

2019 NSCH Questionnaire Content Revisions

Modifications or Additions to Existent Items

Questionnaire	Section	Item	Item	2018 Content	2019 Revised Content
		Number (2018)	Number (2019)		
NSCH-T1,	Section B	N/A	B2 or	N/A	What month and year was this child born?
NSCH-T2, &	or H		H1		/
NSCH-T3					Birth Month/4-digit Birth Year
NSCH-T1	Section G	G4	G4	Are you concerned about how this child is learning to do things	Are you concerned about how this child is learning to do things for him or
				for him or herself?	herself?
				Yes, very concerned	• No
				 Yes, somewhat concerned 	Yes, somewhat concerned
				• No	Yes, very concerned
NSCH-T1,	Section J	J5 & J17	J5 & J17	J5. When did you come to live in the United States?	J5. When did you come to live in the United States? <i>Indicate the 4-digit year in</i>
NSCH-T2, &				Year	which you came to live in the United States.
NSCH-T3					4-Digit Year
				J17. When did this caregiver come to live in the United States?	J17. When did this caregiver come to live in the United States? <i>Indicate the 4-</i>
				Year	digit year in which this caregiver came to live in the United States.
			4-Digit Year		
NSCH-T1,	Section D	D7	D7	DURING THE PAST 12 MONTHS, did anyone help you arrange or	DURING THE PAST 12 MONTHS, did anyone help you arrange or
NSCH-T2, &				coordinate this child's care among the different doctors or	coordinate this child's care among the different doctors or services that this
NSCH-T3				services that this child uses?	child uses?
				• Yes	• Yes
				• No	• No
				Did not see more than one health care provider in the	Did not see more than one health care provider in the PAST 12
				PAST 12 MONTHS	MONTHS -> Skip to question D11

Questionnaire	Section	Item	Item	2018 Content	2019 Revised Content
		Number	Number		
		(2018)	(2019)		
NSCH-S1	Mailing	N/A	N/A	Public reporting burden for this collection of information is estimated	We estimate that completing the National Survey of Children's Health will take 5
	Instructions			to average 5 minutes per response, including the time for reviewing	minutes on average. Send comments regarding this burden estimate or any other
				instructions, searching existing data sources, gathering and maintaining	aspect of this collection of information, including suggestions for reducing this
				the data needed, and completing and reviewing the collection of	burden, to U.S. Department of Commerce, Paperwork Project 0607-0990, U.S. Census
				information. Send comments regarding this burden estimate or any	Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail
				other aspect of this collection of information, including suggestions for	comments to DEMO.Paperwork@census.gov; use "Paperwork Project 0607-0990" as
				reducing this burden, to: Paperwork Project 0607-0990, U.S. Census	the subject. This collection has been approved by the Office of Management and
				Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233.	Budget (OMB). The eight-digit OMB approval number that appears at the upper right
				You may e-mail comments to DEMO.Paperwork@census.gov; use	of the form confirms this approval. If this number were not displayed, we could not
				"Paperwork Project 0607-0990" as the subject.	conduct this survey.
NSCH-T1,	Mailing	N/A	N/A	Public reporting burden for this collection of information is estimated	We estimate that completing the National Survey of Children's Health will take 33
NSCH-T2, &	Instructions			to average 33 minutes per response, including the time for reviewing	minutes on average. Send comments regarding this burden estimate or any other
NSCH-T3				instructions, searching existing data sources, gathering and maintaining	aspect of this collection of information, including suggestions for reducing this
				the data needed, and completing and reviewing the collection of	burden, to U.S. Department of Commerce, Paperwork Project 0607-0990, U.S. Census
				information. Send comments regarding this burden estimate or any	Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail
		other aspect of this collection of information, including suggestions for	comments to DEMO.Paperwork@census.gov; use "Paperwork Project 0607-0990" as		
		reducing this burden, to: Paperwork Project 0607-0990, U.S. Census	the subject. This collection has been approved by the Office of Management and		
				Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233.	Budget (OMB). The eight-digit OMB approval number that appears at the upper right
				You may e-mail comments to DEMO.Paperwork@census.gov; use	of the form confirms this approval. If this number were not displayed, we could not
				"Paperwork Project 0607-0990" as the subject.	conduct this survey.

Content Deletions

Questionnaire	Section	Item Number	2018 Content	2019 with Removed Content
		(2018)	Miles (in this ability area O Made (M) are a green have	Miles the shift of the shift of the same o
NSCH-S1	Child 1-	5	What is this child's race? Mark (X) one or more boxes.	What is this child's race? Mark (X) one or more boxes
	Child 4		[Includes response option of "Some other race"]	[Remove response option "Some other race"]
NSCH-T1,			Has a doctor or other health care provider EVER told you that this child has	Has a doctor or other health care provider EVER told you that this child has
NSCH-T2, &	Section A	T1 - A18,	Down Syndrome?	Down Syndrome?
NSCH-T3		T2 & T3 – A20	YesNo	YesNo
			If yes, does this child CURRENTLY have the condition?	If yes, is it:
			YesNo	MildModerateSevere
			If yes, is it:	
			MildModerateSevere	
NSCH-T1,	Section A	T1 - A27,	Has a doctor or other health care provider EVER told you that this child has	This item has not proven useful for analytic purposes. The entire question
NSCH-T2, &		T2 & T3 – A30	A continuous del la coltinuo del 2000 a 2000	stem should be removed and questionnaire renumbered.
NSCH-T3			Any other mental health condition?	
			YesNo	
			If an arriver	
			If yes, specify:	
			If yes, does this child CURRENTLY have the condition?	
			YesNo	
			If yes, is it:	
			MildModerateSevere	
NSCH-T1	Section C	C4	What is this child's current height?	This item will be dropped (from T1 only) for 2019.
NSCH-T1	Section C	C5	How much does this child currently weigh?	This item will be dropped (from T1 only) for 2019. This item will be dropped (from T1 only) for 2019.
NOCH-11	Jection C	C.	1 now much does this child currently weigh:	This item will be dropped (from 11 only) for 2013.



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	A	re	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	Н	low	many children 0-17 years old usually live or stay at this address?								
		_	Number of children living or staying at this address								
3	V	Vha	t is the primary language spoken in the household?								
			English								
	[Spanish								
	[Other Language, specify: 📈								
4			is house, apartment, or mobile home – (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?								
	A	ns	wer the remaining questions for each of the children 0-17 years old who usually live or stay at this address.								
			t with the YOUNGEST CHILD, who we will call "Child 1" and continue with the next youngest until you have wered the questions for all children who usually live or stay at this address.								



	CHIL (Young		7 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
	(Fourig	esi)	Yes No
1	First name, initials, or nickname	ne of the youngest child	→ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
			☐ Yes ☐ No
2	How old is this child? If the chold, round age in months to 1.	ild is less than one month	☐ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
ı			☐ Yes ☐ No
3	Years OR What is this child's sex?	Months	Does this child need or use more medical care, mental health, or educational services than is usual for most
٦	☐ Male ☐ Female		children of the same age?
	remale Pemale		☐ Yes ☐ No
E	NOTE: Answer BOTH quest origin and question 5 abore for this survey, Hispanic or	ut race.	
4	Is this child of Hispanic, Latino	o, or Spanish origin?	☐ Yes ☐ No
	No, not of Hispanic, Latino		
ı	Yes, Mexican, Mexican Am	erican, Chicano	☐ Yes ☐ No
	Yes, Puerto Rican		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?
ı	Yes, Cuban		can do:
ı	Yes, another Hispanic, Lati	no or Spanish origin	☐ Yes ☐ No
5	What is this child's race? Mark		
Ī	White	Vietnamese	Yes No
ı		- Vietnamese	
	Black or African American	Other Asian Native Hawaiian	☐ Yes ☐ No
ı	American Indian or Alaska Native		10 Does this child need or get special therapy, such as
	Asian Indian	Guamanian or Chamorro	physical, occupational, or speech therapy?
ı	Chinese	Samoan	→ If yes, is this because of ANY medical, behavioral,
	Filipino	Other Pacific Islander	or other health condition? Yes No
	Japanese	Some other race	
ı	Korean		☐ Yes ☐ No
6	Answer the following question	only if this child is at	
٦	least 4 years old. Otherwise, S	KIP to question 7.	Does this child have any kind of emotional, developmental, or behavioral problem for which he or
	How well does this child speal	k English?	she needs treatment or counseling?
	☐ Very well		☐ Yes☐ No☐ If yes, has his or her emotional, developmental, or
	Well		behavioral problem lasted or is it expected to last
	□ Not well		12 months or longer? Yes No
	☐ Not at all		



	CHILI (Next you		Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
4	First name, initials, or nicknam child	ne of the next youngest	 Yes No If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
3	How old is this child? If the child old, round age in months to 1. Years OR What is this child's sex? Male Female	ild is less than one month Months	Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No 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
	NOTE: Answer BOTH quest origin and question 5 about For this survey, Hispanic or	ut race. rigins are not races.	
4	No, not of Hispanic, Latino,	or Spanish origin	
	Yes, Mexican, Mexican Am Yes, Puerto Rican Yes, Cuban	erican, Chicano	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?
5	Yes, another Hispanic, Latin What is this child's race? Mark		 Yes No If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
	White Black or African American	☐ Vietnamese ☐ Other Asian	 Yes No → If yes, is this a condition that has lasted or is expected to last 12 months or longer?
	American Indian or Alaska Native	Native Hawaiian Guamanian or Chamorro	10 Does this child need or get special therapy, such as physical, occupational, or speech therapy?
	Chinese Filipino	SamoanOther Pacific Islander	
	Japanese Korean	Some other race	Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? ✓ Yes No
6	Answer the following question least 4 years old. Otherwise, S How well does this child speak	KIP to question 7.	Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?
	☐ Very well ☐ Well		 Yes No If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last
	□ Not well □ Not at all		12 months or longer? Yes No



	CHILI (Next you		Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
4	First name, initials, or nicknam child	e of the next youngest	 ✓ Yes ✓ No ✓ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
3	How old is this child? If the child old, round age in months to 1. Years OR What is this child's sex? Male Female	ild is less than one month Months	Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No 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
	NOTE: Answer BOTH quest origin and question 5 abou For this survey, Hispanic or	ut race.	
4	No, not of Hispanic, Latino,	or Spanish origin	 Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer?
	Yes, Mexican, Mexican Am	erican, Chicano	Yes No No 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, Cuban Yes, another Hispanic, Latin		 Yes No If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
5	What is this child's race? Mark White Black or	Vietnamese Other Asian	 Yes No → If yes, is this a condition that has lasted or is expected to last 12 months or longer?
	African American American Indian or Alaska Native	Native Hawaiian Guamanian or	Yes No No Does this child need or get special therapy, such as physical, occupational, or speech therapy?
	Asian Indian Chinese	Chamorro Samoan	 Yes No If yes, is this because of ANY medical, behavioral, or other health condition?
	☐ Japanese	Other Pacific Islander Some other race	YesNoIf yes, is this a condition that has lasted or is expected to last 12 months or longer?
6	Answer the following question least 4 years old. Otherwise, S	KIP to question 7.	Yes No Does this child have any kind of emotional, developmental, or behavioral problem for which he or
	How well does this child speak Very well Well	: English ?	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
	Not well Not at all		12 months or longer? Yes No



	CHILI (Next you		Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
			☐ Yes ☐ No
1	First name, initials, or nicknam child	e of the next youngest	If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
			☐ Yes ☐ No
2	How old is this child? If the chilold, round age in months to 1.	ld is less than one month	→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
			☐ Yes ☐ No
3	Years OR What is this child's sex?	Months	Does this child need or use more medical care, mental health, or educational services than is usual for most
٦	☐ Male ☐ Female		children of the same age?
1	Male Female		☐ Yes ☐ No
E	NOTE: Answer BOTH question origin and question sabour for this survey, Hispanic or	ut race.	→ If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?
4	Is this child of Hispanic, Latino	o. or Spanish origin?	☐ Yes ☐ No
	No, not of Hispanic, Latino,		If yes, is this a condition that has lasted or is expected to last 12 months or longer?
	Yes, Mexican, Mexican Ame	erican, Chicano	☐ Yes ☐ No
	Yes, Puerto Rican		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, Cuban		
	Yes, another Hispanic, Latir	no, or Spanish origin	Yes No No
5	What is this child's race? Mark	· · · · · ·	ANY medical, behavioral, or other health condition?
	White	Vietnamese	
	Black or African American	Other Asian	is expected to last 12 months or longer? Yes No
	American Indian or	Native Hawaiian	
	Alaska Native Asian Indian	Guamanian or Chamorro	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
		Samoan	☐ Yes ☐ No
	Chinese		
	Filipino	Other Pacific Islander	☐ Yes ☐ No
	Japanese	Some other race	If yes, is this a condition that has lasted or is expected to last 12 months or longer?
	Korean		☐ Yes ☐ No
6	Answer the following question	only if this child is at	
	least 4 years old. Otherwise, S How well does this child speak	KIP to question .	Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?
	☐ Very well		☐ Yes ☐ No
	Well		
	Not well		12 months or longer? Yes No
1	Not at all		



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

Mailing Instructions

Thank you for your participation.

