Appendix D

2021 National Survey of Children's Health Screener and Topical Questionnaire Drafts



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.

NSCH-S1 (01/26/2021)



Start Here

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

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

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

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

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

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

Para completar el cuestionario en español, llame al 1-800-845-8241. Para recibir ayuda con el Dispositivo Telefónico para Personas Sordas (TDD, por sus siglas en inglés), llame de forma gratuita al 1-800-582-8330.

In Your Home

O	Are	there any children 0-17 years old who usually live or stay at this address?
		Yes
		No – STOP HERE after marking "No" and return this survey to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.
2	Hov	many children 0-17 years old usually live or stay at this address?
		Number of children living or staying at this address
3	Wha	at is the primary language spoken in the household?
		English
		Spanish
		Other Language, specify: 📈
4		nis house, apartment, or mobile home k (X) ONE box.
		Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
		Owned by you or someone in this household free and clear (without a mortgage or loan)?
		Rented?
		Occupied without payment of rent?
6	Ans	wer the remaining questions for each of the children 0-17 years old who usually live or stay at this address.
	Stai	rt with the YOUNGEST CHILD, who we will call "Child 1" and continue with the next youngest until you have wered the questions for all children who usually live or stay at this address.



		CHILI (Younge								need or than v		nedicine 6?	
						Ye	s		No				
	First name	, initials, or nicknam	e of the	youngest child		be		of ANY				tion medi or other h	
2		this child? If the chil	d is less	than one month		L				ndition t		lasted o	r
								Yes		No		_	
		Years OR	Mor	nths		health,	or educ	l need o	servic	more m		care, men al for mos	
3	What is thi	s child's sex?			(childrer	of the	same	age?				
	☐ Male	Female				Ye	S		No				
6	NOTE: An	swer BOTH questi		about Hispanic		he	alth, or	educat	tional s	ervices	becaus	care, mense of ANY ondition?	ntal
		urvey, Hispanic or		e not races.			Yes		☐ No				
4	Is this child	d of Hispanic, Latino	, or Spai	nish origin?		L						lasted o	r
	No, no	ot of Hispanic, Latino,	or Spanis	sh origin				Yes		No			
	Yes, N	lexican, Mexican Ame	erican, Ch	nicano	— (ability t	o do th	nited or e thing	r preve s most	nted in a	any way n of the	y in their e same ag	je
	Yes, F	uerto Rican			(can do?	?						
	Yes, C	Cuban				☐ Ye	_		No Id's lin	itation i	in abilit	ies becau	ıse of
	Yes, a	nother Hispanic, Latir	o, or Spa	anish origin		AN	IY medi Yes	ical, be	haviora No	al, or oth	ner heal	Ith condit	tion?
5	What is thi	s child's race? Mark	(X) one of	or more boxes.		L		e ie thi			hat has	lasted o	r
	White		☐ Kore	ean			is ex	pected		12 mor		longer?	•
	Black		Viet	namese				Yes		No			
	Americ	n American can Indian or n Native	Oth	er Asian						special to eech th		, such as	
			Nati	ive Hawaiian		Ye	S		No				
	☐ Asian ☐ Chines			amanian or amorro			yes, is t other h				nedical	, behavio	ral,
							Yes		☐ No				
	☐ Filipino			noan er Pacific Islander		L						lasted o longer?	r
	Б Зарап	536						Yes		No			
6	least 4 yea	e following question rs old. Otherwise, Sl oes this child speak	KIP to qu	uestion 7.			mental	, or bel	haviora			, vhich they	/
			J										
	☐ Very v	vell					yes, has	s their		nal, dev			
	Well					be		l probl	em last			ected to la	ast
	□ Not we					12	Yes	5 UF 101	nger? □ No				
	☐ Not at	all											

		CHILI (Next you			Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?				
		(Martin your	. 9 -		☐ Yes ☐ No				
1	Firs	t name, initials, or nicknam d	e of	the next youngest					
					☐ Yes ☐ No				
2		v old is this child? If the chil round age in months to 1.	d is	less than one month					
					☐ Yes ☐ No				
		Years OR		Months	Does this child need or use more medical care, mental health, or educational services than is usual for most				
(3	Wha	at is this child's sex?			children of the same age?				
1		Male Female			☐ Yes ☐ No				
E		TE: Answer BOTH questi							
1		this survey, Hispanic or			☐ Yes ☐ No				
4	Is th	nis 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 S	Spanish origin	☐ Yes ☐ No				
		Yes, Mexican, Mexican Ame	erica	an, Chicano	Is this child limited or prevented in any way in their ability to do the things most children of the same age				
		Yes, Puerto Rican			can do?				
		Yes, Cuban			Yes No				
		Yes, another Hispanic, Latin	10, 0	or Spanish origin					
5	Wha	at is this child's race? Mark	(X)	one or more boxes.	YesNoIf yes, is this a condition that has lasted or				
Ī		White		Korean	is expected to last 12 months or longer?				
		Black or African American		Vietnamese	☐ Yes ☐ No				
		American Indian or		Other Asian	Does this child need or get special therapy, such as physical, occupational, or speech therapy?				
		Alaska Native		Native Hawaiian	☐ Yes ☐ No				
		Asian Indian		Guamanian or Chamorro	If yes, is this because of ANY medical, behavioral, or other health condition?				
1		Chinese			☐ Yes ☐ No				
		Filipino	Ш	Samoan	→ If yes, is this a condition that has lasted or				
		Japanese		Other Pacific Islander	is expected to last 12 months or longer? Yes No				
6		wer the following question			Does this child have any kind of emotional,				
Ĭ		t 4 years old. Otherwise, SI v well does this child speak		to question 7.	developmental, or behavioral problem for which they need treatment or counseling?				
		Very well			☐ Yes ☐ No				
		Well							
		Not well			12 months or longer?				
		Not at all			L 165 L 140				



	CHILD 3 (Next youngest)						Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
			(IVOXE YOU)	igc	31)		☐ Yes ☐ No
1		Firs chile	t name, initials, or nicknam d	e o	f the next youngest		
							☐ Yes ☐ No
2			old is this child? If the child 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
			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?
E	•	wha	at is this child's sex?				
			Male Female				☐ Yes ☐ No
€)	NO ⁻	TE: Answer BOTH questigin and question 5 abo	ion ut r	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?
			this survey, Hispanic or				☐ Yes ☐ No
4		ls th	nis child of Hispanic, Latino				If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		Ш	No, not of Hispanic, Latino,	or S	Spanish origin		☐ Yes ☐ No
			Yes, Mexican, Mexican Ame	erica	an, Chicano	9	Is this child limited or prevented in any way in their ability to do the things most children of the same age
		Ш	Yes, Puerto Rican				can do?
		Yes, Cuban					☐ Yes ☐ No
			Yes, another Hispanic, Latin	10, 0	or Spanish origin		If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
5		Wha	at is this child's race? Mark	(X)	one or more boxes.		Yes No
			White		Korean		
			Black or African American		Vietnamese		☐ Yes ☐ No
			American Indian or Alaska Native		Other Asian	10	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
			Asian Indian	Ш	Native Hawaiian		Yes No
			Chinese		Guamanian or Chamorro		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			wer the following question			11	Does this child have any kind of emotional,
			t 4 years old. Otherwise, Si well does this child speak				developmental, or behavioral problem for which they need treatment or counseling?
			Very well				☐ Yes ☐ No
			Well				
			Not well				
	□ Not at all						☐ Yes ☐ No



		CHILI (Next you			7	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?					
		(13010)	J			☐ Yes ☐ No					
1	Firs	st name, initials, or nicknam ld	e of	the next youngest		→ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?					
						☐ Yes ☐ No					
2		v old is this child? If the child 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					
		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	Wh	at is this child's sex?									
		Male Female				☐ Yes ☐ No					
€	ori	TE: Answer BOTH questigin and question 5 abo	ut ra	ace.		If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?					
	Foi	this survey, Hispanic or	igin	s are not races.		☐ Yes ☐ No					
4	ls t	his child of Hispanic, Latino				If yes, is this a condition that has lasted or is expected to last 12 months or longer?					
	Ш	No, not of Hispanic, Latino,	or S	Spanish origin		☐ Yes ☐ No					
		Yes, Mexican, Mexican Ame	erica	n, Chicano	9	9 Is this child limited or prevented in any way in their ability to do the things most children of the same age					
	Ш	Yes, Puerto Rican				can do?					
		Yes, Cuban				☐ Yes☐ No☐ If yes, is this child's limitation in abilities because of					
		Yes, another Hispanic, Latir	no, o	r Spanish origin		ANY medical, behavioral, or other health condition?					
5	Wh	at 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 African American		Vietnamese	10	Yes No					
		American Indian or Alaska Native		Other Asian	W	Does this child need or get special therapy, such as physical, occupational, or speech therapy?					
				Native Hawaiian		☐ Yes ☐ No					
		Asian Indian		Guamanian or Chamorro		If yes, is this because of ANY medical, behavioral, or other health condition?					
		Chinese				☐ Yes ☐ No					
		Filipino	Ш	Samoan		If yes, is this a condition that has lasted or					
		Japanese		Other Pacific Islander		is expected to last 12 months or longer? Yes No					
6		swer the following question			M	Does this child have any kind of emotional,					
		st 4 years old. Otherwise, S w well does this child speak			Ψ	developmental, or behavioral problem for which they need treatment or counseling?					
		Very well				☐ Yes ☐ No					
		Well				☐ If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last					
		Not well				12 months or longer? Yes No					
		Not at all									

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

Mailing Instructions

Thank you for your participation.

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

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

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

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

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





National Survey of Children's Health

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.

NSCH-T1 (07/14/2020)



			_		
		Start Here	A3	FREQUENT or CHRONIC difficulty with any of the	
	Rece	ently, you completed a survey that asked about the		following? Yes No)
	child	dren usually living or staying at this address. The staying at this address. The staying the time to complete that survey.		a. Breathing or other respiratory problems (such as wheezing or shortness of breath)]
	We ı	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]
	corr	e name listed above is not correct or does not espond to a child living in this household, please 1-800-845-8241 for assistance.		d. Repeated or chronic physical pain, including headaches or other back or body pain]
	effo	nave selected only one child per household in an t to minimize the amount of time you will need to plete the follow-up questions.		e. Using their hands]
				f. Coordination or moving around]
	care	survey should be completed by a parent or adult giver who lives in this household and who is liar with this child's health and health care.		g. Toothaches	
				h. Bleeding gums]
	You	r participation is important. Thank you.		i. Decayed teeth or cavities]
			A4	Does this child have any of the following? Yes No.)
		A. This Child's Health		a. Deafness or problems with hearing]
		A. This office of the careful		b. Blindness or problems with seeing,	,
		eneral, how would you describe this child's health one named above)?		even when wearing glasses	
		Excellent		Has a doctor or other health care provider EVER told you that this child has	
		Very good	A5	Allergies (including food, drug, insect, or other)?	
		Good		☐ Yes ☐ No	
		Fair			
		Poor		☐ Yes ☐ No	
				→ If yes, is it:	
2	How teeth	would you describe the condition of this child's n?		☐ Mild ☐ Moderate ☐ Severe	
		This child does not have any teeth	A6	Arthritis?	
		Excellent		☐ Yes ☐ No ☐ No ☐ If yes, does this child CURRENTLY have the	
		Very good		condition?	
		Good		Yes ✓ No → If yes, is it:	
		Fair		☐ Mild ☐ Moderate ☐ Severe	
		Poor			



١	Has a doctor or other health care provider EVER told	Has a doctor or other health care provider EVER told
AZ	you that this child has Asthma?	you that this child has A12 Frequent or severe headaches, including migraine?
٦	☐ Yes ☐ No	Yes No
۱	☐ If yes, does this child CURRENTLY have the condition?	☐ If yes, does this child CURRENTLY have the condition?
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	→ If yes, is it:
۱	☐ Mild ☐ Moderate ☐ Severe	□ Mild □ Moderate □ Severe
A8	Cerebral Palsy?	A13 Tourette Syndrome?
I	☐ Yes ☐ No	☐ Yes ☐ No
١	If yes, does this child CURRENTLY have the condition?	
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	→ If yes, is it:
1	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
AS	Diabetes?	A14 Anxiety Problems?
1	☐ Yes ☐ No	☐ Yes ☐ No
	If yes, does this child CURRENTLY have the condition?	
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	→ If yes, is it:
1	Mild Moderate Severe	☐ Mild ☐ Moderate ☐ Severe
A1	Epilepsy or Seizure Disorder?	A15 Depression?
1	☐ Yes ☐ No	☐ Yes ☐ No
١	If yes, does this child CURRENTLY have the condition?	
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	→ If yes, is it:
	Mild Moderate Severe	Mild Moderate Severe
A1	Heart Condition?	A16 Down Syndrome?
1	☐ Yes ☐ No	☐ Yes ☐ No
1	If yes, was this child born with the condition? ■	
	☐ Yes ☐ No	
1	Does this child CURRENTLY have the condition?	
1	☐ Yes ☐ No	
	☐ If yes, is it:	
	☐ Mild ☐ Moderate ☐ Severe	

	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 Examples of educators are teachers and school nurses.				
A1	7 Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?					
	Yes No	☐ Yes ☐ No				
	⊔→ If yes, is it:	If yes, does this child CURRENTLY have the				
	☐ Mild ☐ Moderate ☐ Severe	condition?				
	Was this child diagnosed with:	☐ Yes ☐ No				
	Sickle Cell Disease? ☐ Yes ☐ No	☐ If yes, is it:				
	Thalassemia? ☐ Yes ☐ No	☐ Mild ☐ Moderate ☐ Severe				
	Hemophilia?					
	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.	└→ If yes, is it:				
	☐ Yes ☐ No	☐ Mild ☐ Moderate ☐ Severe				
A1	8 Cystic Fibrosis?	22 Intellectual Disability (formerly known as Mental				
	☐ Yes ☐ No ☐ If yes, is it:	Retardation)?				
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No				
	Was this condition identified through a blood	If yes, does this child CURRENTLY have the disability?				
	test done shortly after birth? These tests are sometimes called newborn screening.	☐ Yes ☐ No				
	☐ Yes ☐ No	└→ If yes, is it:				
A 1	Other genetic or inherited condition?	☐ Mild ☐ Moderate ☐ Severe				
٦		Speech or other language disorder?				
	If yes, specify:	☐ Yes ☐ No				
		If yes, does this child CURRENTLY have the				
	Is it:	condition?				
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No				
	Was this condition identified through a blood test done shortly after birth? These tests are	☐ Mill ☐ M				
	sometimes called newborn screening.	☐ Mild ☐ Moderate ☐ Severe				
	☐ Yes ☐ No					
		☐ Yes ☐ No				
		If yes, does this child CURRENTLY have the disability?				
		☐ Yes ☐ No				
		└→ If yes, is it:				
		☐ Mild ☐ Moderate ☐ Severe				



