unidos → **PASE a la pregunta J6 en la página 21**
- Fuera de los Estados Unidos

J5 ¿Cuándo vino a vivir a los Estados Unidos?

Año



J6 ¿Cuál es el grado o nivel escolar más alto que usted ha completado? Marque (X) sólo UNA opción.

- Grado 8 o menos
- Grado 9 al 12; sin diploma
- Completé secundaria o GED
- Completé un programa de escuela vocacional, comercial o de negocios
- Algunos créditos universitarios, pero sin título
- Título asociado universitario (AA, AS)
- Título de licenciatura universitaria (BA, BS, AB)
- Título de maestría (MA, MS, MSW, MBA)
- Título de doctorado (PhD, EdD) o título profesional (MD, DDS, DVM, JD)

J7 ¿Cuál es su estado civil?

- Casado(a)
- No casado(a), pero vivo con una pareja
- Nunca me he casado
- Divorciado(a)
- Separado(a)
- Viudo(a)

J8 En general, ¿cómo está su salud física?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

J9 En general, ¿cómo está su salud mental o emocional?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

J10 ¿Tuvo trabajo por lo menos 50 semanas de las últimas 52 semanas?

- Sí
- No

J11 ¿Ha prestado usted alguna vez servicio militar activo en las Fuerzas Armadas, la Reserva Militar, o la Guardia Nacional de los Estados Unidos?

Marque (X) sólo UNA opción.

- Nunca estuvo en el servicio militar → **PASE a la pregunta J13**
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional I → **PASE a la pregunta J13**
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

J12 ¿Fue movilizado(a) en algún momento durante la vida de este(a) niño(a)?

- Sí
- No

→ Las preguntas J13 a la J24 tratan sobre otro cuidador primario adulto que puede estar viviendo en este hogar además de usted.

J13 ¿Qué parentesco tiene este cuidador primario adulto que vive en este hogar con este(a) niño(a)?

- Sólo hay un cuidador primario en este hogar para este(a) niño(a) → **PASE a la pregunta K1 en la página 22.**
- Padre o madre biológica o adoptiva
- Padrastro o madrastra
- Abuelo(a)
- Padre o madre de crianza a través del programa Foster del gobierno
- Otro(a): Pariente
- Otro(a): No pariente

J14 ¿Cuál es el sexo de este cuidador primario?

- Masculino
- Femenino

J15 ¿Qué edad tiene este cuidador primario?

Edad en años



J16 ¿Dónde nació este cuidador primario?

- En los Estados Unidos → **PASE a la pregunta J18**
- Fuera de los Estados Unidos

J17 ¿Cuándo vino este cuidador primario a vivir a los Estados Unidos?

Año

J18 ¿Cuál es el grado o nivel escolar más alto que este cuidador primario ha completado?

Marque (X) SÓLO una opción.

- Grado 8 o menos
- Grado 9 al 12; sin diploma
- Completó secundaria o GED
- Completó un programa de escuela vocacional, comercial o de negocios
- Algunos créditos universitarios, pero sin título
- Título asociado universitario (AA, AS)
- Título de licenciatura universitaria (BA, BS, AB)
- Título de maestría (MA, MS, MSW, MBA)
- Título de doctorado (PhD, EdD) o título profesional (MD, DDS, DVM, JD)

J19 ¿Cuál es el estado civil de este cuidador primario?

- Casado(a)
- No casado(a), pero vive con una pareja
- Nunca se ha casado
- Divorciado(a)
- Separado(a)
- Viudo(a)

J20 En general, ¿cómo está la salud física de este cuidador primario?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

J21 En general, ¿cómo está la salud mental o emocional de este cuidador primario?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

J22 ¿Tuvo trabajo este cuidador primario por lo menos 50 semanas de las últimas 52 semanas?

- Sí
- No

J23 Este cuidador primario, ¿ha prestado alguna vez servicio militar activo en las Fuerzas Armadas, la Reserva Militar, o la Guardia Nacional de los Estados Unidos? Marque (X) sólo UNA opción.

- Nunca estubo en el servicio militar → **PASE a la pregunta K1**
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → **PASE a la pregunta K1**
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

J24 ¿Fue este cuidador primario movilizado en algún momento durante la vida de este(a) niño(a)?

- Sí
- No

K. Información del Hogar

K1 ¿Cuántas personas viven o se quedan en esta dirección? Incluya a todas las personas que usualmente viven o se quedan en esta dirección. NO incluya a personas que están viviendo en otro lugar desde hace más de dos meses, como estudiantes universitarios que viven afuera o personas de las Fuerzas Armadas en despliegue.

Cantidad de personas

K2 ¿Cuántas de estas personas en su hogar son miembros de su familia? Familia se define como cualquier persona que tenga parentesco con este(a) niño(a) por consanguinidad, matrimonio, adopción o por el programa de cuidado Foster del gobierno.

Cantidad de personas



Instrucciones de envío postal

Gracias por su participación.

En nombre del Departamento de Salud y Servicios Humanos de los EE.UU., queremos agradecerle por su esfuerzo y el tiempo que dedicó para compartir esta información sobre este(a) niño(a) y su familia.

Sus respuestas son importantes para nosotros y facilitarán que investigadores, personas encargadas de formular políticas públicas y defensores de la familia comprendan mejor las necesidades en materia de salud y atención médicas de los(as) niños(as) de nuestra población diversa.

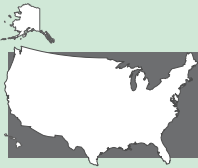
Coloque el cuestionario completado en el sobre con franqueo pagado. Si el sobre se ha extraviado, envíe el cuestionario por correo a:

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

También puede llamar al **1-800-845-8241** para solicitar un sobre de reemplazo.

Se calcula que el tiempo promedio necesario para recopilar esta información es de 33 minutos por respuesta, que incluye el tiempo para revisar las instrucciones, buscar las fuentes de datos existentes, recopilar y mantener los datos necesarios, y completar y revisar la recopilación de la información. Para realizar comentarios sobre este cálculo o sobre cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir el tiempo que toma, escriba a: Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a DEMO.Paperwork@census.gov; escriba como asunto "Paperwork Project 0607-0990."





Encuesta Nacional de Salud de los Niños

Un estudio realizado por el Departamento de Salud y Servicios Humanos de los EE. UU. para entender mejor los problemas de salud que enfrentan actualmente los(as) niños(as) en los Estados Unidos.



La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información y no se le permite divulgar sus respuestas de manera que usted o su hogar pudieran ser identificados. La Oficina del Censo de los Estados Unidos está llevando a cabo la Encuesta Nacional de Salud de los Niños para el Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS) en conformidad con la Sección 8(b) del Título 13, Código de los Estados Unidos, que le permite a la Oficina del Censo realizar encuestas para otras agencias. La Sección 701(a)(2) del Título 42, Código de los Estados Unidos, le permite al HHS recopilar información con el propósito de entender la salud y el bienestar de los(as) niños(as) en los Estados Unidos. Las leyes federales protegen su privacidad y mantienen confidenciales sus respuestas, en conformidad con la Sección 9 del Título 13, Código de los Estados Unidos. De acuerdo con la Ley para el Fortalecimiento de la Seguridad Cibernética del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten.

Cualquier información que proporcione será compartida para fines relacionados con el trabajo identificado anteriormente y según lo permitido por la Ley de Privacidad de 1974 (Sección 552 del Título 5, Código de los Estados Unidos) y SORN COMMERCE/CENSUS-3, Recopilación de la Encuesta Demográfica (Marco Muestral de la Oficina del Censo).

La participación en esta encuesta es voluntaria y no hay sanciones por negarse a responder a las preguntas. Sin embargo, su cooperación en la obtención de esta información necesaria es de suma importancia a fin de garantizar resultados completos y precisos.

NSCH-S-T2
(05/02/2018)



Comience Aquí

Recientemente, usted completó una encuesta con preguntas sobre los(as) niños(as) que usualmente viven o se quedan en esta dirección. Gracias por tomar de su tiempo para completar esta encuesta.

Ahora le haremos algunas preguntas de seguimiento sobre:

Si el nombre que aparece anteriormente es incorrecto o no corresponde a un(a) niño(a) que viva en este hogar, llame al 1-800-845-8241.

Hemos seleccionado solamente a un(a) niño(a) por hogar con el fin de minimizar la cantidad de tiempo que necesitará para responder a las preguntas de seguimiento.

La encuesta deberá ser completada por un adulto familiarizado con la salud y atención médica de este(a) niño(a).

Su participación es importante. Gracias.

A. La salud de este(a) niño(a)

A1 En general, ¿cómo describiría la salud de este(a) niño(a) (cuyo nombre aparece más arriba)?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

A2 ¿Cómo describiría la salud dental de este(a) niño(a)?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

A3 ¿Con qué frecuencia este(a) niño(a)...

	Siempre	Casi siempre	A veces	Nunca
a. Muestra interés y curiosidad por aprender cosas nuevas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trabaja para terminar las tareas que comienza?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Se mantiene tranquilo(a) y en control cuando enfrenta un desafío?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Le importa que le vaya bien en la escuela?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hace toda la tarea requerida?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Discute demasiado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces este(a) niño(a) fue víctima de acoso escolar, burlas o fue excluido(a) por otros(as) niños(as)? Si la cantidad de veces cambió durante el año, reporte la cantidad más alta.

- Nunca (en los últimos 12 meses)
- 1-2 veces (en los últimos 12 meses)
- 1-2 veces por mes
- 1-2 veces por semana
- Casi todos los días

A5 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces este(a) niño(a) hostigó a otros(as) en el entorno escolar, se burló de los(as) demás o los(as) excluyó(a)? Si la cantidad de veces cambió durante el año, reporte la cantidad más alta.

- Nunca (en los últimos 12 meses)
- 1-2 veces (en los últimos 12 meses)
- 1-2 veces por mes
- 1-2 veces por semana
- Casi todos los días



A6 DURANTE LOS ÚLTIMOS 12 MESES, ¿este(a) niño(a) ha tenido dificultades CRÓNICAS o FRECUENTES con cualquiera de los(as) siguientes?

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Respirar u otros problemas respiratorios (como respiración sibilante o falta de aire) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Comer o tragar debido a una condición médica | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Digerir la comida, incluyendo problemas estomacales o intestinales, estreñimiento o diarrea | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Dolor físico crónico o recurrente, incluyendo dolor de cabeza, dolor de espalda o dolor corporal | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Dolor de muelas | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Sangrado en las encías | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Dientes deteriorados o caries | <input type="checkbox"/> | <input type="checkbox"/> |

A7 ¿Presenta este(a) niño(a) alguno de los siguientes problemas?

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Dificultades serias para concentrarse, recordar o tomar decisiones debido a una condición física, mental o emocional | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dificultades serias para caminar o subir escaleras | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Dificultades para vestirse o bañarse | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Sordera o problemas de audición | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Ceguera o problemas de la vista, incluso cuando usa anteojos o lentes | <input type="checkbox"/> | <input type="checkbox"/> |

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A8 ¿Alergias (incluyendo alimentos, medicamentos, insectos o de otro tipo)?

- Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

- Sí No

↳ Si la respuesta es sí, la condición es:

- Leve Moderada Grave

A9 ¿Artritis?

- Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

- Sí No

↳ Si la respuesta es sí, la condición es:

- Leve Moderada Grave

A10 ¿Asma?

- Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

- Sí No

↳ Si la respuesta es sí, la condición es:

- Leve Moderada Grave

A11 ¿Lesión cerebral, contusión o lesión en la cabeza?

- Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

- Sí No

↳ Si la respuesta es sí, la condición es:

- Leve Moderada Grave



ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A12 ¿Parálisis cerebral?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A13 ¿Diabetes?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A14 ¿Epilepsia o trastornos convulsivos?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A15 ¿Condición o problemas cardíacos?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A16 ¿Dolores de cabeza frecuentes o intensos, incluyendo migrañas?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A17 ¿Síndrome de Tourette?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A18 ¿Problemas de ansiedad?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A19 ¿Depresión?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave



ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A20 ¿Síndrome de Down?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A21 ¿Trastornos sanguíneos (como enfermedad de anemia drepanocítica o de células falciformes, talasemia o hemofilia)?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

↳ Si la respuesta es sí, ¿fue este(a) niño(a) diagnosticado(a) con:

	Sí	No
Enfermedad de anemia drepanocítica	<input type="checkbox"/>	<input type="checkbox"/>
Talasemia	<input type="checkbox"/>	<input type="checkbox"/>
Hemofilia	<input type="checkbox"/>	<input type="checkbox"/>
Otros trastornos sanguíneos	<input type="checkbox"/>	<input type="checkbox"/>

A22 ¿Fibrosis quística?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A23 ¿Otra condición genética o hereditaria?

Sí No

↳ Si la respuesta es sí, especifique: ↴

↳ La condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

A24 ¿Trastornos por uso de drogas?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) el trastorno ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, el trastorno es:

Leve Moderado Grave

ALGUNA VEZ un médico, otro proveedor de atención médica o un educador le ha dicho a usted que este(a) niño(a) padece de...

Algunos ejemplos de educadores son maestros(as) y enfermeros(as) escolares.

A25 ¿Problemas de comportamiento o conducta?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A26 ¿Retraso en el desarrollo?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave



ALGUNA VEZ un médico, otro proveedor de atención médica o un educador le ha dicho a usted que este(a) niño(a) padece de...

