

Appendix A

**2020 National Survey of Children's Health
Questionnaire Content Revisions**

Questionnaire	Section	Item Number (2019)	Item Number (2020)	2019 NSCH Content	2020 Revised Content
NSCH-T1, NSCH-T2, & NSCH-T3	Topical - Section A	A9 (T1) A11 (T2 & T3)	A33 (T1, T2, & T3)	<p>Has a doctor or other health care provider EVER told you that this child has... Brain injury, concussion or head injury? Yes No</p> <p>If yes, does this child CURRENTLY have the condition? Yes No</p> <p>If yes, is it: Mild Moderate Severe</p>	<p>Do you think this child has EVER had a concussion or brain injury? <i>A concussion or brain injury is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, changes in mood or behavior, or being knocked out.</i> Yes No</p> <p>If yes, did you seek medical care from a doctor or other health care provider? Yes No</p> <p>If yes, did a doctor or other health care provider tell you that your child had a concussion or brain injury? Yes No</p>
NSCH-T1, NSCH-T2, & NSCH-T3	Topical - Section A	A13 (T1) A15 (T2 & T3)	A11 (T1, T2, & T3)	<p>Has a doctor or other health care provider EVER told you that this child has... Heart Condition? Yes No</p> <p>If yes, does this child CURRENTLY have the condition? Yes No</p> <p>If yes, is it: Mild Moderate Severe</p>	<p>Has a doctor or other health care provider EVER told you that this child has... Heart Condition? Yes No</p> <p>If yes, was this child born with the condition? Yes No</p> <p>Does this child CURRENTLY have the condition? Yes No</p> <p>If yes, is it: Mild Moderate Severe</p>

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NSCH-T1, NSCH-T2, & NSCH-T3	Topical - Section A	A18 (T1) A20 (T2 & T3)	A16 (T1, T2, & T3)	<p>Has a doctor or other health care provider EVER told you that this child has... Down Syndrome</p> <p>Yes No</p> <p>If yes, is it: Mild Moderate Severe</p>	<p>Has a doctor or other health care provider EVER told you that this child has... Down Syndrome</p> <p>Yes No</p> <p>[This question part will be dropped for the 2020 NSCH.]</p> <p>Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?</p> <p>Yes No</p>
NSCH-T1, NSCH-T2, & NSCH-T3	Topical - Section A	A19 (T1) A20 (T2 & T3)	A17 (T1, T2, & T3)	<p>Has a doctor or other health care provider EVER told you that this child has... Blood disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?</p> <p>Yes No</p> <p>If yes, is it: Mild Moderate Severe</p> <p>Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening.</p> <p>Yes No</p> <p>If yes, was this child diagnosed with:</p> <p>Sickle Cell Disease Y/N Thalassemia Y/N Hemophilia Y/N Other Blood Disorders Y/N</p>	<p>Has a doctor or other health care provider EVER told you that this child has... Blood disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?</p> <p>Yes No</p> <p>If yes, is it: Mild Moderate Severe</p> <p>Was this child diagnosed with:</p> <p>Sickle Cell Disease Y/N Thalassemia Y/N Hemophilia Y/N Other Blood Disorders Y/N</p> <p>Were any of these blood disorders identified through a blood test done shortly after birth? These tests are sometimes called newborn screening.</p> <p>Yes No</p>

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NSCH-T2 & NSCH-T3	Topical - Section A	A24 (T2 & T3)	N/A	<p>Has a doctor or other health care provider EVER told you that this child has... Substance Use Disorder</p> <p>Yes No</p> <p>If yes, does this child CURRENTLY have the disorder?</p> <p>Yes No</p> <p>If yes, is it:</p> <p>Mild Moderate Severe</p>	This question series will be dropped for the 2020 NSCH.
NSCH-T1	Topical - Section B	B6 (T1)	B6 (T1)	<p>If yes, how old was this child when they COMPLETELY stopped breastfeeding or being fed breastmilk?</p> <p>__ days OR _ weeks OR __ months OR <input type="checkbox"/> <i>Check this box if child is still breastfeeding</i></p>	<p>If yes, how old was this child when they COMPLETELY stopped breastfeeding or being fed breastmilk? <i>Your best estimate is fine.</i></p> <p><input type="checkbox"/> <i>This child is still breastfeeding</i> OR __ days OR __ weeks OR __ months</p>

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NSCH-T1	Topical - Section B	B7 (T1)	B7 (T1)	<p>How old was this child when they were FIRST fed formula?</p> <p><input type="checkbox"/> <i>Check this box if child has never been fed formula</i></p> <p>OR</p> <p><input type="checkbox"/> At birth</p> <p>OR</p> <p>__ days</p> <p>OR</p> <p>_ weeks</p> <p>OR</p> <p>__ months</p>	<p>How old was this child when they were FIRST fed formula? <i>Your best estimate is fine.</i></p> <p><input type="checkbox"/> This child has never been fed formula</p> <p>OR</p> <p><input type="checkbox"/> At birth</p> <p>OR</p> <p>__ days</p> <p>OR</p> <p>__ weeks</p> <p>OR</p> <p>__ months</p>
NSCH-T1	Topical - Section B	B8 (T1)	B8 (T1)	<p>How old was this child when they were FIRST fed anything other than breast milk or formula? <i>Include juice, cow's milk, sugar water, baby food, or anything else that your child might have been given, even water.</i></p> <p><input type="checkbox"/> <i>Check this box if child has never been fed anything other than breast milk or formula</i></p> <p>OR</p> <p><input type="checkbox"/> At birth</p> <p>OR</p> <p>__ days</p> <p>OR</p> <p>_ weeks</p> <p>OR</p> <p>__ months</p>	<p>How old was this child when they were FIRST fed anything other than breast milk or formula? <i>Include water, juice, cow's milk, sugar water, baby food, or anything else that your child might have been given. Your best estimate is fine.</i></p> <p><input type="checkbox"/> This child has never been fed anything other than breast milk or formula</p> <p>OR</p> <p><input type="checkbox"/> At birth</p> <p>OR</p> <p>__ days</p> <p>OR</p> <p>__ weeks</p> <p>OR</p> <p>__ months</p>