A2	you Disc	a doctor or other health care provider EVER told that this child has Autism or Autism Spectrum order (ASD)? Include diagnoses of Asperger's Disorder dervasive 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?
ı		Yes □ No → SKIP to question A30		☐ Yes ☐ No → SKIP to question A33
ı	L ₁	If yes, does this child CURRENTLY have the condition?		If yes, does this child CURRENTLY have the condition?
ı		☐ Yes ☐ No		☐ Yes ☐ No
ı		☐ If yes, is it:		→ If yes, is it:
ı		☐ Mild ☐ Moderate ☐ Severe		☐ Mild ☐ Moderate ☐ Severe
A2	care	or old was this child when a doctor or other health e provider FIRST told you that they had Autism, ASD, erger's Disorder or PDD?	$oldsymbol{oldsymbol{ iny}}$	Is this child CURRENTLY taking medication for ADD or ADHD? 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
A2	the Asp	at type of doctor or other health care provider was FIRST to tell you that this child had Autism, ASD, erger's NET to PDD?		child received to help with their behavior? Yes No
ı	Mar	k (X) ONE box.	A33	
ı		Primary Care Provider		brain injury? A concussion or brain injury is when a blow or jolt to the head causes problems such as headaches,
ı		Specialist		dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, changes in mood
ı		School Psychologist/Counselor		or behavior, or being knocked out.
ı		Other Psychologist (Non-School)		☐ If yes, did you seek medical care from a doctor or
ı		Psychiatrist		other health care provider?
ı		Other, specify: ✓		☐ Yes ☐ No
ı				If yes, did a doctor or other health care provider tell you that your child had a concussion or brain injury?
ı		Don't know		☐ Yes ☐ No
A2		nis child CURRENTLY taking medication for Autism, 0, 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?
ı		Yes No		This child does not have any health conditions → SKIP to question B1 on page 6
A2		ny time DURING THE PAST 12 MONTHS, did this d receive behavioral treatment for Autism, ASD,		□ Never
ı	Asp	erger's Disorder or PDD, such as training or an rvention that you or this child received to help		Sometimes
ı	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

	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
	☐ Yes	☐ At birth
Bź	□ No What month and year was this child born?	OR
	Birth Month / 4-Digit Birth Year	OR
B:		weeks
	and ounces OR kilograms and grams. Your best estimate is fine.	months
	pounds AND ounces OR	How old was this child when they were FIRST fed anything other than breast milk or formula? <i>Include</i>
	kilograms AND grams	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 ₂	What was the age of the mother when this child was born? Your best estimate is fine.	This child has never been fed anything other than breast milk or formula OR
	Age in years	☐ At birth OR
B		days
	YesNo → SKIP to question B7	OR
В	stopped breastfeeding or being fed breast milk?	weeks OR
	Your best estimate is fine. This child is still breastfeeding	months
	OR down	
	OR days	
	weeks	
	months	



	C. Health Care Services	G7		ver the following question only if this child is at 9 months old. Otherwise skip to question C3.
G	doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care? Yes		healt out a may or so health	NG THE PAST 12 MONTHS, did a doctor or other h care provider have you or another caregiver fill questionnaire about observations or concerns you have about this child's development, communication, cial behaviors? Sometimes a child's doctor or other or care provider will ask a parent to do this at home or g 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.			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?
	0 visits			How this child interacts with you and others?
	1 visit			If yes, and this child is 2-5 Years:
	2 or more visits			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			Words and phrases this child uses and understands?
	doctor or health care provider who examined this child in the room with you? Your best estimate is fine.			How this child behaves and gets along with you and others?
	Less than 10 minutes 10-20 minutes	C8	take	ere a place you or another caregiver USUALLY this child when they are sick or you need advice
			abou	t their health?
	☐ More than 20 minutes		Ш	Yes
C	Are you concerned about this child's weight?			No → SKIP to question C10 on page 8
	Yes, it's too high	C9		s, where does this child USUALLY go first?
	Yes, it's too low			(X) ONE box.
	□ No, I am not concerned			Doctor's Office
C				Hospital Emergency Room
	that this child is overweight?			Hospital Outpatient Department
	Yes			Clinic or Health Center
	□ No			Retail Store Clinic or "Minute Clinic"
C	or other health care providers ask if you have concerns			School (Nurse's Office, Athletic Trainer's Office)
	about this child's learning, development, or behavior?			Some other place
	Yes			
	□ No			



G1	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?	C1		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
	Yes			☐ X-Rays
	□ No			Fluoride treatment
C 1	DURING THE PAST 12 MONTHS, has this child had their vision tested, such as with pictures, shapes, or letters?			☐ Sealant (plastic coatings on back teeth) ☐ Don't know
	Yes	C1		received any treatment or counseling from a mental health professional? Mental health professionals include
	No → SKIP to question C14			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 → SKIP to question C19
	☐ Clinic or health center	C1	8	
	School	4		or counseling that this child needed?
	Other, specify: 📈			□ Not difficult
				□ Somewhat difficult
C 1	DURING THE PAST 12 MONTHS, did this child see a			☐ Very difficult
G	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	C1		DURING THE PAST 12 MONTHS, has this child taken 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 see a dentist or other oral health care provider for PREVENTIVE dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments? No preventive visits in	C2		DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional? Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one
	the past 12 months → SKIP to question C17			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 9



C2	How difficult was it to get the specialist care that this child needed?	Œ	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
C2	type of alternative health care or treatment? Alternative	C	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.		None
	Some therapies involve seeing a health care provider, while others can be done on your own.		☐ 1 time
	Yes		2 or more times
	□ No	C2	DURING THE PAST 12 MONTHS, was this child
C2	3 DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not		admitted to the hospital to stay for at least one night?
	received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and		☐ Yes
	mental health services.		□ No
	Yes	C2	Has this child EVER had a special education or early intervention plan? Children receiving these services often
	□ No → SKIP to question (26)		have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).
C2	If yes, which types of care were not received? Mark (X) ALL that apply.		Yes
	☐ Medical Care		□ No → SKIP to question C32
	☐ Dental Care	C	If yes, how old was this child at the time of the FIRST
	☐ Vision Care		plan?
	☐ Hearing Care		years AND months
	Mental Health Services	C	Is this child CURRENTLY receiving services under one of these plans?
	☐ Other, specify: ✓		☐ Yes
			□ No
C2	Did any of the following reasons contribute to this chil not receiving needed health services? Mark (X) Yes or No for EACH item.	d C	Has this child EVER received special services to meet their developmental needs such as speech, occupational, or behavioral therapy?
	Yes No		☐ Yes
	services		No → SKIP to question on page 10
	b. The services this child needed were not available in your area	C	33 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? years AND months
	d. There were problems with getting transportation or child care	C	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
- 1			



D. Experience with This
Child's Health Care
Providers

l	D. Experience with This	D			s, DURING THE PAST child's doctors or oth				
ı	Child's Health Care Providers			_		Always	Usually	Sometimes	Never
D'	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			th to h	viscuss with you ne range of options oconsider for their ealth care or eatment?				
	and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.			to	Make it easy for you oraise concerns or isagree with				
ı	Yes, one person			re	ecommendations or this child's health				
ı	Yes, more than one person				are?				
ı	□ No			d	Vork with you to ecide together /hich health care				
D:	DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?			a c	nd treatment hoices would be est for this child?				
ı	Yes	D	7		ING THE PAST 12 MC	ONTHS.	did anv	one help	vou
	No → SKIP to question D4			arrar	nge or coordinate this rent doctors or servic	child's	care a	mong the	
D:	How difficult was it to get referrals?				Yes				
ı	Not difficult				No				
ı	Somewhat difficult				Did not see more than care provider in the PA		alth		
ı	☐ Very difficult				MONTHS → SKIP to		n 🕦 o	n page 11	
D ₄	It was not possible to get a referral Answer the following questions only if this child had a health care visit IN THE PAST 12 MONTHS. Otherwise skip to question (E1) on page 11.	D		coul this	ING THE PAST 12 MC d have used extra hel child's care among th iders or services?	p arran	ging or	coordinat	t you ing
ı	DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers				Yes				
ı	Always Usually Sometimes Neve	r			No → SKIP to question	on D10			
ı	a. Spend enough time with this child?	D:	9		s, DURING THE PAST ou get as much help				
ı	b. Listen carefully to				nging or coordinating				
ı	c. Show sensitivity to vour family's values				Usually				
ı	and customs?			H	Sometimes				
	d. Provide the specific information you needed concerning this child?	D 1	0	DUR	Never ING THE PAST 12 MC	ONTHS,	how sa	tisfied we	re
ı	e. Help you feel like a partner in this				with the communicati ors and other health o				
	child's care?				Very satisfied				
D.	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				Somewhat satisfied				
	procedures?				Somewhat dissatisfied				
	Yes				Very dissatisfied				
	□ No → SKIP to question D7								



D1	car	RING THE PAST 12 MONTHS, did this e provider communicate with the child e provider, or special education progra	's school,		. E		is child CURRENTLY covered by AN th 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 questi	on E1		E	type	is child CURRENTLY covered by any s of health insurance or health cover (X) Yes or No for EACH item.		
Dí	hea	es, during this time, how satisfied wer alth care provider's communication wit	h the sch				nsurance through a current or ormer employer or union		
	chi	Id care provider, or special education p	program?				nsurance purchased directly rom an insurance company		
		Very satisfied				c. N			
		Somewhat satisfied Somewhat dissatisfied					ssistance plan for those with ow incomes or a disability		
		Very dissatisfied					RICARE or other military lealth care		
		very discullation				e. I	ndian Health Service		
		E. This Child's He				f. (Other, specify: Z		
		Insurance Covera	age						
E	cov	RING THE PAST 12 MONTHS, was this vered by ANY kind of health insurance verage plan?	s child EV or health	ER	E		often does this child's health insura		
		Yes, this child was covered all 12 months → SKIP to question)				Always		
		Yes, but this child had a gap in coverage	ge				Usually		
		No					Sometimes		
E		icate whether any of the following is a					Never		
1		ld was not covered by health insurance RING THE PAST 12 MONTHS:	•		E		often does this child's health insura		them
	a.	Change in employer or employment	Yes	No			Always	u .	
	b.	status Cancellation due to overdue					Usually		
	c.	premiums Dropped coverage because it was					Sometimes		
		unaffordable Dropped coverage because benefits		L			Never		
		were inadequate		Ш	Œ		king specifically about this child's m		
		Dropped coverage because choice of health care providers was inadequate				heal	avioral health needs, how often does th insurance offer benefits or cover s t these needs?		
		Problems with application or renewal process					Always		
		Other, specify:					Usually		
							Sometimes		
							Never		
							This child does not use mental or behave health services	avioral	



F Providing for This

		oviding for hild's Healt		[5	othe hom	AN AVERAGE WEEK, how many houser family members spend providing the for this child? Care might include diving medication and therapies when n	health care changing ba	e at
F		s and amounts reimbur Accounts (HSA) and Fle				This child does not need health care on a weekly basis	provided at	home
	Accounts (FSA), this child's med	how much money did ical, health, dental, and	you pay for vision care			Less than 1 hour per week		
	health insurance	AST 12 MONTHS? Do not premiums or costs that w	vere or will			1-4 hours per week		
	· ·	insurance or another solical or health-related	urce.			5-10 hours per week		
	expenses) -	SKIP to question F4				11 or more hours per week		
	\$1-\$249			F6		AN AVERAGE WEEK, how many hou		
	\$250-\$499				hea	er family members spend arranging of this child, such that the contract of the child, such that the contract of the child, such that the contract of the child, such that the child of the		
	\$500-\$999				арр	ointments or locating services? This child does not need health care	coordinate	d
	\$1,000-\$5,0				H	on a weekly basis		
	☐ More than \$				H	Less than 1 hour per week 1-4 hours per week		
F		ese costs reasonable?			H	5-10 hours per week		
	☐ Always					11 or more hours per week		
	☐ Usually							
	Sometimes					G. This Child's Lea	arnin	g
F	☐ Never 3 DURING THE PA	AST 12 MONTHS, did yo	our family have			wer the following question only if the st 1 year old. Otherwise skip to G25 o		
	problems paying health care bills	for any of this child's	medical or	G1		nis child able to do the following k (X) Yes or No for EACH item.	Yes	No
	Yes					Say at least one word, such as "hi" or "dog"?		
 -	□ No	AST 12 MONTHS, have y				Use 2 words together, such as		
	family members					'car go"?		
	-		you or other Yes No	,	c. l	'car go"? Use 3 words together in a sentence, such as, "Mommy come now."?		
	a. Left a job or t absence beca				c. l	Use 3 words together in a sentence,		
	a. Left a job or t absence beca health or heal b. Cut down on	aken a leave of use of this child's th conditions?			c. (s)	Use 3 words together in a sentence, such as, "Mommy come now."? Ask questions like "who," "what," 'when," "where"? Ask questions like "why" and "how"?		
	a. Left a job or t absence beca health or heal b. Cut down on because of the health conditions a. Left a job or t absence because of the health conditions a. Left a job or t absence the absence because of the absence because of the absence the absence because the absence the absence the absence because the absence the absenc	aken a leave of use of this child's th conditions? the hours you work is child's health or ons?	Yes No		c. l. s d. /	Use 3 words together in a sentence, such as, "Mommy come now."? Ask questions like "who," "what," 'when," "where"?		
	 a. Left a job or t absence becahealth or heal b. Cut down on because of the health condition c. Avoided chan concerns about absence because of the health condition 	aken a leave of use of this child's th conditions? the hours you work is child's health or ons?	Yes No		c. (; d. / ; f. ; f. ; g. ()	Use 3 words together in a sentence, such as, "Mommy come now."? Ask questions like "who," "what," 'when," "where"? Ask questions like "why" and "how"? Tell a story with a beginning,		
	 a. Left a job or t absence becahealth or heal b. Cut down on because of the health condition c. Avoided chan 	aken a leave of use of this child's th conditions? the hours you work is child's health or ons?	Yes No		c. (s) d. // e. // f g. () h. [Use 3 words together in a sentence, such as, "Mommy come now."? Ask questions like "who," "what," "when," "where"? Ask questions like "why" and "how"? Tell a story with a beginning, middle, and end? Understand the meaning of the		
	 a. Left a job or t absence becahealth or heal b. Cut down on because of the health condition c. Avoided chan concerns about absence because of the health condition 	aken a leave of use of this child's th conditions? the hours you work is child's health or ons?	Yes No		c. l. s. d. / f. f. f. f. f. h. i. i. i. i. i.	Use 3 words together in a sentence, such as, "Mommy come now."? Ask questions like "who," "what," "when," "where"? Ask questions like "why" and "how"? Tell a story with a beginning, middle, and end? Understand the meaning of the word "no"? Follow a verbal direction without hand gestures, such as "Wash your		
	 a. Left a job or t absence becahealth or heal b. Cut down on because of the health condition c. Avoided chan concerns about absence because of the health condition 	aken a leave of use of this child's th conditions? the hours you work is child's health or ons?	Yes No		c. l. s d. / e. / f. f g. l. h. i i. i j. i	Use 3 words together in a sentence, such as, "Mommy come now."? Ask questions like "who," "what," 'when," "where"? Ask questions like "why" and "how"? Tell a story with a beginning, middle, and end? Understand the meaning of the word "no"? Follow a verbal direction without hand gestures, such as "Wash your hands."? Point to things in a book when		