Algunos ejemplos de educadores son maestros(as) y enfermeros(as) escolares.

A27 ¿Discapacidad intelectual (anteriormente conocida como retraso mental)?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la discapacidad **ACTUALMENTE**?

Sí No

↳ Si la respuesta es sí, la discapacidad es:

Leve Moderada Grave

A28 ¿Trastorno del habla u otro trastorno del lenguaje?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición **ACTUALMENTE**?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A29 ¿Discapacidades del aprendizaje?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la discapacidad **ACTUALMENTE**?

Sí No

↳ Si la respuesta es sí, la discapacidad es:

Leve Moderada Grave

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A30 ¿Cualquier otra condición de salud mental?

Sí No

↳ Si la respuesta es sí, especifique:

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición **ACTUALMENTE**?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A31 ¿**ALGUNA VEZ** le ha dicho a usted un médico u otro proveedor de atención médica que este(a) niño(a) padece de Autismo o Trastorno del Espectro Autista (TEA)? *Incluya los diagnósticos de Síndrome de Asperger o Trastorno Generalizado del Desarrollo (TGD).*

Sí No → **PASE a la pregunta **A36** en la página 7**

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición **ACTUALMENTE**?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A32 ¿Qué edad tenía este(a) niño(a) cuando un médico u otro proveedor de atención médica le dijo a usted por **PRIMERA VEZ** que este(a) niño(a) tenía Autismo, Trastornos del Espectro Autista (TEA), Síndrome de Asperger o Trastorno Generalizado del Desarrollo (TGD)?

Edad en años No sabe

A33 ¿Qué tipo de médico u otro proveedor de atención médica fue el **PRIMERO** en decirle a usted que este(a) niño(a) tenía Autismo, Trastornos del Espectro Autista (TEA), Síndrome de Asperger, o Trastorno Generalizado del Desarrollo (TGD)? *Marque (X) sólo UNA opción.*

Proveedor de atención primaria

Especialista

Psicólogo(a)/consejero(a) escolar

Otro(a) psicólogo(a) (no escolar)

Psiquiatra

Otro(a), *especifique:*

No sabe

A34 ¿Toma este(a) niño(a) **ACTUALMENTE** medicamentos para tratar el Autismo, los Trastornos del Espectro Autista (TEA), Síndrome de Asperger, o el Trastorno Generalizado del Desarrollo (TGD)?

Sí No



A35 En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) tratamiento de la conducta por Autismo, Trastornos del Espectro Autista (TEA), Síndrome de Asperger, o Trastorno Generalizado del Desarrollo (TGD), tal como alguna capacitación o intervención que haya recibido usted o este(a) niño(a) para ayudar con su conducta?

Sí No

A36 ¿ALGUNA VEZ le dijo a usted un médico u otro proveedor de atención médica que este(a) niño(a) padece del Trastorno por Déficit de Atención o del Trastorno por Déficit de Atención e Hiperactividad, es decir, TDA or TDAH?

Sí No → **PASE a la pregunta A39**

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A37 ¿Toma este(a) niño(a) ACTUALMENTE medicamentos para tratar el Trastorno por Déficit de Atención (TDA) o el Trastorno por Déficit de Atención con Hiperactividad (TDAH)?

Sí No

A38 En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) tratamiento de la conducta por el Trastorno por Déficit de Atención (TDA) o Trastorno por Déficit de Atención e Hiperactividad (TDAH), tal como alguna capacitación o intervención que haya recibido usted o este(a) niño(a) para ayudar con su conducta?

Sí No

A39 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia las condiciones o los problemas de salud de este(a) niño(a) afectaron su capacidad para hacer actividades que realizan otros(as) niños(as) de su edad?

Este(a) niño(a) no padece ninguna condición médica → **PASE a la pregunta B1**

Nunca

A veces

Casi siempre

Siempre

A40 ¿En qué medida las condiciones o problemas de salud de este(a) niño(a) afectan su capacidad de hacer actividades?

Muy poco

Algo

En gran medida

B. Este(a) niño(a) cuando era bebé

B1 ¿Nació este(a) niño(a) más de 3 semanas antes de la fecha para la cual se esperaba el parto?

Sí

No

B2 ¿Cuánto pesó al nacer?

Responda utilizando libras y onzas O kilogramos y gramos. Puede proveer su mejor aproximación o estimación.

libras Y onzas

O

kilogramos Y gramos

B3 ¿Qué edad tenía la madre cuando nació este(a) niño(a)?

Puede proveer su mejor aproximación o estimación.

Edad en años



C. Servicios de atención médica

C1 DURANTE LOS ÚLTIMOS 12 MESES, ¿vio este(a) niño(a) a algún médico, enfermero(a) u otro profesional de la salud para recibir atención médica (por ejemplo, para cuidado preventivo, cuidado médico, hospitalizaciones)?

Sí

No → **PASE a la pregunta C4**

C2 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces tuvo este(a) niño(a) una consulta con un médico, enfermero(a) u otro(a) profesional de la salud para realizarse un chequeo PREVENTIVO? *El chequeo preventivo se realiza cuando este(a) niño(a) no ha estado enfermo(a) ni lesionado(a), tal como un chequeo preventivo anual o un examen físico para hacer deporte o la visita de niño sano.*

0 visitas

1 visita

2 visitas o más

C3 Pensando en la ÚLTIMA VEZ que llevó al (a la) niño a un chequeo PREVENTIVO, ¿aproximadamente cuánto tiempo en el consultorio estuvo con usted el médico o proveedor de atención médica que examinó a este(a) niño(a)? *Puede proveer su mejor aproximación o estimación.*

Menos de 10 minutos

De 10 a 20 minutos

Más de 20 minutos

C4 ¿Cuál es la estatura ACTUAL de este(a) niño(a)? *Puede proveer su mejor aproximación o estimación.*

pies Y pulgadas

O

metros Y centímetros

C5 ¿Cuál es el peso ACTUAL de este(a) niño(a)? *Puede proveer su mejor aproximación o estimación.*

libras Y onzas

O

kilogramos Y gramos

C6 ¿Le preocupa el peso de este(a) niño(a)?

Sí, este(a) niño(a) pesa mucho

Sí, este(a) niño(a) pesa muy poco

No, no me preocupa

C7 ¿Alguna vez un médico u otro proveedor de atención médica le ha dicho a usted que este(a) niño(a) tiene sobrepeso?

Sí

No

C8 ¿Hay algún lugar en donde usted u otro cuidador USUALMENTE lleva a este(a) niño(a) cuando está enfermo(a) o necesita asesoramiento sobre la salud de este(a) niño(a)?

Sí

No → **PASE a la pregunta C10**

C9 Si la respuesta es sí, ¿adónde NORMALMENTE va este(a) niño(a) primero? *Marque (X) SÓLO una opción.*

Consultorio del médico

Sala de emergencias del hospital

Departamento de pacientes ambulatorios del hospital

Clínica o centro de salud

Clínica ambulatoria dentro de un negocio o "Minute Clinic"

Escuela (enfermería, oficina del entrenador atlético)

Algún otro lugar

C10 ¿Hay algún lugar a donde este(a) niño(a) USUALMENTE va cuando necesita atención preventiva de rutina, como un examen físico o un chequeo de niño sano?

Sí

No → **PASE a la pregunta C12 en la página 9**



C11 Si la respuesta es sí, ¿es éste el mismo lugar a donde el(la) niño(a) va cuando está enfermo(a)?

- Sí
- No

C12 DURANTE LOS ÚLTIMOS 12 MESES, ¿se le hizo a este(a) niño(a) un examen de la vista, utilizando imágenes, formas o letras?

- Sí
- No → **PASE a la pregunta C14**

C13 Si la respuesta es sí, ¿dónde se le examinó la vista a este(a) niño(a)? Marque (X) TODAS las que apliquen.

- Consultorio de un oculista o especialista en ojos (oftalmólogo, optometrista)
- Consultorio del pediatra u otro médico generalista
- Clínica o centro de salud
- Escuela
- Otro(a), especifique: ➤

C14 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) al dentista u otro profesional de la salud oral para recibir algún tipo de atención o cuidado dental u oral?

- Sí, fue al dentista
- Sí, fue a otro(a) profesional de la salud oral
- No → **PASE a la pregunta C17**

C15 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) al dentista u otro(a) profesional de la salud oral para recibir atención preventiva, como chequeos, limpiezas dentales, selladores dentales o tratamientos de fluoruro?

- No tuvo visitas preventivas en los últimos 12 meses → **PASE a la pregunta C17**
- Sí, 1 visita
- Sí, 2 visitas o más

C16 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿qué servicio(s) dental(es) preventivo(s) recibió este(a) niño(a)? Marque (X) TODAS las que apliquen.

- Chequeo
- Limpieza
- Instrucciones sobre cepillado de dientes y cuidado de la salud oral
- Radiografías
- Tratamiento de fluoruro
- Sellador (sellador plástico en muelas posteriores)
- No sabe

C17 DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) algún tratamiento, consejería o asesoría por parte de un profesional de la salud mental?

Los profesionales de salud mental incluyen psiquiatras, psicólogos(as), enfermeros(as) psiquiátricos(as) y trabajadores sociales clínicos.

- Sí
- No, pero este(a) niño(a) necesitaba ver a un profesional de la salud mental
- No, este(a) niño(a) no necesitó ver a un profesional de la salud mental → **PASE a la pregunta C19**

C18 ¿Qué tan difícil le resultó obtener el tratamiento, consejería o asesoría de salud mental que este(a) niño(a) necesitaba?

- No fue difícil
- Algo difícil
- Muy difícil
- No fue posible obtenerlo

C19 DURANTE LOS ÚLTIMOS 12 MESES, ¿tomó este(a) niño(a) algún medicamento debido a dificultades con sus emociones, concentración o conducta?

- Sí
- No



C20 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) a algún especialista aparte de un profesional de la salud mental? *Los especialistas son médicos como cirujanos, cardiólogos(as), alergistas, dermatólogos y otros médicos que se especializan en una sola área de la atención médica.*

- Sí
- No, pero este(a) niño(a) necesitó ver a un especialista
- No, este(a) niño(a) no necesitó ver a un especialista → **PASE a la pregunta C22**

C21 ¿Qué tan difícil le resultó a usted que este(a) niño(a) recibiera la atención del especialista que necesitaba?

- No fue difícil
- Algo difícil
- Muy difícil
- No fue posible obtenerla

C22 DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó este(a) niño(a) algún tipo de cuidado médico o tratamiento alternativo? *El cuidado médico o tratamiento alternativo puede incluir acupuntura, atención quiropráctica, terapias de relajación, suplementos a base de hierbas y otros tratamientos. Algunas terapias implican ver a un proveedor de atención médica, mientras que otras se pueden realizar por cuenta propia.*

- Sí
- No

C23 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este(a) niño(a) atención médica en alguna ocasión pero no la recibió? *Por atención médica nos referimos a la atención médica así como atención dental, de la vista y de salud mental.*

- Sí
- No → **PASE a la pregunta C26**

C24 Si la respuesta es sí, ¿qué tipo de atención no recibió? *Marque (X) TODAS las que apliquen.*

- Atención médica
- Atención dental
- Atención de la vista
- Atención de la audición
- Servicios de salud mental
- Otro(a), especifique: ↗

C25 ¿Cuáles de las siguientes razones contribuyeron a que este(a) niño(a) no recibiera los servicios de salud necesarios? *Marque (X) Sí o No en cada categoría.*

	Sí	No
a. Este(a) niño(a) no era elegible para recibir los servicios	<input type="checkbox"/>	<input type="checkbox"/>
b. Los servicios que necesitaba este(a) niño(a) no estaban disponibles en su área	<input type="checkbox"/>	<input type="checkbox"/>
c. Hubo problemas para programa u obtener una cita cuando este(a) niño(a) la necesitó	<input type="checkbox"/>	<input type="checkbox"/>
d. Hubo problemas para obtener transporte o cuidado de los niños	<input type="checkbox"/>	<input type="checkbox"/>
e. El consultorio (del médico o la clínica) no estaba abierto(a) cuando este(a) niño(a) necesitó atención	<input type="checkbox"/>	<input type="checkbox"/>
f. Hubo problemas relacionados con el costo	<input type="checkbox"/>	<input type="checkbox"/>

C26 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia se sintió frustrado(a) en sus esfuerzos para obtener servicios para este(a) niño(a)?

- Nunca
- A veces
- Casi siempre
- Siempre



C27 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces fue este(a) niño(a) a la sala de emergencias de un hospital?

- Nunca
- 1 vez
- 2 o más veces

C28 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) admitido(a) al hospital para quedarse ahí por lo menos una noche?

- Sí
- No

C29 ¿Recibió este(a) niño(a) ALGUNA VEZ un plan de educación especial o de intervención temprana? *Los(as) niños(as) que reciben estos servicios a menudo cuentan con un Plan de Servicio Familiar Individualizado (IFSP) o Plan de Educación Individualizado (IEP).*

- Sí
- No → PASE a la pregunta **C32**

C30 Si la respuesta es sí, ¿qué edad tenía este(a) niño(a) cuando se estableció el PRIMER plan?

Años Y Meses

C31 ¿Recibe este(a) niño(a) ACTUALMENTE servicios bajo alguno de estos planes?

- Sí
- No

C32 ¿Recibió este(a) niño(a) ALGUNA VEZ servicios especiales para cumplir con sus necesidades del desarrollo, tales como terapia del habla, ocupacional o de la conducta?