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

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

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

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

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

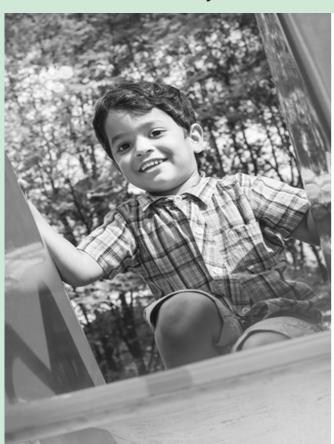
Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments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





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

	Has a doctor or other health care provider EVER told you that this child has	Has a doctor or other health care provider EVER told you that this child has
A	Allergies (including food, drug, insect, or other)?	Epilepsy or Seizure Disorder?
I	☐ Yes ☐ No	☐ Yes ☐ No
		☐ If yes, does this child CURRENTLY have the condition?
-	☐ Yes ☐ No	☐ Yes ☐ No
	If yes, is it:	→ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A	7 Arthritis?	Heart Condition?
٦	☐ Yes ☐ No	☐ Yes ☐ No
		→ If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A	B Asthma?	14 Frequent or severe headaches, including migraine?
٦	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A	Brain injury, concussion or head injury?	Tourette Syndrome?
٦	☐ Yes ☐ No	☐ Yes ☐ No
		→ If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	→ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A1	0 Cerebral Palsy?	16 Anxiety Problems?
Ī	☐ Yes ☐ No	☐ Yes ☐ No
		If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	☐ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A 1	1 Diabetes?	Depression?
I	☐ Yes ☐ No	□ Yes □ No
	→ If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	☐ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe

	Has a doctor or other health care provider EVER told you that this child has	Has a doctor or other health care provider EVER told you that this child has
A1		A21 Other genetic or inherited condition?
Ī	☐ Yes ☐ No	☐ Yes ☐ No
١	If yes, does this child CURRENTLY have the condition?	☐ If yes, specify:
١	☐ Yes ☐ No	
١	☐ If yes, is it:	→ Is it:
١	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A1	9 Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?	Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening.
	☐ Yes ☐ No	☐ Yes ☐ No
١	☐ If yes, is it:	Has a doctor, other health care provider, or educator
	☐ Mild ☐ Moderate ☐ Severe	EVER told you that this child has Examples of educators are teachers and school nurses.
١	Was this condition identified through a blood test done shortly after birth? These tests are	A22 Behavioral or Conduct Problems?
١	sometimes called newborn screening.	☐ Yes ☐ No
١	Yes No	If yes, does this child CURRENTLY have the condition?
١	→ If yes, was this child diagnosed with:	☐ Yes ☐ No
١	Sickle Cell Disease?	→ If yes, is it:
١	Thalassemia?	☐ Mild ☐ Moderate ☐ Severe
١	Hemophilia?	A23 Developmental Delay?
١	Other Blood Disorders?	☐ Yes ☐ No
A2	O Cystic Fibrosis?	If yes, does this child CURRENTLY have the condition?
١	☐ Yes ☐ No	☐ Yes ☐ No
١	→ If yes, is it:	→ If yes, is it:
١	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
	Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening.	Intellectual Disability (formerly known as Mental Retardation)?
١	☐ Yes ☐ No	☐ Yes ☐ No
		If yes, does this child CURRENTLY have the disability?
		☐ Yes ☐ No
		☐ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe

- 1			
	Has a doctor, other health care provider, or educator EVER told you that this child has Examples of educators are teachers and school nurses.	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?
A2	Speech or other language disorder?		
I	☐ Yes ☐ No		Age in years Don't know
	☐ Yes ☐ No	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.
ı	→ If yes, is it:		Primary Care Provider
١	☐ Mild ☐ Moderate ☐ Severe		Specialist
A2	6 Learning Disability?		School Psychologist/Counselor
١	☐ Yes ☐ No		Other Psychologist (Non-School)
ı	If yes, does this child CURRENTLY have the disability?		Psychiatrist
١	☐ Yes ☐ No		☐ Other, specify:
١	→ If yes, is it:		
١	☐ Mild ☐ Moderate ☐ Severe		☐ Don't know
١	Has a doctor or other health care provider EVER told you that this child has	A31	Is this child CURRENTLY taking medication for Autism,
A2	Any other mental health condition?	Τ	ASD, Asperger's Disorder or PDD?
Ī	☐ Yes ☐ No		☐ Yes ☐ No
	☐ If yes, specify: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	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?
ı	condition?		☐ Yes ☐ No
	Yes	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?
A2	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
١	☐ Yes ☐ No → SKIP to question A33		condition?
ı	If yes, does this child CURRENTLY have the condition?		☐ Yes ☐ No ☐ If yes, is it:
	Yes No		☐ Mild ☐ Moderate ☐ Severe
ı	→ If yes, is it:	A34	Is this child CURRENTLY taking medication for ADD or
	☐ Mild ☐ Moderate ☐ Severe		ADHD?
			☐ Yes ☐ No

A3	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this child received to help with his or her behavior?	If yes, how old was this child when he or she COMPLETELY stopped breastfeeding or being fed breast milk?
	☐ Yes ☐ No	days
A3	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?	OR weeks
	This child does not have any health conditions → SKIP to question B1	OR
	Never	months
	Sometimes	OR
	Usually	Check this box if child is still breastfeeding
	Always	How old was this child when he or she was FIRST fed formula?
АЗ	To what extent do this child's health conditions or problems affect his or her ability to do things?	Check this box if child has never been fed formula
	☐ Very little	OR
	Somewhat	☐ At birth
	☐ A great deal	OR
		days
	B. This Child as an Infant	OR
В		weeks
	her due date?	OR
	□ No	months
В		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.
	pounds AND ounces	Check this box if child has never been fed anything other than breast milk or formula
	OR	OR
	kilograms AND grams	At birth OR
В	What was the age of the mother when this child was born? Your best estimate is fine.	
		OR days
	Age in years Was this shild EVER broastfed or fed broast milk?	wooke
B ₂	Was this child EVER breastfed or fed breast milk? Yes	or weeks
	No → SKIP to question B6	
	- NO 7 SIME to question Bo	months



	C. Health Care Services	C7	Has a doctor or other health care provider ever told you that this child is overweight?
C	DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for		Yes
	medical care (for example, preventive care, sick care, hospitalizations)?		□ No
	Yes	C8	
	□ No → SKIP to question C4		or other health care providers ask if you have concerns about this child's learning, development, or behavior?
	2 If yes, DURING THE PAST 12 MONTHS, how many times		Yes
	did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up?		□ No
	A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.	G9	least 9 months old. Otherwise skip to question 610.
	□ 0 visits		DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill
	☐ 1 visit		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
	2 or more visits		health care provider will ask a parent to do this at home or during a child's visit.
C	Thinking about the LAST TIME you took this child for		☐ Yes ☐ No
	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.		If yes, and this child is 9-23 Months:
			Did the questionnaire ask about your concerns or observations about: Mark (X) ALL that apply.
	Less than 10 minutes		How this child talks or makes speech sounds?
	10-20 minutes		How this child interacts with you and others?
	More than 20 minutes		
C	What is this child's CURRENT height? Your best estimate is fine.		or observations about: Mark (X) ALL that apply. Words and phrases this child uses and
	feet AND inches		☐ How this child behaves and gets along with
	OR	CIO	you and others? Is there a place you or another caregiver USUALLY
	meters AND centimeters		take this child when he or she is sick or you need advice about his or her health?
C	5 How much does this child CURRENTLY weigh?		Yes
	Your best estimate is fine.		No → SKIP to question G12 on page 8
	pounds AND ounces	GII	If yes, where does this child USUALLY go first? Mark (X) ONE box.
			□ Doctor's Office
	kilograms AND grams		Hospital Emergency Room
C	6 Are you concerned about this child's weight?		Hospital Outpatient Department
	Yes, it's too high		Clinic or Health Center
	Yes, it's too low		Retail Store Clinic or "Minute Clinic"
	□ No, I am not concerned		School (Nurse's Office, Athletic Trainer's Office)
			☐ Some other place



CI	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?	C1 8	preve	, DURING THE PAST 12 MONTHS, what ntive dental service(s) did this child receive? (X) ALL that apply.
	Yes			Check-up
	No → SKIP to question C14			Cleaning
GI.	If yes, is this the same place this child goes when he or she is sick?			nstruction on tooth brushing and oral health care
	Yes			K-Rays
	□ No			Fluoride treatment
C14	DURING THE PAST 12 MONTHS, has this child had his or her vision tested, such as with pictures, shapes, or letters?			Sealant (plastic coatings on back teeth) Don't know
۱	Yes	C19		NG THE PAST 12 MONTHS, has this child yed any treatment or counseling from a mental
	No → SKIP to question C16		health psychi	n professional? Mental health professionals include iatrists, psychologists, psychiatric nurses, and clinical workers.
C11	If yes, where was this child's vision tested? Mark (X) ALL that apply.			⁄es
	Eye doctor or eye specialist (ophthalmologist, optometrist) office			No, but this child needed to see a mental health professional
	Pediatrician or other general doctor's office			No, this child did not need to see a nental health professional → SKIP to question (21)
	Clinic or health center	C20	How o	difficult was it to get the mental health treatment unseling that this child needed?
۱	School			Not difficult
	☐ Other, specify:			Somewhat difficult
				/ery difficult
C1	DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for any kind of dental or oral health care?			t was not possible to obtain care
	Yes, saw a dentist	C21	any m	NG THE PAST 12 MONTHS, has this child taken nedication because of difficulties with his or her ons, concentration, or behavior?
	Yes, saw other oral health care provider			· /es
	□ No → SKIP to question C19			No
61	If yes, DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for preventive dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments? ☐ No preventive visits in the past 12 months → SKIP to question ☐ Yes, 1 visit ☐ Yes, 2 or more visits	C22	DURIN special Special doctor area of	NG THE PAST 12 MONTHS, did this child see a alist other than a mental health professional? alists are doctors like surgeons, heart doctors, allergy is, skin doctors, and others who specialize in one of health care. Yes No, but this child needed to see a specialist No, this child did not need to see a specialist on page 9



C2	How difficult was it to get the specialist care that this child needed?	C28	DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?
١	☐ Not difficult		Never
١	Somewhat difficult		Sometimes
١	☐ Very difficult		Usually
١	☐ It was not possible to obtain care		Always
C2	type of alternative health care or treatment? Alternative	C29	DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?
١	health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others.		None
١	Some therapies involve seeing a health care provider, while others can be done on your own.		☐ 1 time
١	Yes		2 or more times
١	□ No	C30	
C2	DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not		admitted to the hospital to stay for at least one night?
١	received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and		Yes
١	mental health services.		No
١	Yes	C31	intervention plan? Children receiving these services often
	No → SKIP to question C28		have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).
C2	If yes, which types of care were not received? Mark (X) ALL that apply.		Yes
١	☐ Medical Care		No → SKIP to question C34
١	☐ Dental Care	C32	
١	☐ Vision Care		plan?
١	☐ Hearing Care		Years AND Months
	Mental Health Services	C33	Is this child CURRENTLY receiving services under one of these plans?
١	Other, specify: 📈		Yes
١			□ No
C2	Did any of the following reasons contribute to this child not receiving needed health services? Mark (X) Yes or N for each item.		Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?
١	a. This child was not eligible for the		Yes
١	services		No → SKIP to question D1 on page 10
	b. The services this child needed were not available in your area	C35	
	c. There were problems getting an appointment when this child needed one		receiving these special services? Years AND Months
	d. There were problems with getting transportation or child care	C36	Is this child CURRENTLY receiving these special
	e. The clinic or doctor's office wasn't open when this child needed care		services? Yes
	f. There were issues related to cost		□ No



D. Experience with This
Child's Health Care
Providers

	D. Experience with This	De		s, DURING THE PAST child's doctors or oth				
	Child's Health Care Providers		_		Always	Usually	Sometimes	Never
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		tl to	oiscuss with you ne range of options oconsider for his r her health care or eatment?				
	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.		to	Make it easy for you oraise concerns or isagree with				
	Yes, one person		re	ecommendations or this child's health				
	Yes, more than one person			are?				
	□ No		d	Vork with you to ecide together which health care				
D2	DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?		a	nd treatment hoices would be est for this child?				
	Yes	Dz		ING THE PAST 12 MC	ONTHS.	did anv	one help	vou
	No → SKIP to question D4		arrai	nge or coordinate this rent doctors or service	child's	care a	mong the	
D3	How difficult was it to get referrals?			Yes				
	Not difficult			No				
	Somewhat difficult		П	Did not see more than		alth care	e provider	
	Very difficult			in the PAST 12 MONT	IHS			
	It was not possible to get a referral	DS	coul	ING THE PAST 12 MC d have used extra hel	p arran	ging or	coordinat	
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.			child's care among th iders or services?	ie differ	ent hea	Ith care	
	DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers			Yes				
	Always Usually Sometimes Neve	r 📗		No → SKIP to question	on D10			
	a. Spend enough time with this child?	DS	did y	s, DURING THE PAST you get as much help nging or coordinating	as you	wanted	with	
	b. Listen carefully to you?			Usually				
	c. Show sensitivity to your family's values and customs?			Sometimes				
	d. Provide the specific information you			Never				
	needed concerning this child?	D1	you	ING THE PAST 12 MC	on betv	veen thi	s child's	re
	e. Help you feel like a partner in this child's care?		aoct	ors and other health	care pro	oviders :		
D5	DURING THE PAST 12 MONTHS, did this child need			Very satisfied Somewhat satisfied				
	any decisions to be made regarding his or her health care, such as whether to get prescriptions, referrals, or procedures?			Somewhat dissatisfied				
	Yes			Very dissatisfied				
	No → SKIP to question D7							