G	Is this child 3 years old or older?	G8	Can	this child rhyme words?
١	Yes			Yes
١	No → SKIP to question 625 on page 15			No
G	Has this child started school? Include any formal home schooling.	G9		often can this child explain things they have seen one so that you get a very good idea what happened?
١	☐ Yes, preschool			Always
١	Yes, kindergarten			Most of the time
١	☐ Yes, first grade			About half the time
١	□ No			Sometimes
G ₄				Never
	do things for themselves?	310		often can this child write their first name, even if e of the letters aren't quite right or are backwards?
١	Yes, somewhat concerned			Always
١	Yes, very concerned			Most of the time
G				About half the time
١	school?			Sometimes
١	Completely confident			Never
١		31)	How	high can this child count?
١	Somewhat confident			This child cannot count
	□ Not at all confident			Up to five
G	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
١	Always		Ш	Up to 20
١	Most of the time		Ш	Up to 50
١	About half the time			Up to 100 or more
١	Sometimes	G12		often can this child identify basic shapes such as angle, circle, or square?
١	Never			Always
G	About how many letters of the alphabet can this child recognize?			Most of the time
١	All of them			About half the time
١	Most of them			Sometimes
	About half of them			Never
	Some of them			
	None of them			
	- Notic of them			

G1	Can and	this child identify the colors red, yellow, blue, green by name?	G19		often does this child become angry or anxious n going from one activity to another?
1		Yes, all of them			Always
١		Yes, some of them			Most of the time
١		No, none of them			About half the time
G1	4 How	often is this child easily distracted?			Sometimes
Ī		Always			Never
١		Most of the time	G20	How	often does this child show concern when others
١		About half the time	T	are l	hurt or unhappy?
١		Sometimes		H	Always
١		Never			Most of the time
G 1		v often does this child keep working at something		H	About half the time
J	unti	I they are finished?		Ш	Sometimes
١	H	Always			Never
١	H	Most of the time	G21		en excited or all wound up, how often can this child n down quickly?
١	H	About half the time			Always
١	H	Sometimes			Most of the time
		Never			About half the time
G 1	6 Whe	en this child is paying attention, how often can they by instructions to complete a simple task?			Sometimes
١		Always			Never
١		Most of the time	G22	How	often does this child lose control of their temper
١		About half the time			n things do not go their way?
1		Sometimes		Ш	Always
1		Never			Most of the time
G 1	How	v does this child usually hold a pencil?			About half the time
٦		Uses fingers to hold the pencil			Sometimes
1		Grips the pencil in their fist			Never
1		This child cannot hold a pencil	G23	Com	npared to other children their age, how much culty does this child have making or keeping
G1	8 How	v often does this child play well with others?		frien	
٦		Always			No difficulty
		Most of the time			A little difficulty
		About half the time			A lot of difficulty
		Sometimes			
		Never			
-1		11070			



G	24		npared to other chil child able to sit sti		ir age, h	ow often is	5	H5	did t	ING THE PAST WEEK, how many hours of sleep his child get during an average day (count both ttime 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
G	25	How	v often							11 hours
			s this child	Always	Usually	Sometimes	Never			12 or more hours
			affectionate and ender with you?					Ue	Anei	wer the next question only if this child is LESS THAN
			Does this child bounce back					H6	12 M	ONTHS OLD. Otherwise, SKIP to question H7.
			quickly when things do not go their way?						to sl	hich position do you most often lay this baby down eep now?
			Does this child						Mark	(X) ONE box.
		(show interest and curiosity in learning						H	On their side
			new things? Does this child						H	On their back
		5	smile and laugh?						Ш	On their stomach
			H. About	You Child		d This		HT	child othe game	MOST WEEKDAYS, about how much time did this I spend in front of a TV, computer, cellphone or r electronic device watching programs, playing es, accessing the internet or using social media? ot include time spent doing schoolwork.
H	1	Was	this child born in	the Unite	d States	s?				Less than 1 hour
			Yes → SKIP to que	estion H	3					1 hour
			No							2 hours
H	2		o, how long has this ted States?	s child b	een livin	g in the				3 hours
			otates:							4 or more hours
			years AND		month	S		H8	DIIR	ING THE PAST WEEK, how many days did you or
H	3		w many times has the they were born?	nis child	moved t	o a new ad		W		r family members read to this child?
			The they were seriff.							0 days
			Number of time	ies						1-3 days
H	4		often does this ch	ild go to	bed at	about the s	ame			4-6 days
		time	e on weeknights?							Every day
		H	Always							
			Usually							
		Ш	Sometimes							
			Rarely							
			Never							



H1	0 +	other family members tell stories or sing songs to this child? □ 0 days □ 1-3 days □ 4-6 days □ Every day							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				
1			Not very well											
			Not well at all							1.	. About Your Family and			
H1) [OU	RING THE PAS	T MON	TH, how	often ha	ve you	felt			Household			
I				Never	Rarely S	ometimes	Usually	Always						
	а	-	That this child is much harder to care for than most children their age?						U	the 1	ING THE PAST WEEK, on how many days did all family members who live in the household eat a I together?			
1	k		That this child							Ш	0 days			
			does things that really bother you a								1-3 days			
١			lot? Angry with								4-6 days			
			this child?	Ш			Ш				Every day			
HI	t	ha	RING THE PAS t you could tur h parenting or	n to for	day-to-	day emot	e some	one upport	12		s anyone living in your household use cigarettes, rs, or pipe tobacco?			
1			Yes								Yes			
١			No → SKIP to	o questi	ion H14						No → SKIP to question [4]			
H1	3 l	f y	es, did you rec	eive em	notional	support	from Yes	No	13) If ye	s, does anyone smoke inside your home?			
	a	1.	Spouse or dome	estic pai	rtner?				T		Yes			
	k).	Other family me	ember o	r close fri	iend?					No			
	c	: .	Health care pro	vider?					14	SINC	CE THIS CHILD WAS BORN, how often has it been			
١	c	ı.	Place of worshi	p or reli	gious lea	der?					hard to cover the basics, like food or housing, our family's income?			
	€		Support or advoto specific healt			ed					Never			
	f	-	Peer support gr	oup?							Rarely			
	ç		Counselor or ot professional?	her men	ntal health	n					Somewhat often			
	ŀ		Other person, s	pecify:							Very often			



IE	h	ou	ch of these statem sehold's ability to RING THE PAST 12 We could always a	afford the	e food yo					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								
ı	[We could always a the kinds of food w			but not a	always			erienced any of the			Yes	No				
ı	[Sometimes we cou	uld not aff	ord enoug	h to eat.				Parent or guardian di	vorced o	or	res	NO				
ı		7	Often we could not							separated Parent or guardian di	ed							
					J					Parent or guardian se		ne in iail						
16			ny time DURING T month, did anyone				n for		d.	Saw or heard parents	s or adul	ts slap,						
ı	а	. (Cash assistance fror	m a gover	nment	Yes	No			hit, kick, punch one a home	inother ii	n the						
ı		٧	welfare program?			Ш	Ш			Was a victim of viole witnessed violence in								
ı		A	Food Stamps or Sup Assistance Program	(SNAP) k	penefits?				f.	neighborhood Lived with anyone wh								
ı	C		Free or reduced-cos unches at school?	t breakfas	sts or					ill, suicidal, or severe Lived with anyone wh								
ı	d		Benefits from the Wo and Children (WIC) I							with alcohol or drugs Treated or judged un								
Ī	lr	ı y	our neighborhood,	is/are th	ere	v				of their race or ethnic		Jause		Ш				
1	а		Sidewalks or walking	n naths?		Yes	No	110		en your family faces ly to do each of the			often are	you				
ı			A park or playground								All of	_	Some of the time	None of the time				
ı		. /	A recreation center,	communit						Talk together about what to do								
ı			center, or boys' and	_)?				b.	Work together to								
ı			A library or bookmob							solve our problems Know we have								
ı	е		Litter or garbage on or sidewalk?	the street						strengths to draw on Stay hopeful								
ı	f.	F	Poorly kept or rundo	wn housir	ng?					even in difficult times								
ı	g		/andalism such as t vindows or graffiti?	oroken							. 0							
IE			what extent do you ut your neighborho				nts			J. Child'	s Ca	aregi	vers					
ı	a	DO	ut your neighborne	Definitely	Somewhat	Somewhat				Ab	out	You						
ı	a	. F	People in this	agree	agree	disagree	disagre	J1	Hov	w are you related to	this chi	ld?						
ı		ŀ	neighborhood nelp each other out							Biological or Adopti	ve Pare	nt						
ı	b		Ne watch out for							Step-parent								
ı		C	each other's children in this neighborhood							Grandparent								
ı	C	. 7	This child is							Foster Parent								
			safe in our neighborhood							Other: Relative								
	d	e k	When we encounter difficulties, we know where to go for help in our community							Other: Non-Relative)							



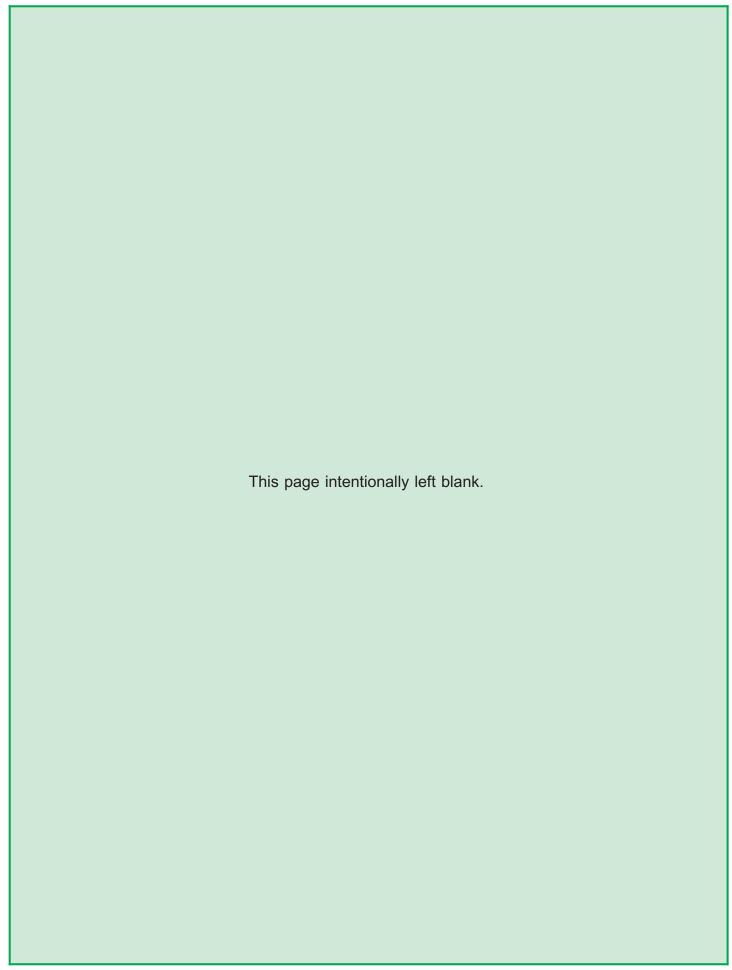
J	2	Wha	at is your sex?	8	In ge	eneral, how is your physical health?
			Male			Excellent
			Female			Very good
J	3	Wha	it is your age?			Good
٦						Fair
			Age in years			Poor
J	•	Whe	ere were you born?	9	In a	eneral, how is your mental or emotional health?
			In the United States → SKIP to question J6			Excellent
			Outside of the United States			Very good
J			en did you come to live in the United States?			Good
1			eate the 4-digit year in which you came to live in the ed States.			Fair
			4-Digit Year			Poor
			4-Digit Teal			F001
J		con	at is the highest grade or level of school you have upleted? k (X) ONE box.		emp	ch of the following best describes your current loyment status?
			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			Not employed but looking for work
			program Some College Credit but no Degree			Not employed and not looking for work
			Some College Credit, but no Degree	11)	Have	e you ever served on active duty in the
			Associate Degree (AA, AS)			Armed Forces, Reserves, or the National Guard?
			Bachelor's Degree (BA, BS, AB)			Never served in the military → SKIP to question J13
			Master's Degree (MA, MS, MSW, MBA)		П	Only on active duty for training in the Reserves or
			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			National Guard → SKIP to question 113
J		Wha	t is your marital status?			Now on active duty
			Married		Ш	On active duty in the past, but not now
			Not married, but living with a partner	12	Wer	e you deployed at any time during this child's life?
			Never Married			Yes
			Divorced			No
			Separated			s this child have another parent or adult caregiver
			Widowed	'	wno	lives in this household? Yes → Complete questions J14 - J25 for this other
						parent or adult caregiver
1					Ш	No → SKIP to question K1 on page 20