- Sí
- No → PASE a la pregunta **D1**

C33 Si la respuesta es sí, ¿qué edad tenía este(a) niño(a) cuando comenzó a recibir estos servicios especiales?

Años Y Meses

C34 ¿Recibe este(a) niño(a) ACTUALMENTE estos servicios especiales?

- Sí
- No

D. Experiencia con los proveedores de atención médica de este(a) niño(a)

D1 ¿Tiene usted a una o más personas a quienes considera como médico o enfermera(o) de cabecera de este(a) niño(a)? *Un médico o enfermo(a) es un profesional de la salud quien conoce bien al (a la) niño(a) y está familiarizado con la historia de salud de este(a) niño(a). Puede ser un médico de medicina general, un pediatra, un médico especialista, un(a) enfermero(a) practicante o asociado médico.*

- Sí, a una persona
- Sí, a más de una persona
- No

D2 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este(a) niño(a) un referido para ver a algún médico o recibir algún servicio?

- Sí
- No → PASE a la pregunta **D4** en la página 12

D3 ¿Qué tan difícil le resultó a usted obtener referidos?

- No fue difícil
- Algo difícil
- Muy difícil
- No fue posible obtener referidos



D4 Responda las siguientes preguntas sólo si este(a) niño(a) tuvo una visita de atención médica EN LOS ÚLTIMOS 12 MESES. De lo contrario vaya a la pregunta **E1** en la página 13.

DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este(a) niño(a) hicieron lo siguiente...

	Siempre	Casi siempre	A veces	Nunca
a. ¿Estuvieron tiempo suficiente con este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Lo(a) escucharon a usted con atención?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Mostraron sensibilidad por sus valores y costumbres familiares?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Le brindaron la información específica que necesitaba con relación a este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Lo(a) hicieron sentir como un(a) participante en la atención y cuidado de este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D5 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó tomar alguna decisión sobre el cuidado de salud de este(a) niño(a), tal como obtener medicamentos recetados, referidos o algún otro procedimiento médico?

Sí

No → PASE a la pregunta **D7**

D6 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este(a) niño(a)...

	Siempre	Casi siempre	A veces	Nunca
a. ¿Analizaron con usted la variedad de opciones a considerar para la atención médica o el tratamiento de este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Le dieron lugar para expresar sus dudas o desacuerdo con las recomendaciones sobre la atención médica de este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Trabajaron con usted para decidir cuáles serían las mejores opciones para este(a) niño(a) en lo que se refiere a cuidado de salud y opciones de tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D7 DURANTE LOS ÚLTIMOS 12 MESES, ¿le ayudó alguien a organizar o coordinar el cuidado de este(a) niño(a) entre los diferentes médicos y servicios que este(a) niño(a) utiliza?

Sí

No

No vio a más de un proveedor de atención médica en los ÚLTIMOS 12 MESES

D8 DURANTE LOS ÚLTIMOS 12 MESES, ¿sintió que podría haber usado ayuda adicional para hacer arreglos o coordinar la atención médica de este(a) niño(a) entre los diferentes proveedores o servicios de atención médica?

Sí

No → PASE a la pregunta **D10** en la página 13



D9 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia obtuvo la ayuda que deseaba para hacer arreglos o coordinar la atención médica de este(a) niño(a)?

- Casi siempre
- A veces
- Nunca

D10 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuán satisfecho(a) estuvo con respecto a la comunicación entre los médicos de este(a) niño(a) y los demás proveedores de atención médica?

- Muy satisfecho
- Algo satisfecho
- Algo insatisfecho
- Muy insatisfecho

D11 DURANTE LOS ÚLTIMOS 12 MESES, ¿el proveedor de atención médica de este(a) niño(a) se comunicó con la escuela, el proveedor de cuidado de niños o el programa de educación especial de este(a) niño(a)?

- Sí
- No → **PASE a la pregunta E1**
- No fue necesario que el proveedor de atención médica se comunicara con estos proveedores → **PASE a la pregunta E1**

D12 Si la respuesta es sí, durante este tiempo, ¿qué tan satisfecho(a) se ha sentido con respecto a la comunicación que el proveedor de atención médica de este(a) niño(a) ha tenido con la escuela, el proveedor de cuidado de niños o el programa de educación especial?

- Muy satisfecho
- Algo satisfecho
- Algo insatisfecho
- Muy insatisfecho

E. Cobertura de seguro médico de este(a) niño(a)

E1 DURANTE LOS ÚLTIMOS 12 MESES, ¿estuvo este(a) niño(a) cubierto(a) por ALGÚN tipo de seguro médico o plan de cobertura de salud?

- Sí, este(a) niño(a) tuvo cobertura durante los 12 meses → **PASE a la pregunta E4 en la página 14**
- Sí, pero este(a) niño(a) tuvo una interrupción en la cobertura
- No

E2 Indique si algunos de los siguientes es un motivo por el cual este(a) niño(a) no tuvo cobertura de salud DURANTE LOS ÚLTIMOS 12 MESES:

	Sí	No
a. Cambio de empleador o de situación laboral	<input type="checkbox"/>	<input type="checkbox"/>
b. Cancelación por primas vencidas	<input type="checkbox"/>	<input type="checkbox"/>
c. Renunció a la cobertura porque costaba demasiado	<input type="checkbox"/>	<input type="checkbox"/>
d. Renunció a la cobertura porque los beneficios eran inadecuados	<input type="checkbox"/>	<input type="checkbox"/>
e. Renunció a la cobertura porque las opciones de proveedores de atención médica eran inadecuadas	<input type="checkbox"/>	<input type="checkbox"/>
f. Problemas con el proceso de solicitud o renovación de la cobertura	<input type="checkbox"/>	<input type="checkbox"/>
g. Otro(a), especifique: ↴	<input type="checkbox"/>	<input type="checkbox"/>

E3 ¿Está este(a) niño(a) cubierto(a) ACTUALMENTE por ALGÚN tipo de seguro de salud o plan de cobertura de salud?

- Sí
- No → **PASE a la pregunta F1 en la página 14**



E4 ¿Está este(a) niño(a) **ACTUALMENTE** cubierto(a) por alguno de los siguientes tipos de seguro de salud o planes de cobertura de salud? Marque (X) Sí o No en CADA categoría.

- | | Sí | No |
|--|--------------------------|--------------------------|
| a. Seguro a través de un empleador actual o previo o a través de un sindicato | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguros | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicaid, Medical Assistance, o cualquier tipo de plan de asistencia del gobierno para personas con bajos ingresos o una discapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| d. TRICARE u otros servicios de atención médica de las Fuerzas Armadas | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Servicio de Salud Indio (Indian Health Services) | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Otro(a), especifique: ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

E5 ¿Con qué frecuencia el seguro de salud de este(a) niño(a) ofrece beneficios o cubre servicios que satisfacen las necesidades de este(a) niño(a)?

- Siempre
- Casi siempre
- A veces
- Nunca

E6 ¿Con qué frecuencia el seguro de salud de este(a) niño(a) le permite ver a los proveedores de atención médica que necesita?

- Siempre
- Casi siempre
- A veces
- Nunca

E7 Pensando específicamente en las necesidades de salud mental o de conducta de este(a) niño(a), ¿con qué frecuencia el seguro de salud de este(a) niño(a) ofrece beneficios o cubre servicios que satisfacen estas necesidades?

- Este(a) niño(a) no utiliza servicios de salud mental o de la conducta
- Siempre
- Casi siempre
- A veces
- Nunca

F. Proveyendo para el cuidado de salud de este(a) niño(a)

F1 Incluyendo co-pagos y cantidades reembolsables de las Cuentas de Ahorros de Salud (HAS) y Cuentas de Gastos Flexibles (FSA), ¿cuánto dinero pagó por los cuidados médicos, de salud, dentales y de visión de este(a) niño(a) **DURANTE LOS ÚLTIMOS 12 MESES**? No incluya las primas o los costos del seguro que fueron o serán reembolsados por el seguro u otra fuente.

- \$0 (Sin gastos médicos o gastos relacionados con la salud) → **PASE a la pregunta F4**
- De \$1 a \$249
- De \$250 a \$499
- De \$500 a \$999
- De \$1,000 a \$5,000
- Más de \$5,000

F2 ¿Con qué frecuencia son razonables estos costos?

- Siempre
- Casi siempre
- A veces
- Nunca

F3 **DURANTE LOS ÚLTIMOS 12 MESES**, ¿tuvo su familia problemas para pagar las facturas médicas o de atención médica de este(a) niño(a)?

- Sí
- No

F4 **DURANTE LOS ÚLTIMOS 12 MESES**, ¿usted u otro miembro de la familia...

- | | Sí | No |
|--|--------------------------|--------------------------|
| a. ¿Dejó el trabajo o se ausentó unos cuantos días debido a la salud o condición(es) médica(s) de este(a) niño(a)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Redució la cantidad de horas que trabaja debido a la salud o condición(es) médica(s) de este(a) niño(a)? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Evitó cambiar de trabajo para mantener el seguro de salud para este(a) niño(a)? | <input type="checkbox"/> | <input type="checkbox"/> |



F5 EN UNA SEMANA PROMEDIO, ¿cuántas horas dedica usted u otros miembros de la familia a la atención médica de este(a) niño(a) en su hogar? *El cuidado puede incluir cambiar vendajes o dar medicamentos y terapias cuando sea necesario.*

- Este(a) niño(a) no necesita atención médica en el hogar cada semana
- Menos de 1 hora por semana
- De 1 a 4 horas por semana
- De 5 a 10 horas por semana
- 11 horas o más por semana

F6 EN UNA SEMANA PROMEDIO, ¿cuántas horas dedica usted u otros miembros de la familia haciendo arreglos o coordinando la atención médica o de la salud de este(a) niño(a), tal como programar citas o localizar servicios?

- Este(a) niño(a) no necesita atención médica coordinada cada semana
- Menos de 1 hora por semana
- De 1 a 4 horas por semana
- De 5 a 10 horas por semana
- 11 horas o más por semana

G. La educación y las actividades de este(a) niño(a)

G1 DURANTE LOS ÚLTIMOS 12 MESES, ¿aproximadamente cuántos días se ausentó de la escuela este(a) niño(a) por una enfermedad o lesión? *Si el(la) niño(a) recibe educación formal en el hogar, incluya los días en los que él(ella) se ausentó.*

- No se ausentó ningún día
- De 1 a 3 días
- De 4 a 6 días
- De 7 a 10 días
- 11 días o más
- Este(a) niño(a) no estaba inscrito(a) en la escuela

G2 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces se comunicó la escuela de este(a) niño(a) con usted u otro adulto de su casa por algún problema del (de la) niño(a) en la escuela?

- Nunca
- 1 vez
- 2 veces o más

G3 DESDE QUE COMENZÓ KINDERGARTEN, ¿alguna vez ha repetido este(a) niño(a) algún grado?

- Sí
- No

G4 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia asistió usted a eventos o actividades en las que este(a) niño(a) participaba?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca



G5 DURANTE LOS ÚLTIMOS 12 MESES, ¿participó este(a) niño(a) en...

- | | Sí | No |
|--|--------------------------|--------------------------|
| a. ¿Un equipo deportivo o clases de algún deporte después de la escuela o los fines de semana? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Clubes u organizaciones después de la escuela o los fines de semana? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Alguna otra actividad organizada o clases, tal como música, baile, otro idioma u otras artes? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Algún tipo de servicio comunitario o trabajo voluntario en la escuela, lugar de culto o comunidad? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿Alguna actividad con paga, incluyendo trabajos usuales como cuidando niños(as), cortando el césped u otro trabajo ocasional? | <input type="checkbox"/> | <input type="checkbox"/> |

G6 DURANTE LA SEMANA PASADA, ¿cuántos días hizo este(a) niño(a) ejercicio, practicó un deporte o participó en actividades físicas durante al menos 60 minutos?

- 0 días
- De 1 a 3 días
- De 4 a 6 días
- Todos los días

G7 En comparación con otros(as) niños(as) de la misma edad, ¿qué dificultad tiene este(a) niño(a) para hacer o mantener amistades?

- Ninguna dificultad
- Un poco de dificultad
- Mucha dificultad

H. Acerca de usted y este(a) niño(a)

H1 ¿Nació este(a) niño(a) en los Estados Unidos?

- Sí → **PASE a la pregunta H3**
- No

H2 Si la respuesta es no, ¿cuánto tiempo ha vivido este(a) niño(a) en los Estados Unidos?

Años Y Meses

H3 ¿Cuántas veces se ha mudado este(a) niño(a) a una dirección nueva desde que nació?

Cantidad de veces

H4 ¿Con qué frecuencia este(a) niño(a) se va a dormir aproximadamente a la misma hora durante las noches entre semana?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

H5 DURANTE LA SEMANA PASADA, ¿cuántas horas durmió este(a) niño(a) la mayoría de las noches entre semana?

- Menos de 6 horas
- 6 horas
- 7 horas
- 8 horas
- 9 horas
- 10 horas
- 11 horas o más



H6 EN LA MAYORÍA DE LOS DÍAS DE LA SEMANA, ¿aproximadamente cuánto tiempo pasó este(a) niño(a) frente a una televisión, computadora, teléfono celular u otro dispositivo electrónico viendo programas, jugando juegos, accediendo a la internet, o utilizando los medios de comunicación social? *No incluya el tiempo dedicado a hacer tareas escolares.*

- Menos de 1 hora
- 1 hora
- 2 horas
- 3 horas
- 4 horas o más

H7 ¿Qué tan bien pueden usted y este(a) niño(a) compartir ideas o hablar sobre cosas realmente importantes?

