Appendix D

2020 National Survey of Children's Health Screener and Topical Questionnaires

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.

Access to records maintained in the system is restricted to Census Bureau employees and certain individuals authorized by Title 13, U.S. Code (designated as Special Sworn Status individuals). These individuals are subject to the same confidentiality requirements as regular Census Bureau employees 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.





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 the below AND return the questionnaire.

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

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

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

In Your Home
Are there any children 0-17 years old who usually live or stay at this address?
Yes
No – STOP HERE after marking "No" and return this survey to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.
How many children 0-17 years old usually live or stay at this address?
Number of children living or staying at this address
What is the primary language spoken in the household?
Spanish
Other Language, specify: \vec{k}
Is this house, apartment, or mobile home – Mark (X) ONE box.
Owned by you or someone in this household with a mortgage or loan? <i>Include home equity loans</i> .
Owned by you or someone in this household free and clear (without a mortgage or loan)?
Rented?
Occupied without payment of rent?
Answer the remaining questions for each of the children 0-17 years old who usually live or stay at this address.
Start with the YOUNGEST CHILD, who we will call "Child 1" and continue with the next youngest until you have answered the questions for all children who usually live or stay at this address.



	CHILD 1 (Youngest)	7 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
	First name, initials, or nickname of the youngest child	Yes No
		If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
		🗆 Yes 🔲 No
2	How old is this child? If the child is less than one month old, round age in months to 1.	If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		🗆 Yes 🔲 No
	Years OR Months	8 Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?
3	What is this child's sex?	
	Male Female	If yes, is this child's need for medical care, mental
E	NOTE: Answer BOTH question 4 about Hispanic	health, or educational services because of ANY medical, behavioral, or other health condition?
Ī	origin and question 5 about race. For this survey, Hispanic origins are not races.	
4	Is this child of Hispanic, Latino, or Spanish origin?	If yes, is this a condition that has lasted or
Ī	No, not of Hispanic, Latino, or Spanish origin	is expected to last 12 months or longer?
	Yes, Mexican, Mexican American, Chicano	9 Is this child limited or prevented in any way in his or her
	Yes, Puerto Rican	ability to do the things most children of the same age can do?
	Yes, Cuban	Yes No
		\mapsto If yes, is this child's limitation in abilities because of
	Yes, another Hispanic, Latino, or Spanish origin	ANY medical, behavioral, or other health condition?
5	What is this child's race? Mark (X) one or more boxes.	Yes No If yes, is this a condition that has lasted or
	White Korean	is expected to last 12 months or longer?
	Black or Vietnamese	Yes No
	American Indian or Alaska Native	10 Does this child need or get special therapy, such as physical, occupational, or speech therapy?
	Native Hawaiian	Yes No
	Asian Indian Guamanian or Chinese	If yes, is this because of ANY medical, behavioral, or other health condition?
	Filipino	Yes No
	C Other Desifie Islander	If yes, is this a condition that has lasted or is expected to last 12 months or longer?
	Japanese Other Pachic Islander	🗆 Yes 🔲 No
6	Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7. How well does this child speak English?	11 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 If yes, has his or her emotional, developmental, or
	Well	behavioral problem lasted or is it expected to last 12 months or longer?
	Not well	Yes No
	Not at all	
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		CHILI (Next you)			7	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
	Firs	t name, initials, or nicknam	e of	the next voungest		Yes No
	chile					If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
						Yes No
2		v old is this child? If the chi 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
	Wha	Years OR		Months	8	Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?
9	vvna	at is this child's sex?				Yes No
E	NO [.]	Male Female	ion	4 about Hispanic		If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?
	For	gin and question 5 abou this survey, Hispanic or	it ra igin	ice. Is are not races.		🗆 Yes 🔲 No
4		nis child of Hispanic, Latino	-			If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		No, not of Hispanic, Latino,	or S	Spanish origin		🗆 Yes 🔷 No
		Yes, Mexican, Mexican Ame	erica	n, Chicano	9	Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
		Yes, Puerto Rican				can do?
		Yes, Cuban				
		Yes, another Hispanic, Latir	10, C	r Spanish origin		If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
	Whe	at is this child's race? Mark	(\mathbf{V})	ono or moro boxos		Yes No
						If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		White		Korean		
		Black or African American		Vietnamese	10	
		American Indian or Alaska Native		Other Asian		Does this child need or get special therapy, such as physical, occupational, or speech therapy?
		Asian Indian		Native Hawaiian		
		Chinese		Guamanian or Chamorro		If yes, is this because of ANY medical, behavioral, or other health condition?
				Samoan		Yes No
		Filipino				If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		Japanese		Other Pacific Islander		Yes No
6	Ans	wer the following question at 4 years old. Otherwise, S	only KIP	y if this child is at	11	
		v well does this child speak		•	T	developmental, or behavioral problem for which he or she needs treatment or counseling?
		Very well				Yes No
		Well				If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last
		Not well				12 months or longer?
		Not at all				Yes No

	CHILD 3 (Next youngest)	7 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
	First name, initials, or nickname of the next youngest	Yes No
Ĭ	child	If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
2	How old is this child? If the child is less than one month old, round age in months to 1.	 Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer?
	Years OR Months	 Yes No B Does this child need or use more medical care, mental health, or educational services than is usual for most
3	What is this child's sex?	children of the same age?
	Male Female	☐ Yes ☐ No If yes, is this child's need for medical care, mental
Ð	NOTE: Answer BOTH question 4 about Hispanic origin and question 5 about race.	health or educational services because of ANY
	For this survey, Hispanic origins are not races.	Yes No
4	Is this child of Hispanic, Latino, or Spanish origin?	If yes, is this a condition that has lasted or is expected to last 12 months or longer?
	No , not of Hispanic, Latino, or Spanish origin	Yes No
	Yes, Mexican, Mexican American, Chicano	9 Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
	Yes, Puerto Rican	can do?
	Yes, Cuban	Yes No
	Yes, another Hispanic, Latino, or Spanish origin	If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
5	What is this child's race? Mark (X) one or more boxes.	Yes No
Ĭ	□ White □ Korean	If yes, is this a condition that has lasted or is expected to last 12 months or longer?
	Black or Vietnamese	Yes No
	African American American Indian or Other Asian	10 Does this child need or get special therapy, such as physical, occupational, or speech therapy?
	Alaska Native	Yes No
	Asian Indian Guamanian or Chinese	If yes, is this because of ANY medical, behavioral, or other health condition?
		Yes No
		→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		Yes No
6	Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7. How well does this child speak English?	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	If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last
	□ Not well	12 months or longer?
	Not at all	Yes No
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	CHILD 4 (Next youngest)	7 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
	First name, initials, or nickname of the next youngest	Yes No
Ĭ	child	If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
2	How old is this child? If the child is less than one month old, round age in months to 1.	 Yes No ➡ If yes, is this a condition that has lasted or
		is expected to last 12 months or longer?
	Years OR Months	 Yes No Does this child need or use more medical care, mental health, or educational services than is usual for most
3	What is this child's sex?	children of the same age?
	Male Female	Yes No If yes, is this child's need for medical care, mental
Ð	NOTE: Answer BOTH question 4 about Hispanic origin and question 5 about race.	health, or educational services because of ANY medical, behavioral, or other health condition?
	For this survey, Hispanic origins are not races.	Yes No
4	Is this child of Hispanic, Latino, or Spanish origin?	If yes, is this a condition that has lasted or is expected to last 12 months or longer?
	No, not of Hispanic, Latino, or Spanish origin	Yes No
	Yes, Mexican, Mexican American, Chicano	9 Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
	Yes, Puerto Rican	can do?
	Yes, Cuban	Yes No
	Yes, another Hispanic, Latino, or Spanish origin	If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
5	What is this child's race? Mark (X) one or more boxes.	Yes No
T	White Korean	If yes, is this a condition that has lasted or is expected to last 12 months or longer?
	Black or Vietnamese	Yes No
	 African American American Indian or Other Asian Alaska Native 	10 Does this child need or get special therapy, such as physical, occupational, or speech therapy?
	Native Hawaiian	Yes No
	Asian Indian Guamanian or Chinese	If yes, is this because of ANY medical, behavioral, or other health condition?
	Filipino Samoan	Yes No
	Japanese Other Pacific Islander	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 only if this child is at least 4 years old. Otherwise, SKIP to question 7 . How well does this child speak English?	11 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	If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last
	Not well	12 months or longer?
	Not at all	Yes No
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	First n	ame, initials	s, or nic	knam	e					
CHILD 5 (Next youngest) ►		.,								
	Age		Years	OR		Months	Sex	Male		Female
	First n	ame, initials	s, or nic	knam	e					
CHILD 6 (Next youngest) ►										
	Age		Years	OR		Months	Sex	Male		Female
	First n	ame, initials	s, or nic	knam	e					
CHILD 7 (Next youngest) ►										
	Age		Years	OR		Months	Sex	Male		Female
	First n	ame, initials	s, or nic	knam	e					
CHILD 8 (Next youngest) ►										
	Age		Years	OR		Months	Sex	Male		Female
	First n	ame, initials	s, or nic	knam	e					
CHILD 9 (Next youngest) ►										
	Age		Years	OR		Months	Sex	Male		Female
First name, initials, or nickname										
CHILD 10 (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

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





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	Start Here	A3	DURI	NG THE PAST 12 MONTHS, has	s this child h	ad					
	Otart Here	Ť	FREQUENT or CHRONIC difficulty with any of the following?								
	Recently, you completed a survey that asked about the children usually living or staying at this address. Thank you for taking the time to complete that survey.		a. Bro	reathing or other respiratory oblems (such as wheezing or nortness of breath)	Yes	No					
	We now have some follow-up questions to ask about:			ating or swallowing because of health condition							
			sto	igesting food, including omach/intestinal problems, onstipation, or diarrhea							
	If the name listed above is not correct or does not correspond to a child living in this household, please call 1-800-845-8241 for assistance.		inc	epeated or chronic physical pain, cluding headaches or other back body pain							
	We have selected only one child per household in an effort to minimize the amount of time you will need to		e. Us	sing their hands							
	complete the follow-up questions.		f. Co	oordination or moving around							
	The survey should be completed by a parent or adult caregiver who lives in this household and who is familiar with this child's health and health care.		g. To	pothaches							
	Your participation is important. Thank you.		h. Ble	eeding gums							
	· · · · · · · · · · · · · · · · · · ·		i. De	ecayed teeth or cavities							
		A 4	Does	this child have any of the follo	wing? Yes	No					
	A. This Child's Health		a. De	eafness or problems with hearing							
	A. This Child's Health		b. Bli	indness or problems with seeing,							
A1	In general, how would you describe this child's health (the one named above)?		ev	ven when wearing glasses							
				a doctor or other health care pro hat this child has	ovider EVER	told					
	Uery good	A 5	Allerg	gies (including food, drug, inse	ct, or other)?						
	□ Good	T		Yes 🛛 No							
	□ Fair			If yes, does this child CURREN condition?	TLY have the	9					
	D Poor			☐ Yes ☐ No ☐ If yes, is it:							
Az	How would you describe the condition of this child's teeth?			Mild Modera	ate 🗌 Se	evere					
	□ This child does not have any teeth	A6	Arthri	itis?							
	Excellent	T		Yes 🛛 No							
	□ Very good			If yes, does this child CURREN condition?	TLY have the	9					
	Good			Yes No							
	Fair			→ If yes, is it:							
	Poor			Mild Modera	ate 🗆 Se	evere					

A37 Has a doctor or other health care provider EVER told you that this child has Asthma? No Yes No Yes, does this child CURRENTLY have the condition? No Yes, is it: No Mild Moderate Severe Yes No Hf yes, to est this child CURRENTLY have the condition? No Hf yes, is it: No Hif yes, is it: No Yes No Hf yes, does this child CURRENTLY have the condition? Yes No Hf yes, is it: No	Has a doctor or other health care provider EVER told you that this child has Image: style="text-align: center; background-center;
A9 Diabetes? ↓ Yes □ No ↓ If yes, does this child CURRENTLY have the condition? ↓ Yes, is it: □ Yes □ Yes, is it: □ Mild	A12 Anxiety Problems? Anxiety Problems? Anxiety Problems? Anxiety Problems? Anxiety Problems? Anxiety Problems? No → If yes, does this child CURRENTLY have the condition? Yes No → If yes, is it: Mild Moderate Severe
A10 Epilepsy or Seizure Disorder?	A15 Depression? Yes No If yes, does this child CURRENTLY have the condition? Yes No Yes, is it: Mild Moderate Severe
Image: Product of the condition in the conditin the condit the condit the condition in the condition in the co	Yes No
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	Has a doctor or other health care provider EVER told you that this child has		Has a doctor, other health care provider, or educator EVER told you that this child has
A1	Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?	A20	Examples of educators are teachers and school nurses. Behavioral or Conduct Problems?
			Yes No
	└ Yes └ No └→ If yes, is it:		→ If yes, does this child CURRENTLY have the
	Mild Moderate Severe		condition?
			Yes No
	Was this child diagnosed with:		└→ If yes, is it:
	Sickle Cell Disease? Yes No		Mild Moderate Severe
	Thalassemia?		Development of Delev 0
	Hemophilia?	A21	
	Other Blood Yes No		
	Disorders?		If yes, does this child CURRENTLY have the condition?
	Were any of these blood disorders identified through a blood test done shortly after birth?		🗆 Yes 🔲 No
	These tests are sometimes called newborn screening	1.	└→ If yes, is it:
	☐ Yes ☐ No		☐ Mild
A1	Cystic Fibrosis?		
	Yes No	A22	Intellectual Disability (formerly known as Mental Retardation)?
	└→ If yes, is it:		Yes No
	Mild Moderate Severe		If yes, does this child CURRENTLY have the
	Was this condition identified through a blood test done shortly after birth? These tests are		disability?
	sometimes called newborn screening.		Yes No
	Yes No		└→ If yes, is it:
A1	Other genetic or inherited condition?		Mild Moderate Severe
T	Yes No	A23	Speech or other language disorder?
	\hookrightarrow If yes, specify: \overrightarrow{k}		Yes No
			If yes, does this child CURRENTLY have the condition?
	ls it:		
	Mild Moderate Severe		→ If yes, is it:
	Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening.		Mild Moderate Severe
	□ Yes □ No	A24	Learning Disability?
			Yes No
			If yes, does this child CURRENTLY have the disability?
			□ Yes □ No
			└→ If yes, is it:
			Mild Moderate Severe