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NSCH-T1, NSCH-T2, & NSCH-T3	Topical - Section E	E7 (T1, T2, & T3)	E7 (T1, T2, & T3)	<p>Thinking specifically about this child’s mental or behavioral health needs, how often does this child’s health insurance offer benefits or cover services that meet these needs?</p> <p><i>This child does not use mental or behavioral health services</i></p> <p>Always Usually Sometimes Never</p>	<p>Thinking specifically about this child’s mental or behavioral health needs, how often does this child’s health insurance offer benefits or cover services that meet these needs?</p> <p>Always Usually Sometimes Never</p> <p><i>This child does not use mental or behavioral health services</i></p>
NSCH-T1, NSCH-T2, & NSCH-T3	Topical - Section I	I4 (T1, T2, & T3)	N/A	<p>DURING THE PAST 12 MONTHS, how often were pesticides used inside your residence to control for insects? <i>If the frequency changed throughout the year, report the highest frequency.</i></p>	This question will be dropped for the 2020 NSCH.
NSCH-T1, NSCH-T2, & NSCH-T3	Topical - Section I	I5 (T1, T2, & T3)	N/A	<p>DURING THE PAST 12 MONTHS, other than in a shower or bathtub, have you seen any mold, mildew or other signs of water damage on walls or other surfaces inside your home?</p>	This question will be dropped for the 2020 NSCH.
NSCH-T2 & NSCH-T3	Topical - Section I	I13 (T2 & T3)	I10 (T2 & T3)	This sub-question was not included in the 2019 NSCH.	i. Treated or judged unfairly because of their sexual orientation or gender identity
NSCH-T1, NSCH-T2, & NSCH-T3	Topical - Section J	J10 (T1, T2, & T3)	J10 (T1, T2, & T3)	<p>Were you employed at least 50 out of the past 52 weeks?</p> <p>Yes No</p>	<p>Which of the following best describes your current employment status?</p> <p><i>Mark (X) ONE box.</i></p> <p>Employed full-time Employed part-time Working WITHOUT pay Not employed but looking for work Not employed and not looking for work</p>
NSCH-T1, NSCH-T2, & NSCH-T3	Topical - Section J	N/A	J13 (T1, T2, & T3)	<p>If this child has another primary adult caregiver who lives in this household, complete Questions J13-J24. Otherwise, skip to Question K1 on page 20 (page 19 for T2/T3).</p> <p>CAREGIVER 2</p>	<p>New J13. Does this child have another parent or adult caregiver who lives in this household?</p> <p>Yes → Complete Questions J14-J25 for this other parent or adult caregiver No → SKIP to Question K1 on page 20</p> <p>OTHER PARENT OR CAREGIVER IN THE HOUSEHOLD</p>

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NSCH-T1, NSCH-T2, & NSCH-T3	Topical - Section J	J13 (T1, T2, & T3)	J14 (T1, T2, & T3)	J13. How is Caregiver 2 related to this child? There is only one primary adult caregiver in the household for this child → SKIP to question K1 on page 20 Biological or Adoptive Parent Etc...	New J14. How is this other caregiver related to this child? Biological or Adoptive Parent Etc...
NSCH-T1, NSCH-T2, & NSCH-T3	Topical - Section J	J22 (T1, T2, & T3)	J23 (T1, T2, & T3)	Was Caregiver 2 employed at least 50 out of the past 52 weeks? Yes No	Which of the following best describes this caregiver's current employment status? <i>Mark (X) ONE box.</i> Employed full-time Employed part-time Working WITHOUT pay Not employed but looking for work Not employed and not looking for work
NSCH-T1, NSCH-T2, & NSCH-T3	Topical - Section J	J14-J24 (T1, T2, & T3)	J15-J25 (T1, T2, & T3)	Reference " Caregiver 2 " in the series of questions about the second caregiver. Example: J14. What is Caregiver 2's sex? Male Female	Revised to " this caregiver " in the series of questions about the second caregiver. Example: New J15. What is this caregiver's sex? Male Female

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NSCH-T1, NSCH-T2, & NSCH-T3	Topical - Multiple Sections	T1, T2, T3 (throughout)	T1, T2, T3 (throughout)	<p>Questions referenced the following: "him or her", "he or she", and "his or hers"</p> <p>Example: A28. 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?</p> <p>A31. 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?</p>	<p>Questions will reference the following: "they" and "their"</p> <p>Example: A26. How old was this child when a doctor or other health care provider FIRST told you that they had Autism, ASD, Asperger's Disorder or PDD?</p> <p>A29. 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 their behavior?</p>