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



F. Providing	g for	This
Child's F	Healt	h

F. Providing for 1 Child's Health		F5	othe hom	N AVERAGE WEEK, how many hou er family members spend providing late for this child? Care might include diving medication and therapies when no	health car changing b	e at
Including co-pays and amounts reimburs Health Savings Accounts (HSA) and Flex	ible Spending			This child does not need health care on a weekly basis	provided a	t home
Accounts (FSA), how much money did yo child's medical, health, dental, and vision	care			Less than 1 hour per week		
DURING THE PAST 12 MONTHS? Do not insurance premiums or costs that were or w reimbursed by insurance or another source.				1-4 hours per week		
\$0 (No medical or health-related expenses) → SKIP to question F4				5-10 hours per week		
				11 or more hours per week		
\$1-\$249		F6		N AVERAGE WEEK, how many hou		
\$250-\$499 \$500-\$999			heal	er family members spend arranging of th or medical care for this child, suc pintments or locating services?		
\$1,000-\$5,000				This child does not need health care on a weekly basis	coordinate	ed
☐ More than \$5,000				Less than 1 hour per week		
2 How often are these costs reasonable?				1-4 hours per week		
☐ Always				5-10 hours per week		
☐ Usually				11 or more hours per week		
Sometimes				C This Child's La		~
☐ Never				G. This Child's Lea	armin	9
3 DURING THE PAST 12 MONTHS, did you	r family have			wer the following question only if th t 1 year old. Otherwise skip to H1 o		
problems paying for any of this child's m health care bills?	edical or	G		is child able to do the following	.,	
Yes			a. S	Say at least one word, such as "hi"	Yes	No
□ No				or "dog"? Jse 2 words together, such as		
DURING THE PAST 12 MONTHS, have yo	ou or other		"	car go"?		Ш
family members a. Left a job or taken a leave of	Yes No			Jse 3 words together in a sentence, such as, "Mommy come now."?		
absence because of this child's health or health conditions?				Ask questions like "who," "what," when," "where"?		
 b. Cut down on the hours you work because of this child's health or 			e. /	Ask questions like "why" and "how"?		
health conditions?				Fell a story with a beginning, niddle, and end?		
c. Avoided changing jobs because of concerns about maintaining health insurance for this child?				Inderstand the meaning of the vord "no"?		
			ł	Follow a verbal direction without nand gestures, such as "Wash your nands."?		
				Point to things in a book when asked?		
			j. F	Follow 2-step directions, such as Get your shoes and put them in the		
			k	pasket."? Jnderstand words such as "in,"		
				on," and "under"?		

G	3	Is this child 3 years old or older?	G8	Can	this child rhyme words?
		☐ Yes			Yes
		No → SKIP to question H1 on page 15			No
G	3	Has this child started school? Include any formal home schooling.	G9		often can this child explain things he or she has seen one so that you get a very good idea what happened?
		☐ Yes, preschool			Always
		Yes, kindergarten			Most of the time
		☐ Yes, first grade			About half the time
		□ No			Sometimes
G		Are you concerned about how this child is learning to do things for him or herself?			Never
			G10		often can this child write his or her first name, even ome of the letters aren't quite right or are backwards?
		Yes, very concerned			Always
		□ No			Most of the time
G		How confident are you that this child is ready to be in			About half the time
		school?			Sometimes
		Completely confident			Never
			31)	How	high can this child count?
		Somewhat confident			This child cannot count
		Not at all confident			Up to five
G	9	How often can this child recognize the beginning sound of a word? For example, can this child tell you that the word "ball" starts with the "buh" sound?			Up to ten
		☐ Always		Н	Up to 20
		Most of the time		Н	Up to 50
		About half the time			Up to 100 or more
		Sometimes	G12		often can this child identify basic shapes such as angle, circle, or square?
		□ Never			Always
G		About how many letters of the alphabet can this child recognize?			Most of the time
		All of them			About half the time
		Most of them			Sometimes
		About half of them			Never
		Some of them			
		None of them			



G1	3 C	Can and	this child identify the colors red, yellow, blue, green by name?	G19		often does this child become angry or anxious n going from one activity to another?
			Yes, all of them			Always
			Yes, some of them			Most of the time
			No, none of them			About half the time
G1	4 H	low	often is this child easily distracted?			Sometimes
			Always			Never
			Most of the time	G20	How	often does this child show concern when others
			About half the time		are	hurt or unhappy?
			Sometimes		H	Always
			Never			Most of the time
G1	5 H	low	often does this child keep working at something			About half the time
			he or she is finished?			Sometimes
		Щ	Always			Never
			Most of the time	G21		en excited or all wound up, how often can this child n down quickly?
			About half the time			Always
			Sometimes			Most of the time
			Never			About half the time
G1			n this child is paying attention, how often can he		H	
	0		ne follow instructions to complete a simple task? Always		H	Sometimes
			Most of the time			Never
				G22		often does this child lose control of his or her per when things do not go his or her way?
			About half the time			Always
			Sometimes			Most of the time
			Never			About half the time
G1	7	low	does this child usually hold a pencil?			Sometimes
			Uses fingers to hold the pencil			Never
			Grips the pencil in his or her fist	222	Com	
			This child cannot hold a pencil	G23		npared to other children his or her age, how much culty does this child have making or keeping
G1	8 F	low	often does this child play well with others?			No difficulty
			Always			A little difficulty
			Most of the time			A lot of difficulty
			About half the time			A lot of difficulty
			Sometimes			
			Never			

G	4	Compared to other children his or her age, how often is this child able to sit still?	He) A	nswer the next question only if this child is LESS THAN 2 MONTHS OLD. Otherwise, SKIP to question H7.
		Always			which position do you most often lay this baby down sleep now? Mark (X) ONE box.
		Most of the time		[On his or her side
		About half the time		[On his or her back
		Sometimes		[On his or her stomach
		Never	HZ		N MOST WEEKDAYS, about how much time did this
		H. About You and This Child		o g	hild spend in front of a TV, computer, cellphone or ther electronic device watching programs, playing ames, accessing the internet or using social media? To not include time spent doing schoolwork.
Œ		Was this child born in the United States?		[Less than 1 hour
٦		☐ Yes → SKIP to question H3		[1 hour
		□ No			2 hours
Œ	2	If no, how long has this child been living in the			3 hours
		United States?		[4 or more hours
		Years AND Months	H8	0	URING THE PAST WEEK, how many days did you or ther family members read to this child?
H	3	How many times has this child moved to a new address since he or she was born?		[0 days
				[1-3 days
		Number of times		[4-6 days
Œ	4)	How often does this child go to bed at about the same time on weeknights?		[Every day
		Always	H9		URING THE PAST WEEK, how many days did you or
		Usually			ther family members tell stories or sing songs to this hild?
		Sometimes		[0 days
		Rarely		[1-3 days
		Never		[4-6 days
Œ	5	DURING THE PAST WEEK, how many hours of sleep did this child get during an average day (count both		[Every day
		nighttime sleep and naps)?	HI		ow well do you think you are handling the day-to-day emands of raising children?
		Less than 7 hours		[Very well
		7 hours		[Somewhat well
		8 hours			Not very well
		9 hours			Not well at all
		10 hours			
		11 hours			
		12 or more hours			



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



I			en your family faces			often are	you	110	ln :	your neighborhood,	is/are th	nere	Yes	No
				All of the time	Most of		None of		a.	Sidewalks or walking	paths?			
	a	۱.	Talk together about what to do							A park or playground				
	k).	Work together to solve our problems						c.	A recreation center, of center, or boys' and of				
	c	: .	Know we have strengths to draw on						d.	A library or bookmob	ile?			
	c	l.	Stay hopeful even in difficult times						e.	Litter or garbage on t or sidewalk?	he stree	et		
Œ	١	er	ICE THIS CHILD WA y hard to cover the your family's incom	basics, I						Poorly kept or rundov Vandalism such as b		ing?		
			Never	e :				(II)		windows or graffiti? what extent do you				nts
			Rarely						ab	out your neighborho		ommunity Somewhat		Definitely
			Somewhat often								agree	agree	disagree	disagree
			Very often						a.	People in this neighborhood help each other out				
18	ľ	o	ich of these statemousehold's ability to a RING THE PAST 12	afford the	e food yo				b.	We watch out for each other's children in this neighborhood				
	☐ We could always afford to eat good nutritious meals.						c.	This child is safe in our						
	We could always afford enough to eat but not always the kinds of food we should eat.							neighborhood						
	Sometimes we could not afford enough to eat. Often we could not afford enough to eat.						d.	When we encounter difficulties, we know where to go for help in						
IS			any time DURING T				n for	112	Th	our community e next questions are	about (events tha	ıt mav ha	ve
			e month, did anyone Cash assistance fron		-	Yes	No		ha ha un	ppened during this c ppen in any family, b comfortable with the	hild's li out som se ques	fe. These e people i stions. Yo	things ca may feel u may sk	n
			welfare program?						То	y questions you do r the best of your kno	wledge	, has this		ER
	r).	Food Stamps or Sup Assistance Program							perienced any of the		_	Yes	No
	c	: .	Free or reduced-cost lunches at school?	breakfas	sts or				a.	Parent or guardian di separated	vorced (or		
	c	ł.	Benefits from the Wo and Children (WIC) F						b.	Parent or guardian di	ed			
			ana emanem (1116) .							Parent or guardian se		-		
									d.	Saw or heard parents hit, kick, punch one a home				
									e.	Was a victim of viole witnessed violence in neighborhood		ner		
									f.	Lived with anyone whill, suicidal, or severe	no was r ly depre	mentally ssed		
									g.	Lived with anyone wh with alcohol or drugs	no had a	problem		
									h.	Treated or judged unof his or her race or e				

	Т	J. Child's Caregivers	7	Wha	nt is your marital status?
	C	omplete the questions for up to two adults in the			Married
٦	ho	household who are this child's primary caregivers. If there is just one adult primary caregiver, provide			Not married, but living with a partner
		swers for that adult.			Never Married
J	Н	w are you related to this child?			Divorced
		Biological or Adoptive Parent			Separated
		Step-parent Step-parent			Widowed
		Grandparent	J8	In g	eneral, how is your physical health?
		Foster Parent	T		Excellent
		Other: Relative			Very good
		Other: Non-Relative			Good
J	w	nat is your sex?			Fair
		Male			Poor
		Female	.19	In a	eneral, how is your mental or emotional health?
J	w	nat is your age?	T		Excellent
		Age in years			Very good
J	w	nere were you born?			Good
		In the United States → SKIP to question J6			Fair
		Outside of the United States			Poor
J	w	nen did you come to live in the United States?	J10	Wer	e you employed at least 50 out of the past 52 weeks?
١	Υe		\		Yes
					No
J	W	nat is the highest grade or level of school you have		Herr	
٦		mpleted? Mark (X) ONE box.	W	U.S.	e you ever served on active duty in the Armed Forces, Reserves, or the National Guard? ((X) ONE box.
		8th grade or less		IVIAI I	Never served in the
		9th-12th grade; No diploma			military → SKIP to question J13 on page 19 Only on active duty for training in the Reserves or
		High School Graduate or GED Completed		Ш	National Guard → SKIP to question 113 on page 19
		Completed a vocational, trade, or business school program			Now on active duty
		Some College Credit, but no Degree			On active duty in the past, but not now
		Associate Degree (AA, AS)	J 12	Wer	e you deployed at any time during this child's life?
		Bachelor's Degree (BA, BS, AB)			Yes
		Master's Degree (MA, MS, MSW, MBA)			No
		Doctorate (PhD, EdD) or Professional Degree			



		estions J13 - J24 ask about another adult primary egiver who may be in the household in addition to	J 19	Wha	at is this primary caregiver's marital status?
		rself.			Married
J1	Hov rela	v is this adult primary caregiver in the household ted to this child?			Not married, but living with a partner
		There is only one primary adult caregiver in the household for this child → SKIP to question k1 on page 20			Never Married
ı		Biological or Adoptive Parent		Ш	Divorced
ı		Step-parent			Separated
ı		Grandparent			Widowed
		Foster Parent	J20	In go	eneral, how is this primary caregiver's physical th?
ı		Other: Relative			Excellent
		Other: Non-Relative			Very good
J1	4) Wh	at is this primary caregiver's sex?			Good
ı		Male			Fair
		Female			Poor
J1	5 Wh	at is this primary caregiver's age?	J21		eneral, how is this primary caregiver's mental or
ı		Age in years			Excellent
J1	6 Wh	ere was this primary caregiver born?			Very good
I		In the United States → SKIP to question J18			Good
ı		Outside of the United States			Fair
J1		en did this primary caregiver come to live in the ted States?			Poor
	Yea	r	J 22		this primary caregiver employed at least 50 out of past 52 weeks?
J1	3 Wh	at is the highest grade or level of school this primary		Ш	Yes
1	car	egiver has completed? Mark (X) ONE box.			No
ı		8th grade or less	J23	the	this primary caregiver ever served on active duty in U.S. Armed Forces, Reserves, or the National Guard?
ı		9th-12th grade; No diploma		Mark	k (X) ONE box. Never served in the
ı		High School Graduate or GED Completed			military → SKIP to question K1 on page 20
ı		Completed a vocational, trade, or business school program			Only on active duty for training in the Reserves or National Guard → SKIP to question on page 20
ı		Some College Credit, but no Degree			Now on active duty
		Associate Degree (AA, AS)			On active duty in the past, but not now
		Bachelor's Degree (BA, BS, AB)	J24		this primary caregiver deployed at any time during child's life?
		Master's Degree (MA, MS, MSW, MBA)			Yes
		Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			No



K. Household Information

How many people are living or staying at this address? Include everyone who usually lives or stays at this address. Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people

How many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.