-			
A28	Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).	A30	Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD?
	□ Yes □ No → SKIP to question A30		Yes □ No → SKIP to question A33
	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
A26	How old was this child when a doctor or other health	A31	Is this child CURRENTLY taking medication for ADD or ADHD?
T	care provider FIRST told you that they had Autism, ASD, Asperger's Disorder or PDD?	,	□ Yes □ No
	Age in years Don't know	A32	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 their behavior?
A27	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.		Yes No
	Primary Care Provider	A33	Do you think this child has EVER had a concussion or brain injury? A concussion or brain injury is when a blow
	□ Specialist		or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering
	School Psychologist/Counselor		or concentrating, vomiting, blurred vision, changes in mood or behavior, or being knocked out.
			□ Yes □ No
	Other Psychologist (Non-School) Psychiatrist		If yes, did you seek medical care from a doctor or other health care provider?
			Yes No
	└ Other, specify: <i>∡</i>		If yes, did a doctor or other health care provider tell you that your child had a concussion or brain injury?
	Don't know		□ Yes □ No
A28	Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?	A34	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their age do?
	Yes No		This child does not have any
A29	At any time DURING THE PAST 12 MONTHS, did this		health conditions → SKIP to question B1 on page 6
T	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?		Sometimes
			Usually
			Always
		A35	To what extent do this child's health conditions or problems affect their ability to do things?
			Very little
			□ Somewhat
			A great deal
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	B. This Child as an Infant	How old was this child when they were FIRST fed formula? Your best estimate is fine.
В	Was this child born more than 3 weeks before their due date?	 This child has never been fed formula OR At birth OR
B	Birth Month / 4-Digit Birth Year	OR days OR OR
	is fine.	 months How old was this child when they were FIRST fed anything other than breast milk or formula? 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.
B	What was the age of the mother when this child was born? Your best estimate is fine. Age in years	 This child has never been fed anything other than breast milk or formula OR At birth OR
B	Was this child EVER breastfed or fed breast milk? □ Yes □ No → SKIP to question	OR days weeks
В	If yes, how old was this child when they COMPLETELY stopped breastfeeding or being fed breast milk? Your best estimate is fine. This child is still breastfeeding OR days OR	OR months
	OR OR months	

	C. Health Care Services	Answer the following question only if this child is at least 9 months old. Otherwise skip to question C8.
C	DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care?	DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about observations or concerns you may have about this child's development, communication, or social behaviors? Sometimes a child's doctor or other health care provider will ask a parent to do this at home or during a child's visit.
	No → SKIP to question C4	Yes No
C	 If yes, DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit. 0 visits 	 If yes, and this child is 9-23 Months: Did the questionnaire ask about your concerns or observations about: Mark (X) ALL that apply. How this child talks or makes speech sounds? How this child interacts with you and others?
	1 visit2 or more visits	 → If yes, and this child is 2-5 Years: Did the questionnaire ask about your concerns or observations about: Mark (X) ALL that apply.
C	Thinking about the LAST TIME you took this child for a PREVENTIVE check-up, about how long was the doctor or health care provider who examined this child in the room with you? Your best estimate is fine.	 Words and phrases this child uses and understands? How this child behaves and gets along with you and others?
	Less than 10 minutes	CB Is there a place you or another caregiver USUALLY
	□ 10-20 minutes	take this child when they are sick or you need advice about their health?
	More than 20 minutes	□ Yes
C	4 Are you concerned about this child's weight?	No → SKIP to question C10 on page 8
	Yes, it's too high	c9 If yes, where does this child USUALLY go first?
	Yes, it's too low	Mark (X) ONE box.
	No, I am not concerned	Doctor's Office
C	5 Has a doctor or other health care provider ever told you	Hospital Emergency Room
	that this child is overweight?	Hospital Outpatient Department
	Yes	Clinic or Health Center
	No	Retail Store Clinic or "Minute Clinic"
С	6 DURING THE PAST 12 MONTHS, did this child's doctors	School (Nurse's Office, Athletic Trainer's Office)
	or other health care providers ask if you have concerns about this child's learning, development, or behavior?	Some other place
	□ Yes	
	No	

C1	Is there a place that this child USUALLY goes when they need routine preventive care, such as a physical examination or well-child check-up?	C16 If yes, DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive? Mark (X) ALL that apply.
	□ Yes	Check-up
	□ No → SKIP to question C12	
C1	If yes, is this the same place this child goes when they are sick?	□ Instruction on tooth brushing and oral health care
		☐ X-Rays
	Yes	Fluoride treatment
	□ No	Sealant (plastic coatings on back teeth)
C1	DURING THE PAST 12 MONTHS, has this child had their vision tested, such as with pictures, shapes, or letters?	Don't know
	letters?	C17 DURING THE PAST 12 MONTHS, has this child
	☐ Yes	received any treatment or counseling from a mental
	No → SKIP to question C14	health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.
C1	If yes, where was this child's vision tested? Mark (X) ALL that apply.	□ Yes
	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 mental health professional \rightarrow <i>SKIP to question</i> C19
	Clinic or health center	C18 How difficult was it to get the mental health treatment
	□ School	or counseling that this child needed?
		Not difficult
	\Box Other, specify: \mathbf{r}	Somewhat difficult
C1	DURING THE PAST 12 MONTHS, did this child see a	Very difficult
	dentist or other oral health care provider for any kind of dental or oral health care?	☐ It was not possible to obtain care
	Yes, saw a dentist	C19 DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with their expectives expectives and the second s
	Yes, saw other oral health care provider	emotions, concentration, or behavior?
	No → SKIP to question C17	
C	If yes, DURING THE PAST 12 MONTHS, did this child	□ No
	see a dentist or other oral health care provider for	DUDING THE BAST 12 MONTHS did this shild son a
	PREVENTIVE dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments?	DURING THE PAST 12 MONTHS , did this child see a specialist other than a mental health professional?
	No preventive visits in the past 12 months \rightarrow SKIP to question C17	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.
	☐ Yes, 1 visit	
	☐ Yes, 2 or more visits	No, but this child needed to see a specialist
		No, this child did not need to see a specialist \rightarrow <i>SKIP to question</i> C22 <i>on page 9</i>

			26010165
C21	How difficult was it to get the specialist care that this child needed?	C26	DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?
	Not difficult		Never
	Somewhat difficult		□ Sometimes
	Very difficult		Usually
	It was not possible to obtain care		Always
C22	type of alternative health care or treatment? Alternative	C27	DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?
	health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.		 None 1 time
	Yes		
			□ 2 or more times
		C28	DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?
C23	DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not received? By health care, we mean medical care as well		Yes
	as other kinds of care like dental care, vision care, and mental health services.		□ No
		C29	
	□ No → SKIP to question C26		intervention plan? Children receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).
C24	If yes, which types of care were not received? Mark (X) ALL that apply.		Yes
	Medical Care		□ No \rightarrow SKIP to question C32
	Dental Care	C30	If yes, how old was this child at the time of the FIRST
	□ Vision Care	T	plan?
	Hearing Care		years AND months
	Mental Health Services	C31	Is this child CURRENTLY receiving services under one of these plans?
	\Box Other, specify: \mathbf{k}		Yes
			No
C25	Did any of the following reasons contribute to this chill not receiving needed health services? Mark (X) Yes or No for EACH item.	d C 32	Has this child EVER received special services to meet their developmental needs such as speech, occupational, or behavioral therapy?
	a. This child was not eligible for the		
	services		No → SKIP to question D1 on page 10
	b. The services this child needed were not available in your area	C33	If yes, how old was this child when they began receiving
	c. There were problems getting an appointment when this child needed one		these special services?
	d. There were problems with getting transportation or child care	C 34	Is this child CURRENTLY receiving these special
	e. The clinic or doctor's office wasn't open when this child needed care		services?
	f. There were issues related to cost		□ No
N	ISCH-T1	_	
		9	

			D. Experie Child's				;	D6		yes, DURING THE PAS is child's doctors or otl						
				ovide						5	Always	Usually	Sometimes	Never		
D		<mark>chi</mark> nur	you have one or mo Id's personal doctor se is a health professi	re perso or nurse	ns you ? A per knows	rsonal doctor this child we	or ell		a.	Discuss with you the range of options to consider for their health care or treatment?						
	i	 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 assistant. Yes, one person Yes, more than one person 								 Make it easy for you to raise concerns or disagree with 						
										recommendations for this child's health care?						
			No	poroon					c.	Work with you to decide together						
D			RING THE PAST 12 I erral to see any doct							which health care and treatment choices would be best for this child?						
			Yes	stian 🗖				D7		URING THE PAST 12 M				/ou		
			No → SKIP to ques					T		range or coordinate thi fferent doctors or servi						
D	3	Ho	w difficult was it to g	jet referr	als?				C	Yes						
		Not difficult								No						
	Somewhat difficultVery difficult								Г	Did not see more tha care provider in the F		alth				
									MONTHS → SKIP to question D11 on page 11							
			It was not possible t	to get a r	eferral			D8		URING THE PAST 12 M						
D4		hea	swer the following qualth care visit IN THE	PAST 1	2 MON				could have used extra help arranging or coordinating this child's care among the different health care providers or services?							
			RING THE PAST 12 I Id's doctors or other				s		0	Yes						
				Always	Usually	Sometimes	Never			No → SKIP to quest	ion D10					
	i	a.	Spend enough time with this child?					D9	di	yes, DURING THE PAS d you get as much help	o as you	wanted	with			
	I	b.	Listen carefully to you?						ar	ranging or coordinating	, this ch	ild's hea	alth care?			
		c.	Show sensitivity to your family's values													
		d.	and customs? Provide the specific							Sometimes						
			information you needed concerning this child?					D10) D	URING THE PAST 12 M	ONTHS,	how sat	tisfied we	e		
	(e.	Help you feel like a partner in this child's care?					T		ou with the communicat octors and other health						
D			RING THE PAST 12 I							Very satisfied						
Ī	:	suc	y decisions to be mac ch as whether to get				ire,			Somewhat satisfied						
		pro	ocedures?							Somewhat dissatisfied	b					
			Yes							Very dissatisfied						
			No → SKIP to ques	stion D7												

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D1	С	DURING THE PAST 12 MONTHS, did this ch care provider communicate with the child's care provider, or special education program	school,	alth child	E		this child CURRENTLY covered by ANY kind of ealth insurance or health coverage plan?
	[□ Yes					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	E		E4	ty _l	this child CURRENTLY covered by any of the following pes of health insurance or health coverage plans? ark (X) Yes or No for EACH item.
D1	h	f yes, during this time, how satisfied were y nealth care provider's communication with t child care provider, or special education pro	he scho			a.	YesNoInsurance through a current or former employer or union
	ں ا	Very satisfied	gram			b.	Insurance purchased directly from an insurance company
	[Somewhat satisfied			C.	Medicaid, Medical Assistance, or any kind of government assistance plan for those with	
	[Somewhat dissatisfied				d.	Iow incomes or a disability TRICARE or other military
		Very dissatisfied				e.	health care
		E. This Child's Hea			Other, specify: \mathbf{k}		
		Insurance Coverage	ge				
đ	С	DURING THE PAST 12 MONTHS, was this c covered by ANY kind of health insurance or coverage plan?		ĒR	E		ow often does this child's health insurance offer mefits or cover services that meet this child's needs?
	[□ Yes, this child was covered all 12 months \rightarrow SKIP to question E4					Always
	[Yes, but this child had a gap in coverage					Usually
	[□ No					Sometimes
E	lr	ndicate whether any of the following is a re	ason th	is			Never
T	С	child was not covered by health insurance a DURING THE PAST 12 MONTHS:			EG		ow often does this child's health insurance allow them
	_		/es	No	Ī	to	see the health care providers they need?
	а	a. Change in employer or employment status					Always
	b	 Cancellation due to overdue premiums 					Usually
	С	Dropped coverage because it was					Sometimes
	d	 Dropped coverage because benefits were inadequate 					Never
	е				E	be he	inking specifically about this child's mental or havioral health needs, how often does this child's ealth insurance offer benefits or cover services that eet these needs?
	f.	Problems with application or renewal process					Always
	g						Usually
							Sometimes
							Never
							This child does not use mental or behavioral health services

