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

	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.
Hov	v many children 0-17 years old usually live or stay at this address?
	Number of children living or staying at this address
Wha	at is the primary language spoken in the household?
	English
	Spanish
	Other Language, specify: 🔀
	his house, apartment, or mobile home rk (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?



	CHILI (Younge		7 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?					
			☐ Yes ☐ No					
	First name, initials, or nicknam	e of the youngest child	If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?					
	<u> </u>		☐ Yes ☐ No					
2	How old is this child? If the child old, round age in months to 1.	ld is less than one month	Yes					
			☐ Yes ☐ No					
	Years OR	Months	B Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?					
3	What is this child's sex?							
	☐ Male ☐ Female		Yes No					
E	NOTE: Answer BOTH questionigin and question 5 abo		→ If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?					
	For this survey, Hispanic or		☐ Yes ☐ No					
4	Is this child of Hispanic, Latino							
	No, not of Hispanic, Latino,	or Spanish origin	☐ Yes ☐ No					
	Yes, Mexican, Mexican Ame	erican, Chicano	9 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, Latir	no, or Spanish origin						
5	What is this child's race? Mark	(X) one or more boxes.	Yes No					
			→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?					
	White	Korean						
	Black or African American	Vietnamese	☐ Yes ☐ No					
	American Indian or Alaska Native	Other Asian	Does this child need or get special therapy, such as physical, occupational, or speech therapy?					
	O ciere le die e	Native Hawaiian	☐ Yes ☐ No					
	Asian Indian Chinese	Guamanian or Chamorro	If yes, is this because of ANY medical, behavioral, or other health condition?					
	Filipino	Samoan	☐ Yes ☐ No					
	☐ Filipino ☐ 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	least 4 years old. Otherwise, S	KIP to question 7.	Does this child have any kind of emotional, developmental, or behavioral problem for which they					
	How well does this child speak	English?	need treatment or counseling?					
	☐ Very well		☐ Yes ☐ No ☐ Hi yes, has their emotional, developmental, or					
	Well		behavioral problem lasted or is it expected to last					
	Not well		12 months or longer?					
	□ Not at all							

		CHILI (Next you			7	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
		(1000)	5	/		☐ Yes ☐ No
1	First	t name, initials, or nicknam d	e of	f the next youngest		
						☐ Yes ☐ No
2		old is this child? If the chil round age in months to 1.	d 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	Wha	at is this child's sex?				
		Male Female				Yes No
€	NO ⁻	TE: Answer BOTH questi	on 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	Is th	nis child of Hispanic, Latino				If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		No, not of Hispanic, Latino,	or S	Spanish origin		☐ Yes ☐ No
		Yes, Mexican, Mexican Ame	erica	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
	Yes, Puerto Rican					can do?
	Yes, Cuban					☐ Yes ☐ No
	Yes, another Hispanic, Latino, or Spanish origin					If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
5	Wha	at is this child's race? Mark	(X)	one or more boxes.		YesNo→ 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 Does this child need or get special therapy, such as
		American Indian or		Other Asian	Y	physical, occupational, or speech therapy?
		Alaska Native Asian Indian		Native Hawaiian		Yes No
		Chinese		Guamanian or Chamorro		→ If yes, is this because of ANY medical, behavioral, or other health condition?
		Eilining		Samoan		☐ Yes ☐ No
ı		Filipino		Other Desific Islander		→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		Japanese		Other Pacific Islander		Yes No
6		wer the following question t 4 years old. Otherwise, SI			11	Does this child have any kind of emotional,
		well does this child speak				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 12 months or longer?
		Not well				Yes No
		Not at all				



		CHILI) 3		A	Does this child CURRENTLY need or use medicine
		(Next you				prescribed by a doctor, other than vitamins?
1	Firs child	t name, initials, or nicknam d	e of the	next youngest		 Yes No If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
2	7	v old is this child? If the child round age in months to 1.	ld is less	than one month		 Yes No → If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No
	VA/In-	Years OR	Moi	nths	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	vvna	at is this child's sex?				Yes No
E	orig	Male Female TE: Answer BOTH question and question about this survey, Hispanic or	ut race.	-		If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?
4		nis child of Hispanic, Lating	Ū			☐ If yes, is this a condition that has lasted or
		No, not of Hispanic, Latino,	•	Ū		is expected to last 12 months or longer? Yes No
		Yes, Mexican, Mexican Ame	erican, C	hicano	9	Is this child limited or prevented in any way in their
		Yes, Puerto Rican				ability to do the things most children of the same age can do?
ı		Yes, Cuban				☐ Yes ☐ No
		Yes, another Hispanic, Latin	no, or Spa	anish 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.		YesNo→ If yes, is this a condition that has lasted or
ı		White	☐ Kor	rean		is expected to last 12 months or longer?
ı		Black or African American	Vie	tnamese		☐ Yes ☐ No
		American Indian or	Oth	ner Asian	10	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
ı		Alaska Native	☐ Nat	tive Hawaiian		☐ Yes ☐ No
		Asian Indian		amanian or amorro		→ If yes, is this because of ANY medical, behavioral, or other health condition?
ı		Chinese		moan		☐ Yes ☐ No
ı		Filipino		ner Pacific Islander		If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		Japanese	U Oui	iei Pacilic Islandei		☐ Yes ☐ No
6		wer the following question at 4 years old. Otherwise, S			Œ	
		well does this child speak	-		Ī	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				□ 162 □ INU