Number of people

K3 Income in 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.

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



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

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

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 →	\$ 0,000,000.00
No	TOTAL AMOUNT

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

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

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

∕es →	\$,000,000.00
No	TOTAL AMOUNT

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.

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

Mailing Instructions

Thank you for your participation.

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

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

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

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

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

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

A	FF	IRING THE PAST 12 MONTHS, has this EQUENT or CHRONIC difficulty with a lowing?		d		Has a doctor or other health care provider EVER told you that this child has
١	101	iowing:	Yes	No	A10	Asthma?
١	a.	Breathing or other respiratory problems (such as wheezing or				☐ Yes ☐ No
		shortness of breath)				If yes, does this child CURRENTLY have the condition?
	b.	Eating or swallowing because of a health condition				☐ Yes ☐ No
	c.	Digesting food, including stomach/intestinal problems, constipation, or diarrhea				→ If yes, is it:
	d.	Repeated or chronic physical pain, including headaches or other back or body pain			AII	☐ Yes ☐ No
	e.	Toothaches				If yes, does this child CURRENTLY have the condition?
	f.	Bleeding gums				☐ Yes ☐ No
	g.	Decayed teeth or cavities				
A	Do	es this child have any of the following	?			
٦		as and child have any of the following	Yes	No	A12	Cerebral Palsy?
١	a.	Serious difficulty concentrating, remembering, or making decisions				☐ Yes ☐ No
		because of a physical, mental, or emotional condition				If yes, does this child CURRENTLY have the condition?
	b.	Serious difficulty walking or climbing stairs				☐ Yes ☐ No ☐ Yes, is it:
	C.	Difficulty dressing or bathing				☐ Mild ☐ Moderate ☐ Severe
	d.	Deafness or problems with hearing			A13	Diabetes?
		Blindness or problems with seeing,				☐ Yes ☐ No
		even when wearing glasses				If yes, does this child CURRENTLY have the condition?
	Ha	s a doctor or other health care provide u that this child has	r EVER to	old		☐ Yes ☐ No
A		ergies (including food, drug, insect, or	other)?			→ If yes, is it:
1		Yes No	,			☐ Mild ☐ Moderate ☐ Severe
١	L	→ If yes, does this child CURRENTLY I	have the		A14	Epilepsy or Seizure Disorder?
١		condition?				☐ Yes ☐ No
		☐ Yes ☐ No ☐ H yes, is it:				If yes, does this child CURRENTLY have the condition?
		☐ Mild ☐ Moderate	Sev	ere		☐ Yes ☐ No ☐ If yes, is it:
A	Ar	thritis?				→ If yes, is it. Mild
1		Yes No			A15	Heart Condition?
	L					Yes No
		☐ Yes ☐ No				☐ If yes, does this child CURRENTLY have the condition?
		→ If yes, is it:				Yes No
		☐ Mild ☐ Moderate	Sev	ere		☐ If yes, is it:
						☐ Mild ☐ Moderate ☐ Severe
-1						



Has a doctor or other health care provider EVER told you that this child has	Has a doctor or other health care provider EVER told you that this child has
Frequent or severe headaches, including migraine?	Blood Disorders (such as Sickle Cell Disease,
☐ Yes ☐ No	Thalassemia, or Hemophilia)?
☐ If yes, does this child CURRENTLY have the	☐ Yes ☐ No
condition?	→ If yes, is it:
☐ Yes ☐ No	☐ Mild ☐ Moderate ☐ Severe
→ If yes, is it:	Was this condition identified through a blood
☐ Mild ☐ Moderate ☐ Severe	test done shortly after birth? These tests are sometimes called newborn screening.
	☐ Yes ☐ No
Tourette Syndrome?	☐ If yes, was this child diagnosed with:
☐ Yes ☐ No	
If yes, does this child CURRENTLY have the condition?	Sickle Cell Disease?
	Thalassemia?
☐ Yes ☐ No	Hemophilia? ☐ Yes ☐ No
→ If yes, is it:	Other Blood
☐ Mild ☐ Moderate ☐ Severe	Disorders? Yes No
Anxiety Problems?	22 Cystic Fibrosis?
Yes No	☐ Yes ☐ No
→ If yes, does this child CURRENTLY have the	☐ If yes, is it:
condition?	☐ Mild ☐ Moderate ☐ Severe
☐ Yes ☐ No	Was this condition identified through a blood
→ If yes, is it:	test done shortly after birth? These tests are
☐ Mild ☐ Moderate ☐ Severe	sometimes called newborn screening.
	☐ Yes ☐ No
Depression?	Other genetic or inherited condition?
☐ Yes ☐ No	☐ Yes ☐ No
If yes, does this child CURRENTLY have the condition?	→ If yes, specify: ✓
☐ Yes ☐ No	
→ If yes, is it:	Is it:
☐ Mild ☐ Moderate ☐ Severe	
Down Syndrome? Yes No	Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening.
☐ If yes, does this child CURRENTLY have the	☐ Yes ☐ No
condition?	163
☐ Yes ☐ No	Substance Use Disorder?
→ If yes, is it:	☐ Yes ☐ No
☐ Mild ☐ Moderate ☐ Severe	☐ 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	Has a doctor or other health care provider EVER told you that this child has
Αź	Examples of educators are teachers and school nurses. Behavioral or Conduct Problems?	30 Any other mental health condition?
	Yes No	☐ Yes ☐ No
	☐ If yes, does this child CURRENTLY have the	☐ If yes, specify: ☑
	condition?	
	Yes □ No If yes, is it:	If yes, does this child CURRENTLY have the
	☐ Mild ☐ Moderate ☐ Severe	condition?
		☐ Yes ☐ No
A2		→ If yes, is it:
	Yes No	☐ Mild ☐ Moderate ☐ Severe
		31 Has a doctor or other health care provider EVER told
	□ Yes □ No	you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder
	→ If yes, is it:	or Pervasive Developmental Disorder (PDD).
	☐ Mild ☐ Moderate ☐ Severe	Yes No → SKIP to question A36 on page 6
A2	Intellectual Disability (formerly known as Mental	☐ If yes, does this child CURRENTLY have the condition?
	Retardation)?	☐ Yes ☐ No
	☐ Yes ☐ No	└→ If yes, is it:
		□ Mild □ Moderate □ Severe
	☐ Yes ☐ No	How old was this child when a doctor or other health
	☐ If yes, is it:	care provider FIRST told you that he or she had Autism, ASD, Asperger's Disorder or PDD?
	☐ Mild ☐ Moderate ☐ Severe	
A2	28 Speech or other language disorder?	Age in years
	☐ Yes ☐ No	33 What type of doctor or other health care provider was the FIRST to tell you that this child had Autism, ASD,
	If yes, does this child CURRENTLY have the	Asperger's Disorder or PDD? Mark (X) ONE box.
	condition?	☐ Primary Care Provider
	☐ Yes ☐ No	☐ Specialist
		School Psychologist/Counselor
		Other Psychologist (Non-School)
A2		Psychiatrist
	Yes No If yes, does this child CURRENTLY have the	
	disability?	Other, specify:
	□ Yes □ No	
	☐ If yes, is it:	☐ Don't know
	☐ Mild ☐ Moderate ☐ Severe	34 Is this child CURRENTLY taking medication for Autism,
		ASD, Asperger's Disorder or PDD?
		☐ Yes ☐ No
- 1		



АЗ	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for Autism, ASD,		B. This Child as an Infant
	Asperger's Disorder or PDD, such as training or an intervention that you or this child received to help with his or her behavior?	3	Was this child born more than 3 weeks before his or her due date?
١	☐ Yes ☐ No		Yes
АЗ	Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD?		How much did he or she weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best
١	☐ Yes ☐ No → SKIP to question (A39)		estimate is fine.
	☐ If yes, does this child CURRENTLY have the condition?		pounds AND ounces
١	☐ Yes ☐ No		OR
	→ If yes, is it:		kilograms AND grams
АЗ	Is this child CURRENTLY taking medication for ADD or ADHD?		What was the age of the mother when this child was born? Your best estimate is fine.
	☐ Yes ☐ No		Age in years
АЗ	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this child received to help with his or her behavior?		C. Health Care Services
١	☐ Yes ☐ No		DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for
	DUDING THE DAOT 40 MONTHS have the		medical care (for example, preventive care, sick care, hospitalizations)?
A3	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?		Yes
	This child does not have any health conditions → SKIP to question B1		No → SKIP to question C4 on page 7
١	Never		If yes, DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care
١	Sometimes		professional to receive a PREVENTIVE check-up? A preventive check-up is when this child was not sick or
١	Usually		injured, such as an annual or sports physical, or well-child visit.
١	Always		□ 0 visits
Α4	To what extent do this child's health conditions or problems affect his or her ability to do things?		1 visit
١			2 or more visits
١	☐ Very little	*3	Thinking about the LAST TIME you took this child for
	☐ A great deal		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
- 1			



- 1				
C	What is this child's CURRENT height? Your best estimate is fine. feet AND inches	C1	he or physic	re a place that this child USUALLY goes when she needs routine preventive care, such as a cal examination or well-child check-up?
	OR			lo → SKIP to question C12
	meters AND centimeters	CI		is this the same place this child goes when he
				is sick?
C	How much does this child CURRENTLY weigh? Your best estimate is fine.		□ Y	'es
	pounds			lo
	OR	CI		IG THE PAST 12 MONTHS, has this child had his vision tested, such as with pictures, shapes, or
	kilograms		letters	
			Y	'es
C				lo → SKIP to question C14
	Yes, it's too high	C18		where was this child's vision tested? X) ALL that apply.
	☐ Yes, it's too low☐ No, I am not concerned			ye doctor or eye specialist (ophthalmologist, ptometrist) office
C	Has a doctor or other health care provider ever told		□ F	Pediatrician or other general doctor's office
	you that this child is overweight?			Clinic or health center
	Yes			School
	□ No			Other, specify: 📈
C	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?		A DUDIA	IC THE DAST 42 MONTHS did this shild associated
	Yes	C14	dentis	IG THE PAST 12 MONTHS, did this child see a t or other oral health care provider for any kind tall or oral health care?
	No → SKIP to question C10		□ Y	es, saw a dentist
C	If yes, where does this child USUALLY go first? Mark (X) ONE box.		□ Y	es, saw other oral health care provider
	Doctor's Office			lo → SKIP to question 17 on page 8
	Hospital Emergency Room	C1		DURING THE PAST 12 MONTHS, did this child dentist or other oral health care provider for
	Hospital Outpatient Department		prevei	ntive dental care, such as check-ups, dental ngs, dental sealants, or fluoride treatments?
	Clinic or Health Center			lo preventive visits in the past
	Retail Store Clinic or "Minute Clinic"			2 months → SKIP to question c17 on page 8 'es, 1 visit
	School (Nurse's Office, Athletic Trainer's Office)			es, 1 visit
	Some other place			CO, 2 of filoro violeo



C1	pre	es, DURING THE PAST 12 MONTHS, what ventive dental service(s) did this child receive? rk (X) ALL that apply.	C21		difficult was it to get the specialist ca	re that	this
ı		Check-up		H	Not difficult		
ı		Cleaning		H	Somewhat difficult		
ı		Instruction on tooth brushing and oral health care		Н	Very difficult		
ı		X-Rays			It was not possible to obtain care		
		Fluoride treatment	C22	type	RING THE PAST 12 MONTHS, did this of alternative health care or treatment th care can include acupuncture, chiropra	? Alterr	native
		Sealant (plastic coatings on back teeth)		relax Som	ration therapies, herbal supplements, and e therapies involve seeing a health care	others.	
ı		Don't know		White	e others can be done on your own. Yes		
C1	rec	RING THE PAST 12 MONTHS, has this child eived any treatment or counseling from a mental alth professional? Mental health professionals include			No		
	psy	chiatrists, psychologists, psychiatric nurses, and clinical ial workers.	C23	whe	RING THE PAST 12 MONTHS, was there in this child needed health care but it w	as not	
ı		Yes		as o	ived? By health care, we mean medical ther kinds of care like dental care, vision		
		No, but this child needed to see a mental health professional		men	tal health services. Yes		
		No, this child did not need to see a mental health professional → SKIP to question (19)			No → SKIP to question ©26 on page 9)	
C1		w difficult was it to get the mental health treatment counseling that this child needed?	C24		s, which types of care were not receive (X) ALL that apply.	ed?	
ı		Not difficult			Medical Care		
ı		Somewhat difficult			Dental Care		
ı		Very difficult			Vision Care		
ı		It was not possible to obtain care			Hearing Care		
	.				Mental Health Services		
C1	any	RING THE PAST 12 MONTHS, has this child taken medication because of difficulties with his or her otions, concentration, or behavior?			Other, specify: $ ot \hspace{-1em} \nearrow$		
		Yes					
		No	C25	not	any of the following reasons contribut receiving needed health services? Manach item.		
C2		RING THE PAST 12 MONTHS, did this child see a			This child was not eligible for the	Yes	No
	Spe	ecialist other than a mental health professional? ecialists are doctors like surgeons, heart doctors, allergy		S	ervices		
		tors, skin doctors, and others who specialize in one a of health care.			The services this child needed were not available in your area		
		Yes		a	here were problems getting an appointment when this child needed one		
		No, but this child needed to see a specialist		d. 7	here were problems with getting		
		No, this child did not need to see a specialist → SKIP to question C22		e. 7	ransportation or child care The clinic or doctor's office wasn't		
					ppen when this child needed care There were issues related to cost		