I

	F. Providing for This Child's Health	F5 IN AN AVERAGE WEEK, how many hours do you or other family members spend providing health care at home for this child? Care might include changing bandages or giving medication and therapies when needed.						
F	Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care	 This child does not need health care provided at home on a weekly basis Less than 1 hour per week 						
	DURING THE PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.	□ 1-4 hours per week						
	□ \$0 (No medical or health-related expenses) \rightarrow <i>SKIP to question</i> F4	5-10 hours per week						
	□ \$1-\$249	□ 11 or more hours per week						
	\$250-\$499	F6 IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making						
	\$500-\$999	appointments or locating services?						
	\$1,000-\$5,000	on a weekly basis						
	More than \$5,000	Less than 1 hour per week						
E	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	G. This Child's Learning						
	Never	Answer the following question only <u>if</u> this child is at						
E		least 1 year old. Otherwise skip to H1 on page 15.						
	problems paying for any of this child's medical or health care bills?	1 Is this child able to do the following Mark (X) Yes or No for EACH item.						
	□ Yes	a. Say at least one word, such as "hi" Yes or "dog"?						
	□ No	b. Use 2 words together, such as "car go"?						
F4	family members	c. Use 3 words together in a sentence,						
	a. Left a job or taken a leave of absence because of this child's	such as, "Mommy come now."? d. Ask questions like "who," "what," "when," "where"?						
	b. Cut down on the hours you work	e. Ask questions like "why" and "how"?						
	because of this child's health or health conditions?	f. Tell a story with a beginning, middle, and end?						
	c. Avoided changing jobs because of concerns about maintaining health	g. Understand the meaning of the word "no"?						
	insurance for this child?	h. Follow a verbal direction without hand gestures, such as "Wash your hands."?						
		i. Point to things in a book when asked?						
		 j. Follow 2-step directions, such as "Get your shoes and put them in the basket."? 						
		k. Understand words such as "in,"						

G2	Is this child 3 years old or older?	38	Can	this child rhyme words?
	□ Yes			Yes
	No → SKIP to question (1) on page 15			No
Ga	Has this child started school? Include any formal home schooling.			often can this child explain things they have 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
G4	Are you concerned about how this child is learning to do things for themselves?			Never
	_			often can this child write their first name, even if the of the letters aren't quite right or are backwards?
	□ Yes, somewhat concerned			Always
	Yes, very concerned			Most of the time
G	How confident are you that this child is ready to be in school?			About half the time
				Sometimes
	Completely confident			Never
			How	v high can this child count?
	Somewhat confident			This child cannot count
	□ Not at all confident			Up to five
Ge	How often can this child recognize the beginning sound of a word? For example, can this child tell you that the word "ball" starts with the "buh" sound?			Up to ten
	□ Always			Up to 20
	□ Most of the time			Up to 50
	About half the time			Up to 100 or more
	□ Sometimes			v often can this child identify basic shapes such as angle, circle, or square?
	□ Never			Always
G7	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 Can this child identify the colors red, yellow, blue, and green by name?	G19 How often does this child become angry or anxious when 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 How 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	Most of the time
	□ Never	
G1		About half the time
I	until they are finished?	Sometimes
	 Always Most of the time 	Never
		G21 When excited or all wound up, how often can this child calm down quickly?
	About half the time	Always
	Sometimes	Most of the time
	Never	About half the time
G1	6 When this child is paying attention, how often can they follow instructions to complete a simple task?	Sometimes
	□ Always	□ Never
	□ Most of the time	G22 How often does this child lose control of their temper
	About half the time	when things do not go their way?
	□ Sometimes	Always
	□ Never	Most of the time
G1	7 How does this child usually hold a pencil?	About half the time
Ī	Uses fingers to hold the pencil	Sometimes
	Grips the pencil in their fist	
	This child cannot hold a pencil	G23 Compared to other children their age, how much difficulty does this child have making or keeping
G1	8 How often does this child play well with others?	friends?
Ī	Always	No difficulty
	□ Most of the time	A little difficulty
	About half the time	A lot of difficulty
	□ Sometimes	
	□ Never	
- 1		



4 Compared to other chil		e, how often is	S	H5 D	OURING THE PAST WEEK, how many hours of sleep
this child able to sit sti	II?			d	lid this child get during an average day (count both ighttime sleep and naps)?
Always					Less than 7 hours
□ Most of the time					7 hours
About half the time					8 hours
Sometimes					9 hours
Never					10 hours
5 How often	Always Usua	lly Sometimes	Never		11 hours
 a. Is this child affectionate and tender with you? 					12 or more hours
 b. Does this child bounce back quickly when things do not go their way? 					Answer the next question only if this child is LESS THAN 2 MONTHS OLD. Otherwise, SKIP to question (1) 1 which position do you most often lay this baby down 5 sleep now? Mark (X) ONE box.
c. Does this child show interest and curiosity in learning					On their side
new things? d. Does this child					On their back
smile and laugh?					On their stomach
H. About Was this child born in t Yes → SKIP to que No If no, how long has this United States?	Child the United Sta estion H3 s child been li	ites?		g	 hild spend in front of a TV, computer, cellphone or other electronic device watching programs, playing james, accessing the internet or using social media? bo not include time spent doing schoolwork. Less than 1 hour 1 hour 2 hours 3 hours 4 or more hours
B How many times has th			ddress		OURING THE PAST WEEK, how many days did you or ther family members read to this child?
since they were born?					0 days
Number of tim	ies				1-3 days
How often does this ch	ild go to bed	at about the s	same		4-6 days
time on weeknights?					Every day
Always					
Sometimes					
Rarely					
Never					

NSCH-	T1
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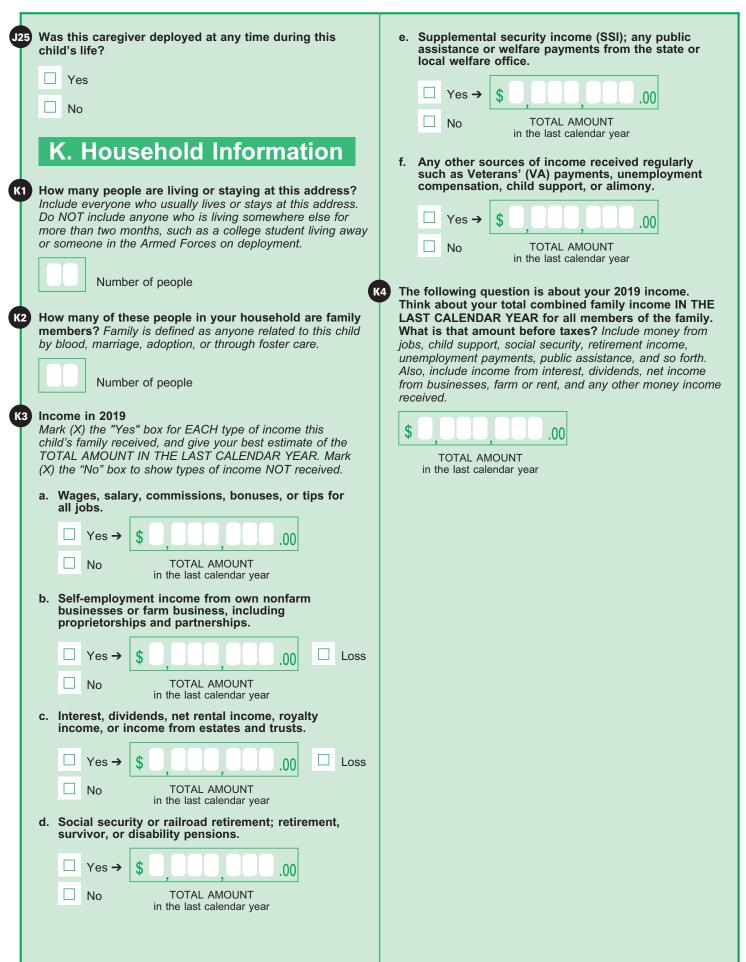
H	 DURING THE PAST WEEK, how many other family members tell stories or schild? 0 days 1-3 days 4-6 days Every day 		his	H14	 week from someone other than their parent or guardian? This could be a day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter or relative. Yes No
H1		ng the day-to-c		H15	DURING THE PAST 12 MONTHS, did you or anyone in the family have to quit a job, not take a job, or greatly change your job because of problems with child care for this child?
	□ Very well				Yes
	Somewhat well				
	Not very well				
	□ Not well at all				I. About Your Family and
(H1	DURING THE PAST MONTH, how often	en have you fel	lt		Household
I	Never Rarely Some	times Usually A	lways		
	a. That this child is much harder to care for than most children their age?			0	DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal together?
	b. That this child				□ 0 days
	does things L L L that really bother you a lot?				 1-3 days 4-6 days
	c. Angry with this child?				Every day
H1	DURING THE PAST 12 MONTHS, was	there someon	е		
	that you could turn to for day-to-day with parenting or raising children?	emotional supp	port		Does anyone living in your household use cigarettes, cigars, or pipe tobacco?
	Yes				□ Yes
	□ No → SKIP to question H14				■ No → SKIP to question [4]
(H1	13 If yes, did you receive emotional sup	port from Yes	No	13	If yes, does anyone smoke inside your home?
	a. Spouse or domestic partner?				□ Yes
	b. Other family member or close friend	?			□ No
	c. Health care provider?			14	SINCE THIS CHILD WAS BORN, how often has it been
	d. Place of worship or religious leader?				very hard to cover the basics, like food or housing, on your family's income?
	e. Support or advocacy group related to specific health condition?				□ Never
	f. Peer support group?				Rarely
	g. Counselor or other mental health professional?				Somewhat often
	h. Other person, specify: <i>⊾</i>				□ Very often

15	household's ability to afford the food you nee DURING THE PAST 12 MONTHS? We could always afford to eat good nutrition					need			The next questions are about events that may have happened during this child's life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer. To the best of your knowledge, has this child EVER						
		We could always a the kinds of food w			t but not a	always		ex	perienced any of th	e followi	ng?	Yes	No		
		Sometimes we cou	ld not aff	ord enoug	h to eat.			a.	Parent or guardian separated	divorced	or				
		Often we could not	afford er	nough to e	eat.			b.	Parent or guardian	died					
16	At	any time DURING TI	HE PAST	12 MON	THS, eve	n for		c.	Parent or guardian	served tir	ne in jail				
		e month, did anyone				No		d.	Saw or heard paren hit, kick, punch one home	its or adu another	llts slap, in the				
	a.	Cash assistance from welfare program?	n a gover	mment				e.	Was a victim of viol witnessed violence						
	b.	Food Stamps or Sup Assistance Program						f.	neighborhood Lived with anyone v	vho was	mentally				
	c.	Free or reduced-cost lunches at school?	breakfas	sts or					ill, suicidal, or sever Lived with anyone v	ely depre	essed				
	d.	Benefits from the Wo and Children (WIC) F						-	with alcohol or drug Treated or judged u	s					
	In	your neighborhood,	is/are th	ere	N/			n.	of their race or ethn		cause				
Ī	a.	Sidewalks or walking	paths?		Yes	No	110) WI lik	nen your family face aly to do each of th	es proble e followi	ems, how ing?	often are	you		
	b.	A park or playground	?							All of the time	Most of the time	Some of the time			
	c.	A recreation center, of center, or boys' and						a.	Talk together about what to do						
	d.	d. A library or bookmobile?						b.	Work together to solve our problems						
	e.	Litter or garbage on to or sidewalk?	the street	t				c.	Know we have strengths to draw or	n					
	f.	Poorly kept or rundov	wn housii	ng?				d.	Stay hopeful even in difficult						
	g.	Vandalism such as b windows or graffiti?	roken						times				_		
18		what extent do you out your neighborho				its			J. Child	's Ca	aregi	vers			
	au			Somewhat agree		Definite disagre			Α	bout	You				
	a.	People in this				uisugie	J1	Ho	w are you related t	o this ch	ild?				
		neighborhood help each other out							Biological or Adop	otive Pare	ent				
	b.	We watch out for							Step-parent						
		each other's children in this neighborhood							Grandparent						
	c.	This child is safe in our							Foster Parent						
		neighborhood							Other: Relative						
	d.	When we encounter difficulties, we know where to go for help in our community							Other: Non-Relati	ve					