- Muy bien
- Algo bien
- No muy bien
- Nada de bien

H8 ¿Cómo considera que sobrelleva las obligaciones cotidianas de la crianza de los(as) niños(as)?

- Muy bien
- Algo bien
- No muy bien
- Nada de bien

H9 DURANTE EL MES PASADO, ¿con qué frecuencia sintió...

	Nunca	En raras ocasiones	A veces	Casi siempre	Siempre
a. ¿Qué este(a) niño(a) es mucho más difícil de cuidar que la mayoría de los(as) niños(as) de su edad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Qué este(a) niño(a) hace cosas que realmente le molestan mucho a usted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Qué estaba enojado(a) con este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H10 DURANTE LOS ÚLTIMOS 12 MESES, ¿hubo alguien a quien usted pudiera recurrir regularmente en busca de apoyo emocional relacionado con la crianza de los(as) niños(as)?

- Sí
- No → PASE a la pregunta **I1** en la página 18

H11 Si la respuesta es sí, ¿recibió usted apoyo emocional de...

	Sí	No
a. ¿Esposo(a) o compañero(a) de casa?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Otro familiar o amigo(a) cercano(a)?	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Un proveedor de atención médica?	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Un lugar de culto o un líder religioso?	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Un grupo de apoyo o asistencia relacionado con una condición de salud específica?	<input type="checkbox"/>	<input type="checkbox"/>
f. ¿Un grupo de apoyo?	<input type="checkbox"/>	<input type="checkbox"/>
g. Un consejero u otro profesional de la salud mental?	<input type="checkbox"/>	<input type="checkbox"/>
h. Otra persona, <i>especifique:</i> ➤	<input type="checkbox"/>	<input type="checkbox"/>



I. Acerca de su familia y su hogar

11 DURANTE LA SEMANA PASADA, ¿cuántos días se reunieron todos los miembros de la familia que viven en el hogar para comer juntos?

- 0 días
- De 1 a 3 días
- De 4 a 6 días
- Todos los días

12 ¿Alguien que vive en su hogar fuma cigarrillos, cigarros o tabaco de pipa?

- Sí
- No → **PASE a la pregunta 14**

13 Si la respuesta es sí, ¿alguien fuma dentro del hogar?

- Sí
- No

14 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia se utilizaron pesticidas dentro de su residencia para controlar los insectos? Si la frecuencia cambió durante el año, indique la frecuencia más alta.

- Más de una vez a la semana
- Una vez a la semana
- Una vez al mes
- Una vez cada 2 a 5 meses
- Una vez cada 6 meses
- Una vez durante los últimos 12 meses
- Nunca
- No sé

15 DURANTE LOS ÚLTIMOS 12 MESES, aparte de en una ducha o bañera ¿ha visto moho, hongos u otros signos de daños por agua en las paredes u otras superficies dentro de su casa?

- Sí
- No

16 Cuando su familia enfrenta problemas, ¿con qué frecuencia es probable que hagan lo siguiente?

	Siempre	Casi siempre	A veces	Nunca
a. Hablar juntos sobre qué hacer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trabajar juntos para resolver nuestros problemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Saber que tenemos fuerzas en donde apoyarnos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mantener la esperanza aún en tiempos difíciles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 DESDE QUE ESTE(A) NIÑO(A) NACIÓ, ¿con qué frecuencia ha sido muy difícil cubrir los gastos básicos, como alimentos y vivienda, utilizando sus ingresos familiares?

- Nunca
- En raras ocasiones
- En algunas ocasiones
- En muchas ocasiones

18 ¿Cuál de estas afirmaciones describe mejor la capacidad de su hogar para poder costear los alimentos que necesitaba DURANTE LOS ÚLTIMOS 12 MESES?

- Siempre pudimos costear buenas comidas nutritivas.
- Siempre pudimos costear lo suficiente para comer, pero no siempre la clase de alimentos que debemos comer.
- A veces no pudimos costear lo suficiente para comer.
- Con frecuencia no pudimos costear lo suficiente para comer.

19 En algún momento, DURANTE LOS ÚLTIMOS 12 MESES, aunque fuera durante un mes, ¿algún miembro de la familia recibió lo siguiente...

	Sí	No
a. ¿Ayuda en efectivo de un programa de asistencia social del gobierno?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Cupones para alimentos o beneficios del Programa de Asistencia Nutricional Suplementaria (SNAP)?	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Desayunos o almuerzos gratuitos o de costo reducido en la escuela?	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Beneficios del Programa Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños (WIC)?	<input type="checkbox"/>	<input type="checkbox"/>



110 ¿En su vecindario hay...

- | | Sí | No |
|--|--------------------------|--------------------------|
| a. ¿Aceras o paseos peatonales? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Un parque o área de juegos? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Un centro de recreación, centro comunitario o club "boys and girls"? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Una biblioteca o biblioteca ambulante? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿Basura o desperdicios en las calles o aceras? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ¿Hogares deteriorados o mal conservados? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. ¿Vandalismo, como ventanas rotas o grafitis? | <input type="checkbox"/> | <input type="checkbox"/> |

111 ¿En qué medida está de acuerdo con estas afirmaciones sobre su vecindario o comunidad?

- | | Definitivamente de acuerdo | Algo de acuerdo | Algo en desacuerdo | Definitivamente en desacuerdo |
|---|----------------------------|--------------------------|--------------------------|-------------------------------|
| a. La gente de este vecindario se ayuda mutuamente | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. En este vecindario cuidamos mutuamente de nuestros(as) hijos(as) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Este(a) niño(a) está seguro(a) en nuestro vecindario | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cuando enfrentamos dificultades, sabemos a donde acudir para buscar ayuda en nuestra comunidad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Este(a) niño(a) está seguro(a) en la escuela | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

112 Además de usted o los demás adultos en su hogar, ¿hay al menos otro adulto en la escuela, vecindario o comunidad del (de la) niño(a) que conozca bien al (a la) niño(a) y en quien el (la) niño(a) pueda depender para recibir consejo u orientación?

- Sí
- No

113 Las siguientes preguntas son sobre eventos que pueden haber ocurrido durante la vida del (de la) niño(a). Éstos pueden suceder en cualquier familia, pero algunas personas quizás se sientan incómodas con estas preguntas. Usted puede omitir cualquier pregunta que no desee responder.

A su entender, ¿este(a) niño(a) experimentó ALGUNA VEZ algunas de las siguientes situaciones?

- | | Sí | No |
|--|--------------------------|--------------------------|
| a. Los padres o tutores se divorciaron o separaron | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Los padres o tutores murieron | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Los padres o tutores estuvieron en la cárcel | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Vio u oyó a sus padres o adultos abofetearse, golpearse, patearse o pegarse en el hogar | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Fue víctima o testigo de violencia en su vecindario | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Vivió con alguna persona que tenía una enfermedad mental, estaba suicida o tenía depresión grave o severa | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Vivió con alguna persona con problemas de alcohol o drogas | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Fue tratado(a) o juzgado(a) injustamente por su raza o grupo étnico | <input type="checkbox"/> | <input type="checkbox"/> |



J. Cuidador(es) de este(a) niño(a)

→ Complete las siguientes preguntas hasta un máximo de dos adultos por hogar para cada uno de los cuidadores primarios de este(a) niño(a). Si sólo un adulto es el cuidador primario, conteste las preguntas solamente para ese adulto.

J1 ¿Qué parentesco tiene con este(a) niño(a)?

- Padre o madre biológica o adoptiva
- Padrastro o madrastra
- Abuelo(a)
- Padre o madre de crianza a través del programa Foster del gobierno
- Otro(a): Pariente
- Otro(a): No pariente

J2 ¿Cuál es su sexo?

- Masculino
- Femenino

J3 ¿Qué edad tiene?

Edad en años

J4 ¿Dónde nació?

- En los Estados Unidos → **PASE a la pregunta J6**
- Fuera de los Estados Unidos

J5 ¿Cuándo vino a vivir a los Estados Unidos?

Año

J6 ¿Cuál es el grado o nivel escolar más alto que usted ha completado? Marque (X) sólo UNA opción.

- Grado 8 o menos
- Grado 9 al 12; sin diploma
- Completé secundaria o GED
- Completé un programa de escuela vocacional, comercial o de negocios
- Algunos créditos universitarios, pero sin título
- Título asociado universitario (AA, AS)
- Título de licenciatura universitaria (BA, BS, AB)
- Título de maestría (MA, MS, MSW, MBA)
- Título de doctorado (PhD, EdD) o título profesional (MD, DDS, DVM, JD)

J7 ¿Cuál es su estado civil?

- Casado(a)
- No casado(a), pero vivo con una pareja
- Nunca me he casado
- Divorciado(a)
- Separado(a)
- Viudo(a)

J8 En general, ¿cómo está su salud física?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente



J9 En general, ¿cómo está su salud mental o emocional?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

J10 ¿Tuvo trabajo por lo menos 50 semanas de las últimas 52 semanas?

- Sí
- No

J11 ¿Ha prestado usted alguna vez servicio militar activo en las Fuerzas Armadas, la Reserva Militar, o la Guardia Nacional de los Estados Unidos?

Marque (X) sólo UNA opción.

- Nunca estuvo en el servicio militar → **PASE a la pregunta J13**
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional I → **PASE a la pregunta J13**
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

J12 ¿Fue movilizado(a) en algún momento durante la vida de este(a) niño(a)?

- Sí
- No

→ Las preguntas J13 a la J24 tratan sobre otro cuidador primario adulto que puede estar viviendo en este hogar además de usted.

J13 ¿Qué parentesco tiene este cuidador primario adulto que vive en este hogar con este(a) niño(a)?

- Sólo hay un cuidador primario en este hogar para este(a) niño(a) → **PASE a la pregunta K1 en la página 22.**
- Padre o madre biológica o adoptiva
- Padrastro o madrastra
- Abuelo(a)
- Padre o madre de crianza a través del programa Foster del gobierno
- Otro(a): Pariente
- Otro(a): No pariente

J14 ¿Cuál es el sexo de este cuidador primario?

- Masculino
- Femenino

J15 ¿Qué edad tiene este cuidador primario?

Edad en años

J16 ¿Dónde nació este cuidador primario?

- En los Estados Unidos → **PASE a la pregunta J18**
- Fuera de los Estados Unidos

J17 ¿Cuándo vino este cuidador primario a vivir a los Estados Unidos?

Año

J18 ¿Cuál es el grado o nivel escolar más alto que este cuidador primario ha completado?

Marque (X) SÓLO una opción.

- Grado 8 o menos
- Grado 9 al 12; sin diploma
- Completó secundaria o GED
- Completó un programa de escuela vocacional, comercial o de negocios
- Algunos créditos universitarios, pero sin título
- Título asociado universitario (AA, AS)
- Título de licenciatura universitaria (BA, BS, AB)
- Título de maestría (MA, MS, MSW, MBA)
- Título de doctorado (PhD, EdD) o título profesional (MD, DDS, DVM, JD)



J19 ¿Cuál es el estado civil de este cuidador primario?

- Casado(a)
- No casado(a), pero vive con una pareja
- Nunca se ha casado
- Divorciado(a)
- Separado(a)
- Viudo(a)

J20 En general, ¿cómo está la salud física de este cuidador primario?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

J21 En general, ¿cómo está la salud mental o emocional de este cuidador primario?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

J22 ¿Tuvo trabajo este cuidador primario por lo menos 50 semanas de las últimas 52 semanas?

- Sí
- No

J23 Este cuidador primario, ¿ha prestado alguna vez servicio militar activo en las Fuerzas Armadas, la Reserva Militar, o la Guardia Nacional de los Estados Unidos? Marque (X) sólo UNA opción.

- Nunca estuvo en el servicio militar → **PASE a la pregunta K1**
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → **PASE a la pregunta K1**
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

J24 ¿Fue este cuidador primario mobilizado en algún momento durante la vida de este(a) niño(a)?

- Sí
- No

K. Información del Hogar

K1 ¿Cuántas personas viven o se quedan en esta dirección? Incluya a todas las personas que usualmente viven o se quedan en esta dirección. NO incluya a personas que están viviendo en otro lugar desde hace más de dos meses, como estudiantes universitarios que viven afuera o personas de las Fuerzas Armadas en despliegue.

Cantidad de personas

K2 ¿Cuántas de estas personas en su hogar son miembros de su familia? Familia se define como cualquier persona que tenga parentesco con este(a) niño(a) por consanguinidad, matrimonio, adopción o por el programa de cuidado Foster del gobierno.

Cantidad de personas



Instrucciones de envío postal

Gracias por su participación.

En nombre del Departamento de Salud y Servicios Humanos de los EE.UU., queremos agradecerle por su esfuerzo y el tiempo que dedicó para compartir esta información sobre este(a) niño(a) y su familia.

Sus respuestas son importantes para nosotros y facilitarán que investigadores, personas encargadas de formular políticas públicas y defensores de la familia comprendan mejor las necesidades en materia de salud y atención médicas de los(as) niños(as) de nuestra población diversa.