C2	DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child? Never		D. Experience with This Child's Health Care Providers
C2	☐ Usually ☐ Always	20	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
C2		2	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
C 2	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 €32	3	How difficult was it to get referrals? Not difficult Somewhat difficult Very difficult
C3	plan?	04	It was not possible to get a referral Answer the following questions only if this child had a health care visit IN THE PAST 12 MONTHS. Otherwise skip to question [1] on page 11.
C3	Is this child CURRENTLY receiving services under one of these plans?		DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers
	☐ Yes ☐ No		a. Spend enough time with this child?
C3	Has this child EVER received special services to meet his or her developmental needs such as speech,		b. Listen carefully to pou?
	occupational, or behavioral therapy? Yes		c. Show sensitivity to your family's values and customs?
CE			d. Provide the specific information you needed concerning this child?
	receiving these special services? Years AND Months		e. Help you feel like a partner in this child's care?
CE	Is this child CURRENTLY receiving these special services? Yes No		



D	5	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?	01	you with	THE PAST 12 MONTHS, how satisfied were the communication between this child's and other health care providers?
		Yes		Ver	y satisfied
		No → SKIP to question D7		Son	newhat satisfied
				Son	newhat dissatisfied
P	6	If yes, DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers		☐ Ver	/ dissatisfied
		Always Usually Sometimes Never			
		a. Discuss with you the range of options to consider for his or her health care or treatment?	D1	care pro	THE PAST 12 MONTHS, did this child's health vider communicate with the child's school, child vider, or special education program?
		b. Make it easy for you			
		to raise concerns or			→ SKIP to question f1 on page 11
		disagree with recommendations for this child's health care?		with	not need health care provider to communicate these providers → SKIP to question e 11
		c. Work with you to decide together which health care	D1:	health ca	uring this time, how satisfied were you with the are provider's communication with the school, e provider, or special education program?
		and treatment choices would be best for this child?		Ver	y satisfied
D	7	DURING THE PAST 12 MONTHS, did anyone help you		Son	newhat satisfied
		arrange or coordinate this child's care among the different doctors or services that this child uses?		Son	newhat dissatisfied
		Yes		Ver	y dissatisfied
		No			
		Did not see more than one health care provider in the PAST 12 MONTHS			
D	8	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 010			
D	9	If yes, DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with arranging or coordinating this child's health care?			
		Usually			
		Sometimes			
		Never			



		E. This Child's Hea			E 4	foll	his child CURRENTLY covered by any owing types of health insurance or hea ns? Mark (X) Yes or No for EACH item.		erage				
						·	Insurance through a current or	Yes	No				
Ī	cov	RING THE PAST 12 MONTHS, was this ered by ANY kind of health insurance of	child EV or health	ER			former employer or union	Ш					
ı	cov	erage plan? Yes, this child was covered					Insurance purchased directly from an insurance company						
ı	Ш	all 12 months → SKIP to question				c.	Medicaid, Medical Assistance, or any kind of government						
ı		Yes, but this child had a gap in coverage					assistance plan for those with low incomes or a disability						
ı	□ No					d.	TRICARE or other military						
3		cate whether any of the following is a				e	health care Indian Health Service						
Ī		d was not covered by health insurance RING THE PAST 12 MONTHS:	at any ti	me									
ı	a.	Change in employer or employment	Yes	No		Ι.	Other, specify:						
ı	;	status		Ш									
ı		Cancellation due to overdue premiums			E5		w often does this child's health insurar						
ı		Dropped coverage because it was unaffordable				ber	nefits or cover services that meet this o	hild's n	eeds?				
ı		Dropped coverage because benefits					Always						
ı		were inadequate Dropped coverage because choice		П			Usually						
ı		of health care providers was inadequate					Sometimes						
		Problems with application or renewal process					Never						
ı	g.	Other, specify: 📈			E6		How often does this child's health insurance allow him or her to see the health care providers he or she needs?						
ı							Always						
Į	le fl	his shild CURRENTLY sovered by ANV	kind of				Usually						
Ì		his child CURRENTLY covered by ANY Ith insurance or health coverage plan?					Sometimes						
ı		Yes					Never						
ı		No → SKIP to question F1 on page 1	12										
					(17)	bel hea	nking specifically about this child's me navioral health needs, how often does t alth insurance offer benefits or cover se et these needs?	his child					
l							This child does not use mental or behave health services	vioral					
l							Always						
							Usually						
							Sometimes						
ı							Never						



F. Providing for This

			F. Providing for 1 Child's Health	his		othe hom	N AVERAGE WEEK, how many hours do you or in family members spend providing health care at the for this child? Care might include changing bandages, ving medication and therapies when needed.
F	•	Savi	uding co-pays and amounts reimbursings Accounts (HSA) and Flexible Spe	ending			This child does not need health care provided at home on a weekly basis
		child	ounts (FSA), how much money did yours medical, health, dental, and vision PAST 12 MONTHS? Do not include he	care DURIN	NG		Less than 1 hour per week
	F	oren	niums or costs that were or will be reimbrance or another source.				1-4 hours per week
			\$0 (No medical or health-related expenses) → SKIP to question F4				5-10 hours per week
			\$1-\$249				11 or more hours per week
			\$250-\$499		G	othe	N AVERAGE WEEK, how many hours do you or r family members spend arranging or coordinating th or medical care for this child, such as making
			\$500-\$999				pintments or locating services?
			\$1,000-\$5,000				This child does not need health care coordinated on a weekly basis
			More than \$5,000				Less than 1 hour per week
F	2 1	How	often are these costs reasonable?				1-4 hours per week
			Always				5-10 hours per week
			Usually				11 or more hours per week
			Sometimes				
			Never				
F		orok	RING THE PAST 12 MONTHS, did you plems paying for any of this child's m th care bills?		e		
			Yes				
			No				
F			RING THE PAST 12 MONTHS, have yo ly members				
	á	а	eft a job or taken a leave of absence because of this child's nealth or health conditions?	Yes N	No		
	ı	b	Cut down on the hours you work pecause of this child's health or pealth conditions?				
	(C	Avoided changing jobs because of concerns about maintaining health nsurance for this child?				



ı						
	G. This Child's Schooling	G5		RING THE PAST 12 MONTHS, did th	is child	
1	and Activities		parti	ioipate III	Yes	No
G			ta	A sports team or did he or she ake sports lessons after school or on weekends?		
	Include days missed from any formal home schooling. No missed school days			Any clubs or organizations after chool or on weekends?		
	1-3 days		le	Any other organized activities or essons, such as music, dance, anguage, or other arts?		
	4-6 days		٧	Any type of community service or volunteer work at school, place of vorship, or in the community?		
	☐ 7-10 days ☐ 11 or more days		e. <i>A</i>	Any paid work, including regular obs as well as babysitting, cutting		
	☐ This child was not enrolled in school			grass, or other occasional work?		
G	DURING THE PAST 12 MONTHS, how many times has this child's school contacted you or another adult in your household about any problems he or she is having with school?	G6	this	RING THE PAST WEEK, on how mar child exercise, play a sport, or part sical activity for at least 60 minutes	icipate in	d
1				0 days		
	□ None □ 1 time			1-3 days		
1				4-6 days		
	2 or more times			Every day		
G	SINCE STARTING KINDERGARTEN, has this child repeated any grades?	G7	diffi	npared to other children his or her a culty does this child have making o		nuch
١	Yes		frien	ds?		
	□ No			No difficulty		
G	DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in?	,	H	A little difficulty A lot of difficulty		
	Always			A lot of difficulty		
	Usually					
١	Sometimes					
	Rarely					
	Never					



		ou and This	(17)		v well can you ut things that			hare ide	eas or ta	lk
					Very well					
۱	Was this child born in the Yes → SKIP to quest				Somewhat we	II				
ı	□ No				Not very well					
					Not well at all					
Ï	If no, how long has this c States?	hild been living in the United	H8		well do you t			ndling t	he day-to	o-day
	Years AND	Months		den	nands of raisin Very well	g child	lren?			
	How many times has this since he or she was born	child moved to a new address?			Somewhat we	II				
ı	Number of times				Not very well					
					Not well at all					
Ï	time on weeknights?	go to bed at about the same	H9	DUF	RING THE PAS	T MON	ITH, how	often ha	ave you	felt
ı	□ Always			a	That this child	Never	Rarely S	ometime	S Usually	Always
ı	Usually				s much harder to care for than	Ш		Ш	Ш	Ш
ı	Sometimes				most children nis or her age?					
ı	Rarely				That this child does things					
	Never			t I	hat really oother you a lot?					
	DURING THE PAST WEEK did this child get on most	K, how many hours of sleep tweeknights?			Angry with this child?					
ı	Less than 6 hours		H10		RING THE PAS					
ı	6 hours				you could tur parenting or				tional su	ıpport
ı	☐ 7 hours				Yes					
ı	☐ 8 hours				No → SKIP to	ques	tion 🕕 c	n page	15	
ı	9 hours		H	If ye	es, did you rec	eive er	notional s	support	from	
ı	☐ 10 hours		T	_ (O		t		Yes	No
ı	☐ 11 or more hours				Spouse or dome					
H		bout how much time did this			Other family me		or close fri	end?		
I	other electronic device wa			c. I	Health care pro	vider?			Ш	Ш
	games, accessing the inte	ernet or using social media? doing schoolwork.			Place of worship		_			
	Less than 1 hour				Support or advo to specific healt			ea		
	☐ 1 hour				Peer support gr					
	2 hours				Counselor or otl professional?	her me	ntal health	1		
	☐ 3 hours			h. (Other person, s	pecify:	Z			
	4 or more hours									
ı				-						



	1	. About Your Family and	16		en your family face ly to do each of the			often are	you
		Household				All of the time	Most of the time	Some of the time	None of the time
[I	fami	RING THE PAST WEEK, on how many days did all the ily members who live in the household eat a meal ether?			Talk together about what to do				
		0 days			Work together to solve our problems				
		1-3 days			Know we have strengths to draw on				
		4-6 days			Stay hopeful even in difficult times				
		Every day	Ø		CE THIS CHILD WA				
Ŀ		s anyone living in your household use cigarettes,			y hard to cover the your family's incom		ике тооа	and nous	sing,
	ciya				Never				
		Yes			Rarely				
		No → SKIP to question [14]			Somewhat often				
E	If ye	s, does anyone smoke inside your home?			Very often				
		Yes	18		ch of these statem				LIDING
		No			sehold's ability to a PAST 12 MONTHS		e rood yo	u neea D	UKING
I ²	pest inse	RING THE PAST 12 MONTHS, how often were ticides used inside your residence to control for tests? If the frequency changed throughout the year, art the highest frequency.			We could always a the kinds of food w	ifford end	ugh to ea		
		More than once a week			Sometimes we cou	ıld not af	ford enoug	gh to eat.	
		Once a week			Often we could not	t afford e	nough to	eat.	
		Once a month	19		any time DURING T month, did anyone				n for
		Once every 2-5 months						Yes	No
		Once every 6 months			Cash assistance fror welfare program?	n a gove	rnment		
		Once during the past 12 months			Food Stamps or Sup Assistance Program				
		Never			Free or reduced-cost	t breakfa	sts or		
		Don't know		d.	Benefits from the Wo				
ĮĘ	or b sign	RING THE PAST 12 MONTHS, other than in a shower athtub, have you seen any mold, mildew or other is of water damage on walls or other surfaces inside r home?		í	and Children (WIC) I	Program	,		
		Yes							
		No							



11	In	your neighborhood,	is/are ther	.e		(3	The	e next questions are about events that	may h	ave
٦		Sidewalks or walking		····	Yes	No		hap hap	opened during this child's life. These to open in any family, but some people n	hings on the contract of the c	can I
ı									comfortable with these questions. You		skip
ı		A park or playground			Ш	Ш			the best of your knowledge, has this	child E	VER
ı	C.	A recreation center, center, or boys' and						Ī	perienced any of the following?	Yes	No
ı	d.	A library or bookmob	oile?				i		Parent or guardian divorced or separated		
ı	e.	e. Litter or garbage on the street or sidewalk?					b.	Parent or guardian died			
ı	f.	Poorly kept or rundo	wn housing	ı?					Parent or guardian served time in jail	Ш	
	g.	Vandalism such as be windows or graffiti?					,		Saw or heard parents or adults slap, hit, kick, punch one another in the home		
1		o what extent do you bout your neighborho	od or com	munity?	?				Was a victim of violence or witnessed violence in his or her neighborhood		
ı			Definitely S agree	omewhat agree	Somewhat disagree	Definitely disagree			Lived with anyone who was mentally ill, suicidal, or severely depressed		
١	a.	People in this neighborhood help each other							Lived with anyone who had a problem with alcohol or drugs		
	b.	out We watch out for each other's children in this							Treated or judged unfairly because of his or her race or ethnic group		
ı		neighborhood									
١	C.	This child is safe in our neighborhood									
	d.	When we encounter difficulties, we know where to go for help in our community									
	e.	This child is safe at school									
1	le: or	ther than you or other ast one other adult in community who knows the can rely on for advisor. Yes No	n this child ows this ch	l's scho nild well	ol, neighb	orhood,					
۱											