J	What is your sex?	JB	In general, how is your physical health?
	Male		Excellent
	Female		□ Very good
J	What is your age?		Good
T			□ Fair
	Age in years		Poor
J2	Where were you born?	J9	In general, how is your mental or emotional health?
	□ In the United States \rightarrow <i>SKIP to question</i> J ₆	Ť	Excellent
	Outside of the United States		Very good
J5			Good
I	Indicate the 4-digit year in which you came to live in the United States.		
			□ Fair
	4-Digit Year		□ Poor
Je	What is the highest grade or level of school you have completed? Mark (X) ONE box.	J10	Which of the following best describes your current employment status? Mark (X) ONE box.
	8th grade or less		Employed full-time
	9th-12th grade; No diploma		Employed part-time
	High School Graduate or GED Completed		□ Working WITHOUT pay
	Completed a vocational, trade, or business school program		Not employed but looking for work
	Some College Credit, but no Degree		Not employed and not looking for work
	Associate Degree (AA, AS)	JI	Have you ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard?
	Bachelor's Degree (BA, BS, AB)		Mark (X) ONE box.
	Master's Degree (MA, MS, MSW, MBA)		$\square \text{ military} \rightarrow SKIP \text{ to question J13}$
	Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)		Only on active duty for training in the Reserves or National Guard \rightarrow <i>SKIP to question</i> 113
J	What is your marital status?		Now on active duty
I	Married		On active duty in the past, but not now
	□ Not married, but living with a partner	J12	Were you deployed at any time during this child's life?
	Never Married		□ Yes
	Divorced		□ No
	Separated	J13	
	U Widowed	T	who lives in this household? → Yes → Complete questions J14 - J25 for this other
			parent or adult caregiver
			\square No → SKIP to question K1 on page 20

_				
	Other Parent or Caregiver in the Household	J 20	Wha	t is this caregiver's marital status?
				Married
J1 ²				Not married, but living with a partner
	Biological or Adoptive Parent			Never Married
	Step-parent			Divorced
	Grandparent			Separated
	Foster Parent			Widowed
	Other: Relative	J21	In g	eneral, how is this caregiver's physical health?
	Other: Non-Relative	T		Excellent
JI	What is this caregiver's sex?			Very good
	Male			Good
	E Female			Fair
JI	What is this caregiver's age?			Poor
	Age in years	J22) In g	eneral, how is this caregiver's mental or emotional
JI	Where was this caregiver born?		heal	
T	□ In the United States \rightarrow SKIP to question J19			Excellent
	 Outside of the United States 			Very good
				Good
	When did this caregiver come to live in the United States? Indicate the 4-digit year in which this caregiver came to live in the United States.			Fair
				Poor
	4-Digit Year	J23		ch of the following best describes this caregiver's
J1	What is the highest grade or level of school this caregiver has completed?			ent employment status? k (X) ONE box.
	Mark (X) ONE box.			Employed full-time
	8th grade or less			Employed part-time
	9th-12th grade; No diploma			Working WITHOUT pay
	High School Graduate or GED Completed			Not employed but looking for work
	Completed a vocational, trade, or business school program			Not employed and not looking for work
	Some College Credit, but no Degree	J24		this caregiver ever served on active duty in the
	Associate Degree (AA, AS)	T		Armed Forces, Reserves, or the National Guard?
	Bachelor's Degree (BA, BS, AB)			Never served in the military → SKIP to question K1 on page 20
	Master's Degree (MA, MS, MSW, MBA)			Only on active duty for training in the Reserves or National Guard \rightarrow <i>SKIP to question</i> (K1) on page 20
	Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			Now on active duty
	(, , , , , , , , , , , , , , , , , , ,			On active duty in the past, but not now

NSCH-T1



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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

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



National Survey of Children's Health

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



The U.S. Census Bureau is required by law to protect your information and is not permitted to publicly release your responses in a way that could identify you or your household. The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. Federal law protects your privacy and keeps your answers confidential under 13 U.S.C. Section 9. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Access to records maintained in the system is restricted to Census Bureau employees and certain individuals authorized by Title 13, U.S. Code (designated as Special Sworn Status individuals). These individuals are subject to the same confidentiality requirements as regular Census Bureau employees 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.





Start Here	A3 DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the			
Recently, you completed a survey that asked about the	following? Yes No			
children usually living or staying at this address. Thank you for taking the time to complete that survey.	a. Breathing or other respiratory problems (such as wheezing or shortness of breath)			
We now have some follow-up questions to ask about:	b. Eating or swallowing because of a health condition			
If the name listed above is not correct or does not	c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea			
correspond to a child living in this household, please call 1-800-845-8241 for assistance.	d. Repeated or chronic physical pain, including headaches or other back or body pain			
We have selected only one child per household in an effort to minimize the amount of time you will need to complete the follow-up questions.	e. Toothaches			
The survey should be completed by a parent or adult	f. Bleeding gums			
caregiver who lives in this household and who is familiar with this child's health and health care.	g. Decayed teeth or cavities			
Your participation is important. Thank you.	A4 Does this child have any of the following? Yes No			
	a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition			
A. This Child's Health	b. Serious difficulty walking or climbing stairs			
In general, how would you describe this child's health (the one named above)?	c. Difficulty dressing or bathing			
	d. Deafness or problems with hearing			
Excellent	e. Blindness or problems with seeing, even when wearing glasses			
 Very good Good 	Has a doctor or other health care provider EVER told			
	you that this child has			
└ Fair	A5 Allergies (including food, drug, insect, or other)?			
Poor	Yes No			
How would you describe the condition of this child's teeth?	If yes, does this child CURRENTLY have the condition?			
Excellent	Yes □ No If yes, is it:			
Very good	Mild Moderate Severe			
Good	A6 Arthritis?			
□ Fair	Yes □ No If yes, does this child CURRENTLY have the			
Poor	Condition?			
	→ If yes, is it:			
	Mild Moderate Severe			

A3 Has a doctor or other health care provider EVER told you that this child has Astma? No Yes No Yes, does this child CURRENTLY have the condition? No Yes, is it: No Mild Moderate Yes, does this child CURRENTLY have the condition? No Yes, is it: Nild Yes, does this child CURRENTLY have the condition? Yes No Yes, boos No Yes No Yes, ooes this child CURRENTLY have the condition? Yes No Yes, is it: Yes, is it: Yes, is it: Yes, is it: Mild Moderate	 Atas a doctor or other health care provider EVER told you that this child has Frequent or severe headaches, including migraine? Yes No Hf yes, does this child CURRENTLY have the condition? Yes No Hf yes, is it: Mild Moderate Severe A13 Tourette Syndrome? Yes No Hf yes, does this child CURRENTLY have the condition? Yes No Hf yes, is it: Yes No Hf yes, does this child CURRENTLY have the condition?
A3 Diabetes? □ Yes No □ If yes, does this child CURRENTLY have the condition? □ Yes No □ Yes, is it: No □ Mild Moderate Severe	A14 Anxiety Problems? Yes No H fyes, does this child CURRENTLY have the condition? Yes No H fyes, is it: Mild Moderate Severe
A10 Epilepsy or Seizure Disorder? Yes No If yes, does this child CURRENTLY have the condition? Yes No Yes, is it: Mild Mild Moderate Severe	A15 Depression? Yes No If yes, does this child CURRENTLY have the condition? Yes No Yes, is it: Mild Moderate Severe
Image: Production of the series of the s	Own Syndrome? Yes No
NSCH-T2	3

	Has a doctor or other health care provider EVER told you that this child has	Has a doctor, other health care provider, or educator EVER told you that this child has
A17		Examples of educators are teachers and school nurses. A20 Behavioral or Conduct Problems?
T		
	→ If yes, is it:	If yes, does this child CURRENTLY have the condition?
	Mild Moderate Severe	🗆 Yes 🔲 No
	Was this child diagnosed with:	└→ If yes, is it:
	Sickle Cell Disease? Yes No	Mild Moderate Severe
	Thalassemia? Yes No	
	Hemophilia? 🗌 Yes 🗌 No	A21 Developmental Delay?
	Other Blood Disorders? Yes No	
	Disorders	If yes, does this child CURRENTLY have the condition?
	Were any of these blood disorders identified through a blood test done shortly after birth? These tests are sometimes called newborn screening.	Yes No
		└→ If yes, is it:
		Mild Moderate Severe
A18	Cystic Fibrosis?	A22 Intellectual Disability (formerly known as Mental Retardation)?
	└→ If yes, is it:	
	□ Mild □ Moderate □ Severe	└→ If yes, does this child CURRENTLY have the
	Was this condition identified through a blood	disability?
	test done shortly after birth? These tests are sometimes called newborn screening.	Yes No
	Yes No	└→ If yes, is it:
A19	Other genetic or inherited condition?	Mild Moderate Severe
T		A23 Speech or other language disorder?
	→ If yes, specify: _✓	
		└→ If yes, does this child CURRENTLY have the
	ls 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 sometimes called newborn screening.	Mild Moderate Severe
	Yes No	A24 Learning Disability?
		Yes No
		If yes, does this child CURRENTLY have the disability?
		→ If yes, is it:
		Mild Moderate Severe
Ν	ISCH-T2	

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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).	A30	Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD?
	Yes No → SKIP to question A30		Yes □ No → SKIP to question A33
	➡ 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
A2(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?	A31	Is this child CURRENTLY taking medication for ADD or ADHD?
	Age in years Don't know	A32	child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this
A2	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.		child received to help with their behavior? Yes No
	Primary Care Provider	A33	Do you think this child has EVER had a concussion or brain injury? A concussion or brain injury is when a blow or jolt to the head causes problems such as headaches,
	Specialist		dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, changes in mood
	School Psychologist/Counselor		or behavior, or being knocked out.
	Other Psychologist (Non-School)		→ If yes, did you seek medical care from a doctor or
	Psychiatrist		other health care provider?
	\Box Other, specify: \swarrow		Yes □ No ↓ If yes, did a doctor or other health care
			provider tell you that your child had a concussion or brain injury?
	Don't know		Yes No
A2	Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?	A34	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their age do?
	Yes No		This child does not have any health conditions \rightarrow <i>SKIP to question</i> B1 <i>on page</i> 6
A2	At any time DURING THE PAST 12 MONTHS, did this		
T	child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an		□ Sometimes
	intervention that you or this child received to help with their behavior?		Usually
	□ Yes □ No		Always
		A35	To what extent do this child's health conditions or problems affect their ability to do things?
			Very little
			□ Somewhat
			A great deal
1	NSCH-T2	5	

	B. This Child as an Infant	4 What is this child's CURRENT height? Your best estimate is fine.
В	Was this child born more than 3 weeks before their due date?	feet AND inches
	□ No	meters AND centimeters
B	What month and year was this child born? Birth Month / 4-Digit Birth Year	5 How much does this child CURRENTLY weigh? Your best estimate is fine.
B		OR kilograms
	DD pounds AND DD ounces OR	Are you concerned about this child's weight?
	kilograms AND grams	Yes, it's too lowNo, I am not concerned
B	horn? Your best estimate is fine	Has a doctor or other health care provider ever told you that this child is overweight?
	C. Health Care Services	
C	DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care?	Is there a place you or another caregiver USUALLY take this child when they are sick or you need advice about their health?
	Yes	□ Yes
	No → SKIP to question C4	 No → SKIP to question C10 on page 7 If yes, where does this child USUALLY go first?
C	If yes, DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? A	Mark (X) ONE box.
	preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.	Hospital Emergency Room
	0 visits	Hospital Outpatient Department
	□ 1 visit □ 2 or more visits	Clinic or Health Center
C	Thinking about the LAST TIME you took this child for	Retail Store Clinic or "Minute Clinic"
	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.	School (Nurse's Office, Athletic Trainer's Office)
	Less than 10 minutes	
	10-20 minutes	
	More than 20 minutes	

C1	Is there a place that this child USUALLY goes when they need routine preventive care, such as a physical examination or well-child check-up?	C16	If yes, DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive? Mark (X) ALL that apply.
	☐ Yes		Check-up
	□ No → SKIP to question C12		Cleaning
C1	If yes, is this the same place this child goes when they are sick?		Instruction on tooth brushing and oral health care
			□ X-Rays
	□ Yes		Fluoride treatment
	□ No		Sealant (plastic coatings on back teeth)
C1	DURING THE PAST 12 MONTHS, has this child had their vision tested, such as with pictures, shapes, or letters?		Don't know
	letters?	C17	DURING THE PAST 12 MONTHS, has this child
	☐ Yes	Ψ	received any treatment or counseling from a mental
	□ No → SKIP to question C14		health professional? <i>Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.</i>
C1	If yes, where was this child's vision tested? Mark (X) ALL that apply.		□ Yes
	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 mental health professional \rightarrow <i>SKIP to question</i> C19
	Clinic or health center	C18	How difficult was it to get the mental health treatment
	□ School		or counseling that this child needed?
	\square Other specific $-$		Not difficult
	\Box Other, specify: \mathbf{k}		Somewhat difficult
			Very 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?		It was not possible to obtain care
	☐ Yes, saw a dentist	C19	any medication because of difficulties with their
	Yes, saw other oral health care provider		emotions, concentration, or behavior?
	□ No → SKIP to question C17		☐ Yes
C1	If yes, DURING THE PAST 12 MONTHS, did this child		No
	see a dentist or other oral health care provider for	C20	DURING THE PAST 12 MONTHS, did this child see a
	PREVENTIVE dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments?		specialist other than a mental health professional?
	No preventive visits in the past 12 months \rightarrow <i>SKIP to question</i> (17)		Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.
	☐ Yes, 1 visit		Yes
	Yes, 2 or more visits		No, but this child needed to see a specialist
			No, this child did not need to see
			a specialist → SKIP to question C22 on page 8