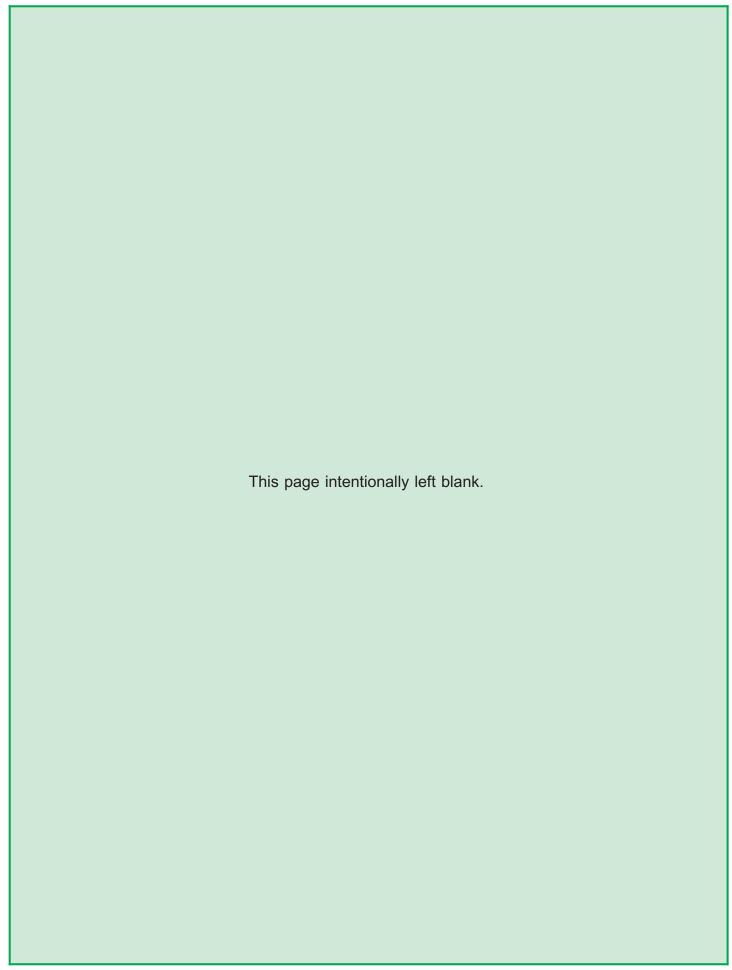


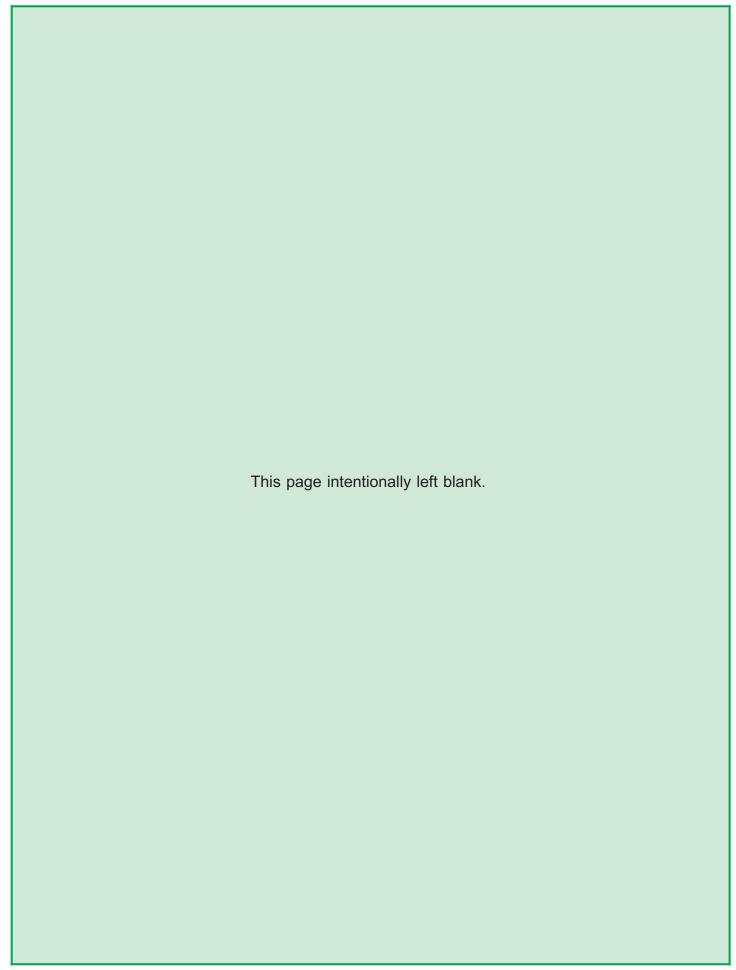
I	Other Parent or Caregiver in the Household	J20	Wha	t is this caregiver's marital status?
				Married
J1	4 How is this other caregiver related to this child?			Not married, but living with a partner
ı	☐ Biological or Adoptive Parent			Never Married
ı	Step-parent			Divorced
ı	Grandparent			Separated
ı	Foster Parent			Widowed
ı	Other: Relative	J21	In ge	eneral, how is this caregiver's physical health?
ı	Other: Non-Relative			Excellent
1	5 What is this caregiver's sex?			Very good
ı	☐ Male		П	Good
ı	Female			Fair
1	6 What is this caregiver's age?			Poor
I	Ago in vegra	100		
	Age in years	J22	heal	eneral, how is this caregiver's mental or emotional th?
1				Excellent
ı	In the United States → SKIP to question 119			Very good
	U Outside of the United States			Good
1	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
ı	came to live in the Officer States.			Poor
	4-Digit Year	J23		ch of the following best describes this caregiver's ent employment status?
1	9 What is the highest grade or level of school this caregiver has completed?			k (X) ONE box.
ı	Mark (X) ONE box.			Employed full-time
ı	8th grade or less			Employed part-time
ı	9th-12th grade; No diploma			Working WITHOUT pay
ı	High School Graduate or GED Completed			Not employed but looking for work
ı	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 Armed Forces, Reserves, or the National Guard?
	Associate Degree (AA, AS)			k (X) ONE box.
	☐ 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 → SKIP to question (1) 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



J2	Was this caregiver deployed at any time during this child's life?	e. Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office.
1	Yes	
1		☐ Yes → \$.00
1	□ No	Ψ ,
1		□ No TOTAL AMOUNT
1		in the last calendar year
ı	K. Household Information	f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment
	How many people are living or staying at this address?	compensation, child support, or alimony.
Ki	Include everyone who usually lives or stays at this address.	
1	Do NOT include anyone who is living somewhere else for	☐ Yes → \$
1	more than two months, such as a college student living away	Yes → \$,,
1	or someone in the Armed Forces on deployment.	□ No TOTAL AMOUNT
1		in the last calendar year
1		·
1	Number of people	The following question is about your 2019 income.
1	•	Think about your total combined family income IN THE
K2	How many of these people in your household are family	LAST CALENDAR YEAR for all members of the family.
٦	members? Family is defined as anyone related to this child	What is that amount before taxes? Include money from
1	by blood, marriage, adoption, or through foster care.	jobs, child support, social security, retirement income,
1		unemployment payments, public assistance, and so forth.
1		Also, include income from interest, dividends, net income
1	Number of people	from businesses, farm or rent, and any other money income
4		received.
K		
T	Mark (X) the "Yes" box for EACH type of income this	.00
1	child's family received, and give your best estimate of the	, ,
1	TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark	TOTAL AMOUNT
1	(X) the "No" box to show types of income NOT received.	in the last calendar year
1	a. Wages, salary, commissions, bonuses, or tips for	
1	all jobs.	
1		
1	☐ Yes → \$.00	
1	, ,	
1	No TOTAL AMOUNT in the last calendar year	
1	iii tile last calelidal yeal	
1	b. Self-employment income from own nonfarm	
1	businesses or farm business, including	
1	proprietorships and partnerships.	
- 1		
	☐ Yes → \$.00 ☐ Loss	
	, ,	
	No TOTAL AMOUNT in the last calendar year	
	·	
	c. Interest, dividends, net rental income, royalty	
- 1	income, or income from estates and trusts.	
	☐ Yes → \$.00 ☐ Loss	
- 1	, , ,	
	No TOTAL AMOUNT in the last calendar year	
	·	
	 d. Social security or railroad retirement; retirement, survivor, or disability pensions. 	
- 1	□ Yes → \$.00	
	, , , .00	
- 1	No TOTAL AMOUNT	
	in the last calendar year	
- 1		
- 1		







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.

NSCH-T2 (04/06/2020)



		Start Here	A3	FREQUENT or CHRONIC difficulty with any of the	
F	ec.	ently, you completed a survey that asked about the		following?	No
С	hile	dren usually living or staying at this address. The staying at this address. The staying the time to complete that survey.		a. Breathing or other respiratory problems (such as wheezing or shortness of breath)	
V	Ve :	now have some follow-up questions to ask about:		b. Eating or swallowing because of a health condition	
14	: th	e name listed above is not correct or does not		c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea	
C	orr	espond to a child living in this household, please 1-800-845-8241 for assistance.		d. Repeated or chronic physical pain, including headaches or other back or body pain	
е	ffo	nave selected only one child per household in an t to minimize the amount of time you will need to plete the follow-up questions.		e. Toothaches	
Т	he	survey should be completed by a parent or adult		f. Bleeding gums	
		giver who lives in this household and who is liar with this child's health and health care.		g. Decayed teeth or cavities	
Υ	'ou	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	
ı		A. This Child's Health		b. Serious difficulty walking or climbing stairs	
		eneral, how would you describe this child's health one named above)?		c. Difficulty dressing or bathing	
		Excellent		d. Deafness or problems with hearinge. Blindness or problems with seeing,	
		Very good		even when wearing glasses	Ш
		Good		Has a doctor or other health care provider EVER you that this child has	told
		Fair	A5	Allergies (including food, drug, insect, or other)?	
		Poor		☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the	
	low eetl	would you describe the condition of this child's n?		condition?	
		Excellent		☐ If yes, is it:	
		Very good			vere
		Good	A6	Arthritis?	
		Fair		→ If yes, does this child CURRENTLY have the	
		Poor		condition?	
				→ If yes, is it:	
				☐ Mild ☐ Moderate ☐ Se	vere



	Has a doctor or other health care provider EVER told you that this child has	Has a doctor or other health care provider EVER told you that this child has
A	Asthma?	Frequent or severe headaches, including migraine?
1	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	☐ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A	B Cerebral Palsy?	A13 Tourette Syndrome?
1	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, is it:	If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A	Diabetes?	A14 Anxiety Problems?
٦	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, does this child CURRENTLY have the condition?	
	Yes No	☐ Yes ☐ No
	→ If yes, is it:	→ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A	Epilepsy or Seizure Disorder?	A15 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	☐ Yes ☐ No
	→ If yes, is it:	→ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A1	Heart Condition?	A16 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	
- 1		

٠.								
	Has a doctor or other health care provider EVER told	Has a doctor, other health care provider, or educator						
Δί	you that this child has Blood Disorders (such as Sickle Cell Disease,	EVER told you that this child has Examples of educators are teachers and school nurses.						
٩	Thalassemia, or Hemophilia)?	A20 Behavioral or Conduct Problems?						
	☐ Yes ☐ No	Yes No						
	→ 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?	☐ Mild ☐ Moderate ☐ Severe						
	Thalassemia?							
	Hemophilia?	A21 Developmental Delay? Yes No						
	Other Blood Disorders? Yes No	If yes, does this child CURRENTLY have the						
	Were any of these blood disorders identified	condition?						
	through a blood test done shortly after birth? These tests are sometimes called newborn screening.	☐ Yes ☐ No						
	Yes No	→ If yes, is it:						
Λ.	8 Cystic Fibrosis?	□ Mild □ Moderate □ Severe						
4		Intellectual Disability (formerly known as Mental						
	→ If yes, is it:	Retardation)?						
	☐ Mild ☐ Moderate ☐ Severe	Yes No						
	Was this condition identified through a blood	☐ If yes, does this child CURRENTLY have the disability?						
	test done shortly after birth? These tests are sometimes called newborn screening.	☐ Yes ☐ No						
	□ Yes □ No	⊢ If yes, is it:						
A 1	9 Other genetic or inherited condition?	☐ Mild ☐ Moderate ☐ Severe						
1	☐ Yes ☐ No	Speech or other language disorder?						
	If yes, specify:	☐ Yes ☐ No						
		If yes, does this child CURRENTLY have the						
	Is it:	condition?						
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No ☐ If yes, is it:						
	Was this condition identified through a blood test done shortly after birth? These tests are	☐ Mild ☐ Moderate ☐ Severe						
	sometimes called newborn screening.							
	☐ 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						