	J. Child's Caregivers	J6		at is the highest grade or level of school you have mpleted? Mark (X) ONE box.
Ę	Complete the questions for up to two adults in the household who are this child's primary caregivers.			8th grade or less
ı	If there is just one adult primary caregiver, provide answers for that adult.			9th-12th grade; No diploma
				High School Graduate or GED Completed
Ji				Completed a vocational, trade, or business school program
ı	Biological or Adoptive Parent			Some College Credit, but no Degree
ı	☐ Step-parent			Associate Degree (AA, AS)
ı	Grandparent			Bachelor's Degree (BA, BS, AB)
ı	Foster Parent			Master's Degree (MA, MS, MSW, MBA)
ı	Other: Relative			Doctorate (PhD, EdD) or Professional Degree
	Other: Non-Relative			(MD, DDS, DVM, JD)
J ²	What is your sex?	J7	Wh	at is your marital status?
ı	Male			Married
ı	Female			Not married, but living with a partner
J	What is your age?			Never Married
ı	Age in years			Divorced
				Separated
J ²	_			Widowed
ı	☐ In the United States → SKIP to question ☐	J8) In g	general, how is your physical health?
ı	Outside of the United States			Excellent
J	When did you come to live in the United States?			Very good
ı	Year			Good
ı				Fair
ı				Poor
ı		J9	In o	general, how is your mental or emotional health?
ı				Excellent
ı				Very good
ı				
				Good
				Fair
				Poor
1				



JI	Were you employed at least 50 out of the past 52 weeks?	17		en did this primary caregiver come to live in the ed States?
	Yes		Year	
	□ No			
1		J 18	Wha care	at is the highest grade or level of school this primary egiver has completed? Mark (X) ONE box.
	 Never served in the military → SKIP to question J13 			8th grade or less
	Only on active duty for training in the			9th-12th grade; No diploma
	Reserves or National Guard → SKIP to question (13)			High School Graduate or GED Completed
	□ Now on active duty			Completed a vocational, trade, or business school program
	On active duty in the past, but not now			
J12	Were you deployed at any time during this child's life?		H	Some College Credit, but no Degree
	Yes		H	Associate Degree (AA, AS)
	□ No		Н	Bachelor's Degree (BA, BS, AB)
E	Questions J13 - J24 ask about another adult primary			Master's Degree (MA, MS, MSW, MBA)
	caregiver who may be in the household in addition to yourself.			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
JI	How is this adult primary caregiver in the household related to this child?	J19	Wha	it is this primary caregiver's marital status?
ı	There is only one primary adult caregiver in the household for this child → SKIP to question k1 on page 19	Ĭ		Married
	Biological or Adoptive Parent			Not married, but living with a partner
	☐ Step-parent			Never Married
	Grandparent			Divorced
	☐ Foster Parent			Separated
	Other: Relative			Widowed
ı	Other: Non-Relative	J20	In go	eneral, how is this primary caregiver's physical th?
J12	What is this primary caregiver's sex?			Excellent
	☐ Male			Very good
	Female			Good
J1	What is this primary caregiver's age?			Fair
٦	Constitution of the primary caregives a age.			Poor
	Age in years			
JI	Where was this primary caregiver born?			
	☐ In the United States → SKIP to question 118			
	Outside of the United States			



		haama in 0047
J2	1 In general, how is this primary caregiver's mental or emotional health?	Mark (X) the "Yes" box for each type of income this child's
	Excellent	family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark (X) the "No" box to show types of income NOT received.
	☐ Very good	Wages, salary, commissions, bonuses, or tips for all jobs.
	Good	
	☐ Fair	☐ Yes → [\$,
	Poor	☐ No TOTAL AMOUNT in the last calendar year
J2	Was this primary caregiver employed at least 50 out of the past 52 weeks?	b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships.
	Yes	□ Yes → \$,
	□ No	No TOTAL AMOUNT in the last calendar year
J2		 Interest, dividends, net rental income, royalty income, or income from estates and trusts.
	the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.	□ Yes → \$.00 □ Loss
	☐ Never served in the military → SKIP to question 🔀	□ No TOTAL AMOUNT
	Only on active duty for training in the Reserves or National Guard → SKIP to question (€1)	in the last calendar year d. Social security or railroad retirement; retirement, survivor, or disability pensions.
	Now on active duty	
	On active duty in the past, but not now	☐ Yes → \$, .00
J2	4 Was this primary caregiver deployed at any time during	No TOTAL AMOUNT in the last calendar year
	this child's life?	Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office.
-	Yes	
	□ No	☐ Yes → \$, .00
	K. Household Information	No TOTAL AMOUNT in the last calendar year
		f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment
K	How many people are living or staying at this address? Include everyone who usually lives or stays at this address.	compensation, child support, or alimony.
	Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away	☐ Yes → \$
	or someone in the Armed Forces on deployment.	□ No TOTAL AMOUNT
	Number of people	in the last calendar year The following question is about your 2017 income.
		Think about your total combined family income IN THE
K	How many of these people in your household are family members? Family is defined as anyone related to this child	LAST CALENDAR YEAR for all members of the family. What is that amount before taxes? Include money from
	by blood, marriage, adoption, or through foster care.	jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth.
	Number of people	Also, include income from interest, dividends, net income from businesses, farm or rent, and any other money income
		received.
		\$ 0,000,000.00
		TOTAL AMOUNT in the last calendar year
-1		in the last calcinal 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	АЗ	Н	ow often does this ch	nild Always	Usually	Sometimes	Never
	child	ently, you completed a survey that asked about the lren usually living or staying at this address. It you for taking the time to complete that survey.		a.	Show interest and curiosity in learning new things?				
		now have some follow-up questions to ask about:		b.	Work to finish tasks he or she starts?				
				C.	Stay calm and in control when faced with a challenge?				
		e name listed above is not correct or does not espond to a child living in this household, please		d.	Care about doing well in school?				
	call	1-800-845-8241 for assistance.		e.	Do all required homework?				
	effor	nave selected only one child per household in an t to minimize the amount of time you will need to plete the follow-up questions.		f.	Argue too much?				
		survey should be completed by an adult who is liar with this child's health and health care.	A4	cł	URING THE PAST 12 nild bullied, picked or the frequency changed	n, or exc	luded by	other child	dren?
	You	participation is important. Thank you.			ghest frequency.			a.,	
				Ļ	Never (in the past				
				-	1-2 times (in the pa		onths)		
		A. This Child's Health			1-2 times per mont 1-2 times per week				
D		eneral, how would you describe this child's health one named above)?			Almost every day				
		Excellent	A 5		URING THE PAST 12 hild bully others, pick				
		Very good		lf	the frequency changed ghest frequency.				
		Good			Never (in the past	12 montl	ns)		
		Fair			1-2 times (in the pa	ast 12 m	onths)		
		Poor			1-2 times per mont	h			
2	How teeth	would you describe the condition of this child's 1?			1-2 times per week	(
		Excellent			Almost every day				
		Very good							
		Good							
		Fair							
		Poor							



A	FR	JRING THE PAST 12 MONTHS, has this EQUENT or CHRONIC difficulty with an lowing?				Has a doctor or other health care provider EVER told you that this child has
ı			Yes	No	A10	Asthma?
ı	a.	Breathing or other respiratory problems (such as wheezing or shortness of breath)				☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the
ı	b.	Eating or swallowing because of a health condition				condition?
ı	C.	Digesting food, including stomach/intestinal problems, constipation, or diarrhea				→ If yes, is it: Mild
ı	d.	Repeated or chronic physical pain, including headaches or other back or body pain			AII	Brain injury, concussion or head injury? Yes No
ı	e.	Toothaches				If yes, does this child CURRENTLY have the condition?
ı	f.	Bleeding gums				Yes No
	g.	Decayed teeth or cavities				→ If yes, is it: □ Mild □ Moderate □ Severe
A:	Do	es this child have any of the following?				
ı	a.	Serious difficulty concentrating,	Yes	No	A12	Cerebral Palsy? Yes No
ı		remembering, or making decisions because of a physical, mental, or emotional condition				☐ If yes, does this child CURRENTLY have the condition?
ı	b.	Serious difficulty walking or climbing stairs				Yes No
ı	c.	Difficulty dressing or bathing				→ If yes, is it:
ı	d.	Difficulty doing errands alone, such as visiting a doctor's office or shopping,			A13	☐ Mild ☐ Moderate ☐ Severe 3 Diabetes?
ı		because of a physical, mental, or emotional condition			T	☐ Yes ☐ No
ı		Deafness or problems with hearing				→ If yes, does this child CURRENTLY have the condition?
ı	T.	Blindness or problems with seeing, even when wearing glasses				☐ Yes ☐ No
ı		s a doctor or other health care provide	r EVE	R told		→ If yes, is it:
A:	, í	u that this child has ergies (including food, drug, insect, or	other	12		☐ Mild ☐ Moderate ☐ Severe
٩		Yes No	Othici	, .	A14	4 Epilepsy or Seizure Disorder?
ı	L	→ If yes, does this child CURRENTLY h	ave t	he		Yes No
ı		condition?				If yes, does this child CURRENTLY have the condition?
ı		☐ Yes ☐ No ☐ If yes, is it:				□ Yes □ No
ı		☐ Mild ☐ Moderate	П	Severe		→ If yes, is it:
				001010		☐ Mild ☐ Moderate ☐ Severe
A	Ar	thritis?			A15	Heart Condition?
ı	L	Yes □ No If yes, does this child CURRENTLY has	ave t	he		Yes No
		condition?				→ If yes, does this child CURRENTLY have the condition?
		☐ Yes ☐ No ☐ Ho If yes, is it:				☐ Yes ☐ No
		☐ Mild ☐ Moderate		Severe		→ If yes, is it:
1		L will L would let		Cevele		☐ Mild ☐ Moderate ☐ Severe

Has a doctor or other health care provider EVER told you that this child has Frequent or severe headaches, including migraine? Yes	i de la companya de	
Yes		
Yes	Frequent or severe headaches, including migraine?	
yes, does this child CURRENTLY have the condition? Yes No	☐ Yes ☐ No	Thalassemia, or Hemophilia)?
Yes	☐ If yes, does this child CURRENTLY have the	☐ Yes ☐ No
Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening. Tourette Syndrome?	condition?	☐ If yes, is it:
Mild	☐ Yes ☐ No	☐ Mild ☐ Moderate ☐ Severe
Tourette Syndrome?	→ If yes, is it:	
Yes	☐ Mild ☐ Moderate ☐ Severe	
Sickle Cell Disease? Yes No No Sickle Cell Disease? Yes No No Thalassemia? Yes No No Hemophilia? Yes No Other Blood Yes No If yes, is it: Other genetic or inherited condition? Yes No Other genetic or		_
Yes	Tourette Syndrome?	
Thalassemia? Yes No	☐ Yes ☐ No	
Yes		Sickie Ceil Disease? L. Yes L. No
Hemophilia?		Thalassemia?
Anxiety Problems? Yes		Hemophilia?
Anxiety Problems? Yes		Other Blood
Yes	□ Mild □ Moderate □ Severe	
Yes	Anxiety Problems?	Cystic Fibrosis?
		☐ Yes ☐ No
Yes		
Yes		□ Mild □ Moderate □ Severe
test done shortly after birth? These tests are sometimes called newborn screening. Mild	☐ Yes ☐ No	
Depression? Yes No If yes, does this child CURRENTLY have the condition? Yes No If yes, is it: Mild Moderate Severe Obwn Syndrome? Yes No Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening. Yes No Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening. Yes No Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening. Yes No Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening. Yes No Yes No Yes No Hif yes, is it: Yes No Hif yes, does this child CURRENTLY have the disorder? Yes No Hif yes, is it:	→ If yes, is it:	test done shortly after birth? These tests are
Depression? Yes	Mild Moderate Severe	sometimes called newborn screening.
Yes		☐ Yes ☐ No
Yes	Depression?	Other genetic or inherited condition?
If yes, does this child CURRENTLY have the condition? Yes		
Is it:		
Is it:	☐ Yes ☐ No	
Mild Moderate Severe Mild Moderate Severe Down Syndrome? Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening. Yes		le it:
Down Syndrome? Yes No If yes, does this child CURRENTLY have the condition? Yes No Yes No Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening. Yes No Substance Use Disorder? Yes No Hif yes, does this child CURRENTLY have the disorder? Yes No If yes, does this child CURRENTLY have the disorder? Yes No Hif yes, is it:	Mild Moderate Severe	
Yes	_ moustate _ correct	
If yes, does this child CURRENTLY have the condition? Yes No Yes No Substance Use Disorder? Yes No Yes No If yes, does this child CURRENTLY have the disorder? Yes No Yes Yes No Yes <p< td=""><td></td><td>test done shortly after birth? These tests are</td></p<>		test done shortly after birth? These tests are
condition? Yes		
→ If yes, is it: Mild Moderate Severe Yes No Hif yes, does this child CURRENTLY have the disorder? Yes No Hif yes, is it:		L Tes L No
	□ Yes □ No	24 Substance Use Disorder?
 Mild Moderate Severe If yes, does this child CURRENTLY have the disorder? Yes No If yes, is it: 		☐ Yes ☐ No
disorder? ☐ Yes ☐ No ☐ If yes, is it:		
→ If yes, is it:	_ Willia _ Wioderate _ Gevele	
		☐ Yes ☐ No
□ Mild □ Moderate □ Severe		→ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe

	Has a doctor, other health care provider, or educator EVER told you that this child has	Has a doctor or oth	ner health care provider EVER told
	Examples of educators are teachers and school nurses.	Any other mental h	
A2!	Behavioral or Conduct Problems?	Yes	No
1	☐ Yes ☐ No	1	
	If yes, does this child CURRENTLY have the condition?	☐ If yes, specify	: <i>▼</i>
1	☐ Yes ☐ No		
1	→ If yes, is it:		es this child CURRENTLY have the
	☐ Mild ☐ Moderate ☐ Severe	Yes	□ No
A20	Developmental Delay?	☐ If yes	s, is it:
1	☐ Yes ☐ No		Mild Moderate Severe
	If yes, does this child CURRENTLY have the condition?		ner health care provider EVER told has Autism or Autism Spectrum
	☐ Yes ☐ No	Disorder (ASD)? In	clude diagnoses of Asperger's Disorder opental Disorder (PDD).
1	→ If yes, is it:	Yes	No → SKIP to question A36 on page 6
	☐ Mild ☐ Moderate ☐ Severe	If yes, does th	is child CURRENTLY have the
A2	Intellectual Disability (formerly known as Mental Retardation)?	condition?	
1	☐ Yes ☐ No	∐ Yes	□ No
1	☐ If yes, does this child CURRENTLY have the	→ If yes, is	
1	disability?	∐ Mild	☐ Moderate ☐ Severe
1	☐ Yes ☐ No		hild when a doctor or other health Γ told you that he or she had Autism,
1	→ If yes, is it:	ASD, Asperger's D	
	☐ Mild ☐ Moderate ☐ Severe	Age in ye	ars Don't know
A2	Speech or other language disorder?	What type of docto	r or other health care provider was
1	☐ Yes ☐ No	the FIRST to tell yo	u that this child had Autism, ASD,
1	If yes, does this child CURRENTLY have the condition?	Asperger's Disorde	r or PDD? Mark (X) ONE box.
1	☐ Yes ☐ No	Primary Care F	Provider
1	☐ If yes, is it:	Specialist	
	☐ Mild ☐ Moderate ☐ Severe	School Psycho	logist/Counselor
A2	Learning Disability?	Other Psychological	gist (Non-School)
T	☐ Yes ☐ No	Psychiatrist	
	If yes, does this child CURRENTLY have the disability?	Other, specify:	₹
	☐ Yes ☐ No		
	☐ If yes, is it:	☐ Don't know	
	☐ Mild ☐ Moderate ☐ Severe		ENTLY taking medication for Autism,
		ASD, Asperger's D	sorder or PDD?
		□ Yes □	No



АЗ	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	B. This Child as an Infant
	intervention that you or this child received to help with his or her behavior?	Was this child born more than 3 weeks before his or her due date?
	☐ Yes ☐ No	Yes
А3	you that this child has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD? ☐ Yes ☐ No → SKIP to question	How much did he or she weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine.
	If yes, does this child CURRENTLY have the condition?	pounds AND ounces
	☐ Yes ☐ No	OR
	→ If yes, is it: ☐ Mild ☐ Moderate ☐ Severe	kilograms AND grams
АЗ	Is this child CURRENTLY taking medication for ADD or ADHD?	What was the age of the mother when this child was born? Your best estimate is fine.
	☐ Yes ☐ No	Age in years
АЗ	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this child received to help with his or her behavior?	C. Health Care Services
	☐ Yes ☐ No	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,
A3	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?	hospitalizations)?
	This child does not have any health conditions → SKIP to question B1	No → SKIP to question C5 on page 7
	Never	If yes, at his or her LAST medical care visit, did this
	Sometimes	child have a chance to speak with a doctor or other health care provider privately, without you or another caregiver in the room?
	Usually	Yes
	Always	□ No
Α4	problems affect his or her ability to do things?	DURING THE PAST 12 MONTHS, how many times did
	☐ Very little	this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up?
	Somewhat	A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.
	☐ A great deal	Usit.
		☐ 1 visit
		2 or more visits
- 1		



С	Thinking about the LAST TIME you took this child for a PREVENTIVE check-up, about how long was the doctor or health care provider who examined this child	C10		s, where does this child USUALLY go first?
	in the room with you? Your best estimate is fine.			Doctor's Office
	Less than 10 minutes			Hospital Emergency Room
	10-20 minutes			Hospital Outpatient Department
	☐ More than 20 minutes			Clinic or Health Center
C	5 What is this child's CURRENT height?			Retail Store Clinic or "Minute Clinic"
	Your best estimate is fine.			School (Nurse's Office, Athletic Trainer's Office)
	feet AND inches			Some other place
	OR meters AND centimeters	1	he o	ere a place that this child USUALLY goes when r she needs routine preventive care, such as a sical examination or well-child check-up?
C	6 How much does this child CURRENTLY weigh?			Yes
]	Your best estimate is fine.			No → SKIP to question C13
	pounds	G12		s, is this the same place this child goes when he he is sick?
	OK .			Yes
	kilograms			No
C	Are you concerned about this child's weight?	C13	DUR	ING THE PAST 12 MONTHS, has this child had his
	☐ Yes, it's too high		or he	er vision tested, such as with pictures, shapes, or rs?
	☐ Yes, it's too low			Yes
	☐ No, I am not concerned			No → SKIP to question C15 on page 8
С	Has a doctor or other health care provider ever told you that this child is overweight?	C1 4	_	s, where was this child's vision tested? Mark (X) that apply.
	□ Yes			Eye doctor or eye specialist (ophthalmologist, optometrist) office
	□ No			Pediatrician or other general doctor's office
С	9 Is there a place you or another caregiver USUALLY			Clinic or health center
	take this child when he or she is sick or you need advice about his or her health?			School
	□ Yes			Other, specify: 📈
	No → SKIP to question C11			



- 1			
C1	DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for any kind of dental or oral health care?	C2	DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with his or her emotions, concentration, or behavior?
١	Yes, saw a dentist		Yes
١	Yes, saw other oral health care provider		□ No
C 1		C2	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
	see a dentist or other oral health care provider for preventive dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments?		area of health care. Yes
	No preventive visits in the past 12 months → SKIP to question C18		☐ No, but this child needed to see a specialist
١	☐ Yes, 1 visit		No, this child did not need to see a specialist → SKIP to question C23
	Yes, 2 or more visits	C2	How difficult was it to get the specialist care that this child needed?
C 1	7 If yes, DURING THE PAST 12 MONTHS, what preventive dental service(s) did this child receive?		□ Not difficult
١	Mark (X) ALL that apply.		☐ Somewhat difficult
١	☐ Check-up		☐ Very difficult
١	☐ Cleaning		☐ It was not possible to obtain care
١	☐ Instruction on tooth brushing and oral health care	C2	DURING THE PAST 12 MONTHS, did this child use any
	X-Rays		type of alternative health care or treatment? Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others.
١	Fluoride treatment		Some therapies involve seeing a health care provider, while others can be done on your own.
١	Sealant (plastic coatings on back teeth)		☐ Yes
	☐ Don't know		□ No
C1	B 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.	C2	DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.
١	Yes		☐ Yes
	No, but this child needed to see a mental health professional		□ No → SKIP to question C27 on page 9
	No, this child did not need to see a mental health professional → SKIP to question (20)	C2	If yes, which types of care were not received? Mark (X) ALL that apply.
C 1	9 How difficult was it to get the mental health treatment		Medical Care
I	or counseling that this child needed?		☐ Dental Care
١	Not difficult		☐ Vision Care
	Somewhat difficult		Hearing Care
	☐ Very difficult		☐ Mental Health Services
	It was not possible to obtain care		Other, specify:
١			



C 2	Did any of the following reasons contrib not receiving needed health services? M for each item.	ark (X) `	Yes or No	32	Is this child CURRENTLY receiving services under one of these plans?
١	This child was not eligible for the services	Yes	No		Yes
	b. The services this child needed were not available in your area				No
	c. There were problems getting an appointment when this child needed one			33	Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?
١	 d. There were problems with getting transportation or child care 				Yes SVID to supption
١	e. The clinic or doctor's office wasn't open when this child needed care			34	If yes, how old was this child when he or she began
١	f. There were issues related to cost				receiving these special services?
C2	DURING THE PAST 12 MONTHS, how of frustrated in your efforts to get services				Years AND Months
١	Never		(35	Is this child CURRENTLY receiving these special services?
١	Sometimes				Yes
١	Usually				□ No
	Always				D. Experience with This
C2	DURING THE PAST 12 MONTHS, how mathis child visit a hospital emergency roo		es did		Child's Health Care Providers
1	None				
	1 time 2 or more times		•	01)	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
C2	DURING THE PAST 12 MONTHS, was thi to the hospital to stay for at least one ni		admitted		a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.
١	Yes				Yes, one person
١	No				Yes, more than one person
C3	Has this child EVER had a special educa intervention plan? Children receiving these				No
	have an Individualized Family Service Plan Individualized Education Plan (IEP).			D2	DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?
1	Yes				Yes
١	□ No → SKIP to question C33				No → SKIP to question D4 on page 10
СЗ		of the	FIRST	D3	How difficult was it to get referrals?
	plan?				□ Not difficult
	Years AND Month	S			□ Somewhat difficult
					☐ Very difficult
					☐ It was not possible to get a referral



							_		
D	4	Answer the following health care visit IN The skip to question D13.					D	cou	RING THE PAST 12 MONTHS, have you felt that you ald have used extra help arranging or coordinating child's care among the different health care viders or services?
		DURING THE PAST 12 child's doctors or other				s		рго	Yes
					Sometimes	Never			165
		a. Spend enough time with this child?							No → SKIP to question D10
		b. Listen carefully to you?					D:	did	es, DURING THE PAST 12 MONTHS, how often you get as much help as you wanted with anging or coordinating this child's health care?
		c. Show sensitivity to your family's values and customs?							Usually
		d. Provide the specific							Sometimes
		information you needed concerning this child?							Never
		e. Help you feel like a partner in this child's care?					D1	you	RING THE PAST 12 MONTHS, how satisfied were with the communication between this child's stors and other health care providers?
D	3	DURING THE PAST 12 any decisions to be m							Very satisfied
		care, such as whether or procedures?							Somewhat satisfied
		Yes							Somewhat dissatisfied
		□ No → SKIP to qu	estion D7						Very dissatisfied
D	of If yes, DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers						D1	car	RING THE PAST 12 MONTHS, did this child's health e provider communicate with the child's school, child e provider, or special education program?
		a. Discuss with you	Always	Usually	y Sometimes	Never			Yes
		the range of options to consider for his							No → SKIP to question D13
		or her health care o treatment?	r						Did not need health care provider to communicate
		b. Make it easy for you to raise concerns or							with these providers → SKIP to question 13
		disagree with recommendations for this child's health care?	า				D1	hea	es, during this time, how satisfied were you with the lth care provider's communication with the school, d care provider, or special education program?
		c. Work with you to							Very satisfied
		decide together which health care and treatment							Somewhat satisfied
		choices would be best for this child?	choices would be					Somewhat dissatisfied	
D		DURING THE PAST 12				you		L	Very dissatisfied
		arrange or coordinate different doctors or se					D1		any of this child's doctors or other health care viders treat only children?
		Yes							Yes
		□ No		14.					No → SKIP to question p15 on page 11
		Did not see more in the PAST 12 M		ealth ca	re provider				



D1	If yes, have they talked with you about when this child will need to see doctors or other health care providers who treat adults?		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		☐ Yes → SKIP to question E1
	□ No		□ No
D1	Has this child's doctor or other health care provider actively worked with this child to: Do Yes No known		If no, has anyone discussed with you how to obtain or keep some type of health insurance coverage as this child becomes an adult?
	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?		□ Yes □ No E. This Child's Health
	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?	E 1	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
	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?		all 12 months → SKIP to question Yes, but this child had a gap in coverage No
D1	Did you and this child receive a summary of your child's medical history (for example, medical condition allergies, medications, immunizations)?	ıs, 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		a. Change in employer or employment status
	□ No		b. Cancellation due to overdue premiums
D1	Have this child's doctors or other health care provider worked with you and this child to create a plan of care to meet his or her health goals and needs?		c. Dropped coverage because it was unaffordable
	Yes		d. Dropped coverage because benefits were inadequate
6	No → SKIP to question D20 3 If yes, do you and this child have access to this plan	٠,	e. Dropped coverage because choice of health care providers was inadequate
Ų	care?	"	f. Problems with application or renewal process
	Yes		g. Other, specify:
	∐ No		
D1	Does this plan of care address transition to doctors a other health care providers who treat adults? Yes	nd E3	Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?
	□ No		Yes
	□ No, child already sees providers who treat adults		No → SKIP to question F1 on page 12