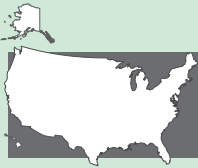
Coloque el cuestionario completado en el sobre con franqueo pagado. Si el sobre se ha extraviado, envíe el cuestionario por correo a:

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

También puede llamar al **1-800-845-8241** para solicitar un sobre de reemplazo.

Se calcula que el tiempo promedio necesario para recopilar esta información es de 33 minutos por respuesta, que incluye el tiempo para revisar las instrucciones, buscar las fuentes de datos existentes, recopilar y mantener los datos necesarios, y completar y revisar la recopilación de la información. Para realizar comentarios sobre este cálculo o sobre cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir el tiempo que toma, escriba a: Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a DEMO.Paperwork@census.gov; escriba como asunto "Paperwork Project 0607-0990."





Encuesta Nacional de Salud de los Niños

Un estudio realizado por el Departamento de Salud y Servicios Humanos de los EE. UU. para entender mejor los problemas de salud que enfrentan actualmente los(as) niños(as) en los Estados Unidos.



La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información y no se le permite divulgar sus respuestas de manera que usted o su hogar pudieran ser identificados. La Oficina del Censo de los Estados Unidos está llevando a cabo la Encuesta Nacional de Salud de los Niños para el Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS) en conformidad con la Sección 8(b) del Título 13, Código de los Estados Unidos, que le permite a la Oficina del Censo realizar encuestas para otras agencias. La Sección 701(a)(2) del Título 42, Código de los Estados Unidos, le permite al HHS recopilar información con el propósito de entender la salud y el bienestar de los(as) niños(as) en los Estados Unidos. Las leyes federales protegen su privacidad y mantienen confidenciales sus respuestas, en conformidad con la Sección 9 del Título 13, Código de los Estados Unidos. De acuerdo con la Ley para el Fortalecimiento de la Seguridad Cibernética del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten.

Cualquier información que proporcione será compartida para fines relacionados con el trabajo identificado anteriormente y según lo permitido por la Ley de Privacidad de 1974 (Sección 552 del Título 5, Código de los Estados Unidos) y SORN COMMERCE/CENSUS-3, Recopilación de la Encuesta Demográfica (Marco Muestral de la Oficina del Censo).

La participación en esta encuesta es voluntaria y no hay sanciones por negarse a responder a las preguntas. Sin embargo, su cooperación en la obtención de esta información necesaria es de suma importancia a fin de garantizar resultados completos y precisos.

NSCH-S-T3
(05/02/2018)



Comience Aquí

Recientemente, usted completó una encuesta con preguntas sobre los(as) niños(as) que usualmente viven o se quedan en esta dirección. Gracias por tomar de su tiempo para completar esta encuesta.

Ahora le haremos algunas preguntas de seguimiento sobre:

Si el nombre que aparece anteriormente es incorrecto o no corresponde a un(a) niño(a) que viva en este hogar, llame al 1-800-845-8241.

Hemos seleccionado solamente a un(a) niño(a) por hogar con el fin de minimizar la cantidad de tiempo que necesitará para responder a las preguntas de seguimiento.

La encuesta deberá ser completada por un adulto familiarizado con la salud y atención médica de este(a) niño(a).

Su participación es importante. Gracias.

A. La salud de este(a) niño(a)

A1 En general, ¿cómo describiría la salud de este(a) niño(a) (cuyo nombre aparece más arriba)?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

A2 ¿Cómo describiría la salud dental de este(a) niño(a)?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

A3 ¿Con qué frecuencia este(a) niño(a)...

	Siempre	Casi siempre	A veces	Nunca
a. Muestra interés y curiosidad por aprender cosas nuevas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trabaja para terminar las tareas que comienza?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Se mantiene tranquilo(a) y en control cuando enfrenta un desafío?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Le importa que le vaya bien en la escuela?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hace toda la tarea requerida?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Discute demasiado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces este(a) niño(a) fue víctima de acoso escolar, burlas o fue excluido(a) por otros(as) niños(as)? Si la cantidad de veces cambió durante el año, reporte la cantidad más alta.

- Nunca (en los últimos 12 meses)
- 1-2 veces (en los últimos 12 meses)
- 1-2 veces por mes
- 1-2 veces por semana
- Casi todos los días

A5 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces este(a) niño(a) hostigó a otros(as) en el entorno escolar, se burló de los(as) demás o los(as) excluyó(a)? Si la cantidad de veces cambió durante el año, reporte la cantidad más alta.

- Nunca (en los últimos 12 meses)
- 1-2 veces (en los últimos 12 meses)
- 1-2 veces por mes
- 1-2 veces por semana
- Casi todos los días



A6 DURANTE LOS ÚLTIMOS 12 MESES, ¿este(a) niño(a) ha tenido dificultades CRÓNICAS o FRECUENTES con cualquiera de los(as) siguientes?

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Respirar u otros problemas respiratorios (como respiración sibilante o falta de aire) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Comer o tragar debido a una condición médica | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Digerir la comida, incluyendo problemas estomacales o intestinales, estreñimiento o diarrea | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Dolor físico crónico o recurrente, incluyendo dolor de cabeza, dolor de espalda o dolor corporal | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Dolor de muelas | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Sangrado en las encías | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Dientes deteriorados o caries | <input type="checkbox"/> | <input type="checkbox"/> |

A7 ¿Presenta este(a) niño(a) alguno de los siguientes problemas?

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Dificultades serias para concentrarse, recordar o tomar decisiones debido a una condición física, mental o emocional | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dificultades serias para caminar o subir escaleras | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Dificultades para vestirse o bañarse | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Dificultades para hacer diligencias solo o sola, como visitar el consultorio u oficina del médico o ir de compras, debido a una condición física, mental o emocional | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Sordera o problemas de audición | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Ceguera o problemas de la vista, incluso cuando usa anteojos o lentes | <input type="checkbox"/> | <input type="checkbox"/> |

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A8 ¿Alergias (incluyendo alimentos, medicamentos, insectos o de otro tipo)?

- Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

- Sí No

↳ Si la respuesta es sí, la condición es:

- Leve Moderada Grave

A9 ¿Artritis?

- Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

- Sí No

↳ Si la respuesta es sí, la condición es:

- Leve Moderada Grave

A10 ¿Asma?

- Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

- Sí No

↳ Si la respuesta es sí, la condición es:

- Leve Moderada Grave

A11 ¿Lesión cerebral, contusión o lesión en la cabeza?

- Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

- Sí No

↳ Si la respuesta es sí, la condición es:

- Leve Moderada Grave



ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A12 ¿Parálisis cerebral?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A13 ¿Diabetes?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A14 ¿Epilepsia o trastornos convulsivos?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A15 ¿Condición o problemas cardíacos?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A16 ¿Dolores de cabeza frecuentes o intensos, incluyendo migrañas?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A17 ¿Síndrome de Tourette?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A18 ¿Problemas de ansiedad?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A19 ¿Depresión?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave



ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A20 ¿Síndrome de Down?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A21 ¿Trastornos sanguíneos (como enfermedad de anemia drepanocítica o de células falciformes, talasemia o hemofilia)?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

↳ Si la respuesta es sí, ¿fue este(a) niño(a) diagnosticado(a) con:

	Sí	No
Enfermedad de anemia drepanocítica	<input type="checkbox"/>	<input type="checkbox"/>
Talasemia	<input type="checkbox"/>	<input type="checkbox"/>
Hemofilia	<input type="checkbox"/>	<input type="checkbox"/>
Otros trastornos sanguíneos	<input type="checkbox"/>	<input type="checkbox"/>

A22 ¿Fibrosis quística?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A23 ¿Otra condición genética o hereditaria?

Sí No

↳ Si la respuesta es sí, especifique: 

↳ La condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

A24 ¿Trastornos por uso de drogas?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) el trastorno ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, el trastorno es:

Leve Moderado Grave

ALGUNA VEZ un médico, otro proveedor de atención médica o un educador le ha dicho a usted que este(a) niño(a) padece de...

Algunos ejemplos de educadores son maestros(as) y enfermeros(as) escolares.

A25 ¿Problemas de comportamiento o conducta?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A26 ¿Retraso en el desarrollo?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave



ALGUNA VEZ un médico, otro proveedor de atención médica o un educador le ha dicho a usted que este(a) niño(a) padece de...

Algunos ejemplos de educadores son maestros(as) y enfermeros(as) escolares.

A27 ¿Discapacidad intelectual (anteriormente conocida como retraso mental)?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la discapacidad **ACTUALMENTE**?

Sí No

↳ Si la respuesta es sí, la discapacidad es:

Leve Moderada Grave

A28 ¿Trastorno del habla u otro trastorno del lenguaje?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición **ACTUALMENTE**?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A29 ¿Discapacidades del aprendizaje?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la discapacidad **ACTUALMENTE**?

Sí No

↳ Si la respuesta es sí, la discapacidad es:

Leve Moderada Grave

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A30 ¿Cualquier otra condición de salud mental?

Sí No

↳ Si la respuesta es sí, especifique:

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición **ACTUALMENTE**?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A31 ¿**ALGUNA VEZ** le ha dicho a usted un médico u otro proveedor de atención médica que este(a) niño(a) padece de Autismo o Trastorno del Espectro Autista (TEA)? Incluya los diagnósticos de Síndrome de Asperger o Trastorno Generalizado del Desarrollo (TGD).

Sí No → **PASE a la pregunta A36 en la página 7**

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición **ACTUALMENTE**?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A32 ¿Qué edad tenía este(a) niño(a) cuando un médico u otro proveedor de atención médica le dijo a usted por **PRIMERA VEZ** que este(a) niño(a) tenía Autismo, Trastornos del Espectro Autista (TEA), Síndrome de Asperger o Trastorno Generalizado del Desarrollo (TGD)?

Edad en años No sabe

A33 ¿Qué tipo de médico u otro proveedor de atención médica fue el **PRIMERO** en decirle a usted que este(a) niño(a) tenía Autismo, Trastornos del Espectro Autista (TEA), Síndrome de Asperger, o Trastorno Generalizado del Desarrollo (TGD)? Marque (X) sólo **UNA** opción.

Proveedor de atención primaria

Especialista

Psicólogo(a)/consejero(a) escolar

Otro(a) psicólogo(a) (no escolar)

Psiquiatra

Otro(a), especifique:

No sabe

A34 ¿Toma este(a) niño(a) **ACTUALMENTE** medicamentos para tratar el Autismo, los Trastornos del Espectro Autista (TEA), Síndrome de Asperger, o el Trastorno Generalizado del Desarrollo (TGD)?

Sí No



A35 En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) tratamiento de la conducta por Autismo, Trastornos del Espectro Autista (TEA), Síndrome de Asperger, o Trastorno Generalizado del Desarrollo (TGD), tal como alguna capacitación o intervención que haya recibido usted o este(a) niño(a) para ayudar con su conducta?

Sí No

A36 ¿ALGUNA VEZ le dijo a usted un médico u otro proveedor de atención médica que este(a) niño(a) padece del Trastorno por Déficit de Atención o del Trastorno por Déficit de Atención e Hiperactividad, es decir, TDA or TDAH?

Sí No → **PASE a la pregunta A39**

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A37 ¿Toma este(a) niño(a) ACTUALMENTE medicamentos para tratar el Trastorno por Déficit de Atención (TDA) o el Trastorno por Déficit de Atención con Hiperactividad (TDAH)?

Sí No

A38 En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) tratamiento de la conducta por el Trastorno por Déficit de Atención (TDA) o Trastorno por Déficit de Atención e Hiperactividad (TDAH), tal como alguna capacitación o intervención que haya recibido usted o este(a) niño(a) para ayudar con su conducta?

Sí No

A39 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia las condiciones o los problemas de salud de este(a) niño(a) afectaron su capacidad para hacer actividades que realizan otros(as) niños(as) de su edad?

Este(a) niño(a) no padece ninguna condición médica → **PASE a la pregunta B1**

Nunca

A veces

Casi siempre

Siempre

A40 ¿En qué medida las condiciones o problemas de salud de este(a) niño(a) afectan su capacidad de hacer actividades?

Muy poco

Algo

En gran medida

B. Este(a) niño(a) cuando era bebé

B1 ¿Nació este(a) niño(a) más de 3 semanas antes de la fecha para la cual se esperaba el parto?

Sí

No

B2 ¿Cuánto pesó al nacer?

Responda utilizando libras y onzas O kilogramos y gramos. Puede proveer su mejor aproximación o estimación.

libras Y onzas

O

kilogramos Y gramos

B3 ¿Qué edad tenía la madre cuando nació este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

Edad en años



C. Servicios de atención médica

C1 DURANTE LOS ÚLTIMOS 12 MESES, ¿vio este(a) niño(a) a algún médico, enfermero(a) u otro profesional de la salud para recibir atención médica (por ejemplo, para cuidado preventivo, cuidado médico, hospitalizaciones)?

Sí

No → **PASE a la pregunta C5**

C2 Si la respuesta es sí, en su ÚLTIMA visita de atención médica, ¿tuvo el (la) niño(a) la oportunidad de hablar con un médico u otro proveedor de atención médica en privado, sin que usted u otro adulto estuviera presente?