Az	Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).		Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD?					
	☐ 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					
Aź	care provider FIRST told you that they had Autism,	A	Is this child CURRENTLY taking medication for ADD or ADHD?					
	ASD, Asperger's Disorder or PDD?		☐ Yes ☐ No					
	Age in years Don't know	A	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					
Aź	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?		child received to help with their behavior? Second Yes Second No.					
	Mark (X) ONE box.	A:	33 Do you think this child has EVER had a concussion or					
	Primary Care Provider		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 or behavior, or being knocked out.					
	School Psychologist/Counselor							
	Other Psychologist (Non-School)		☐ Yes ☐ No					
	Psychiatrist		If yes, did you seek medical care from a doctor or other health care provider?					
			☐ Yes ☐ No					
	☐ Other, specify: ☐		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					
	Bontanow	Λ.	DURING THE PAST 12 MONTHS, how often have this					
A2	Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?		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					
Αź			Never					
	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		Sometimes					
	with their behavior?		Usually					
	☐ Yes ☐ No		□ Always					
		A:	To what extent do this child's health conditions or problems affect their ability to do things?					
			□ Very little					
			Somewhat					
			☐ A great deal					



	B. This Child as an Infant	What is this child's CURRENT height? Your best estimate is fine.
В	1 Was this child born more than 3 weeks before their due date?	feet AND inches
	Yes	OR
	No	meters AND centimeters
В	What month and year was this child born? Birth Month / 4-Digit Birth Year	How much does this child CURRENTLY weigh? Your best estimate is fine.
	/ 20	pounds
В	How much did they weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine.	OR kilograms
	pounds AND ounces	Are you concerned about this child's weight?
	OR	☐ Yes, it's too high
	AND DO	Yes, it's too low
	kilograms AND grams	☐ No, I am not concerned
В	horn? Your hest estimate is fine	Has a doctor or other health care provider ever told you that this child is overweight?
	Age in years	
	C. Health Care Services	☐ No
	C. Health Care Services	
С	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
C		If yes, where does this child USUALLY go first? Mark (X) ONE box.
	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.	☐ Doctor's Office
	0 visits	Hospital Emergency Room
	☐ 1 visit	Hospital Outpatient Department
	2 or more visits	☐ Clinic or Health Center
		Retail Store Clinic or "Minute Clinic"
G	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.	School (Nurse's Office, Athletic Trainer's Office)
	Less than 10 minutes	☐ Some other place
	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?	G	16	If yes, DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive? Mark (X) ALL that apply.
١	Yes			☐ Check-up
١	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
١	Yes			☐ Fluoride treatment
١	□ No			Sealant (plastic coatings on back teeth)
C 1	DURING THE PAST 12 MONTHS, has this child had their vision tested, such as with pictures, shapes, or letters?			Don't know
	Yes	C	D	received any treatment or counseling from a mental health professional? Mental health professionals include
	No → SKIP to question C14			psychiatrists, psychologists, psychiatric nurses, and clinical social workers.
C 1	If yes, where was this child's vision tested? Mark (X) ALL that apply.			Yes
١	Eye doctor or eye specialist (ophthalmologist, optometrist) office			No, but this child needed to see a mental health professional
١	Pediatrician or other general doctor's office			No, this child did not need to see a mental health professional → SKIP to question C19
١	☐ Clinic or health center	C	18	
١	School			or counseling that this child needed?
١	Other, specify: 📈			□ Not difficult
١				□ Somewhat difficult
C 1	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?			☐ Very difficult ☐ It was not possible to obtain care
	Yes, saw a dentist	C1	19	DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with their emotions, concentration, or behavior?
١	Yes, saw other oral health care provider			Yes
	No → SKIP to question C17			□ No
C1	see a dentist or other oral health care provider for PREVENTIVE dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments?	Œ	20	DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional? Specialists are doctors like surgeons, heart doctors, allergy
١	No preventive visits in the past 12 months → SKIP to question C17			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



C2		difficult was it to get the specialist care that this needed?	C2		not i	any of the following reasons contribute to this child receiving needed health services?					
		Not difficult				Yes No					
		Somewhat difficult		•		This child was not eligible for the ervices					
		Very difficult		- 1		The services this child needed were out available in your area					
		It was not possible to obtain care		(а	There were problems getting an appointment when this child needed one					
C2	type	ING THE PAST 12 MONTHS, did this child use any of alternative health care or treatment? Alternative th care can include acupuncture, chiropractic care,		•		There were problems with getting ransportation or child care					
	relax Som	e therapies, herbal supplements, and others. e therapies involve seeing a health care provider, others can be done on your own.		•		The clinic or doctor's office wasn't open when this child needed care					
		Yes		1	f. T	There were issues related to cost					
		No	C2	6 I	DUR frust	ING THE PAST 12 MONTHS, how often were you trated in your efforts to get services for this child?					
C2		ING THE PAST 12 MONTHS, was there any time				Never					
	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				Sometimes						
	men	tal health services.				Usually					
	ш	Yes				Always					
		No → SKIP to question C26	C2			ING THE PAST 12 MONTHS, how many times did child visit a hospital emergency room?					
C2		s, which types of care were not received? (X) ALL that apply.				None					
		Medical Care				1 time					
		Dental Care				2 or more times					
		Vision Care	C2	B DURING THE PAST 12 MONTHS, was this child admitted							
		Hearing Care		1	to th	ne hospital to stay for at least one night?					
		Mental Health Services				Yes					
	Ш	Other, specify:				No					
			C2	i	i <mark>nter</mark> have	this child EVER had a special education or early evention plan? Children receiving these services often an Individualized Family Service Plan (IFSP) or idualized Education Plan (IEP).					
						Yes No → SKIP to question C32 on page 9					
			C3(lf ye plan	s, how old was this child at the time of the FIRST					
						years AND months					



C3	one of these plans?	4	Answer the following questions only if this child had a health care visit IN THE PAST 12 MONTHS. Otherwise skip to question e1 on page 10.
١	☐ Yes		DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers
1	□ No		Always Usually Sometimes Never
C3	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 use
ı	YesNo → SKIP to question D1		c. Show sensitivity to your family's values and customs?
C3	If yes, how old was this child when they began receiving these special services?		d. Provide the specific information you needed concerning this child?
C3			e. Help you feel like a partner in this child's care?
	Yes No	D 5	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		YesNo → 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.		a. Discuss with you the range of options to consider for their health care or treatment?
	Yes, one person Yes, more than one person		b. Make it easy for you to raise concerns or disagree with recommendations for this child's health care?
O ₂	DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?		c. Work with you to decide together which health care and treatment choices would
١	Yes		be best for this child?
	No → SKIP to question D4	7	DURING THE PAST 12 MONTHS, did anyone help you arrange or coordinate this child's care among the different doctors or services that this child uses?
D:	How difficult was it to get referrals?		
	□ Not difficult		☐ No
	☐ Somewhat difficult		Did not see more than one health care provider in
	☐ Very difficult		the PAST 12 MONTHS -> SKIP to question on page 10
	It was not possible to get a referral		



D8	DURING THE PAST 12 MONTHS, have you felt that you could have used extra help arranging or coordinating this child's care among the different health care providers or services?	E. This Child's Health Insurance Coverage	
	Yes	DURING THE PAST 12 MONTHS, was this child E covered by ANY kind of health insurance or healt coverage plan?	VER th
	No → SKIP to question D10	Yes, this child was covered all 12 months → SKIP to question E4	
D9	If yes, DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with arranging or coordinating this child's health care?	Yes, but this child had a gap in coverage	
	Usually	∐ No	
	Sometimes	Indicate whether any of the following is a reason child was not covered by health insurance at any time DURING THE PAST 12 MONTHS:	
	Never	a. Change in employer or employment	No
D10	DURING THE PAST 12 MONTHS, how satisfied were you with the communication between this child's doctors and other health care providers?	b. Cancellation due to overdue premiums	
	Very satisfied	c. Dropped coverage because it was unaffordable	
	Somewhat satisfied	d. Dropped coverage because benefits were inadequate	
	Somewhat dissatisfied	Dropped coverage because choice of health care providers was	
	☐ Very dissatisfied	inadequate f. Problems with application or	
D11	care provider communicate with the child's school, child	g. Other, specify:	
	care provider, or special education program? Yes		
	No → SKIP to question E1		
	Did not need health care provider to communicate with these providers → SKIP to question (F1)	Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?	f
D12		Yes	
	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	Is this child CURRENTLY covered by any of the fortypes of health insurance or health coverage plan Mark (X) Yes or No for EACH item.	
	Somewhat satisfied	a. Insurance through a current or	No
	Somewhat dissatisfied	former employer or union b. Insurance purchased directly	
	☐ Very dissatisfied	from an insurance company	
		c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability	
		d. TRICARE or other military health care	
		e. Indian Health Service	
		f. Other, specify: □	



E	How often does this child's health insurance offer benefits or cover services that meet this child's needs?	F 2	How	often are these costs reasonable?							
	Always			Always							
	Usually			Usually							
				Sometimes							
	Sometimes			Never							
	Never		חום	ING THE PAST 12 MONTHS, did yo	ur family l	2240					
E	How often does this child's health insurance allow them to see the health care providers they need?	F3	prob	olems paying for any of this child's th care bills?							
	Always			Yes							
	Usually			No							
	Sometimes		DUR	ING THE PAST 12 MONTHS, have y	ou or othe	ar					
	Never	Y		ly members	Yes	No					
E	Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that		а	eft a job or taken a leave of obsence because of this child's lealth or health conditions?							
	meet these needs?		b	Cut down on the hours you work pecause of this child's health or pealth conditions?							
	Always			Avoided changing jobs because of							
	Usually			oncerns about maintaining health nsurance for this child?							
	Sometimes	F5	IN A	N AVERAGE WEEK, how many hou	ırs do you	or					
	This child does not use mental or behavioral		other family members spend providing health care home for this child? Care might include changing bat or giving medication and therapies when needed.								
	health services		This child does not need health care provided at home on a weekly basis								
	F. Providing for This Child's Health			Less than 1 hour per week							
				1-4 hours per week							
G	Savings Accounts (HSA) and Flexible Spending Account	s		5-10 hours per week							
	(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			11 or more hours per week							
	insurance or another source.	F6		N AVERAGE WEEK, how many hour family members spend arranging							
	\$0 (No medical or health-related expenses) → SKIP to question		heal	th or medical care for this child, su pintments or locating services?							
	\$1-\$249			This child does not need health care on a weekly basis	coordinate	d					
	\$250-\$499			Less than 1 hour per week							
	\$500-\$999			1-4 hours per week							
	\$1,000-\$5,000			5-10 hours per week							
	More than \$5,000			11 or more hours per week							
				,							



		(6. This Child's Schooling and Activities	G5		RING THE PAST 12 MONTHS, did this ticipate in	s child Yes	No			
G		did 1	RING THE PAST 12 MONTHS, about how many days this child miss school because of illness or injury?			A sports team or did they take sports lessons after school or on weekends?					
	,	Inclu	de days missed from any formal home schooling.			Any clubs or organizations after school or on weekends?					
			No missed school days 1-3 days			Any other organized activities or lessons, such as music, dance, language, or other arts?					
			4-6 days		d.	Any type of community service or volunteer work at school, place of					
			7-10 days			worship, or in the community?					
			11 or more days			Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work?					
G		this you	This child was not enrolled in school RING THE PAST 12 MONTHS, how many times has child's school contacted you or another adult in household about any problems they are having	G6	this	RING THE PAST WEEK, on how many schild exercise, play a sport, or partivisical activity for at least 60 minutes?	cipate in	I			
	,	with	school?			1-3 days					
			None			4-6 days					
			1 time								
			2 or more times		ت د	Every day					
G			CE STARTING KINDERGARTEN, has this child eated any grades?	G7	diff	Compared to other children their age, how much difficulty does this child have making or keeping friends?					
			Yes			No difficulty					
			No			A little difficulty					
G			RING THE PAST 12 MONTHS, how often did you and events or activities that this child participated in	?		A lot of difficulty					
			Always	G8	DURING THE PAST 12 MONTHS, how often was this child bullied, picked on, or excluded by other children? If the frequency changed throughout the year, report the						
			Usually			hest frequency.	α., , ομοιι				
			Sometimes			Never (in the past 12 months)					
			Rarely			1-2 times (in the past 12 months)					
			Never			1-2 times per month					
						1-2 times per week					
						Almost every day					



G	DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them? If the frequency changed throughout the year, report the								How often does this child go to bed at about the same time on weeknights?					
		hig	hest frequency.						Ш	Always				
			Never (in the past 1	2 months	s)					Usually				
		L	1-2 times (in the pas	st 12 moi	nths)					Sometimes				
			1-2 times per month	1						Rarely				
		1-2 times per week								Never				
		☐ Almost every day								RING THE PAST WEEK, how many hours of sleep this child get on most weeknights?				
G1	V	но	w often does this chi	Always	Usually	Sometimes	Never			Less than 6 hours				
		a.	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?					H6		MOST WEEKDAYS, about how much time did this d spend in front of a TV, computer, cellphone or				
			H. About			This			other electronic device watching programs, playing games, accessing the internet or using social media? Do not include time spent doing schoolwork.					
				Child						Less than 1 hour				
Œ	1	Wa	s this child born in t	he Unite	d States	?				1 hour				
			Yes → SKIP to que	stion H	3					2 hours				
			No							3 hours				
Œ		lf n	o, how long has this	child be	on livin	a in tha III	nitod			4 or more hours				
Y			ites?	Cilia De	en nvin	g iii tile Oi	iiteu							
			years AND		months	3		HZ		v well can you and this child share ideas or talk ut things that really matter?				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							Very well				
Œ			w many times has the ce they were born?	is child ı	moved to	o a new ac	ldress			Somewhat well				
										Not very well				
			Number of time	es						Not well at all				
- 1														