		26020131					
How difficult was it to get the specialist care that this child needed?	C25	not receiving needed health services? Mark (X) Yes or No for EACH item.					
Not difficult		a. This child was not eligible for the					
Somewhat difficult		b. The services this child needed were					
		c There were problems getting an					
		appointment when this child needed					
type of alternative health care or treatment? Alternative		d. There were problems with getting transportation or child care					
relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider,		e. The clinic or doctor's office wasn't open when this child needed care					
Yes		f. There were issues related to cost					
□ No	C26	DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?					
		□ Never					
received? By health care, we mean medical care as well		□ Sometimes					
ntal health services.		Usually					
		Always					
	C27	DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?					
If yes, which types of care were not received? Mark (X) ALL that apply.		None					
Medical Care		1 time					
Dental Care		2 or more times					
□ Vision Care	C28	C28 DURING THE PAST 12 MONTHS, was this child admitted					
Hearing Care	T	to the hospital to stay for at least one night?					
Mental Health Services							
\Box Other, specify: \vec{k}		No					
	(29)	Has this child EVER had a special education or early intervention plan? Children receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).					
		□ Yes					
		No → SKIP to question C32 on page 9					
	C 30	If yes, how old was this child at the time of the FIRST plan?					
		years AND months					
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	child needed? Not difficult Somewhat difficult Very difficult It was not possible to obtain care DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own. Yes No DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services. Yes No → SKIP to question care Medical Care Dental Care Vision Care Hearing Care Mental Health Services	child needed? Image: Not difficult Somewhat difficult Image: Very difficult Image: Not the passible to obtain care DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? Alternative health care can include acupuncture, chinopractic care, relaxation therapies, involve seeing a health care provider, while others can be done on your own. Image: No Image: Vers Image: No DURING THE PAST 12 MONTHS, was there any time thirs 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. Image: Vers Image: No DURING THE PAST 12 MONTHS, was there any time thirs 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. Image: Vers Image: No DURING THE past for question care. Image: Vers Image: No Wedical Care Image: Dental Care Image: Dental Care Image: Dental Care Image: Dental Health Services Image: Difference Care Server Ser					

C31	Is this child CURRENTLY receiving services under one of these plans?	D4	health care visit IN THE PAST 12 MONTHS. Otherwise skip to question for page 10.					
	Yes		DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers					
	No		Always Usually Sometimes Never					
C32	Has this child EVER received special services to meet their developmental needs such as speech,		a. Spend enough time with this child?					
	occupational, or behavioral therapy?		b. Listen carefully to vou?					
	 Yes No → SKIP to question D1 		c. Show sensitivity to your family's values and customs?					
C 33	receiving these special services?		d. Provide the specific information you needed concerning this child?					
C34	Is this child CURRENTLY receiving these special services?		e. Help you feel like a partner in this child's care?					
	Yes No	D5	DURING THE PAST 12 MONTHS, did this child need any decisions to be made regarding their health care, such as whether to get prescriptions, referrals, or procedures?					
	D. Experience with This		Yes					
	Child's Health Care Providers		No \rightarrow SKIP to question \Box If yes, DURING THE PAST 12 MONTHS, how often did					
	FIOVICEIS	D6	this child's doctors or other health care providers					
D1	Do you have one or more persons you think of as this child's personal doctor or nurse? A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.		Always Usually Sometimes Never a. Discuss with you the range of options to consider for their health care or treatment?					
	 Yes, one person 		b. Make it easy for you to raise concerns or disagree with					
	Yes, more than one person		recommendations for this child's health					
	No		care?					
D2	DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?		decide together which health care and treatment choices would					
	Yes		be best for this child?					
	□ No → SKIP to question D4	D7	arrange or coordinate this child's care among the					
D3	How difficult was it to get referrals?		different doctors or services that this child uses?					
	Not difficult		□ Yes					
	Somewhat difficult		No					
	Very difficult		Did not see more than one health care provider in the PAST 12 MONTHS \rightarrow SKIP to question D11					
	□ It was not possible to get a referral		on page 10					

DE	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?		E. This Child's Health Insurance Coverage
	☐ Yes		DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan?
	No → SKIP to question D10		Yes, this child was covered all 12 months → SKIP to question [E4]
DS	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?		Yes, but this child had a gap in coverage
	Usually		└ No
	Sometimes	– •	Indicate whether any of the following is a reason this child was not covered by health insurance at any
	□ Never		time DURING THE PAST 12 MONTHS: Yes No
D1	DUDING THE DAST 12 MONTHS, how actisfied ware	c	a. Change in employer or employment status
	DURING THE PAST 12 MONTHS, how satisfied were you with the communication between this child's doctors and other health care providers?	k	b. Cancellation due to overdue premiums
	□ Very satisfied	C	c. Dropped coverage because it was unaffordable
	Somewhat satisfied	C	d. Dropped coverage because benefits were inadequate
	Somewhat dissatisfied	e	e. Dropped coverage because choice of health care providers was
	□ Very dissatisfied		inadequate
01	DURING THE PAST 12 MONTHS, did this child's health care provider communicate with the child's school, child care provider, or special education program?		f. Problems with application or renewal process□g. Other, specify: □
	□ Yes		
	No → SKIP to question E1		
	Did not need health care provider to communicate with these providers \rightarrow <i>SKIP to question</i> [1]		health insurance or health coverage plan?
01	If yes, during this time, how satisfied were you with the health care provider's communication with the school, child care provider, or special education program?		No → SKIP to question F1 on page 11
	□ Very satisfied	t t	Is this child CURRENTLY covered by any of the followin types of health insurance or health coverage plans? Mark (X) Yes or No for EACH item.
	Somewhat satisfied		a. Insurance through a current or
	Somewhat dissatisfied		former employer or union
	□ Very dissatisfied	k	b. Insurance purchased directly from an insurance company
		c	c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability
		C	d. TRICARE or other military health care
		e	e. Indian Health Service
		f	f. Other, specify: \mathbf{k}

E			often does this child's health insurance offer fits or cover services that meet this child's needs?	2	How	often are these costs reasonable?		
	[Always			Always		
	[Usually			Usually		
	[Sometimes			Sometimes		
	[Never			Never		
E			often does this child's health insurance allow to see the health care providers they need?	3	prob	RING THE PAST 12 MONTHS, did your plems paying for any of this child's me th care bills?		ave
			Always			Yes		
			Usually			No		
	[Sometimes			NING THE PAST 12 MONTHS, have yo	u or othe	r
			Never			ly members	Yes	No
đ	b	eha	king specifically about this child's mental or vioral health needs, how often does this child's th insurance offer benefits or cover services that		a	eft a job or taken a leave of absence because of this child's nealth or health conditions?		
	m	neet	t these needs? Always		b	Cut down on the hours you work because of this child's health or health conditions?		
	[Usually			Avoided changing jobs because of concerns about maintaining health		
	[Sometimes		i	nsurance for this child?		
	[[Never This child does not use mental or behavioral	-5	othe hom	N AVERAGE WEEK, how many hours or family members spend providing he ne for this child? Care might include ch iving medication and therapies when new	alth care	at
		_	health services			This child does not need health care pr		home
			F. Providing for This			on a weekly basis Less than 1 hour per week		
			Child's Health			1-4 hours per week		
E		Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending Accounts				5-10 hours per week		
	(F m	SA ned), how much money did you pay for this child's ical, health, dental, and vision care DURING THE T 12 MONTHS? Do not include health insurance			11 or more hours per week		
			iums or costs that were or will be reimbursed by ance or another source.	-6		N AVERAGE WEEK, how many hours		
	[\$0 (No medical or health-related expenses) → <i>SKIP to question</i> F4		heal	r family members spend arranging or th or medical care for this child, such ointments or locating services?		
	[\$1-\$249			This child does not need health care co on a weekly basis	oordinated	ł
			\$250-\$499			Less than 1 hour per week		
			\$500-\$999			1-4 hours per week		
	C		\$1,000-\$5,000			5-10 hours per week		
			More than \$5,000			11 or more hours per week		

 G. This Child's Schooling and Activities DURING THE PAST 12 MONTHS, about how many days did this child miss school because of illness or injury? <i>Include days missed from any formal home schooling.</i> No missed school days 1-3 days 4-6 days 7-10 days 11 or more days This child was not enrolled in school DURING THE PAST 12 MONTHS, how many times has this child's school contacted you or another adult in your household about any problems they are having with school? None 1 time 2 or more times SINCE STARTING KINDERGARTEN, has this child repeated any grades? Yes No DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in? Always Usually Sometimes Rarely Never 	 DURING THE PAST 12 MONTHS, did this child participate in Yes No A sports leasons after school or on weekends? Any clubs or organizations after activities or essons, such as music, dance, language, or other arts? Any type of community service or volunteer work at school, place of worship, or in the community? Any paid work, including regular grass, or other occasional work? OURING THE PAST WEEK, on how many days did this child exercise, play a sport, or participate in physical activity for at least 60 minutes? O days 1-3 days Every day Compared to other children their age, how much difficulty A little difficulty A lot of difficulty A lot of difficulty I-2 times per month I-2 times per week Almost every day
	 1-2 times per month 1-2 times per week
NSCH-T2	12

G	child bully others, pick on them, or exclude them? If the frequency changed throughout the year, report the						often does this child go to bed at about the same on weeknights?		
	highest frequency.						Always		
	Never (in the past 12 months)						Usually		
	1-2 times (in the p	ast 12 months	;)				Sometimes		
	□ 1-2 times per mon	th					Rarely		
	□ 1-2 times per weel	ĸ					Never		
	Almost every day					DUD			
G1	How often does this cl	hild		, c			URING THE PAST WEEK, how many hours of sleep id this child get on most weeknights?		
			ally Sometimes	Never			Less than 6 hours		
	 Show interest and curiosity in learning new things? 						6 hours		
	b. Work to finish tasks they start?						7 hours		
	c. Stay calm and in						8 hours		
	control when faced with a challenge?						9 hours		
	d. Care about doing well in school?						10 hours		
	e. Do all required homework?						11 or more hours		
	f. Argue too much?						MOST WEEKDAYS, about how much time did this I spend in front of a TV, computer, cellphone or		
	H. About	You a Child	nd This		other electronic device watching programs, playing games, accessing the internet or using social media? Do not include time spent doing schoolwork.				
		Cilliu		_			Less than 1 hour		
H	Was this child born in	the United S	tates?				1 hour		
	☐ Yes → SKIP to que	estion H3					2 hours		
	□ No						3 hours		
H		is child been	living in the Ur	nited			4 or more hours		
I	States?			6	17	How	well can you and this child share ideas or talk		
	years AND	m	onths				ut things that really matter?		
H	How many times has t	his child mov	od to a now a	drace			Very well		
Ĭ	since they were born?		red to a new at	101633			Somewhat well		
	Number of tir	nes					Not very well		
							Not well at all		
- 1									

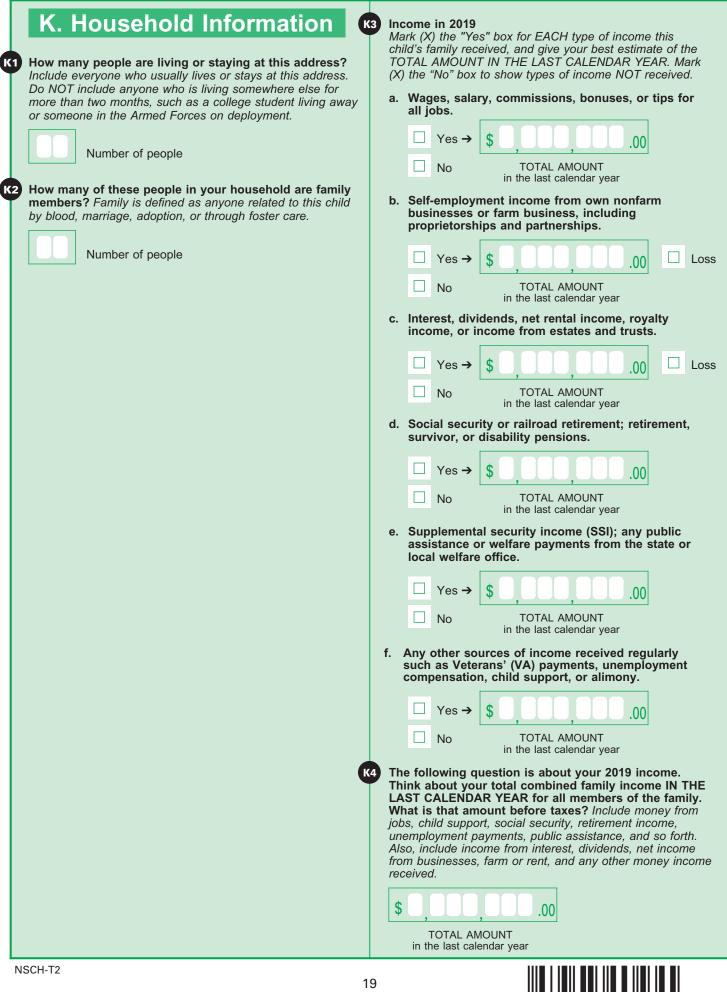
H		demands of raising children?				I. About Your Family and Household				
		 Very well Somewhat well 		0	family members who live in the household eat a meal					
		Not very well		togethe						
		Not well at all				days				
H	9 1	DURING THE PAST MONTH, how often have you fe	lt			3 days				
T		Never Rarely Sometimes Usually A		s	4-6	6 days				
	Ċ	is much harder to care for than most children		12	Does ar	rery day nyone living in your household use cigarettes,				
	I	their age? b. That this child			cigars,	or pipe tobacco?				
		does things			□ Ye					
		bother you a lot?			L No	\Rightarrow SKIP to question 14				
	(c. Angry with this child?		13	lf yes, d	does anyone smoke inside your home?				
H1		DURING THE PAST 12 MONTHS, was there someon that you could turn to for day-to-day emotional sup			□ Ye	25				
		with parenting or raising children?	port		No)				
		 Yes No → SKIP to question 11 		14	SINCE THIS CHILD WAS BORN, how often has it been very hard to cover the basics, like food or housing, on your family's income?					
					🗆 Ne	ever				
(H1	יע	If yes, did you receive emotional support from Yes	No		🗆 Ra	arely				
	ł	a. Spouse or domestic partner?			□ So	omewhat often				
	I	b. Other family member or close friend?			🗌 Ve	ery often				
	(c. Health care provider?		15		of these statements best describes your				
		d. Place of worship or religious leader?			househ DURING	old's ability to afford the food you need G THE PAST 12 MONTHS?				
	(e. Support or advocacy group related to specific health condition?			□ We	e could always afford to eat good nutritious meals.				
		f. Peer support group?			U We	e could always afford enough to eat but not always e kinds of food we should eat.				
	ģ	g. Counselor or other mental health professional?				ometimes we could not afford enough to eat.				
	I	h. Other person, specify: $$				ten we could not afford enough to eat.				
l	NS	CH-T2								
				14						