Sí

No

C3 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces tuvo este(a) niño(a) una consulta con un médico, enfermero(a) u otro(a) profesional de la salud para realizarse un chequeo PREVENTIVO? *El chequeo preventivo se realiza cuando este(a) niño(a) no ha estado enfermo(a) ni lesionado(a), tal como un chequeo preventivo anual o un examen físico para hacer deporte o la visita de niño sano.*

0 visitas

1 visita

2 visitas o más

C4 Pensando en la ÚLTIMA VEZ que llevó al (a la) niño(a) a un chequeo PREVENTIVO, ¿aproximadamente cuánto tiempo en el consultorio estuvo con usted el médico o proveedor de atención médica que examinó a este(a) niño(a)? *Puede proveer su mejor aproximación o estimación.*

Menos de 10 minutos

De 10 a 20 minutos

Más de 20 minutos

C5 ¿Cuál es la estatura ACTUAL de este(a) niño(a)? *Puede proveer su mejor aproximación o estimación.*

pies Y pulgadas

O

metros Y centímetros

C6 ¿Cuál es el peso ACTUAL de este(a) niño(a)? *Puede proveer su mejor aproximación o estimación.*

libras Y onzas

O

kilogramos Y gramos

C7 ¿Le preocupa el peso de este(a) niño(a)?

Sí, este(a) niño(a) pesa mucho

Sí, este(a) niño(a) pesa muy poco

No, no me preocupa

C8 ¿Alguna vez un médico u otro proveedor de atención médica le ha dicho a usted que este(a) niño(a) tiene sobrepeso?

Sí

No

C9 ¿Hay algún lugar en donde usted u otro cuidador USUALMENTE lleva a este(a) niño(a) cuando está enfermo(a) o necesita asesoramiento sobre la salud de este(a) niño(a)?

Sí

No → **PASE a la pregunta C11**

C10 Si la respuesta es sí, ¿adónde NORMALMENTE va este(a) niño(a) primero? *Marque (X) SÓLO una opción.*

Consultorio del médico

Sala de emergencias del hospital

Departamento de pacientes ambulatorios del hospital

Clínica o centro de salud

Clínica ambulatoria dentro de un negocio o "Minute Clinic"

Escuela (enfermería, oficina del entrenador atlético)

Algún otro lugar

C11 ¿Hay algún lugar a donde este(a) niño(a) USUALMENTE va cuando necesita atención preventiva de rutina, como un examen físico o un chequeo de niño sano?

Sí

No → **PASE a la pregunta C13 en la página 9**



C12 Si la respuesta es sí, ¿es éste el mismo lugar a donde el(la) niño(a) va cuando está enfermo(a)?

- Sí
- No

C13 DURANTE LOS ÚLTIMOS 12 MESES, ¿se le hizo a este(a) niño(a) un examen de la vista, utilizando imágenes, formas o letras?

- Sí
- No → **PASE a la pregunta C15**

C14 Si la respuesta es sí, ¿dónde se le examinó la vista a este(a) niño(a)? Marque (X) TODAS las que apliquen.

- Consultorio de un oculista o especialista en ojos (oftalmólogo, optometrista)
- Consultorio del pediatra u otro médico generalista
- Clínica o centro de salud
- Escuela
- Otro(a), especifique: ↘

C15 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) al dentista u otro profesional de la salud oral para recibir algún tipo de atención o cuidado dental u oral?

- Sí, fue al dentista
- Sí, fue a otro(a) profesional de la salud oral
- No → **PASE a la pregunta C18**

C16 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) al dentista u otro(a) profesional de la salud oral para recibir atención preventiva, como chequeos, limpiezas dentales, selladores dentales o tratamientos de fluoruro?

- No tuvo visitas preventivas en los últimos 12 meses → **PASE a la pregunta C18**
- Sí, 1 visita
- Sí, 2 visitas o más

C17 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿qué servicio(s) dental(es) preventivo(s) recibió este(a) niño(a)? Marque (X) TODAS las que apliquen.

- Chequeo
- Limpieza
- Instrucciones sobre cepillado de dientes y cuidado de la salud oral
- Radiografías
- Tratamiento de fluoruro
- Sellador (sellador plástico en muelas posteriores)
- No sabe

C18 DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) algún tratamiento, consejería o asesoría por parte de un profesional de la salud mental?

Los profesionales de salud mental incluyen psiquiatras, psicólogos(as), enfermeros(as) psiquiátricos(as) y trabajadores sociales clínicos.

- Sí
- No, pero este(a) niño(a) necesitaba ver a un profesional de la salud mental
- No, este(a) niño(a) no necesitó ver a un profesional de la salud mental → **PASE a la pregunta C20**

C19 ¿Qué tan difícil le resultó obtener el tratamiento, consejería o asesoría de salud mental que este(a) niño(a) necesitaba?

- No fue difícil
- Algo difícil
- Muy difícil
- No fue posible obtenerlo

C20 DURANTE LOS ÚLTIMOS 12 MESES, ¿tomó este(a) niño(a) algún medicamento debido a dificultades con sus emociones, concentración o conducta?

- Sí
- No



C21 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) a algún especialista aparte de un profesional de la salud mental? *Los especialistas son médicos como cirujanos, cardiólogos(as), alergistas, dermatólogos y otros médicos que se especializan en una sola área de la atención médica.*

- Sí
- No, pero este(a) niño(a) necesitó ver a un especialista
- No, este(a) niño(a) no necesitó ver a un especialista → **PASE a la pregunta C23**

C22 ¿Qué tan difícil le resultó a usted que este(a) niño(a) recibiera la atención del especialista que necesitaba?

- No fue difícil
- Algo difícil
- Muy difícil
- No fue posible obtenerla

C23 DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó este(a) niño(a) algún tipo de cuidado médico o tratamiento alternativo? *El cuidado médico o tratamiento alternativo puede incluir acupuntura, atención quiropráctica, terapias de relajación, suplementos a base de hierbas y otros tratamientos. Algunas terapias implican ver a un proveedor de atención médica, mientras que otras se pueden realizar por cuenta propia.*

- Sí
- No

C24 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este(a) niño(a) atención médica en alguna ocasión pero no la recibió? *Por atención médica nos referimos a la atención médica así como atención dental, de la vista y de salud mental.*

- Sí
- No → **PASE a la pregunta C27**

C25 Si la respuesta es sí, ¿qué tipo de atención no recibió? *Marque (X) TODAS las que apliquen.*

- Atención médica
- Atención dental
- Atención de la vista
- Atención de la audición
- Servicios de salud mental
- Otro(a), especifique: ↗

C26 ¿Cuáles de las siguientes razones contribuyeron a que este(a) niño(a) no recibiera los servicios de salud necesarios? *Marque (X) Sí o No en cada categoría.*

	Sí	No
a. Este(a) niño(a) no era elegible para recibir los servicios	<input type="checkbox"/>	<input type="checkbox"/>
b. Los servicios que necesitaba este(a) niño(a) no estaban disponibles en su área	<input type="checkbox"/>	<input type="checkbox"/>
c. Hubo problemas para programar u obtener una cita cuando este(a) niño(a) la necesitó	<input type="checkbox"/>	<input type="checkbox"/>
d. Hubo problemas para obtener transporte o cuidado de los niños	<input type="checkbox"/>	<input type="checkbox"/>
e. El consultorio (del médico o la clínica) no estaba abierto(a) cuando este(a) niño(a) necesitó atención	<input type="checkbox"/>	<input type="checkbox"/>
f. Hubo problemas relacionados con el costo	<input type="checkbox"/>	<input type="checkbox"/>

C27 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia se sintió frustrado(a) en sus esfuerzos para obtener servicios para este(a) niño(a)?

- Nunca
- A veces
- Casi siempre
- Siempre



C28 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces fue este(a) niño(a) a la sala de emergencias de un hospital?

- Nunca
- 1 vez
- 2 o más veces

C29 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) admitido(a) al hospital para quedarse ahí por lo menos una noche?

- Sí
- No

C30 ¿Recibió este(a) niño(a) ALGUNA VEZ un plan de educación especial o de intervención temprana? *Los(as) niños(as) que reciben estos servicios a menudo cuentan con un Plan de Servicio Familiar Individualizado (IFSP) o Plan de Educación Individualizado (IEP).*

- Sí
- No → PASE a la pregunta **C33**

C31 Si la respuesta es sí, ¿qué edad tenía este(a) niño(a) cuando se estableció el PRIMER plan?

Años Y Meses

C32 ¿Recibe este(a) niño(a) ACTUALMENTE servicios bajo alguno de estos planes?

- Sí
- No

C33 ¿Recibió este(a) niño(a) ALGUNA VEZ servicios especiales para cumplir con sus necesidades del desarrollo, tales como terapia del habla, ocupacional o de la conducta?

- Sí
- No → PASE a la pregunta **D1**

C34 Si la respuesta es sí, ¿qué edad tenía este(a) niño(a) cuando comenzó a recibir estos servicios especiales?

Años Y Meses

C35 ¿Recibe este(a) niño(a) ACTUALMENTE estos servicios especiales?

- Sí
- No

D. Experiencia con los proveedores de atención médica de este(a) niño(a)

D1 ¿Tiene usted a una o más personas a quienes considera como médico o enfermera(o) de cabecera de este(a) niño(a)? *Un médico o enfermo(a) es un profesional de la salud quien conoce bien al (a la) niño(a) y está familiarizado con la historia de salud de este(a) niño(a). Puede ser un médico de medicina general, un pediatra, un médico especialista, un(a) enfermero(a) practicante o asociado médico.*

- Sí, a una persona
- Sí, a más de una persona
- No

D2 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este(a) niño(a) un referido para ver a algún médico o recibir algún servicio?

- Sí
- No → PASE a la pregunta **D4** en la página 12

D3 ¿Qué tan difícil le resultó a usted obtener referidos?

- No fue difícil
- Algo difícil
- Muy difícil
- No fue posible obtener referidos



D4 Responda las siguientes preguntas sólo si este(a) niño(a) tuvo una visita de atención médica EN LOS ÚLTIMOS 12 MESES. De lo contrario vaya a la pregunta **D13** en la página 13.

DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este(a) niño(a) hicieron lo siguiente...

	Siempre	Casi siempre	A veces	Nunca
a. ¿Estuvieron tiempo suficiente con este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Lo(a) escucharon a usted con atención?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Mostraron sensibilidad por sus valores y costumbres familiares?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Le brindaron la información específica que necesitaba con relación a este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Lo(a) hicieron sentir como un(a) participante en la atención y cuidado de este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D5 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó tomar alguna decisión sobre el cuidado de salud de este(a) niño(a), tal como obtener medicamentos recetados, referidos o algún otro procedimiento médico?

Sí

No → PASE a la pregunta **D7**

D6 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este(a) niño(a)...

	Siempre	Casi siempre	A veces	Nunca
a. ¿Analizaron con usted la variedad de opciones a considerar para la atención médica o el tratamiento de este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Le dieron lugar para expresar sus dudas o desacuerdo con las recomendaciones sobre la atención médica de este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Trabajaron con usted para decidir cuáles serían las mejores opciones para este(a) niño(a) en lo que se refiere a cuidado de salud y opciones de tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D7 DURANTE LOS ÚLTIMOS 12 MESES, ¿le ayudó alguien a organizar o coordinar el cuidado de este(a) niño(a) entre los diferentes médicos y servicios que este(a) niño(a) utiliza?

Sí

No

No vio a más de un proveedor de atención médica en los ÚLTIMOS 12 MESES

D8 DURANTE LOS ÚLTIMOS 12 MESES, ¿sintió que podría haber usado ayuda adicional para hacer arreglos o coordinar la atención médica de este(a) niño(a) entre los diferentes proveedores o servicios de atención médica?

Sí

No → PASE a la pregunta **D10** en la página 13

D9 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia obtuvo la ayuda que deseaba para hacer arreglos o coordinar la atención médica de este(a) niño(a)?

Casi siempre

A veces

Nunca



D10 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuán satisfecho(a) estuvo con respecto a la comunicación entre los médicos de este(a) niño(a) y los demás proveedores de atención médica?

- Muy satisfecho
- Algo satisfecho
- Algo insatisfecho
- Muy insatisfecho

D11 DURANTE LOS ÚLTIMOS 12 MESES, ¿el proveedor de atención médica de este(a) niño(a) se comunicó con la escuela, el proveedor de cuidado de niños o el programa de educación especial de este(a) niño(a)?

- Sí
- No → PASE a la pregunta **D13**
- No fue necesario que el proveedor de atención médica se comunicara con estos proveedores → PASE a la pregunta **D13**

D12 Si la respuesta es sí, durante este tiempo, ¿qué tan satisfecho(a) se ha sentido con respecto a la comunicación que el proveedor de atención médica de este(a) niño(a) ha tenido con la escuela, el proveedor de cuidado de niños o el programa de educación especial?

- Muy satisfecho
- Algo satisfecho
- Algo insatisfecho
- Muy insatisfecho

D13 ¿Acaso algunos de los médicos o proveedores de atención médica de este(a) niño(a) tratan solamente a niños(as)?

- Sí
- No → PASE a la pregunta **D15**

D14 Si la respuesta es sí, ¿han hablado ellos(as) con usted sobre cuando este(a) niño(a) necesitará ver a médicos u otros proveedores de atención médica que tratan a adultos?

- Sí
- No

D15 El médico de este(a) niño(a) u otro proveedor de atención médica, ¿ha trabajado con este(a) niño(a) para...