H8 How well do you think you are handling the day-to-day demands of raising children?								I. About Your Family and Household						
1		Very well												
ı		Somewhat we						U	fan	JRING THE PAST WEEK, on how many days did all the mily members who live in the household eat a meal gether?				
ı	L	Not very well								0 days				
ı	☐ Not well at all													
H	9 DURING THE PAST MONTH, how often have you felt									1-3 days				
٦	Never Rarely Sometimes Usually Always									4-6 days				
ı	a.	That this child is much harder								Every day				
ı		to care for than most children their age?						12		pes anyone living in your household use cigarettes, gars, or pipe tobacco?				
ı	b.	That this child does things								Yes				
ı		that really bother you												
ı		a lot?							L	No → SKIP to question 14				
ı	c.	Angry with this child?						13	lf y	yes, does anyone smoke inside your home?				
										Yes				
H1		IRING THE PAS												
ı	wit	h parenting or	raising	children?	?				_	No				
ı		Yes No → SKIP t	o auesi	tion 🕦				14	vei	NCE THIS CHILD WAS BORN, how often has it been ry hard to cover the basics, like food or housing, your family's income?				
	No → SKIP to question 11									Never				
H1	lf y	es, did you red	ceive en	notional s	support 1	from								
ı						Yes	No			Rarely				
ı	a.	Spouse or dom	iestic pa	rtner?						Somewhat often				
ı	b.	Other family me	ember o	r close frie	end?					Very often				
ı	c.	Health care pro	ovider?						VAZIL					
ı		Place of worsh		igious loge	lor?			15	ho	hich of these statements best describes your usehold's ability to afford the food you need				
ı			•	_					DU	JRING THE PAST 12 MONTHS?				
- 1		Support or adv	ocacy di	roup relate	2 a									
1	٥.	Support or adve to specific heal			eu					We could always afford to eat good nutritious meals.				
ı	f.		th condi		ea					We could always afford enough to eat but not always				
	f.	to specific heal	th condi	ition?						We could always afford enough to eat but not always the kinds of food we should eat.				
	f. g.	to specific heal Peer support g Counselor or o professional?	th condiroup?	ition? ntal health						We could always afford enough to eat but not always				
	f. g.	to specific heal Peer support g Counselor or o	th condiroup?	ition? ntal health						We could always afford enough to eat but not always the kinds of food we should eat.				
	f. g.	to specific heal Peer support g Counselor or or professional?	th condiroup?	ition? ntal health						We could always afford enough to eat but not always the kinds of food we should eat. Sometimes we could not afford enough to eat.				
	f. g.	to specific heal Peer support g Counselor or or professional?	th condiroup?	ition? ntal health						We could always afford enough to eat but not always the kinds of food we should eat. Sometimes we could not afford enough to eat.				
	f. g.	to specific heal Peer support g Counselor or or professional?	th condiroup?	ition? ntal health						We could always afford enough to eat but not always the kinds of food we should eat. Sometimes we could not afford enough to eat.				
	f. g.	to specific heal Peer support g Counselor or or professional?	th condiroup?	ition? ntal health						We could always afford enough to eat but not always the kinds of food we should eat. Sometimes we could not afford enough to eat.				
	f. g.	to specific heal Peer support g Counselor or or professional?	th condiroup?	ition? ntal health						We could always afford enough to eat but not always the kinds of food we should eat. Sometimes we could not afford enough to eat.				



Ie	At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive								Other than you or other adults in your home, is there at least one other adult in this child's school, neighborhood,					
					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?	n a gover	rnment				_	Yes	r guida	nce r			
	b.	Food Stamps or Sup Assistance Program							No					
	c.	Free or reduced-cost lunches at school?	t breakfas	sts or			110) TH	ne next questions are	ahout e	vents tha	t may ha	ve	
	d.	Benefits from the Wo and Children (WIC) I					ha ha ur	n						
Œ	ln	your neighborhood,	is/are th	ere	Yes	No			ny questions you do not the best of your known		ER			
		0:4	41 0						perienced any of the					
	a.	Sidewalks or walking	paths?		Ш	Ш		а	Parent or guardian div	orced o	nr	Yes	No	
	b.	A park or playground	1?						separated		,1			
	C.	A recreation center, center, or boys' and							Parent or guardian die		,			
	d.	A library or bookmob	oile?						Parent or guardian se Saw or heard parents		•			
	e.	Litter or garbage on or sidewalk?					hit, kick, punch one ar home							
	f.	, ,		ng?				e.	Was a victim of violen witnessed violence in neighborhood					
	g.	Vandalism such as be windows or graffiti?	oroken					f.	Lived with anyone who ill, suicidal, or severely					
I		what extent do you out your neighborho				its		g. Lived with anyone who had a problem with alcohol or drugs						
			Definitely agree	Somewhat agree	Somewhat disagree	Definite disagre		h.	Treated or judged unformation of their race or ethnic		cause			
	a.	People in this neighborhood help each other out						i.	Treated or judged unfo of their sexual oriental identity					
	b.	We watch out for each other's children in this					(1)		hen your family faces			often are	you	
		neighborhood								All of		Some of		
	C.	This child is safe in our neighborhood						a.	Talk together about what to do	ne time	the time	the time	the time	
	d.	When we encounter						b.	Work together to solve our problems					
		difficulties, we know where to						c.	Know we have strengths to draw on					
		go for help in our community						d.	Stay hopeful even					
	e.	This child is safe at school							in difficult times					



What is the highest grade or level of school you have completed?

J. Child's Caregivers

			Mark (X) ONE box.					
	About You			8th grade or less				
Ŋ	How are you related to this child?			9th-12th grade; No diploma				
	☐ Biological or Adoptive Parent			High School Graduate or GED Completed				
	☐ Step-parent			Completed a vocational, trade, or business school program				
	Grandparent			Some College Credit, but no Degree				
	Foster Parent			Associate Degree (AA, AS)				
	Other: Relative			Bachelor's Degree (BA, BS, AB)				
	Other: Non-Relative			Master's Degree (MA, MS, MSW, MBA)				
J2	What is your sex?			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)				
	Male	J7	Wha	at is your marital status?				
	Female			Married				
13	What is your age?			Not married, but living with a partner				
T				Never Married				
	Age in years			Divorced				
J4	Where were you born?			Separated				
	☐ In the United States → SKIP to question ☐			Widowed				
	Outside of the United States	J8	In g	eneral, how is your physical health?				
J5	When did you come to live in the United States?			Excellent				
T	Indicate the 4-digit year in which you came to live in the United States.			Very good				
	4-Digit Year			Good				
	- Digit Four			Fair				
				Poor				
		J9	In g	eneral, how is your mental or emotional health?				
				Excellent				
				Very good				
				Good				
				Fair				
				Poor				



J10	emp	ch of the following best describes your current loyment status?			Other Parent or Caregiver in the Household
		Employed full-time	J14	How	is this other caregiver related to this child?
		Employed part-time			Biological or Adoptive Parent
		Working WITHOUT pay			Step-parent
		Not employed but looking for work			Grandparent
		Not employed and not looking for work			Foster Parent
					Other: Relative
10	U.S.	e you ever served on active duty in the Armed Forces, Reserves, or the National Guard?			Other: Non-Relative
		Never served in the military → SKIP to question J13	J15	Wha	at is this caregiver's sex?
		Only on active duty for training in the Reserves or National Guard → SKIP to question J ₁₃			Male
		Now on active duty			Female
		On active duty in the past, but not now	J16	Wha	at is this caregiver's age?
12	Wer	e you deployed at any time during this child's life?			Age in years
		Yes		Who	ere was this caregiver born?
		No	W		In the United States → SKIP to question J19
13	Doe	s this child have another parent or adult caregiver			on page 18
		lives in this household?		Ш	Outside of the United States
		Yes → Complete questions J14 - J25 for this other parent or adult caregiver	J18		en did this caregiver come to live in the United
		No → SKIP to question K1 on page 19			es? Indicate the 4-digit year in which this caregiver e to live in the United States.
		_			4 Digit Voor
					4-Digit Year



J19	care	at is the highest grade or level of school this giver has completed?	J22 In general, how is this caregiver's mental or emotional health?
		8th grade or less	Excellent
		9th-12th grade; No diploma	☐ Very good
		High School Graduate or GED Completed	Good
		Completed a vocational, trade, or business school program	☐ Poor
		Some College Credit, but no Degree	Which of the following heat describes this covering
		Associate Degree (AA, AS)	J23 Which of the following best describes this caregiver's current employment status? Mark (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
	H	Married	
	H	The triangles of the second	Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.
	H	Never Married	Never served in the military → SKIP to question K1
		Divorced	on page 19
	Н	Separated	Only on active duty for training in the Reserves or National Guard → SKIP to question on page 19
	Ш	Widowed	☐ Now on active duty
J21	In g	eneral, how is this caregiver's physical health?	On active duty in the past, but not now
		Excellent	J25 Was this caregiver deployed at any time during this
		Very good	child's life?
		Good	Yes
		Fair	□ No
		Poor	



K		Income in 2019 Mark (X) the "Yes" box for EACH type of income this child's family received, and give your best estimate of t	
K	How many people are living or staying at this address? Include everyone who usually lives or stays at this address. Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away	(X) the "No" box to show types of income NOT receive a. Wages, salary, commissions, bonuses, or tips for	ed.
	or someone in the Armed Forces on deployment.	all jobs.	
	Number of people	Yes → \$, .00	
K	How many of these people in your household are family members? Family is defined as anyone related to this child	b. Self-employment income from own nonfarm businesses or farm business, including	
	by blood, marriage, adoption, or through foster care.	proprietorships and partnerships.	
	Number of people	□ Yes → \$,	Loss
		No TOTAL AMOUNT in the last calendar year	
		c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.	
		□ Yes → \$,,	Loss
		No TOTAL AMOUNT in the last calendar year	
		d. Social security or railroad retirement; retiremen survivor, or disability pensions.	t,
		☐ Yes → \$, .00	
		No TOTAL AMOUNT in the last calendar year	
		e. Supplemental security income (SSI); any public assistance or welfare payments from the state of local welfare office.	or
		☐ Yes → \$,	
		No TOTAL AMOUNT in the last calendar year	
		f. Any other sources of income received regularly such as Veterans' (VA) payments, unemploymen compensation, child support, or alimony.	it
		☐ Yes → \$, .00 .00	
		No TOTAL AMOUNT in the last calendar year	
	K	The following question is about your 2019 income. Think about your total combined family income IN LAST CALENDAR YEAR for all members of the fam What is that amount before taxes? Include money free jobs, child support, social security, retirement income, unemployment payments, public assistance, and so for Also, include income from interest, dividends, net incomfrom businesses, farm or rent, and any other money in received.	THE nily. rom rth. me
		\$ 0,000,000	
		TOTAL AMOUNT in the last calendar year	



Mailing Instructions

Thank you for your participation.

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

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

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

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

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.

NSCH-T3 (04/06/2020)



Start Here	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
	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 complete the follow-up questions.	e. Toothaches
	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.	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
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 shopping, because of a physical,
Excellent	mental, or emotional condition
☐ Very good	e. Deafness or problems with hearing
Good	f. Blindness or problems with seeing, even when wearing glasses
☐ Fair	Has a doctor or other health care provider EVER told
Poor	you that this child has A5 Allergies (including food, drug, insect, or other)?
How would you describe the condition of this child's	☐ Yes ☐ No
teeth?	☐ If yes, does this child CURRENTLY have the
Excellent	condition?
☐ Very good	☐ Yes ☐ No ☐ If yes, is it:
Good	☐ Mild ☐ Moderate ☐ Severe
☐ Fair	A6 Arthritis?
Poor	☐ Yes ☐ No
	Yes No
	→ If yes, is it:
	□ IVIIIU □ IVIOUEI ale □ Severe



-			
١	Has a doctor or other health care provider EVER told you that this child has	Has a doctor or other health care provider EVER you that this child has	told
Az		A12 Frequent or severe headaches, including migrain	ie?
٦	☐ Yes ☐ No	☐ Yes ☐ No	
١	☐ If yes, does this child CURRENTLY have the condition?	☐ If yes, does this child CURRENTLY have the condition?	e
1	☐ Yes ☐ No	☐ Yes ☐ No	
1	→ If yes, is it:	→ If yes, is it:	
١	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Se	evere
A	Cerebral Palsy?	A13 Tourette Syndrome?	
I	☐ Yes ☐ No	☐ Yes ☐ No	
١	If yes, does this child CURRENTLY have the condition?	☐ If yes, does this child CURRENTLY have the condition?	Э
1	☐ Yes ☐ No	□ Yes □ No	
1	→ If yes, is it:	→ If yes, is it:	
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Se	evere
AS	Diabetes?	A14 Anxiety Problems?	
1	□ Yes □ No	☐ Yes ☐ No	
١	If yes, does this child CURRENTLY have the condition?		9
1	☐ Yes ☐ No	□ Yes □ No	
1	→ If yes, is it:	→ If yes, is it:	
1	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Se	evere
A1	Epilepsy or Seizure Disorder?	A15 Depression?	
T	☐ Yes ☐ No	☐ Yes ☐ No	
ı	If yes, does this child CURRENTLY have the condition?		Э
1	☐ Yes ☐ No	☐ Yes ☐ No	
1	→ If yes, is it:	If yes, is it:	
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Se	evere
A1	Heart Condition?	A16 Down Syndrome?	
1	☐ Yes ☐ No	☐ Yes ☐ No	
1	→ If yes, was this child born with the condition?		
1	☐ Yes ☐ No		
1	Does this child CURRENTLY have the condition?		
	☐ Yes ☐ No		
1	→ If yes, is it:		
	☐ Mild ☐ Moderate ☐ Severe		