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



	othe hon	AN AVERAGE WEEK, how many hours do you or er family members spend providing health care at ne for this child? Care might include changing dages, or giving medication and therapies when needed.	G3	SINCE STARTING KINDERGARTEN, has this child repeated any grades? Yes						
ı		This child does not need health care provided at home on a weekly basis			No					
ı		Less than 1 hour per week	G 4	DUI	RING THE PAST 12 MONTHS, how oft nd events or activities that this child	en did ye participa	ou ited in?			
ı		1-4 hours per week			Always					
ı		5-10 hours per week								
ı		11 or more hours per week		H	Usually					
F	othe hea	AN AVERAGE WEEK, how many hours do you or er family members spend arranging or coordinating lith or medical care for this child, such as making ointments or locating services?			Sometimes Rarely Never					
ı		This child does not need health care coordinated on a weekly basis	0	.		اداناما				
ı		Less than 1 hour per week	G5		RING THE PAST 12 MONTHS, did this icipate in	Yes	No			
ı		1-4 hours per week		1	A sports team or did he or she take sports lessons after school or on weekends?					
ı		5-10 hours per week		b.	Any clubs or organizations after					
ı		11 or more hours per week			school or on weekends? Any other organized activities or					
ı		G. This Child's Schooling			essons, such as music, dance, anguage, or other arts?					
	L	and Activities		,	Any type of community service or volunteer work at school, place of worship, or in the community?					
G [.]	did	RING THE PAST 12 MONTHS, about how many days this child miss school because of illness or injury? ude days missed from any formal home schooling.			Any paid work, including regular obs as well as babysitting, cutting grass, or other occasional work?					
ı		No missed school days	G6		RING THE PAST WEEK, on how many child exercise, play a sport, or partic		d			
ı		1-3 days		phy	sical activity for at least 60 minutes?	ipate iii				
ı		4-6 days			0 days					
ı		7-10 days			1-3 days					
ı		11 or more days			4-6 days					
ı		This child was not enrolled in school			Every day					
G:	this you	RING THE PAST 12 MONTHS, how many times has child's school contacted you or another adult in r household about any problems he or she is ing with school?	G7	diffi	npared to other children his or her ag culty does this child have making or nds?	e, how n keeping	nuch			
		None			No difficulty					
		1 time			A little difficulty					
		2 or more times			A lot of difficulty					
		2								



	in About Fou and Time	17	How abo	v well can you and this child share in things that really matter?	deas or ta	lk
	Child			Very well		
11	Was this child born in the United States?			Somewhat well		
ı	Yes → SKIP to question H3			Not very well		
ı	□ No			Not well at all		
12	If no, how long has this child been living in the United States?	Н8	Ном	well do you think you are handling	the day-t	o-day
ı				ands of raising children?	the day-t	o-day
	Years AND Months			Very well		
13	How many times has this child moved to a new address since he or she was born?			Somewhat well		
ı	Number of times			Not very well		
				Not well at all		
۲	How often does this child go to bed at about the same time on weeknights?	H9	DUR	RING THE PAST MONTH, how often	_	
ı	Always		a. 7	Never Rarely Sometim	ies Usually	Always
ı	☐ Usually		t	s much harder \square \square \square o care for than		
ı	Sometimes			nost children nis or her age?		
ı	Rarely			That this child does things		
	Never		k	hat really oother you a lot?		
Į5	DURING THE PAST WEEK, how many hours of sleep did this child get on most weeknights?			Angry with		
ı	Less than 6 hours	H10		RING THE PAST 12 MONTHS, was th		
	6 hours			you could turn to for day-to-day emparenting or raising children?	otional su	ıpport
ı	7 hours			Yes		
ı	□ 8 hours			No → SKIP to question 11 on pag	e 15	
	9 hours		If ye	es, did you receive emotional suppo	rt from	
ı	□ 10 hours		- (Yes	No
ı	☐ 11 or more hours			Spouse or domestic partner?		
16	ON MOST WEEKDAYS, about how much time did this			Other family member or close friend?		
Ī	child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing		c. H	Health care provider?	Ш	
	games, accessing the internet or using social media? Do not include time spent doing schoolwork.			Place of worship or religious leader?		
	Less than 1 hour			Support or advocacy group related o specific health condition?		
	☐ 1 hour			Peer support group?		
	☐ 2 hours			Counselor or other mental health professional?		
	☐ 3 hours		h. (Other person, specify: 📈		
	4 or more hours					
П			_			



		I	. About Your Family and Household		hen your family facesely to do each of the			often are	you	
			Household			All of the time	Most of the time	Some of the time		
Įi		fami	RING THE PAST WEEK, on how many days did all the ily members who live in the household eat a meal other?	a.	Talk together about what to do					
				b.	Work together to solve our problems					
			0 days	C.	Know we have strengths to draw on					
			1-3 days	d.	Stay hopeful even					
			4-6 days		in difficult times					
			Every day		NCE THIS CHILD WA					
ľ			s anyone living in your household use cigarettes,		your family's incom					
		ciga	rs, or pipe tobacco?		Never					
			Yes		Rarely					
			No → SKIP to question [14]		Somewhat often					
E)	lf ye	s, does anyone smoke inside your home?		Very often					
			Yes	8 W	hich of these statem	ents bes	st describ	es your		
			No	ho Ti	ousehold's ability to a HE PAST 12 MONTHS	afford th S?	e food yo	u need D	URING	
14			RING THE PAST 12 MONTHS, how often were	☐ We could always afford to eat good nutritious meals.						
	į	inse	ticides used inside your residence to control for tets? If the frequency changed throughout the year, and the highest frequency.		We could always a the kinds of food w			t but not a	always	
			More than once a week		Sometimes we cou	ıld not af	ford enoug	gh to eat.		
			Once a week		Often we could not	afford e	nough to	eat.		
			Once a month		any time DURING T ne month, did anyone				n for	
			Once every 2-5 months		, , , , , , , , ,	•	,	Yes	No	
			Once every 6 months	a.	Cash assistance from welfare program?	n a gove	rnment			
			Once during the past 12 months	b.	Food Stamps or Sup Assistance Program					
			Never	c.	Free or reduced-cost	` '				
			Don't know	d.	lunches at school? Benefits from the Wo	oman, Ini	fants,			
ĮĘ		or b sign	RING THE PAST 12 MONTHS, other than in a shower athtub, have you seen any mold, mildew or other as of water damage on walls or other surfaces inside r home?		and Children (WIC) F					
			Yes							
			No							



1		your neighborhood,		re:	Yes	No	113	ha	e next questions are about events tha ppened during this child's life. These t ppen in any family, but some people n	hings o	an
ı		Sidewalks or walking						un	comfortable with these questions. You y questions you do not want to answe	ı may s	
ı		A park or playground				Ш			the best of your knowledge, has this	child E	VER
ı	C.	A recreation center, or center, or boys' and o							perienced any of the following?	Yes	No
ı	d.	A library or bookmob	ile?					a.	Parent or guardian divorced or separated		
ı	e.	Litter or garbage on to sidewalk?	he street						Parent or guardian died		
ı	f.	Poorly kept or rundov	vn housing	g?					Parent or guardian served time in jail	Ш	
ı	g.	Vandalism such as b windows or graffiti?	roken					d.	Saw or heard parents or adults slap, hit, kick, punch one another in the home		
1		what extent do you out your neighborho	od or con	nmunity1	?			e.	Was a victim of violence or witnessed violence in his or her neighborhood		
ı			Definitely S agree	Somewhat agree	Somewhat disagree	Definitel disagree		f.	Lived with anyone who was mentally ill, suicidal, or severely depressed		
ı	a.	People in this neighborhood help each other						g.	Lived with anyone who had a problem with alcohol or drugs		
	b.	out We watch out for each other's children in this						h.	Treated or judged unfairly because of his or her race or ethnic group		
ı		neighborhood This child is									
ı	C.	safe in our neighborhood									
	d.	When we encounter difficulties, we know where to go for help in our community									
ı	e.	This child is safe at school									
1	lea or	her than you or other ast one other adult in community who kno e can rely on for adv Yes No	this child ws this c	d's scho hild well	ol, neighb	orhood	, k				



	J. Child's Caregivers	Ja		hat is the highest grade or level of school you have mpleted? Mark (X) ONE box.
Ę	Complete the questions for up to two adults in the household who are this child's primary caregiver			8th grade or less
ı	If there is just one adult primary caregiver, provide answers for that adult.			9th-12th grade; No diploma
	1 How are you related to this child?			High School Graduate or GED Completed
۱	☐ Biological or Adoptive Parent			Completed a vocational, trade, or business school program
ı	Step-parent			Some College Credit, but no Degree
ı	Grandparent			Associate Degree (AA, AS)
ı	Foster Parent			Bachelor's Degree (BA, BS, AB)
ı	Other: Relative			Master's Degree (MA, MS, MSW, MBA)
ı	Other: Non-Relative			Doctorate (PhD, EdD) or Professional Degree
				(MD, DDS, DVM, JD)
ď	What is your sex?	Q.	W	hat is your marital status?
ı	☐ Male			Married
	☐ Female			Not married, but living with a partner
J:	What is your age?		L	Never Married
ı	Age in years			Divorced
J	Where were you born?			Separated
٦	☐ In the United States → SKIP to question ☐		L	Widowed
ı	Outside of the United States	J8	In	general, how is your physical health?
				Excellent
Į!	When did you come to live in the United States? Year			Very good
ı				Good
ı				Fair
ı				Poor
ı		J9	In	general, how is your mental or emotional health?
ı				Excellent
ı				Very good
ı				Good
ı				Fair
				Poor



JI	Were you employed at least 50 out of the past 52 weeks?	17		en did this primary caregiver come to live in the ed States?
	Yes		Year	r
	□ No			
1		J18	Wha	at is the highest grade or level of school this primary egiver has completed? Mark (X) ONE box.
				8th grade or less
	 Never served in the military → SKIP to question Only on active duty for training in the 			9th-12th grade; No diploma
	Reserves or National Guard → SKIP to question 113			High School Graduate or GED Completed
	□ Now on active duty			Completed a vocational, trade, or business school program
	On active duty in the past, but not now			
J12	Were you deployed at any time during this child's life?		H	Some College Credit, but no Degree
	Yes		H	Associate Degree (AA, AS)
	□ No		Н	Bachelor's Degree (BA, BS, AB)
E	Questions J13 - J24 ask about another adult primary			Master's Degree (MA, MS, MSW, MBA)
	caregiver who may be in the household in addition to yourself.			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
JI	How is this adult primary caregiver in the household related to this child?	J19	Wha	nt is this primary caregiver's marital status?
ı	There is only one primary adult caregiver in the household for this child → SKIP to question k1 on page 19			Married
	Biological or Adoptive Parent			Not married, but living with a partner
	☐ Step-parent			Never Married
	Grandparent			Divorced
	☐ Foster Parent			Separated
	Other: Relative			Widowed
ı	Other: Non-Relative	J20	In go	eneral, how is this primary caregiver's physical th?
J12	What is this primary caregiver's sex?			Excellent
	☐ Male			Very good
	Female			Good
J1	What is this primary caregiver's age?			Fair
٦	Cool			Poor
	Age in years			
JI	Where was this primary caregiver born?			
	☐ In the United States → SKIP to question 118			
	Outside of the United States			



		l
J2	In general, how is this primary caregiver's mental or emotional health?	Income in 2017 Mark (X) the "Yes" box for each type of income this child's
	Excellent	family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark (X) the "No" box to show types of income NOT received.
	☐ Very good	Wages, salary, commissions, bonuses, or tips for all jobs.
1	Good	
١	☐ Fair	☐ Yes → \$, .00
١	Poor	☐ No TOTAL AMOUNT in the last calendar year
J2	Was this primary caregiver employed at least 50 out of the past 52 weeks?	 Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships.
	Yes	□ Yes → \$,
١	□ No	No TOTAL AMOUNT in the last calendar year
J2	Has this primary caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard?	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
	Mark (X) ONE box.	□ Yes → \$.00 □ Loss
١	Never served in the military → SKIP to question K1	No TOTAL AMOUNT
	Only on active duty for training in the Reserves or National Guard → SKIP to question (€1)	in the last calendar year d. Social security or railroad retirement; retirement, survivor, or disability pensions.
١	Now on active duty	□ Vaa X ♠ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
١	On active duty in the past, but not now	Yes → \$,
J2	4 Was this primary caregiver deployed at any time during	No TOTAL AMOUNT in the last calendar year
٦	this child's life?	Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office.
1	∐ Yes	
	No	☐ Yes → \$, .00
١	K. Household Information	No TOTAL AMOUNT in the last calendar year
		f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment
K	How many people are living or staying at this address? Include everyone who usually lives or stays at this address.	compensation, child support, or alimony.
١	Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away	☐ Yes → \$
١	or someone in the Armed Forces on deployment.	□ No TOTAL AMOUNT
١	Number of people	in the last calendar year 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.
K	members? Family is defined as anyone related to this child	What is that amount before taxes? Include money from
١	by blood, marriage, adoption, or through foster care.	jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth.
	Number of people	Also, include income from interest, dividends, net income from businesses, farm or rent, and any other money income received.
		\$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		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.