At any time DURING TH one month, did anyone			en for	9 Other than you or other adults in your home, is there at least one other adult in this child's school, neighborhood
one menni, ala anyene	in your laining	Yes	No	or community who knows this child well and who they can rely on for advice or guidance?
 a. Cash assistance from welfare program? 	a government			
b. Food Stamps or Sup Assistance Program				□ No
c. Free or reduced-cost lunches at school?	breakfasts or			10 The next questions are about events that may have
d. Benefits from the Wo and Children (WIC) F				happened during this child's life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer.
In your neighborhood,	is/are there	Yes	No	To the best of your knowledge, has this child EVER
	n ath a D			experienced any of the following?
a. Sidewalks or walking	paths?			a. Parent or guardian divorced or
b. A park or playground	?			separated
c. A recreation center, c center, or boys' and g				b. Parent or guardian died
d. A library or bookmob	ile?			c. Parent or guardian served time in jail
e. Litter or garbage on t or sidewalk?	he street			d. Saw or heard parents or adults slap, hit, kick, punch one another in the home
f. Poorly kept or rundov	-			e. Was a victim of violence or witnessed violence in their neighborhood
g. Vandalism such as b windows or graffiti?	roken			f. Lived with anyone who was mentally ill, suicidal, or severely depressed
To what extent do you about your neighborho			nts	g. Lived with anyone who had a problem uith alcohol or drugs
1	Definitely Somewh agree agree	at Somewhat disagree	t Definitely disagree	h. Treated or judged unfairly because of their race or ethnic group
 People in this neighborhood help each other out 				i. Treated or judged unfairly because of their sexual orientation or gender identity
b. We watch out for each other's children in this				111 When your family faces problems, how often are you likely to do each of the following?
neighborhood				All of Most of Some of None of the time the time the time
 c. This child is safe in our neighborhood 				the time the time the time a. Talk together
d. When we encounter				b. Work together to solve our problems
difficulties, we know where to go for help in				c. Know we have strengths to draw on
our community e. This child is safe				d. Stay hopeful even in difficult times
at school				

	J. Child's Caregivers	J6	com	at is the highest grade or level of school you have upleted? k (X) ONE box.
	About You			8th grade or less
Л н	ow are you related to this child?			9th-12th grade; No diploma
	Biological or Adoptive Parent			High School Graduate or GED Completed
C	Step-parent			Completed a vocational, trade, or business school
	Grandparent			program
	Foster Parent			Some College Credit, but no Degree
	Other: Relative			Associate Degree (AA, AS)
C	Other: Non-Relative			Bachelor's Degree (BA, BS, AB)
J2 W	hat is your sex?			Master's Degree (MA, MS, MSW, MBA)
				Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
		J	Wha	at is your marital status?
	Female			Married
J 3 W	hat is your age?			Not married, but living with a partner
	Age in years			Never Married
				Divorced
J 4 W	here were you born?			Separated
	In the United States → SKIP to question J6			Widowed
	Outside of the United States	J8	In g	eneral, how is your physical health?
	hen did you come to live in the United States?	T		Excellent
In Ul	dicate the 4-digit year in which you came to live in the nited States.			Very good
				Good
	4-Digit Year			Fair
				Poor
		J9	In a	eneral, how is your mental or emotional health?
		Ű		Excellent
				Very good
				Good
				Fair
				Poor
NSCI	1-12	16		

J10	employment status? Mark (X) ONE box. Employed full-time Employed part-time Working WITHOUT pay Not employed but looking for work Not employed and not looking for work	Other Parent or Caregiver in the Household Image: Additional stress of the st
	 U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box. Never served in the military → SKIP to question 113 Only on active duty for training in the Reserves or National Guard → SKIP to question 113 Now on active duty On active duty in the past, but not now Were you deployed at any time during this child's life? Yes No Does this child have another parent or adult caregiver who lives in this household? Yes → Complete questions 110 - 220 for this other parent or adult caregiver No → SKIP to question (1) on page 19 	 Other: Non-Relative What is this caregiver's sex? Male Female What is this caregiver's age? Age in years Where was this caregiver born? In the United States → <i>SKIP to question</i> 10 on page 18 Outside of the United States When did this caregiver come to live in the United States? Indicate the 4-digit year in which this caregiver care to live in the United States. 4-Digit Year
٢	ISCH-T2 1	7

J1		care	t is the highest grade or level of school this giver has completed?	J22	ln g heal	eneral, how is this caregiver's mental or emotional lth?
	1	Mark	(X) ONE box.			Excellent
			8th grade or less			Very good
			9th-12th grade; No diploma			Good
			High School Graduate or GED Completed			Fair
			Completed a vocational, trade, or business school program			Poor
	Some College Credit, but no Degree	Some College Credit, but no Degree	J23	Whi	ch of the following best describes this caregiver's	
			Associate Degree (AA, AS)		curr	rent employment status? k (X) ONE box.
			Bachelor's Degree (BA, BS, AB)			Employed full-time
			Master's Degree (MA, MS, MSW, MBA)			Employed part-time
			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			Working WITHOUT pay
						Not employed but looking for work
J20		Wha	t is this caregiver's marital status?			Not employed and not looking for work
			Not married, but living with a partner	J24	Has	this caregiver ever served on active duty in the U.S.
			Never Married			ed Forces, Reserves, or the National Guard? k (X) ONE box.
			Divorced			Never served in the military → SKIP to question K1 on page 19
			Separated			Only on active duty for training in the Reserves or National Guard \rightarrow <i>SKIP to question</i> (K1) on page 19
			Widowed			Now on active duty
J2 ¹		In ge	eneral, how is this caregiver's physical health?			On active duty in the past, but not now
			Excellent	J25		s this caregiver deployed at any time during this d's life?
			Very good			
			Good			Yes
			Fair			No
			Poor			
L	NS	СН-Т	2			
				18		



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

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





National Survey of Children's Health

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



The U.S. Census Bureau is required by law to protect your information and is not permitted to publicly release your responses in a way that could identify you or your household. The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. Federal law protects your privacy and keeps your answers confidential under 13 U.S.C. Section 9. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Access to records maintained in the system is restricted to Census Bureau employees and certain individuals authorized by Title 13, U.S. Code (designated as Special Sworn Status individuals). These individuals are subject to the same confidentiality requirements as regular Census Bureau employees 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.





1		_	
	Start Here	A3	FREQUENT or CHRONIC difficulty with any of the
	Recently, you completed a survey that asked about the		following? Yes No
	children usually living or staying at this address. Thank you for taking the time to complete that survey.		a. Breathing or other respiratory problems (such as wheezing or shortness of breath)
	We now have some follow-up questions to ask about:		b. Eating or swallowing because of a health condition
			c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea
	If the name listed above is not correct or does not correspond to a child living in this household, please call 1-800-845-8241 for assistance.		d. Repeated or chronic physical pain, including headaches or other back or body pain
	We have selected only one child per household in an effort to minimize the amount of time you will need to		e. Toothaches
	complete the follow-up questions.		f. Bleeding gums
	The survey should be completed by a parent or adult caregiver who lives in this household and who is familiar with this child's health and health care.		g. Decayed teeth or cavities
	Your participation is important. Thank you.	A4	Does this child have any of the following? Yes No
			a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition
	A. This Child's Health		b. Serious difficulty walking or climbing stairs
			c. Difficulty dressing or bathing
A'	In general, how would you describe this child's health (the one named above)?		d. Difficulty doing errands alone, such as visiting a doctor's office or
	Excellent		shopping, because of a physical, mental, or emotional condition
	Very good		e. Deafness or problems with hearing
	Good		f. Blindness or problems with seeing, even when wearing glasses
	Fair Poor		Has a doctor or other health care provider EVER told you that this child has
		A5	Allergies (including food, drug, insect, or other)?
(A2	2 How would you describe the condition of this child's teeth?		□ Yes □ No
	Excellent		If yes, does this child CURRENTLY have the condition?
	Very good		□ Yes □ No → If yes, is it:
	Good		Mild Moderate Severe
	□ Fair	A 6	Arthritis?
	Poor		Yes No
			If yes, does this child CURRENTLY have the condition?
			Yes No
			└→ If yes, is it:
			Mild Moderate Severe
	NSCH-T3	2	

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
	12 Frequent or severe headaches, including migraine?
Yes No	
If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
Yes No	
If yes, is it: □ Mild □ Moderate □ Severe	→ If yes, is it: Mild Moderate Severe
A8 Cerebral Palsy?	13 Tourette Syndrome?
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
A9 Diabetes?	Anxiety Problems?
If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
└→ If yes, is it:	↦ If yes, is it:
Mild Moderate Severe	Mild Moderate Severe
A10 Epilepsy or Seizure Disorder?	Depression?
 ✓ Yes ✓ No ✓ If yes, does this child CURRENTLY have the 	Yes □ No If yes, does this child CURRENTLY have the
condition?	condition?
☐ Yes ☐ No → If yes, is it:	☐ Yes ☐ No → If yes, is it:
Mild Moderate Severe	Mild Moderate Severe
A11 Heart Condition?	16 Down Syndrome?
Yes No	Yes No
If yes, was this child born with the condition? Yes □ No	
Does this child CURRENTLY have the condition?	
Yes No	
└→ If yes, is it:	
Mild Moderate Severe	3

	Has a doctor or other health care provider EVER told you that this child has	Has a doctor, other health care provider, or educator EVER told you that this child has	
A1	Blood Disorders (such as Sickle Cell Disease,	Examples of educators are teachers and school nurses.	
T	Thalassemia, or Hemophilia)?	A20 Behavioral or Conduct Problems?	
	Yes No		
	lf yes, is it:	If yes, does this child CURRENTLY have the condition?	
	Mild Moderate Severe	Yes No	
	Was this child diagnosed with:	⊢ If yes, is it:	
	Sickle Cell Disease? Yes No		
	Thalassemia? 🗌 Yes 🗌 No	Mild Moderate Severe	
	Hemophilia? 🗌 Yes 🗌 No	A21 Developmental Delay?	
	Other Blood Disorders?	→ If yes, does this child CURRENTLY have the	
	Were any of these blood disorders identified through a blood test done shortly after birth?	condition?	
	These tests are sometimes called newborn screening.	→ If yes, is it:	
	Yes No	Mild Moderate Severe	
A1	Cystic Fibrosis?		
T	Yes No	A22 Intellectual Disability (formerly known as Mental Retardation)?	
	└→ If yes, is it:	Yes No	
	Mild Moderate Severe	→ If yes, does this child CURRENTLY have the	
	Was this condition identified through a blood test done shortly after birth? These tests are	disability?	
	sometimes called newborn screening.	Yes No	
	Yes No	└→ If yes, is it:	
A1	Other genetic or inherited condition?	Mild Moderate Severe	
I	Yes No	A23 Speech or other language disorder?	
	\mapsto If yes, specify: \swarrow	Yes No	
		If yes, does this child CURRENTLY have the condition?	
	ls it:	Yes No	
	Mild Moderate Severe	→ If yes, is it:	
	Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening.	Mild Moderate Severe	
	□ Yes □ No	A24 Learning Disability?	
		Yes No	
		If yes, does this child CURRENTLY have the disability?	
		Yes No	
		└→ If yes, is it:	
		Mild Moderate Severe	