- | | Sí | No | No sabe |
|--|--------------------------|--------------------------|--------------------------|
| a. ¿Hacer elecciones positivas para la salud? <i>Por ejemplo, comer saludable, hacer actividad física periódicamente, no consumir tabaco, alcohol u otras drogas, o posponer la actividad sexual.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Adquirir habilidades para controlar su salud y atención médica? <i>Por ejemplo, comprender sus necesidades actuales de salud, saber qué hacer en caso de una emergencia médica, o tomar los medicamentos que necesita.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Comprender los cambios en la atención médica que ocurren a los 18 años? <i>Por ejemplo, comprender los cambios con respecto a la privacidad, dar consentimiento, acceso a la información o la toma de decisiones.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D16 ¿Recibieron usted y este(a) niño(a) un resumen médico sobre el historial médico de su hijo(a) (por ejemplo, condiciones médicas, alergias, medicamentos, inmunizaciones)?

- Sí
- No

D17 El médico u otros proveedores de atención médica de este(a) niño(a), ¿han trabajado con usted y el (la) niño(a) para crear un plan de cuidado con el fin de alcanzar las metas y necesidades de salud del (de la) niño(a)?

- Sí
- No → PASE a la pregunta **D20** en la página 14

D18 Si la respuesta es sí, ¿usted y este(a) niño(a) tienen acceso a este plan de cuidado?

- Sí
- No

D19 ¿Acaso este plan de cuidado aborda la transición a médicos y otros proveedores de atención médica que tratan a adultos?

- Sí
- No
- No, este(a) niño(a) ya ve a proveedores que tratan a adultos



D20 La elegibilidad para el seguro de salud a menudo cambia en la adultez temprana. ¿Sabe cómo este(a) niño(a) estará asegurado(a) cuando pase a ser adulto?

Sí → **PASE a la pregunta E1**

No

D21 Si la respuesta es no, ¿alguien ha hablado con usted acerca de cómo obtener o mantener algún tipo de cobertura de seguro de salud cuando este(a) niño(a) pase a ser adulto?

Sí

No

E. Cobertura de seguro médico de este(a) niño(a)

E1 DURANTE LOS ÚLTIMOS 12 MESES, ¿estuvo este(a) niño(a) cubierto(a) por ALGÚN tipo de seguro médico o plan de cobertura de salud?

Sí, este(a) niño(a) tuvo cobertura durante los 12 meses → **PASE a la pregunta E4**

Sí, pero este(a) niño(a) tuvo una interrupción en la cobertura

No

E2 Indique si algunos de los siguientes es un motivo por el cual este(a) niño(a) no tuvo cobertura de salud DURANTE LOS ÚLTIMOS 12 MESES:

	Sí	No
a. Cambio de empleador o de situación laboral	<input type="checkbox"/>	<input type="checkbox"/>
b. Cancelación por primas vencidas	<input type="checkbox"/>	<input type="checkbox"/>
c. Renunció a la cobertura porque costaba demasiado	<input type="checkbox"/>	<input type="checkbox"/>
d. Renunció a la cobertura porque los beneficios eran inadecuados	<input type="checkbox"/>	<input type="checkbox"/>
e. Renunció a la cobertura porque las opciones de proveedores de atención médica eran inadecuadas	<input type="checkbox"/>	<input type="checkbox"/>
f. Problemas con el proceso de solicitud o renovación de la cobertura	<input type="checkbox"/>	<input type="checkbox"/>
g. Otro(a), especifique: ↘	<input type="checkbox"/>	<input type="checkbox"/>

E3 ¿Está este(a) niño(a) cubierto(a) ACTUALMENTE por ALGÚN tipo de seguro de salud o plan de cobertura de salud?

Sí

No → **PASE a la pregunta F1 en la página 15**

E4 ¿Está este(a) niño(a) ACTUALMENTE cubierto(a) por alguno de los siguientes tipos de seguro de salud o planes de cobertura de salud? Marque (X) Sí o No en CADA categoría.

	Sí	No
a. Seguro a través de un empleador actual o previo o a través de un sindicato	<input type="checkbox"/>	<input type="checkbox"/>
b. Seguro adquirido directamente de una compañía de seguros	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicaid, Medical Assistance, o cualquier tipo de plan de asistencia del gobierno para personas con bajos ingresos o una discapacidad	<input type="checkbox"/>	<input type="checkbox"/>
d. TRICARE u otros servicios de atención médica de las Fuerzas Armadas	<input type="checkbox"/>	<input type="checkbox"/>
e. Servicio de Salud Indio (Indian Health Services)	<input type="checkbox"/>	<input type="checkbox"/>
f. Otro(a), especifique: ↘	<input type="checkbox"/>	<input type="checkbox"/>

E5 ¿Con qué frecuencia el seguro de salud de este(a) niño(a) ofrece beneficios o cubre servicios que satisfacen las necesidades de este(a) niño(a)?

- Siempre
- Casi siempre
- A veces
- Nunca

E6 ¿Con qué frecuencia el seguro de salud de este(a) niño(a) le permite ver a los proveedores de atención médica que necesita?

- Siempre
- Casi siempre
- A veces
- Nunca

E7 Pensando específicamente en las necesidades de salud mental o de conducta de este(a) niño(a), ¿con qué frecuencia el seguro de salud de este(a) niño(a) ofrece beneficios o cubre servicios que satisfacen estas necesidades?

- Este(a) niño(a) no utiliza servicios de salud mental o de la conducta
- Siempre
- Casi siempre
- A veces
- Nunca



F. Proveyendo para el cuidado de salud de este(a) niño(a)

F1 Incluyendo co-pagos y cantidades reembolsables de las Cuentas de Ahorros de Salud (HAS) y Cuentas de Gastos Flexibles (FSA), ¿cuánto dinero pagó por los cuidados médicos, de salud, dentales y de visión de este(a) niño(a) DURANTE LOS ÚLTIMOS 12 MESES? No incluya las primas o los costos del seguro que fueron o serán reembolsados por el seguro u otra fuente.

- \$0 (Sin gastos médicos o gastos relacionados con la salud) → **PASE a la pregunta F4**
- De \$1 a \$249
- De \$250 a \$499
- De \$500 a \$999
- De \$1,000 a \$5,000
- Más de \$5,000

F2 ¿Con qué frecuencia son razonables estos costos?

- Siempre
- Casi siempre
- A veces
- Nunca

F3 DURANTE LOS ÚLTIMOS 12 MESES, ¿tuvo su familia problemas para pagar las facturas médicas o de atención médica de este(a) niño(a)?

- Sí
- No

F4 DURANTE LOS ÚLTIMOS 12 MESES, ¿usted u otro miembro de la familia...

	Sí	No
a. ¿Dejó el trabajo o se ausentó unos cuantos días debido a la salud o condición(es) médica(s) de este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Redució la cantidad de horas que trabaja debido a la salud o condición(es) médica(s) de este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Evitó cambiar de trabajo para mantener el seguro de salud para este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>

F5 EN UNA SEMANA PROMEDIO, ¿cuántas horas dedica usted u otros miembros de la familia a la atención médica de este(a) niño(a) en su hogar? *El cuidado puede incluir cambiar vendajes o dar medicamentos y terapias cuando sea necesario.*

- Este(a) niño(a) no necesita atención médica en el hogar cada semana
- Menos de 1 hora por semana
- De 1 a 4 horas por semana
- De 5 a 10 horas por semana
- 11 horas o más por semana

F6 EN UNA SEMANA PROMEDIO, ¿cuántas horas dedica usted u otros miembros de la familia haciendo arreglos o coordinando la atención médica o de la salud de este(a) niño(a), tal como programar citas o localizar servicios?

- Este(a) niño(a) no necesita atención médica coordinada cada semana
- Menos de 1 hora por semana
- De 1 a 4 horas por semana
- De 5 a 10 horas por semana
- 11 horas o más por semana

G. La educación y las actividades de este(a) niño(a)

G1 DURANTE LOS ÚLTIMOS 12 MESES, ¿aproximadamente cuántos días se ausentó de la escuela este(a) niño(a) por una enfermedad o lesión? *Si el(la) niño(a) recibe educación formal en el hogar, incluya los días en los que él(ella) se ausentó.*

- No se ausentó ningún día
- De 1 a 3 días
- De 4 a 6 días
- De 7 a 10 días
- 11 días o más
- Este(a) niño(a) no estaba inscrito(a) en la escuela

G2 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces se comunicó la escuela de este(a) niño(a) con usted u otro adulto de su casa por algún problema del (de la) niño(a) en la escuela?

- Nunca
- 1 vez
- 2 veces o más



G3 DESDE QUE COMENZÓ KINDERGARTEN, ¿alguna vez ha repetido este(a) niño(a) algún grado?

- Sí
 No

G4 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia asistió usted a eventos o actividades en las que este(a) niño(a) participaba?

- Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

G5 DURANTE LOS ÚLTIMOS 12 MESES, ¿participó este(a) niño(a) en...

- | | Sí | No |
|--|--------------------------|--------------------------|
| a. ¿Un equipo deportivo o clases de algún deporte después de la escuela o los fines de semana? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Clubes u organizaciones después de la escuela o los fines de semana? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Alguna otra actividad organizada o clases, tal como música, baile, otro idioma u otras artes? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Algún tipo de servicio comunitario o trabajo voluntario en la escuela, lugar de culto o comunidad? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿Alguna actividad con paga, incluyendo trabajos usuales como cuidando niños(as), cortando el césped u otro trabajo ocasional? | <input type="checkbox"/> | <input type="checkbox"/> |

G6 DURANTE LA SEMANA PASADA, ¿cuántos días hizo este(a) niño(a) ejercicio, practicó un deporte o participó en actividades físicas durante al menos 60 minutos?

- 0 días
 De 1 a 3 días
 De 4 a 6 días
 Todos los días

G7 En comparación con otros(as) niños(as) de la misma edad, ¿qué dificultad tiene este(a) niño(a) para hacer o mantener amistades?

- Ninguna dificultad
 Un poco de dificultad
 Mucha dificultad

H. Acerca de usted y este(a) niño(a)

H1 ¿Nació este(a) niño(a) en los Estados Unidos?

- Sí → PASE a la pregunta **H3**
 No

H2 Si la respuesta es no, ¿cuánto tiempo ha vivido este(a) niño(a) en los Estados Unidos?

- Años Y Meses

H3 ¿Cuántas veces se ha mudado este(a) niño(a) a una dirección nueva desde que nació?

- Cantidad de veces

H4 ¿Con qué frecuencia este(a) niño(a) se va a dormir aproximadamente a la misma hora durante las noches entre semana?

- Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

H5 DURANTE LA SEMANA PASADA, ¿cuántas horas durmió este(a) niño(a) la mayoría de las noches entre semana?

- Menos de 6 horas
 6 horas
 7 horas
 8 horas
 9 horas
 10 horas
 11 horas o más



H6 EN LA MAYORÍA DE LOS DÍAS DE LA SEMANA, ¿aproximadamente cuánto tiempo pasó este(a) niño(a) frente a una televisión, computadora, teléfono celular u otro dispositivo electrónico viendo programas, jugando juegos, accediendo la internet, o utilizando los medios de comunicación social? *No incluya el tiempo dedicado a hacer tareas escolares.*

- Menos de 1 hora
- 1 hora
- 2 horas
- 3 horas
- 4 horas o más

H7 ¿Qué tan bien pueden usted y este(a) niño(a) compartir ideas o hablar sobre cosas realmente importantes?

- Muy bien
- Algo bien
- No muy bien
- Nada de bien

H8 ¿Cómo considera que sobrelleva las obligaciones cotidianas de la crianza de los(as) niño(a)s?

- Muy bien
- Algo bien
- No muy bien
- Nada de bien

H9 DURANTE EL MES PASADO, ¿con qué frecuencia sintió...

- | | Nunca | En raras ocasiones | A veces | Casi siempre | Siempre |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. ¿Qué este(a) niño(a) es mucho más difícil de cuidar que la mayoría de los(as) niños(as) de su edad? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Qué este(a) niño(a) hace cosas que realmente le molestan mucho a usted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Qué estaba enojado(a) con este(a) niño(a)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H10 DURANTE LOS ÚLTIMOS 12 MESES, ¿hubo alguien a quien usted pudiera recurrir regularmente en busca de apoyo emocional relacionado con la crianza de los(as) niños(as)?

- Sí
- No → **PASE a la pregunta 11**

H11 Si la respuesta es sí, ¿recibió usted apoyo emocional de...

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. ¿Esposo(a) o compañero(a) de casa? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Otro familiar o amigo(a) cercano(a)? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Un proveedor de atención médica? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Un lugar de culto o un líder religioso? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿Un grupo de apoyo o asistencia relacionado con una condición de salud específica? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ¿Un grupo de apoyo? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Un consejero u otro profesional de la salud mental? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Otra persona, <i>especifique:</i> ➤ | <input type="checkbox"/> | <input type="checkbox"/> |

I. Acerca de su familia y su hogar

I1 DURANTE LA SEMANA PASADA, ¿cuántos días se reunieron todos los miembros de la familia que viven en el hogar para comer juntos?

- 0 días
- De 1 a 3 días
- De 4 a 6 días
- Todos los días

I2 ¿Alguien que vive en su hogar fuma cigarrillos, cigarros o tabaco de pipa?

- Sí
- No → **PASE a la pregunta 14 en la página 18**



13 Si la respuesta es sí, ¿alguien fuma dentro del hogar?

- Sí
- No

14 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia se utilizaron pesticidas dentro de su residencia para controlar los insectos? Si la frecuencia cambió durante el año, indique la frecuencia más alta.