	Has a doctor or other health care provider EVER told	Has a doctor, other health care provider, or educator
Δ.	you that this child has Blood Disorders (such as Sickle Cell Disease,	EVER told you that this child has Examples of educators are teachers and school nurses.
4	Thalassemia, or Hemophilia)?	A20 Behavioral or Conduct Problems?
	☐ Yes ☐ No	Yes No
	→ If yes, is it:	
	Mild Moderate Severe	☐ Yes ☐ No
	Was this child diagnosed with:	☐ If yes, is it:
	Sickle Cell Disease?	☐ Mild ☐ Moderate ☐ Severe
	Thalassemia?	A21 Developmental Delay?
	Hemophilia?	Yes No
	Other Blood Disorders? Yes No	☐ 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.	☐ Yes ☐ No
	□ Yes □ No	→ If yes, is it:
A.	8 Cystic Fibrosis?	☐ Mild ☐ Moderate ☐ Severe
	☐ 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:
A	9 Other genetic or inherited condition?	Mild Moderate Severe
		A23 Speech or other language disorder?
	☐ If yes, specify: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ Yes ☐ No
		☐ If yes, does this child CURRENTLY have the condition?
	Is it:	☐ Yes ☐ No
	☐ Mild ☐ Moderate ☐ Severe Was this condition identified through a blood	⊢ If yes, is it:
	test done shortly after birth? These tests are	☐ Mild ☐ Moderate ☐ Severe
	sometimes called newborn screening.	A24 Learning Disability?
	LI 165 LI NO	☐ Yes ☐ No
		☐ If yes, does this child CURRENTLY have the
		disability?
		☐ Yes ☐ No
		→ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe



A2	you Disc	that this ch order (ASD)	i <mark>ild has A</mark> ? <i>Include</i>	alth care provi autism or Autis diagnoses of As tal Disorder (PD	m Spectrum sperger's Disorder	A3	yo At	u that t	his c	hild ha	s Atte	ention C	Deficit D	r EVER told isorder or hat is, ADD o	or
ı		Yes	□ No	→ SKIP to ques	tion A30			Yes		1	Vo →	SKIP to	questi	on A33	
ı	Ц	If yes, doe condition?		ild CURRENTL	Y have the		L		s, do		child	CURRI	ENTLY I	nave the	
ı		Yes		No					Yes			No			
ı		☐ If yes	, is it:					\vdash	If ye	s, is it:					
ı		□ r	Mild	Moderate	Severe					Mild		Mod	lerate	Severe	
A2	care		IRST told	when a doctor of you that they er or PDD?		A3		this chi OHD?	ild Cl		TLY t	aking n	nedicati	on for ADD o	or
ı		Age ir	n years	☐ Don't kno	ow	АЗ		any tin		JRING '	THE I			HS, did this D or ADHD,	
A2	the Asp		ll you tha order or F	t this child had	re provider was I Autism, ASD,		su	ch as t	rainin	ng or ar to help	n inte	rventio		ou or this	
ı		Primary Ca		er		АЗ	br	ain inju	ry? A	concus	ssion	or brain	injury is	oncussion of when a blow	
ı		Specialist					diz or	ziness, concent	being trating	g dazed g, vomit	or co ing, b	nfused, Iurred vi	difficulty	headaches, remembering anges in mod	
ı		School Psy	chologist/	Counselor			or	behavic	or, or	being ki	nocke	d out.			
ı		Other Psyc	hologist (Non-School)			<u> </u>	Yes			No -				
ı		Psychiatrist	t .							l you so Ith care			care fro	m a doctor o	or
ı		Other, spec							Yes			No			
		Other, spec	Sity. 📈					L	prov	ider tel	l you		ur child	alth care I had a	
ı		Don't know								Yes	[No			
A2		nis child CU), Asperger'			ation for Autism,	A3	ch	ild's he	alth o	conditio	ons o	r proble		en have this ected their ge do?	
ı		Yes	□ No							does no			uestion	B1 on page	6
A2				E PAST 12 MO				Neve	er						
Ī	Asp	erger's Disc	order or F	treatment for <i>P</i> PDD, such as tr this child recei	aining or an			Some	etime	S					
		their behav		ano omia rocei	Tod to Holp			Usua	ally						
		Yes	□ No					Alwa	ys						
						A3							Ith cond things?	ditions or	
								Very	little						
								Some	ewha	t					
								A gre	eat de	eal					



В		C 4	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.
	due date?		Less than 10 minutes
	Yes		10-20 minutes
	No		☐ More than 20 minutes
В	What month and year was this child born?		
	Birth Month / 4-Digit Birth Year	C5	What is this child's CURRENT height? Your best estimate is fine.
	/ 20		feet AND inches
В	How much did they weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is		OR
	fine.		meters AND centimeters
	ounces OR	C6	How much does this child CURRENTLY weigh? Your best estimate is fine.
	kilograms AND grams		pounds
В	What was the age of the mother when this child was born? Your best estimate is fine.		OR
			kilograms
	Age in years		Are you concerned about this shild's weight?
	C. Health Care Services	9	Are you concerned about this child's weight? Yes, it's too high
C			☐ Yes, it's too low
	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?		□ No, I am not concerned
	☐ Yes	C8	Has a doctor or other health care provider ever told you that this child is overweight?
	No → SKIP to question C5		Yes
C	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		∐ No
	caregiver in the room?	C9	Is there a place you or another caregiver USUALLY take this child when they are sick or you need advice
	Yes		about their health?
	□ No		Yes
С	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.	đ,	No → SKIP to question C11 on page 7
	□ 0 visits		
	☐ 1 visit		
	2 or more visits		



C 1		es, where does this child USUALLY go first?	CI	s	ee	s, DURING THE PAST 12 MONTHS, did this child a dentist or other oral health care provider for VENTIVE dental care, such as check-ups, dental
١		Doctor's Office				nings, dental sealants, or fluoride treatments?
		Hospital Emergency Room		I		No preventive visits in the past 12 months → SKIP to question C18
١		Hospital Outpatient Department				Yes, 1 visit
		Clinic or Health Center				Yes, 2 or more visits
		Retail Store Clinic or "Minute Clinic"	CI			s, DURING THE PAST 12 MONTHS, what VENTIVE dental service(s) did this child receive?
١		School (Nurse's Office, Athletic Trainer's Office)				(X) ALL that apply.
		Some other place				Check-up
C1		ere a place that this child USUALLY goes when				Cleaning
١		need routine preventive care, such as a physical mination or well-child check-up?				Instruction on tooth brushing and oral health care
١		Yes				X-Rays
١		No → SKIP to question C13				Fluoride treatment
C1		es, is this the same place this child goes when they sick?				Sealant (plastic coatings on back teeth)
١	are s					Don't know
١		Yes	C18			ING THE PAST 12 MONTHS, has this child
١		No		h	eal	ived any treatment or counseling from a mental th professional? Mental health professionals include
C1		RING THE PAST 12 MONTHS, has this child had r vision tested, such as with pictures, shapes, or ers?				hiatrists, psychologists, psychiatric nurses, and clinical al workers.
١		Yes			Ш	Yes
١						No, but this child needed to see a mental health professional
	No → SKIP to question C15					No, this child did not need to see a
C1		s, where was this child's vision tested? (X) ALL that apply.				mental health professional → SKIP to question ©20
		Eye doctor or eye specialist (ophthalmologist, optometrist) office	C19			difficult was it to get the mental health treatment ounseling that this child needed?
		Pediatrician or other general doctor's office				Not difficult
١		Clinic or health center				Somewhat difficult
١		School				Very difficult
١		Other, specify: 📈				It was not possible to obtain care
			C2(а	ıny	ING THE PAST 12 MONTHS, has this child taken medication because of difficulties with their
C1	dent	RING THE PAST 12 MONTHS, did this child see a tist or other oral health care provider for any kind		е	emo	tions, concentration, or behavior? Yes
	of de	ental or oral health care?				No
		Yes, saw a dentist				INO
		Yes, saw other oral health care provider				
		No → SKIP to question C18				



C2	DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional? Specialists are doctors like surgeons, heart doctors, allergy	C2	not	any of the following reasons contribureceiving needed health services?	te to thi	s child			
ı	doctors, skin doctors, and others who specialize in one area of health care.				Yes	No			
ı				This child was not eligible for the ervices					
ı	Yes			The services this child needed were not available in your area					
ı	No, but this child needed to see a specialist		c. T	There were problems getting an					
ı	No, this child did not need to see a specialist → SKIP to question (23)			appointment when this child needed one					
				There were problems with getting					
C2	How difficult was it to get the specialist care that this child needed?			ransportation or child care The clinic or doctor's office wasn't					
ı	☐ Not difficult		С	ppen when this child needed care	Ш				
ı	Somewhat difficult		f. T	here were issues related to cost					
ı	☐ Very difficult	C2		RING THE PAST 12 MONTHS, how often trated in your efforts to get services for					
ı	☐ It was not possible to obtain care			Never					
	It was not possible to obtain care								
C2:	DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? Alternative			Sometimes					
ı	health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others.		Ш	Usually					
ı	Some therapies involve seeing a health care provider, while others can be done on your own.			Always					
ı	Yes	C2		ING THE PAST 12 MONTHS, how man		did			
ı	□ No			None					
C2	DURING THE PAST 12 MONTHS, was there any time			1 time					
Ĭ	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			2 or more times					
ı	mental health services.	C2	9 DUR	RING THE PAST 12 MONTHS, was this	child a	dmitted			
ı	Yes			ne hospital to stay for at least one nig		umittou			
ı	No → SKIP to question ©27			Yes					
C2	If yes, which types of care were not received? Mark (X) ALL that apply.			No					
ı	☐ Medical Care	C3	Has inter	this child EVER had a special education plan? Children receiving these	i <mark>on or e</mark> a	arly often			
ı	☐ Dental Care			e an Individualized Family Service Plan (ridualized Education Plan (IEP).	IFSP) or	•			
ı	☐ Vision Care			Yes					
ı	Hearing Care			No → SKIP to question c33 on page	9				
ı	☐ Mental Health Services	00	16			DOT			
	Other, specify:	C3	plan	s, how old was this child at the time of	or the FI	KOI			
				years AND months					
				years AND Months					



C3	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 013 on page 10.
١	☐ Yes		DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers
١	No		Always Usually Sometimes Never
C3	3 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
	Yes No → SKIP to question □		c. Show sensitivity to your family's values and customs?
C3	If yes, how old was this child when they began receiving these special services?		d. Provide the specific information you needed concerning this child?
C3	years AND months Is this child CURRENTLY receiving these special		e. Help you feel like a partner in this child's care?
٦	services?	D 5	DURING THE PAST 12 MONTHS, did this child need
	Yes		any decisions to be made regarding their health care, such as whether to get prescriptions, referrals, or procedures?
١	∐ No		Yes
	D. Experience with This Child's Health Care		No → SKIP to question D7
	Providers	D6	
	Do you have one or more persons you think of as		this child's doctors or other health care providers Always Usually Sometimes Never
D	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		a. Discuss with you the range of options to consider for their health care or treatment?
١	doctor, a nurse practitioner, or a physician assistant.		b. Make it easy for you to raise concerns or
١	Yes, one person		to raise concerns or disagree with recommendations
١	Yes, more than one person		for this child's health care?
	□ No		c. Work with you to
D:	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
١	Yes		be best for this child?
	□ No → SKIP to question □4	07	DURING THE PAST 12 MONTHS, did anyone help you arrange or coordinate this child's care among the different doctors or services that this child uses?
D:	How difficult was it to get referrals?		different doctors of services that this child uses?
	□ Not difficult		☐ Yes
	☐ Somewhat difficult		Did not one more than one health care provider in
	☐ 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		p-19
1			



0	DURING THE PAST 12 MONTHS, have you felt that you could have used extra help arranging or coordinating this child's care among the different health care providers or services? Yes	D14	If yes, have they talked with you about when this child will need to see doctors or other health care providers who treat adults? Yes No				
١	□ No → SKIP to question D10						
	.	D15	Has this child's doctor or other health care provider actively worked with this child to:				
D:	If yes, DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with		Don't Yes No know				
١	arranging or coordinating this child's health care?		a. Make positive choices about their health. For example, by				
١	Usually		eating healthy, getting regular				
	Sometimes		exercise, not using tobacco, alcohol or other drugs, or delaying sexual activity?				
	Never		b. Gain skills to manage their health and health care. For				
D1	DURING THE PAST 12 MONTHS, how satisfied were you with the communication between this child's doctors and other health care providers?		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				
١	Somewhat satisfied		age 18. For example, by understanding changes in privacy,				
	☐ 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,				
D1	DURING THE PAST 12 MONTHS, did this child's health care provider communicate with the child's school, chil care provider, or special education program?	d	allergies, medications, immunizations)? ☐ Yes				
١	Yes		□ No				
	No → SKIP to question D13	017	Have this child's doctors or other health care providers worked with you and this child to create a plan of care				
١	Did not need health care provider to communicate		to meet their health goals and needs?				
١	with these providers → SKIP to question 013		Yes				
D1	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 page 11				
	☐ Very satisfied	D18	If yes, do you and this child have access to this plan of care?				
١	Somewhat satisfied		Yes				
	☐ Somewhat dissatisfied		□ No				
	☐ Very dissatisfied	D19	Does this plan of care address transition to doctors and other health care providers who treat adults?				
D1	Do any of this child's doctors or other health care providers treat only children?		Yes				
	Yes		□ No				
	□ No → SKIP to question D15		☐ No, child already sees providers who treat adults				



D2(a	adu	gibility for health insurance often chan of thood. Do you know how this child we they become an adult?			E	t	ype	is child CURRENTLY covered by any s of health insurance or health cover ((X) Yes or No for EACH item.		
1										Yes	No
1			Yes → SKIP to question [E1]				ć		nsurance through a current or ormer employer or union		
23	١.		No				ŀ		nsurance purchased directly rom an insurance company		
D2	k	(ee	o, has anyone discussed with you how p some type of health insurance cover d becomes an adult?				(c	Medicaid, Medical Assistance, or any kind of government desistance plan for those with down incomes or a disability		
			Yes				C		RICARE or other military ealth care		
1							6	e. l	ndian Health Service		
	ı		E. This Child's He				f	i. (Other, specify: 📈		
	ı		Insurance Covera	age							
E		cov	RING THE PAST 12 MONTHS, was this tered by ANY kind of health insurance terage plan? Yes, this child was covered			E			often does this child's health insural		eds?
1			all 12 months → SKIP to question						Always		
			Yes, but this child had a gap in coverage	ge					Usually		
1			No						Sometimes		
E2		hil	icate whether any of the following is a ld was not covered by health insuranc RING THE PAST 12 MONTHS:						Never		
1	_			Yes	No	E			often does this child's health insural		1
1	a		Change in employer or employment status				ι	nen	n to see the health care providers the	/ need?	
	k		Cancellation due to overdue premiums						Always Usually		
	C		Dropped coverage because it was unaffordable						Sometimes		
	C		Dropped coverage because benefits were inadequate						Never		
	6	(Dropped coverage because choice of health care providers was inadequate			G	k	oeha	king specifically about this child's mo	this child	
	f		Problems with application or renewal process						th insurance offer benefits or cover s t these needs?	ervices tl	hat
1	ç	j.	Other, specify: 🔀						Always		
									Usually		
ES	1	s fi	his child CURRENTLY covered by AN	/ kind of					Sometimes		
٦			Ith insurance or health coverage plan						Never		
			Yes						This child does not use mental or beha health services	vioral	
			No → SKIP to question F1 on page	12							