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).	A30	Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD?
	□ Yes □ No \rightarrow SKIP to question A30		Yes □ No → SKIP to question A33
	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
A2	6 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?	A31	Is this child CURRENTLY taking medication for ADD or ADHD? Pres No
	Age in years Don't know	A32	child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this
A2	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.		child received to help with their behavior? Yes No
	Primary Care Provider	A33	Do you think this child has EVER had a concussion or brain injury? A concussion or brain injury is when a blow or jolt to the head causes problems such as headaches,
	Specialist		dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, changes in mood
	School Psychologist/Counselor		or behavior, or being knocked out.
	Other Psychologist (Non-School)		Yes □ No If yes, did you seek medical care from a doctor or
	□ Psychiatrist		other health care provider?
	\Box Other, specify: \mathbf{z}		Yes No
			If yes, did a doctor or other health care provider tell you that your child had a concussion or brain injury?
	Don't know		Yes No
A2	B Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?	A34	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their age do?
	Yes No		This child does not have any
			 health conditions → SKIP to question B1 on page 6 Never
A2	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?		
	Yes No		Always
		A35	To what extent do this child's health conditions or problems affect their ability to do things?
			Very little
			Somewhat
			A great deal
	NSCH-T3	5	



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B	B. This Child as an Infant Was this child born more than 3 weeks before their due date?	C4	Thinking about the LAST TIME you took this child for a PREVENTIVE check-up, about how long was the doctor or health care provider who examined this child in the room with you? Your best estimate is fine.
82	No What month and year was this child born? Birth Month / 4-Digit Birth Year	C 5	 10-20 minutes More than 20 minutes What is this child's CURRENT height? Your best estimate is fine.
B3	How much did they weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine. pounds AND ounces OR	Co	feet AND inches OR meters AND centimeters How much does this child CURRENTLY weigh? Your best estimate is fine.
B4	kilograms AND grams What was the age of the mother when this child was born? Your best estimate is fine. Age in years Age in years Age in years	G	OR kilograms Are you concerned about this child's weight?
6		CB	 Yes, it's too high Yes, it's too low No, I am not concerned Has a doctor or other health care provider ever told you that this child is overweight?
2	 No → SKIP to question C5 If yes, at their LAST medical care visit, did this child have a chance to speak with a doctor or other health care provider privately, without you or another caregiver in the room? Yes 	C 9	 Yes No Is there a place you or another caregiver USUALLY take this child when they are sick or you need advice about their health?
C 3	■ No DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? A preventive check-up is when this child was not sick or injured such as an annual or sports physical, or well-child visit.	ļ,	 Yes No → SKIP to question (1) on page 7
	 0 visits 1 visit 2 or more visits 		
N	SCH-T3	6	

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C10	Mark (X) ONE box.	C16	If yes, DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for PREVENTIVE dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments?
	Doctor's Office		□ No preventive visits in the past
	Hospital Emergency Room		12 months → SKIP to question C18
	Hospital Outpatient Department		□ Yes, 1 visit
	Clinic or Health Center		Yes, 2 or more visits
	Retail Store Clinic or "Minute Clinic"	C17	If yes, DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive?
	School (Nurse's Office, Athletic Trainer's Office)		Mark (X) ALL that apply.
	Some other place		Check-up
C11	Is there a place that this child USUALLY goes when		Cleaning
	they need routine preventive care, such as a physical examination or well-child check-up?		Instruction on tooth brushing and oral health care
	□ Yes		□ X-Rays
	■ No → SKIP to question C13		Fluoride treatment
C12			Sealant (plastic coatings on back teeth)
Ī	are sick?		Don't know
	└ Yes	C18	DURING THE PAST 12 MONTHS, has this child
	□ No	C18	received any treatment or counseling from a mental
C13	DURING THE PAST 12 MONTHS, has this child had their vision tested, such as with pictures, shapes, or letters?		health professional? <i>Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical</i>
Ť			social workers.
	□ Yes		☐ Yes
	□ No \rightarrow SKIP to question C15		□ No, but this child needed to see a mental health professional
C14	If yes, where was this child's vision tested?		No, this child did not need to see a mental health professional → SKIP to question C20
T	Mark (X) ALL that apply.	C19	How difficult was it to get the mental health treatment
	Eye doctor or eye specialist (ophthalmologist, optometrist) office	Ť	or counseling that this child needed?
	Pediatrician or other general doctor's office		Not difficult
	Clinic or health center		Somewhat difficult
	□ School		Very difficult
	\Box Other, specify: \mathbf{k}		It was not possible to obtain care
		C20	DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with their
C15	DURING THE PAST 12 MONTHS, did this child see a		emotions, concentration, or behavior?
	dentist or other oral health care provider for any kind		□ Yes
	of dental or oral health care?		
	Yes, saw a dentist		
	Yes, saw other oral health care provider		
	□ No → SKIP to question C18		
N	SCH-T3	_	
		7	

C2	specialist other than a mental health professional? Specialists are doctors like surgeons, heart doctors, allergy	C2 6	not receiving needed health services? Mark (X) Yes or No for EACH item.
	doctors, skin doctors, and others who specialize in one area of health care.		a. This child was not eligible for the services
	Yes		 b. The services this child needed were not available in your area
	 No, but this child needed to see a specialist No, this child did not need to 		c. There were problems getting an appointment when this child needed
	See a specialist → SKIP to question C23		one d. There were problems with getting
C2:	How difficult was it to get the specialist care that this child needed?		e. The clinic or doctor's office wasn't
	Not difficult		open when this child needed care f. There were issues related to cost
	Somewhat difficult	C27	
	Very difficult		frustrated in your efforts to get services for this child?
	L It was not possible to obtain care		
C2:	type of alternative health care or treatment? Alternative health care can include acupuncture, chiropractic care,		Usually
	relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.		□ Always
	□ Yes	C28	DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?
	No		□ None
C24	DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.		1 time2 or more times
	□ Yes	C29	DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?
	□ No → SKIP to question C27		□ Yes
C2!	If yes, which types of care were not received? Mark (X) ALL that apply.		□ No
	Medical Care	C30	intervention plan? Children receiving these services often
	Dental Care		have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).
	Vision Care		Yes
	 Hearing Care Mental Health Services 		No → SKIP to question C33 on page 9
	$\Box \text{Other, specify: } \mathbf{v}$	C31	If yes, how old was this child at the time of the FIRST plan?
			years AND months

СЗ	Is this child CURRENTLY receiving services under one of these plans?	D4	Answer the following questions only if this child had a health care visit IN THE PAST 12 MONTHS. Otherwise skip to question D13 on page 10.
			DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers
- 1	□ No		Always Usually Sometimes Never
СЗ	Has this child EVER received special services to meet their developmental needs such as speech,		a. Spend enough time with this child?
	occupational, or behavioral therapy?		b. Listen carefully to you?
	 Yes No → SKIP to question D1 		c. Show sensitivity to your family's values and customs?
СЗ	If yes, how old was this child when they began receiving these special services?		d. Provide the specific information you needed concerning this child?
СЗ	0 1		e. Help you feel like a partner in this child's care?
	services?	D5	DURING THE PAST 12 MONTHS, did this child need any decisions to be made regarding their health care, such as whether to get prescriptions, referrals, or procedures?
	D. Experience with This Child's Health Care		□ No \rightarrow SKIP to question D7
	Providers	D6	If yes, DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers
D1	Do you have one or more persons you think of as this child's personal doctor or nurse? A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.		Always Usually Sometimes Never a. Discuss with you the range of options to consider for their health care or treatment?
	☐ Yes, one person		b. Make it easy for you to raise concerns or disagree with
	Yes, more than one person		recommendations for this child's health care?
Dz	 No DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services? Yes 		c. Work with you to decide together which health care and treatment choices would be best for this child?
	■ No → SKIP to question D4	D7	DURING THE PAST 12 MONTHS, did anyone help you arrange or coordinate this child's care among the
Da	How difficult was it to get referrals?		different doctors or services that this child uses?
I	Not difficult		□ Yes
	Somewhat difficult		No
	Very difficult		Did not see more than one health care provider in the PAST 12 MONTHS → SKIP to question on page 10
	□ It was not possible to get a referral		on page to
	NSCH-T3	9	

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?	014	will need to see doctors or other health care providers who treat adults?								
	□ Yes										
	□ No \rightarrow SKIP to guestion D10		No								
		D15	Has this child's doctor or other health care provider								
D	9 If yes, DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with	Ī	actively worked with this child to: Don't Yes No know								
	arranging or coordinating this child's health care?		a. Make positive choices about								
	Usually		their health. For example, by eating healthy, getting regular exercise, not using tobacco,								
	Sometimes		alcohol or other drugs, or delaying sexual activity?								
	Never		b. Gain skills to manage their								
D,	DURING THE PAST 12 MONTHS, how satisfied were you with the communication between this child's doctors and other health care providers?		health and health care. For example, by understanding current health needs, knowing what to do in a medical emergency, or taking medications they may need?								
	Very satisfied		c. Understand the changes in health care that happen at								
	Somewhat satisfied	what satisfied age 18. For example, by understanding changes in privac									
	Somewhat dissatisfied		consent, access to information, or decision-making?								
	Very dissatisfied	D16	Did you and this child receive a summary of your child's medical history (for example, medical conditions,								
D	DURING THE PAST 12 MONTHS, did this child's health care provider communicate with the child's school, child care provider, or special education program?		allergies, medications, immunizations)?								
	Yes		□ No								
	■ No → SKIP to question D13	017	Have this child's doctors or other health care providers								
	Did not need health care provider to communicate with these providers → SKIP to question D13		worked with you and this child to create a plan of care to meet their health goals and needs?								
D	2 If yes, during this time, how satisfied were you with the health care provider's communication with the school, child care provider, or special education program?		No → SKIP to question D20 on page 11								
	Very satisfied	D18	If yes, do you and this child have access to this plan of care?								
	Somewhat satisfied		□ Yes								
	Somewhat dissatisfied		No								
	Very dissatisfied	D19									
D	3 Do any of this child's doctors or other health care providers treat only children?		other health care providers who treat adults?								
	□ Yes		□ No								
	No → SKIP to question D15		□ No, child already sees providers who treat adults								



D2		adu	jibility for health insurance often char ilthood. Do you know how this child v they become an adult?			E	ty	pe	is child CURRENTLY covered by any s of health insurance or health covera ((X) Yes or No for EACH item.		
		as								Yes	No
			Yes → SKIP to question E1				a.		nsurance through a current or prmer employer or union		
		If no has anyone discussed with you how to obtain or					b.		nsurance purchased directly rom an insurance company		
D2		kee	o, has anyone discussed with you hove p some type of health insurance cove d becomes an adult?				c.	C a	Medicaid, Medical Assistance, ir any kind of government ssistance plan for those with ow incomes or a disability		
			Yes				d.		RICARE or other military		
			No						ealth care		
			E This Child's Us	olth			e.	. 1	ndian Health Service		
			E. This Child's He				f.	C	Other, specify: 🖌		
	_		Insurance Cover	aye							
E		cov	RING THE PAST 12 MONTHS, was thi rered by ANY kind of health insurance rerage plan?			E			often does this child's health insuran fits or cover services that meet this c		eds?
			Yes, this child was covered all 12 months → <i>SKIP to question</i>	4					Always		
			Yes, but this child had a gap in covera	ige					Usually		
			No						Sometimes		
E		chi	icate whether any of the following is a ld was not covered by health insuranc RING THE PAST 12 MONTHS:						Never		
			Change in employer or employment	Yes	No	E			often does this child's health insuran to see the health care providers they		
			status				Г				
			Cancellation due to overdue premiums						Always		
			Dropped coverage because it was unaffordable				ſ		Usually		
		d.	Dropped coverage because benefits were inadequate				ſ		Sometimes		
		e.	Dropped coverage because choice of health care providers was inadequate			E			king specifically about this child's me avioral health needs, how often does t		's
			Problems with application or renewal process				h	eal	th insurance offer benefits or cover se t these needs?		
		g.	Other, specify: 📈						Always		
									Usually		
		le +	his child CURRENTLY covered by AN	V kind of					Sometimes		
E			lth insurance or health coverage plan						Never		
			Yes				Г		This child does not use mental or behave	vioral	
			No → SKIP to question F1 on page	12				_	health services		
			•								



	F. Providing for This Child's Health	F5 IN AN AVERAGE WEEK, how many hours do you or other family members spend providing health care at home for this child? Care might include changing bandages, or giving medication and therapies when needed.
E	Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.	 Less than 1 hour per week 1-4 hours per week
	S0 (No medical or health-related expenses) → SKIP to question F4	 5-10 hours per week 11 or more hours per week
	□ \$1-\$249	
	\$250-\$499	F6 IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making
	\$500-\$999	appointments 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
E	How often are these costs reasonable?	□ 1-4 hours per week
	Always	5-10 hours per week
		□ 11 or more hours per week
	□ Sometimes	G This Child's Schooling
	□ Never	G. This Child's Schooling and Activities
E	DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills?	G1 DURING THE PAST 12 MONTHS, about how many days did this child miss school because of illness or injury? <i>Include days missed from any formal home schooling.</i>
	□ Yes	No missed school days
	□ No	□ 1-3 days
E	DURING THE PAST 12 MONTHS, have you or other family members	☐ 4-6 days
	a. Left a job or taken a leave of	☐ 7-10 days
	absence because of this child's health or health conditions?	□ 11 or more days
	b. Cut down on the hours you work because of this child's health or health conditions?	This child was not enrolled in school
	 c. Avoided changing jobs because of concerns about maintaining health insurance for this child? 	G2 DURING THE PAST 12 MONTHS, how many times has this child's school contacted you or another adult in your household about any problems they are having with school?
		□ None
		□ 1 time
		2 or more times