- Más de una vez a la semana
- Una vez a la semana
- Una vez al mes
- Una vez cada 2 a 5 meses
- Una vez cada 6 meses
- Una vez durante los últimos 12 meses
- Nunca
- No sé

15 DURANTE LOS ÚLTIMOS 12 MESES, aparte de en una ducha o bañera ¿ha visto moho, hongos u otros signos de daños por agua en las paredes u otras superficies dentro de su casa?

- Sí
- No

16 Cuando su familia enfrenta problemas, ¿con qué frecuencia es probable que hagan lo siguiente?

	Siempre	Casi siempre	A veces	Nunca
a. Hablar juntos sobre qué hacer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trabajar juntos para resolver nuestros problemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Saber que tenemos fuerzas en donde apoyarnos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mantener la esperanza aún en tiempos difíciles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 DESDE QUE ESTE(A) NIÑO(A) NACIÓ, ¿con qué frecuencia ha sido muy difícil cubrir los gastos básicos, como alimentos y vivienda, utilizando sus ingresos familiares?

- Nunca
- En raras ocasiones
- En algunas ocasiones
- En muchas ocasiones

18 ¿Cuál de estas afirmaciones describe mejor la capacidad de su hogar para poder costear los alimentos que necesitaba DURANTE LOS ÚLTIMOS 12 MESES?

- Siempre pudimos costear buenas comidas nutritivas.
- Siempre pudimos costear lo suficiente para comer, pero no siempre la clase de alimentos que debemos comer.
- A veces no pudimos costear lo suficiente para comer.
- Con frecuencia no pudimos costear lo suficiente para comer.

19 En algún momento, DURANTE LOS ÚLTIMOS 12 MESES, aunque fuera durante un mes, ¿algún miembro de la familia recibió lo siguiente...

	Sí	No
a. ¿Ayuda en efectivo de un programa de asistencia social del gobierno?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Cupones para alimentos o beneficios del Programa de Asistencia Nutricional Suplementaria (SNAP)?	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Desayunos o almuerzos gratuitos o de costo reducido en la escuela?	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Beneficios del Programa Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños (WIC)?	<input type="checkbox"/>	<input type="checkbox"/>



110 ¿En su vecindario hay...

- | | Sí | No |
|--|--------------------------|--------------------------|
| a. ¿Aceras o paseos peatonales? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Un parque o área de juegos? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Un centro de recreación, centro comunitario o club "boys and girls"? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Una biblioteca o biblioteca ambulante? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿Basura o desperdicios en las calles o aceras? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ¿Hogares deteriorados o mal conservados? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. ¿Vandalismo, como ventanas rotas o grafitis? | <input type="checkbox"/> | <input type="checkbox"/> |

111 ¿En qué medida está de acuerdo con estas afirmaciones sobre su vecindario o comunidad?

- | | Definitivamente de acuerdo | Algo de acuerdo | Algo en desacuerdo | Definitivamente en desacuerdo |
|---|----------------------------|--------------------------|--------------------------|-------------------------------|
| a. La gente de este vecindario se ayuda mutuamente | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. En este vecindario cuidamos mutuamente de nuestros(as) hijos(as) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Este(a) niño(a) está seguro(a) en nuestro vecindario | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cuando enfrentamos dificultades, sabemos a donde acudir para buscar ayuda en nuestra comunidad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Este(a) niño(a) está seguro(a) en la escuela | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

112 Además de usted o los demás adultos en su hogar, ¿hay al menos otro adulto en la escuela, vecindario o comunidad del (de la) niño(a) que conozca bien al (a la) niño(a) y en quien el (la) niño(a) pueda depender para recibir consejo u orientación?

- Sí
- No

113 Las siguientes preguntas son sobre eventos que pueden haber ocurrido durante la vida del (de la) niño(a). Éstos pueden suceder en cualquier familia, pero algunas personas quizás se sientan incómodas con estas preguntas. Usted puede omitir cualquier pregunta que no desee responder.

A su entender, ¿este(a) niño(a) experimentó ALGUNAS VEZ algunas de las siguientes situaciones?

- | | Sí | No |
|--|--------------------------|--------------------------|
| a. Los padres o tutores se divorciaron o separaron | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Los padres o tutores murieron | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Los padres o tutores estuvieron en la cárcel | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Vio u oyó a sus padres o adultos abofetearse, golpearse, patearse o pegarse en el hogar | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Fue víctima o testigo de violencia en su vecindario | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Vivió con alguna persona que tenía una enfermedad mental, estaba suicida o tenía depresión grave o severa | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Vivió con alguna persona con problemas de alcohol o drogas | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Fue tratado(a) o juzgado(a) injustamente por su raza o grupo étnico | <input type="checkbox"/> | <input type="checkbox"/> |



J. Cuidador(es) de este(a) niño(a)

→ Complete las siguientes preguntas hasta un máximo de dos adultos por hogar para cada uno de los cuidadores primarios de este(a) niño(a). Si sólo un adulto es el cuidador primario, conteste las preguntas solamente para ese adulto.

J1 ¿Qué parentesco tiene con este(a) niño(a)?

- Padre o madre biológica o adoptiva
- Padrastro o madrastra
- Abuelo(a)
- Padre o madre de crianza a través del programa Foster del gobierno
- Otro(a): Pariente
- Otro(a): No pariente

J2 ¿Cuál es su sexo?

- Masculino
- Femenino

J3 ¿Qué edad tiene?

Edad en años

J4 ¿Dónde nació?

- En los Estados Unidos → **PASE a la pregunta J6**
- Fuera de los Estados Unidos

J5 ¿Cuándo vino a vivir a los Estados Unidos?

Año

J6 ¿Cuál es el grado o nivel escolar más alto que usted ha completado? Marque (X) sólo UNA opción.

- Grado 8 o menos
- Grado 9 al 12; sin diploma
- Completé secundaria o GED
- Completé un programa de escuela vocacional, comercial o de negocios
- Algunos créditos universitarios, pero sin título
- Título asociado universitario (AA, AS)
- Título de licenciatura universitaria (BA, BS, AB)
- Título de maestría (MA, MS, MSW, MBA)
- Título de doctorado (PhD, EdD) o título profesional (MD, DDS, DVM, JD)

J7 ¿Cuál es su estado civil?

- Casado(a)
- No casado(a), pero vivo con una pareja
- Nunca me he casado
- Divorciado(a)
- Separado(a)
- Viudo(a)

J8 En general, ¿cómo está su salud física?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente



J9 En general, ¿cómo está su salud mental o emocional?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

J10 ¿Tuvo trabajo por lo menos 50 semanas de las últimas 52 semanas?

- Sí
- No

J11 ¿Ha prestado usted alguna vez servicio militar activo en las Fuerzas Armadas, la Reserva Militar, o la Guardia Nacional de los Estados Unidos?

Marque (X) sólo UNA opción.

- Nunca estuvo en el servicio militar → **PASE a la pregunta J13**
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional I → **PASE a la pregunta J13**
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

J12 ¿Fue movilizado(a) en algún momento durante la vida de este(a) niño(a)?

- Sí
- No

→ Las preguntas J13 a la J24 tratan sobre otro cuidador primario adulto que puede estar viviendo en este hogar además de usted.

J13 ¿Qué parentesco tiene este cuidador primario adulto que vive en este hogar con este(a) niño(a)?

- Sólo hay un cuidador primario en este hogar para este(a) niño(a) → **PASE a la pregunta K1 en la página 22.**
- Padre o madre biológica o adoptiva
- Padrastro o madrastra
- Abuelo(a)
- Padre o madre de crianza a través del programa Foster del gobierno
- Otro(a): Pariente
- Otro(a): No pariente

J14 ¿Cuál es el sexo de este cuidador primario?

- Masculino
- Femenino

J15 ¿Qué edad tiene este cuidador primario?

Edad en años

J16 ¿Dónde nació este cuidador primario?

- En los Estados Unidos → **PASE a la pregunta J18**
- Fuera de los Estados Unidos

J17 ¿Cuándo vino este cuidador primario a vivir a los Estados Unidos?

Año

J18 ¿Cuál es el grado o nivel escolar más alto que este cuidador primario ha completado?

Marque (X) SÓLO una opción.

- Grado 8 o menos
- Grado 9 al 12; sin diploma
- Completó secundaria o GED
- Completó un programa de escuela vocacional, comercial o de negocios
- Algunos créditos universitarios, pero sin título
- Título asociado universitario (AA, AS)
- Título de licenciatura universitaria (BA, BS, AB)
- Título de maestría (MA, MS, MSW, MBA)
- Título de doctorado (PhD, EdD) o título profesional (MD, DDS, DVM, JD)



J19 ¿Cuál es el estado civil de este cuidador primario?

- Casado(a)
- No casado(a), pero vive con una pareja
- Nunca se ha casado
- Divorciado(a)
- Separado(a)
- Viudo(a)

J20 En general, ¿cómo está la salud física de este cuidador primario?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

J21 En general, ¿cómo está la salud mental o emocional de este cuidador primario?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

J22 ¿Tuvo trabajo este cuidador primario por lo menos 50 semanas de las últimas 52 semanas?

- Sí
- No

J23 Este cuidador primario, ¿ha prestado alguna vez servicio militar activo en las Fuerzas Armadas, la Reserva Militar, o la Guardia Nacional de los Estados Unidos? Marque (X) sólo UNA opción.

- Nunca estuvo en el servicio militar → **PASE a la pregunta K1**
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → **PASE a la pregunta K1**
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

J24 ¿Fue este cuidador primario mobilizado en algún momento durante la vida de este(a) niño(a)?

- Sí
- No

K. Información del Hogar

K1 ¿Cuántas personas viven o se quedan en esta dirección? Incluya a todas las personas que usualmente viven o se quedan en esta dirección. NO incluya a personas que están viviendo en otro lugar desde hace más de dos meses, como estudiantes universitarios que viven afuera o personas de las Fuerzas Armadas en despliegue.

Cantidad de personas

K2 ¿Cuántas de estas personas en su hogar son miembros de su familia? Familia se define como cualquier persona que tenga parentesco con este(a) niño(a) por consanguinidad, matrimonio, adopción o por el programa de cuidado Foster del gobierno.

Cantidad de personas



Instrucciones de envío postal

Gracias por su participación.

En nombre del Departamento de Salud y Servicios Humanos de los EE.UU., queremos agradecerle por su esfuerzo y el tiempo que dedicó para compartir esta información sobre este(a) niño(a) y su familia.

Sus respuestas son importantes para nosotros y facilitarán que investigadores, personas encargadas de formular políticas públicas y defensores de la familia comprendan mejor las necesidades en materia de salud y atención médicas de los(as) niños(as) de nuestra población diversa.

Coloque el cuestionario completado en el sobre con franqueo pagado. Si el sobre se ha extraviado, envíe el cuestionario por correo a:

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

También puede llamar al **1-800-845-8241** para solicitar un sobre de reemplazo.

Se calcula que el tiempo promedio necesario para recopilar esta información es de 33 minutos por respuesta, que incluye el tiempo para revisar las instrucciones, buscar las fuentes de datos existentes, recopilar y mantener los datos necesarios, y completar y revisar la recopilación de la información. Para realizar comentarios sobre este cálculo o sobre cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir el tiempo que toma, escriba a: Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a DEMO.Paperwork@census.gov; escriba como asunto "Paperwork Project 0607-0990."



Attachment F – Infographic

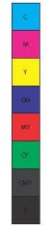







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National Survey of Children's Health

The National Survey of Children's Health provides important information on the health and health care needs of children. Choosing to participate in the survey benefits you, your children, your family, and all families in the United States as your answers will help to improve the well-being of children across the country.



	Some Topics We Ask About:	How Your Responses Help:
 <h3>Health & Well-being</h3>	<ul style="list-style-type: none"> Health condition diagnosis and severity Medication usage Treatment 	<ul style="list-style-type: none"> Help families, communities, and health care providers better understand the needs of children Measure how common different health conditions are across the country and in each state, such as autism and asthma Plan training for health care providers who treat children
 <h3>Access to Quality Health Care</h3>	<ul style="list-style-type: none"> Number of medical visits Current health insurance coverage and benefits Out-of-pocket costs for health care 	<ul style="list-style-type: none"> Identify the financial burdens on families when paying for their child's health care Identify gaps in access to different types of needed health services for children Help communities plan to care for children in the future
 <h3>School & Activities</h3>	<ul style="list-style-type: none"> Safety in school Experience with bullying Young children's readiness to start school 	<ul style="list-style-type: none"> Help states plan programs to reduce bullying Promote participation in extracurricular activities Identify ways for states, communities, and families to help children be healthy and ready for school
 <h3>Mental Health</h3>	<ul style="list-style-type: none"> Diagnosis of emotional, behavioral, or developmental conditions Treatment or counseling for emotional, behavioral, or developmental conditions Problems getting mental health treatment or counseling 	<ul style="list-style-type: none"> Identify the mental health care needs of children Bridge gaps between mental health and primary health care Create strategies for improving access to mental health care for children
 <h3>Obesity</h3>	<ul style="list-style-type: none"> Height and weight Physical activity Food security and affordability 	<ul style="list-style-type: none"> Develop programs to identify children at risk of being overweight or obese Help schools provide physical activity opportunities Track the unmet need for affordable, nutritious food options