F.	Prov	riding	g fo	r T	his
	Chi	ld's l	Hea	lth	

	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	ccounts	This child does not need health care provided at home on a weekly basis
	(FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE PAST 12 MONTHS? Do not include health insurance		Less than 1 hour per week
	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) → SKIP to question F4		5-10 hours per week
	\$1-\$249		☐ 11 or more hours per week
	\$250-\$499	F6	other family members spend arranging or coordinating
	\$500-\$999		health or medical care for this child, such as making 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
3	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 Schooling
	Never		and Activities
	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? Include days missed from any formal home schooling.
	Yes		☐ No missed school days
	□ No		☐ 1-3 days
-	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?	G2	☐ This child was not enrolled in school DURING THE PAST 12 MONTHS, how many times has
	c. Avoided changing jobs because of concerns about maintaining health insurance for this child?		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
ı			



G	3		ICE STARTING KINDERGARTEN, has the peated any grades? Yes	is child		G 8	child If the	RING THE PAST 12 d bullied, picked on e frequency changed est frequency.	, or exc	luded by	other child	Iren?
			No					Never (in the past 1	12 month	ns)		
G			RING THE PAST 12 MONTHS, how ofter end events or activities that this child pa					1-2 times (in the pa		onths)		
١			Always	·			H	1-2 times per month	า			
١			Usually				H	1-2 times per week				
١			Sometimes				Ш	Almost every day				
			Rarely			G9	child If the	RING THE PAST 12 d bully others, pick e frequency changed	on then	n, or exc	ude them?	
		Ш	Never				nign	est frequency.	10 maa math	\		
G	3		RING THE PAST 12 MONTHS, did this orticipate in		N		H	Never (in the past 1				
		a.	A sports team or did they take sports lessons after school or on weekends?	Yes	No			1-2 times (in the pa1-2 times per month		onins)		
		b.	Any clubs or organizations after school or on weekends?					1-2 times per week				
		C.	Any other organized activities or lessons, such as music, dance, language, or other arts?			G10	How	Almost every day	ild			
		d.	Any type of community service or volunteer work at school, place of worship, or in the community?				С	Show interest and curiosity in learning new things?	Always	Usually	Sometimes	Never
			Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work?				b. V	Vork to finish tasks hey start?				
G		this	RING THE PAST WEEK, on how many c s child exercise, play a sport, or particip				С	Stay calm and in control when faced with a challenge?				
١		phy	ysical activity for at least 60 minutes?				٧	Care about doing vell in school?				
١			0 days					Oo all required nomework?				
			1-3 days				f. A	Argue too much?				
١			4-6 days Every day					H. About	You	ı and	This	
		0 -							Chil			
G		diff	mpared to other children their age, how ficulty does this child have making or keends?			(1)	Was	this child born in t	the Unit	ed States	?	
١			No difficulty					Yes → SKIP to que	estion	on pa	ge 14	
			A little difficulty					No				
			A lot of difficulty			H 2		o, how long has this ed States?	s child b	een livin	g in the	
								years AND		months	5	



Œ	How many times has this child moved to a new address since they were born?	HB		well do you t			ındling th	ie day-to	o-day
١	Number of times			Very well					
	Number of times			Somewhat we	ell				
H ²	How often does this child go to bed at about the same time on weeknights?			Not very well					
١	Always			Not well at all					
١	Usually		DITE	RING THE PAS	T MON	JTH how	often ha	ve vou f	folt
١	Sometimes	Ψ	DOI		Never		Sometimes		
	Rarely		i t	That this child s much harder o care for than					
١	Never			nost children heir age?					
d	DURING THE PAST WEEK, how many hours of sleep did this child get on most weeknights?		t	That this child does things hat really pother you					
١	Less than 6 hours		á	a lot?					
١	☐ 6 hours			Angry with his child?					
١	☐ 7 hours	H10	DUF	RING THE PAS	T 12 N	ONTHS.	was ther	e somec	one
	8 hours		that	you could tur parenting or	n to fo	r day-to-	day emot		
١	9 hours			Yes					
١	☐ 10 hours			No → SKIP to	ques	tion 🕕	on page	15	
١	11 or more hours	(111)	If ye	s, did you rec	eive e	motional	support 1	from	
Œ	ON MOST WEEKDAYS, about how much time did this	T						Yes	No
٦	child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing		a. S	Spouse or dom	estic pa	artner?			
	games, accessing the internet or using social media? Do not include time spent doing schoolwork.		b. (Other family me	ember o	or close fr	iend?		
١	Less than 1 hour		c. l	Health care pro	vider?				
١	☐ 1 hour			Place of worshi		•			
١	2 hours			Support or advo o specific healt			ed		
١	☐ 3 hours		f. F	Peer support gr	oup?				
١	4 or more hours			Counselor or ot or of or	her me	ntal healt	h		
	4 of more flours		·	Other person, s	pecify:	7			
Q	How well can you and this child share ideas or talk about things that really matter?			,, p	,,,,,,	k			
١	□ Very well								
	Somewhat well								
	□ Not very well								
	□ Not well at all								
1									

-									
	Г	. About Your Family and			any time DURING T e month, did anyon				n for
ı		Household						Yes	No
I		RING THE PAST WEEK, on how many days did all the ily members who live in the household eat a meal	;	a.	Cash assistance from welfare program?	m a gove	rnment		
ı		ether?		b.	Food Stamps or Sup Assistance Program				
ı		0 days		c.	Free or reduced-cos lunches at school?	t breakfas	sts or		
ı		1-3 days		d.	Benefits from the W and Children (WIC)				
ı		4-6 days	(2	ln :	your neighborhood,	J			
ı	Ш	Every day						Yes	No
12	Doe	es anyone living in your household use cigarettes,		a.	Sidewalks or walking	g paths?		Ш	Ш
T	ciga	ars, or pipe tobacco?			A park or playground				
ı	H	Yes	'	C.	A recreation center, center, or boys' and				
ı		No → SKIP to question 14		d.	A library or bookmol	oile?			
13	If y	es, does anyone smoke inside your home?		e.	Litter or garbage on or sidewalk?	the stree	t		
ı		Yes		f.	Poorly kept or rundo	wn housi	ng?		
		No		g.	Vandalism such as windows or graffiti?	oroken			
14	ver	CE THIS CHILD WAS BORN, how often has it been y hard to cover the basics, like food or housing, your family's income?	18	To ab	what extent do you out your neighborho	agree wood or co	ith these mmunity	statemen ?	ts
ı		Never				Definitely agree	Somewhat agree	Somewhat disagree	Definitely disagree
ı		Rarely	i	a.	People in this neighborhood help each other out				
ı		Somewhat often		b.	We watch out for				
		Very often			each other's children in this neighborhood				
15	hou	ch of these statements best describes your sehold's ability to afford the food you need RING THE PAST 12 MONTHS?		c.	This child is safe in our neighborhood				
ı		We could always afford to eat good nutritious meals.		d.	When we encounter				
ı					difficulties, we know where to go for help in				
ı		We could always afford enough to eat but not always the kinds of food we should eat.							
				e.	our community				
		the kinds of food we should eat.		e.					
		the kinds of food we should eat. Sometimes we could not afford enough to eat.	,	e.	our community This child is safe				
		the kinds of food we should eat. Sometimes we could not afford enough to eat.		e.	our community This child is safe				
		the kinds of food we should eat. Sometimes we could not afford enough to eat.		e.	our community This child is safe				



IS	Other than you or other adults in your he least one other adult in this child's schoor community who knows this child well can rely on for advice or guidance?	ool, neighb	orhood,	J. Child's Caregivers About You
	Yes			How are you related to this child?
	□ No			☐ Biological or Adoptive Parent
•	The next questions are about events the happened during this child's life. These happen in any family, but some people uncomfortable with these questions. You any questions you do not want to answer.	things ca may feel ou may ski	n	□ Step-parent □ Grandparent □ Foster Parent
	To the best of your knowledge, has this experienced any of the following?	child EVI	ER	Other: Relative
	a. Parent or guardian divorced or	Yes	No	Other: Non-Relative
	separated			
	b. Parent or guardian died			What is your sex?
	c. Parent or guardian served time in jail			☐ Male
	 d. Saw or heard parents or adults slap, 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 mentally ill, suicidal, or severely depressed			Age in years
	 g. Lived with anyone who had a problem with alcohol or drugs 			4 Where were you born?
	 h. Treated or judged unfairly because of their race or ethnic group 			☐ In the United States → SKIP to question on page 17
	 Treated or judged unfairly because of their sexual orientation or gender identity 			Outside of the United States
(1	1 When your family faces problems, how likely to do each of the following?	often are y		When did you come to live in the United States? Indicate the 4-digit year in which you came to live in the United States.
	All of Most of the time the time	Some of the time	None of the time	
	a. Talk together about what to do			4-Digit Year
	b. Work together to solve our problems			
	c. Know we have strengths to draw on			
	d. Stay hopeful even in difficult times			



J6	com	at is the highest grade or level of school you have pleted? $(x, (X))$ ONE box.	10	emp	ch of the following best describes your current ployment status? k (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)	11)	U.S.	e you ever served on active duty in the . Armed Forces, Reserves, or the National Guard?
		Bachelor's Degree (BA, BS, AB)		Mari	k (X) ONE box.
ı		Master's Degree (MA, MS, MSW, MBA)		Ш	Never served in the military → SKIP 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 → SKIP to question
J7) Wha	at is your marital status?			Now on active duty
T		Married			On active duty in the past, but not now
		Not married, but living with a partner	12	Wer	re you deployed at any time during this child's life?
		Never Married			Yes
		Divorced			No
		Separated	13		s this child have another parent or adult caregiver blives in this household?
		Widowed			Yes → Complete questions 114 - J25 for this other parent or adult caregiver
J8	In g	eneral, how is your physical health?			No → SKIP to question K1 on page 19
		Excellent			on page 10
		Very good			
		Good			
		Fair			
		Poor			
J9	In g	eneral, how is your mental or emotional health?			
T		Excellent			
		Very good			
		Good			
		Fair			
		Poor			



	Other Parent or Caregiver in the Household	J19	care	at is the highest grade or level of school this egiver has completed?
J1	4 How is this other caregiver related to this child?			8th grade or less
ı	☐ Biological or Adoptive Parent			9th-12th grade; No diploma
ı	Step-parent			High School Graduate or GED Completed
ı	Grandparent			Completed a vocational, trade, or business school
ı	Foster Parent			program
ı	Other: Relative			Some College Credit, but no Degree
ı	Other: Non-Relative			Associate Degree (AA, AS)
J1	5 What is this caregiver's sex?			Bachelor's Degree (BA, BS, AB)
I	Male			Master's Degree (MA, MS, MSW, MBA)
ı	Female			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
	What is this same vivous and	J20	Wha	it is this caregiver's marital status?
ויי ו	6 What is this caregiver's age?			Married
ı	Age in years			Not married, but living with a partner
J1	Where was this caregiver born?			Never Married
1	☐ In the United States → SKIP to question J19			Divorced
ı	Outside of the United States			Separated
				Widowed
J1	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.	J21	In go	eneral, how is this caregiver's physical health?
ı				Excellent
ı	4-Digit Year			Very good
ı				Good
ı				Fair
ı				Poor
		J22	In go	eneral, how is this caregiver's mental or emotional th?
				Excellent
				Very good
				Good
				Fair
ı				Poor



J2:	Which of the following best describes this caregiver's current employment status?	(3) Income in 2019 Mark (X) the "Yes" box for EACH type of income this
	Mark (X) ONE box.	child's family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark
	Employed full-time	(X) the "No" box to show types of income NOT received.
	Employed part-time	a. Wages, salary, commissions, bonuses, or tips for all jobs.
	☐ Working WITHOUT pay	☐ Yes → \$,
	Not employed but looking for work	No TOTAL AMOUNT in the last calendar year
	Not employed and not looking for work	b. Self-employment income from own nonfarm businesses or farm business, including
J24	Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.	proprietorships and partnerships.
	 Never served in the military → SKIP to question K1 	☐ Yes → \$, .00 ☐ Loss
	Only on active duty for training in the Reserves or	No TOTAL AMOUNT in the last calendar year
	 National Guard → SKIP to question Now on active duty 	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
	On active duty in the past, but not now	☐ Yes → \$.00 ☐ Loss
J2:	Was this caregiver deployed at any time during this	No TOTAL AMOUNT in the last calendar year
٦	child's life?	d. Social security or railroad retirement; retirement, survivor, or disability pensions.
	Yes	survivor, or disability perisions.
	□ No	Yes → \$, .00
	K. Household Information	No TOTAL AMOUNT in the last calendar year
Kí		e. Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office.
	Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away	□ Yes → \$, .00 .00
	or someone in the Armed Forces on deployment.	No TOTAL AMOUNT in the last calendar year
K2	Number of people How many of these people in your household are family	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
	Number of people	No TOTAL AMOUNT
	Number of people	in the last calendar year The following question is about your 2019 income. Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount before taxes? Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth. Also, include income from interest, dividends, net income from businesses, farm or rent, and any other money income received. \$ 100 TOTAL AMOUNT in the last calendar year



Mailing Instructions

Thank you for your participation.

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

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

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

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

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.