G3	SINCE STARTING KINDERGARTEN, has the repeated any grades?	his child		G8		RING THE PAST 12 d bullied, picked o				
	Yes				lf th	la builled, picked of le frequency change nest frequency.				
	□ No					Never (in the past	12 montl	ns)		
G4	DURING THE PAST 12 MONTHS, how ofte	n did vo				1-2 times (in the p	ast 12 m	onths)		
	attend events or activities that this child p			?		1-2 times per mon	h			
	Always					1-2 times per weel	(
	Usually					Almost every day				
	□ Sometimes				DU		MONTH	C have a	المعالمة المعالمة	
	Rarely			G9	chi	RING THE PAST 12 d bully others, pick the frequency changed	on ther	n, or excl	ude them	?
	Never					nest frequency.	ı ınıouyı	iout the ye	ai, iepon	ше
G5		child				Never (in the past	12 montl	ns)		
T	participate in	Yes	No			1-2 times (in the p	ast 12 m	onths)		
	a. A sports team or did they take sports lessons after school or on weekends?					1-2 times per mon	h			
	b. Any clubs or organizations after school or on weekends?					1-2 times per weel	(
	 c. Any other organized activities or lessons, such as music, dance, 					Almost every day				
	language, or other arts?			G10	Ηον	w often does this cl	nild Always	Usually	Sometimes	Never
	d. Any type of community service or volunteer work at school, place of worship, or in the community?					Show interest and curiosity in learning new things?				
	e. Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work?					Work to finish tasks they start?				
G6	DURING THE PAST WEEK, on how many of this child exercise, play a sport, or participhysical activity for at least 60 minutes?					Stay calm and in control when faced with a challenge?				
						Care about doing well in school? Do all required				
	□ 1-3 days				0.	homework?				
	4-6 days				f.	Argue too much?				
	Every day					H. About			l This	5
G7	difficulty does this child have making or k			A	Wa	s this child born in	Chil the Unit		?	
	friends?			Ť		Yes → SKIP to qu				
	No difficulty					No			yo	
	A little difficulty					NO				
	A lot of difficulty			H2		o, how long has thi ted States?	s child l	been livin	g in the	
						years AND		months	3	
Ν	ISCH-T3			13						

How many times has this child moved to a new address since they were born?		mands of raleir	.9 01110				
		mands of raisir					
Number of times		Somewhat we					
low often does this child go to bed at about the same		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
ne on weeknights?		Not very well					
Always		Not well at al	I				
Usually	H9 DI	JRING THE PAS		ITH, how	often ha	ave you	felt
Sometimes	a.	That this child	Never	Rarely S	Sometime	s Usually	Always
Rarely		is much harder to care for than					
Never		most children their age?					
IRING THE PAST WEEK, how many hours of sleep I this child get on most weeknights?	b.	That this child does things that really					
Less than 6 hours		bother you a lot?					
6 hours	C.	Angry with this child?					
7 hours		JRING THE PAS	ST 12 M		was the	re some	
8 hours	🔶 th	at you could tu	rn to fo	r day-to-	day emo		
8 hours9 hours	🔶 th		rn to fo	r day-to-	day emo		
	🔶 th	at you could tur ith parenting or Yes	rn to fo raising	r day-to- children	day emo l?	tional su	
9 hours 10 hours	th wi	at you could tur th parenting or Yes No → <i>SKIP t</i>	rn to fo raising o ques	r day-to- children	day emo l? on page	tional su 15	
 9 hours 10 hours 11 or more hours 	th wi	at you could tur ith parenting or Yes	rn to fo raising o ques	r day-to- children	day emo l? on page	tional su 15	
 9 hours 10 hours 11 or more hours N MOST WEEKDAYS, about how much time did this hild spend in front of a TV, computer, cellphone or 	th wi	at you could tur th parenting or Yes No → <i>SKIP t</i>	rn to fo raising o ques ceive ei	r day-to- children tion 1	day emo l? on page	tional su 15 from	ipport
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	I. About Your Family and Household		any time DURING T e month, did anyon				n for
	DURING THE PAST WEEK, on how many days did all the	a.	Cash assistance fro welfare program?	m a gove	rnment	Yes	No
Ĭ	family members who live in the household eat a meal together?	b.	Food Stamps or Su Assistance Program				
	□ 0 days	c.	Free or reduced-cos	. ,			
	□ 1-3 days	d.	Benefits from the W and Children (WIC)				
	└ 4-6 days □ Every day	7 In	your neighborhood	-			
			.			Yes	No
12	Does anyone living in your household use cigarettes, cigars, or pipe tobacco?		Sidewalks or walking A park or playgroun				
	□ Yes		A recreation center, center, or boys' and	communi			
	$\square \text{ No} \rightarrow SKIP \text{ to question } 14$	d.	A library or bookmol	-):		
13	If yes, does anyone smoke inside your home?	e.	Litter or garbage on or sidewalk?	the stree	t		
	□ Yes	f.	Poorly kept or rundo	wn housi	ng?		
	□ No	g.	Vandalism such as windows or graffiti?	broken			
14	SINCE THIS CHILD WAS BORN, how often has it been very hard to cover the basics, like food or housing, on your family's income?		what extent do you out your neighborh				its
	□ Never			Definitely agree	Somewhat agree	Somewhat disagree	Definitely disagree
	Rarely	a.	People in this neighborhood help each other out				
	Somewhat often	b.	We watch out for each other's				
	Very often		children in this neighborhood				
15	Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS?	C.	This child is safe in our neighborhood				
	☐ We could always afford to eat good nutritious meals.	d.	When we encounter				
	We could always afford enough to eat but not always the kinds of food we should eat.		difficulties, we know where to go for help in our community				
	Sometimes we could not afford enough to eat.	e.	This child is safe				
	Often we could not afford enough to eat.		at school			_	

19	 Other than you or other adults in y least one other adult in this child's or community who knows this child can rely on for advice or guidance? Yes No The next questions are about even happened during this child's life. T happen in any family, but some per uncomfortable with these question 	school, neigh d well and who ts that may ha hese things c ople may feel	ave an	J. Child's Caregivers About You How are you related to this child? Biological or Adoptive Parent Step-parent Grandparent
	any questions you do not want to a To the best of your knowledge, has	answer.		Foster Parent Other: Balative
	experienced any of the following?	Yes	No	Other: Relative
	 Parent or guardian divorced or separated 			Other: Non-Relative
	b. Parent or guardian died			2 What is your sex?
	c. Parent or guardian served time in	jail 🗌		□ Male
	 Saw or heard parents or adults sla hit, kick, punch one another in the home 			Female
	 Was a victim of violence or witnessed violence in their neighborhood 			3 What is your age?
	f. Lived with anyone who was menta ill, suicidal, or severely depressed			Age in years
	g. Lived with anyone who had a prob	olem		4 Where were you born?
	with alcohol or drugs h. Treated or judged unfairly because			□ In the United States \rightarrow <i>SKIP to question</i> J ₆
	of their race or ethnic group i. Treated or judged unfairly because			Outside of the United States
	of their sexual orientation or gend			
	1) When your family faces problems,	how often are		5 When did you come to live in the United States? Indicate the 4-digit year in which you came to live in the
٣	likely to do each of the following?		-	United States.
	the time the	st of Some of time the time	None of the time	4-Digit Year
	a. Talk together about what to do			
	b. Work together to solve our problems			
	c. Know we have strengths to draw on □			
	d. Stay hopeful even □			
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Comple		em	ich of the following best describes your current ployment status? rk (X) ONE box.
	h grade or less		Employed full-time
□ 9t	h-12th grade; No diploma		Employed part-time
Пні	igh School Graduate or GED Completed		Working WITHOUT pay
	ompleted a vocational, trade, or business school		Not employed but looking for work
	ogram ome College Credit, but no Degree		Not employed and not looking for work
			ve you ever served on active duty in the
	achelor's Degree (BA, BS, AB)		6. Armed Forces, Reserves, or the National Guard? <i>rk (X) ONE box.</i>
	aster's Degree (MA, MS, MSW, MBA)		Never served in the military → SKIP to question J13
	octorate (PhD, EdD) or Professional Degree		Only on active duty for training in the Reserves or National Guard \rightarrow SKIP to question J13
	ID, DDS, DVM, JD)		Now on active duty
J7 What is	s your marital status?		On active duty in the past, but not now
M	arried		re you deployed at any time during this child's life?
	ot married, but living with a partner	2) We	
	ever Married		Yes
Di	ivorced		No
□ Se	eparated		es this child have another parent or adult caregiver o lives in this household?
🗆 w	lidowed		Yes → Complete questions J14 - J25 for this other
J8 In gene	eral, how is your physical health?		parent or adult caregiver
	xcellent		No → SKIP to question K1 on page 19
	ery good		
G	ood		
🗆 Fa	air		
	oor		
J9 In gene	eral, how is your mental or emotional health?		
	xcellent		
	ery good		
	ood		
	air		
	oor		
NSCH-T3			
	1	7	

_		_		
	Other Parent or Caregiver in the Household	J19	care	at is the highest grade or level of school this egiver has completed? k (X) ONE box.
J14	How is this other caregiver related to this child?			8th grade or less
	Biological or Adoptive Parent			9th-12th grade; No diploma
	Step-parent			High School Graduate or GED Completed
	Grandparent			Completed a vocational, trade, or business school
	Foster Parent			program
	Other: Relative			Some College Credit, but no Degree
	Other: Non-Relative			Associate Degree (AA, AS)
J15	What is this caregiver's sex?			Bachelor's Degree (BA, BS, AB)
Τ				Master's Degree (MA, MS, MSW, MBA)
	Female			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
		J20	Wha	at is this caregiver's marital status?
J16	What is this caregiver's age?			Married
	Age in years			Not married, but living with a partner
J17	Where was this caregiver born?			Never Married
Ť	□ In the United States \rightarrow SKIP to question J19			Divorced
	 Outside of the United States 			Separated
				Widowed
J18	When did this caregiver come to live in the United States? Indicate the 4-digit year in which this caregiver	J21	In a	eneral, how is this caregiver's physical health?
	came to live in the United States.			Excellent
	4-Digit Year			Very good
				Good
				Fair
				Poor
		J22	In geheal	eneral, how is this caregiver's mental or emotional hth?
				Excellent
				Very good
				Good
				Fair
				Poor
Ν	ISCH-T3	18	;	

J2	current employment status?	Ma Ma	ark (X						e of income	
	Mark (X) ONE box.	TC	DTAL .	AMOUN	T IN	THE	E LAST	T ^{CALE}	best estima ENDAR YE ome NOT r	AR. Mark
	Employed part-time	a.	Wag all jo		r y , c	comn	nissio	ns, bo	onuses, or	tips for
	□ Working WITHOUT pay			Yes →	\$				00.00	
	Not employed but looking for work			No	Ψ	<u>,</u> т	OTAL	, AMOUI		
	Not employed and not looking for work		- If			in th	e last c	calenda	r year	
J24	Armed Forces, Reserves, or the National Guard?		busi	nesses o prietorsh	or fa	arm I	busine	ess, in		m
	Mark (X) ONE box.			Yes →	\$),		J,U	00. 00	Loss
	□ Never served in the military \rightarrow SKIP to question K1			No				AMOUI alenda		
	 Only on active duty for training in the Reserves or National Guard → SKIP to question [1] Now on active duty 	c.				ds, r	net rer	ntal in	come, roy and trust	
	 On active duty in the past, but not now 			Yes →	\$			DļO	00.00	Loss
12	Was this caregiver deployed at any time during this			No				AMOUI calenda		
	child's life?	d.				or ra	ilroad	retire	ment; reti	rement,
	Yes		surv	ivor, or	aisa	<u>y</u> ılıdı	y pens	sions.		
	No			Yes →	\$,		,	.00	
	K. Household Information			No		-		AMOUI calenda		
K		e.	assi	plementa stance o I welfare	r w	elfar	ty inc e payı	ome (nents	SSI); any from the	oublic state or
T	Include everyone who usually lives or stays at this address. Do NOT include anyone who is living somewhere else for			Yes →	¢				00	
	more than two months, such as a college student living away or someone in the Armed Forces on deployment.	/		No	Ψ	<u>,</u> т		, AMOUI	.00 NT	
	Number of people					in th	e last c	alenda	r year	
Kz			f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony.							
	members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.			Yes →	\$				00. 00	
	Number of people			No				AMOUI alenda		
									ur 2019 in	
		LA	ST C	ALENDA	AR 1	EAF	R for a	ll mer	mily incor nbers of the Include material	ne family.
		jok	os, chi	ild suppo	rt, s	ocial	secur	ity, ret	tirement ind	come,
		Als fro	so, inc	lude inco sinesses,	ome	from	intere	əst, div	∕idends, ne	
		\$.00			
				OTAL AM e last cale			r			
	NSCH-T3	10								
		19								

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

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