		CHILI (Next you			7	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
		(1000)		/		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		→ 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	Wha	at is this child's sex?				
		Male Female				Yes No
€	NO ⁻	TE: Answer BOTH questi	on 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	Is th	nis child of Hispanic, Latino				
		No, not of Hispanic, Latino,	or S	Spanish origin		☐ Yes ☐ No
		Yes, Mexican, Mexican Ame	erica	n, 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 Yes, Cuban					can do?
						Yes No
	Yes, another Hispanic, Latino, or Spanish origin					If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
5	Wha	at is this child's race? Mark	(X)	one or more boxes.		YesNo→ 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		☐ 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?
		Alaska Hativo		Native Hawaiian		☐ Yes ☐ No
		Asian Indian Chinese		Guamanian or Chamorro		If yes, is this because of ANY medical, behavioral, or other health condition?
				Samoan		☐ Yes ☐ No
	Ш	Filipino		Samoan		If yes, is this a condition that has lasted or is symmetrical to leaf 42 months on language.
		Japanese		Other Pacific Islander		is expected to last 12 months or longer? Yes No
6		wer the following question			1	Does this child have any kind of emotional,
		at 4 years old. Otherwise, Sl w well does this child speak				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?
		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 nator 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.





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NSCH-T1 (07/14/2020)



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. Using their hands
	f. Coordination or moving around
The survey should be completed by a parent or adult caregiver who lives in this household and who is familiar with this child's health and health care.	g. Toothaches
Variable distribution in the state of Theorem	h. Bleeding gums
Your participation is important. Thank you.	i. Decayed teeth or cavities
	Does this child have any of the following? Yes No
A. This Child's Health	a. Deafness or problems with hearing
In general, how would you describe this child's health	b. Blindness or problems with seeing, even when wearing glasses
(the one named above)? 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	☐ If yes, does this child CURRENTLY have the condition?
Poor	☐ Yes ☐ No
	→ If yes, is it:
How would you describe the condition of this child's teeth?	☐ Mild ☐ Moderate ☐ Severe
This child does not have any teeth	A6 Arthritis?
Excellent	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the
☐ Very good	condition?
Good	☐ Yes ☐ No ☐ If yes, is it:
Fair	☐ Mild ☐ Moderate ☐ Severe
Poor	



	Has a doctor or other health care provider EVER told you that this child has	Has a doctor or other health care provider EVER told you that this child has
A7		12 Frequent or severe headaches, including migraine?
T	☐ Yes ☐ No	☐ Yes ☐ No
	☐ 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:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A8	Cerebral Palsy?	Tourette Syndrome?
Ĭ	☐ Yes ☐ No	☐ Yes ☐ No
	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:
1	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A9	Diabetes?	14 Anxiety Problems?
AE		
1	Yes	Yes
1	condition?	condition?
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	→ If yes, is it:
1	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A10	Epilepsy or Seizure Disorder?	15 Depression?
۳	☐ Yes ☐ No	☐ Yes ☐ No
1	☐ If yes, does this child CURRENTLY have the	→ If yes, does this child CURRENTLY have the
1	condition?	condition?
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	☐ If yes, is it:
1	□ Mild □ Moderate □ Severe	☐ Mild ☐ Moderate ☐ Severe
A1'	Heart Condition?	16 Down Syndrome?
T	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, was this child born with the condition?	
	☐ Yes ☐ No	
1	Does this child CURRENTLY have the condition?	
	☐ Yes ☐ No	
1	→ If yes, is it:	
1	☐ Mild ☐ Moderate ☐ Severe	
	U WINDUCIALE U 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:	☐ 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? ☐ Yes ☐ No	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
٩		Intellectual Disability (formerly known as Mental
	→ If yes, is it:	Retardation)?
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No ☐ 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 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 condition?
	ls it:	Yes No
	☐ Mild ☐ Moderate ☐ Severe	→ If yes, is it:
	Was this condition identified through a blood test done shortly after birth? These tests are	☐ Mild ☐ Moderate ☐ Severe
	sometimes called newborn screening.	A24 Learning Disability?
	☐ Yes ☐ No	Yes No
		If yes, does this child CURRENTLY have the
		disability?
		☐ Yes ☐ No
		→ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe



A2	Has a doctor or other health care provider EVER to you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Discor 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?
ı	☐ Yes ☐ No → SKIP to question A30		☐ Yes ☐ No → SKIP to question A33
ı	If yes, does this child CURRENTLY have the condition?		☐ If yes, does this child CURRENTLY have the condition?
ı	Yes No		☐ Yes ☐ No
ı	☐ Fes ☐ NO		→ If yes, is it:
ı	☐ Mild ☐ Moderate ☐ Seve	re	☐ Mild ☐ Moderate ☐ Severe
A2		th As	Is this child CURRENTLY taking medication for ADD or ADHD? Yes No
ı	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
A2	What type of doctor or other health care provider we the FIRST to tell you that this child had Autism, AS Asperger's Disorder or PDD? Mark (X) ONE box.	D,	child received to help with their behavior? Yes No
ı	☐ Primary Care Provider	A	Do you think this child has EVER had a concussion or brain injury? A concussion or brain injury is when a blow
ı	Specialist		or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, changes in mood
ı	School Psychologist/Counselor		or behavior, or being knocked out.
ı	Other Psychologist (Non-School)		☐ Yes ☐ No ☐ 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	Is this child CURRENTLY taking medication for Aut ASD, Asperger's Disorder or PDD?	ism, A	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	At any time DURING THE PAST 12 MONTHS, did the child receive behavioral treatment for Autism, ASD,		Never
ı	Asperger's Disorder or PDD, such as training or an intervention that you or this child received to help		Sometimes
ı	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	How old was this child when they were FIRST fed formula? Your best estimate is fine.
B	Was this child born more than 3 weeks before their due date?	This child has never been fed formula OR
	☐ Yes ☐ No	☐ At birth
Bž		OR
	Birth Month / 4-Digit Birth Year / 2 0	OR
B	How much did they weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine.	OR Weeks
	pounds AND ounces	months
	OR kilograms AND grams	How old was this child when they were FIRST fed anything other than breast milk or formula? Include water, juice, cow's milk, sugar water, baby food, or anything else that your child might have been given. Your best estimate is fine.
B ₄	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
B	Was this child EVER breastfed or fed breast milk? Yes	days
	No → SKIP to question B7	OR
В	If yes, how old was this child when they COMPLETELY stopped breastfeeding or being fed breast milk? Your best estimate is fine.	OR weeks
	This child is still breastfeeding	months
	OR days	
	OR	
	weeks	
	months	



	C. Health Care Services	7		e following question only if this child is at onths old. Otherwise skip to question C8.	
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		nealth care out a ques nay have a or social b	HE PAST 12 MONTHS, did a doctor or other e provider have you or another caregiver fill stionnaire about observations or concerns you about this child's development, communication behaviors? Sometimes a child's doctor or other exprovider will ask a parent to do this at home or nild's visit.	on,
	No → SKIP to question C4		Yes	□ No	
G	If yes, DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit. 0 visits		Did the or observed Mark	s, and this child is 9-23 Months: the questionnaire ask about your concerns oservations about: (X) ALL that apply. How this child talks or makes speech sounds? How this child interacts with you and others?	
١	☐ 1 visit		•	s, and this child is 2-5 Years:	
	2 or more visits		or ob	he questionnaire ask about your concerns oservations about: (X) ALL that apply.	
C				Words and phrases this child uses and understands?	
	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.			How this child behaves and gets along with you and others?	
١	Less than 10 minutes	28	s there a p	place you or another caregiver USUALLY	
١	☐ 10-20 minutes			child when they are sick or you need advice	
١	☐ More than 20 minutes		Yes		
C	Are you concerned about this child's weight?		□ No →	SKIP to question c10 on page 8	
١	☐ Yes, it's too high	. 9	f yes, whe	ere does this child USUALLY go first?	
١	☐ Yes, it's too low		Aark (X) O	DNE box.	
١	☐ No, I am not concerned		Docto	or's Office	
			Hospit	ital Emergency Room	
C	Has a doctor or other health care provider ever told you that this child is overweight?		☐ Hospit	ital Outpatient Department	
١	Yes		Clinic	or Health Center	
١	□ No		Retail	Store Clinic or "Minute Clinic"	
C	DURING THE PAST 12 MONTHS, did this child's doctors		Schoo	ol (Nurse's Office, Athletic Trainer's Office)	
	or other health care providers ask if you have concerns about this child's learning, development, or behavior?		Some	e other place	
١	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	G1	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
٦	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 emotions, concentration, or behavior?
	Yes, saw other oral health care provider			Yes
	No → SKIP to question C17			□ No
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 the past 12 months → SKIP to question C17	C2		
	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?	C26	DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?
١	□ Not difficult		Never
١	Somewhat difficult		Sometimes
١	☐ Very difficult		Usually
١	☐ It was not possible to obtain care		Always
C2	type of alternative health care or treatment? Alternative	C27	DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?
١	health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others.		None
١	Some therapies involve seeing a health care provider, while others can be done on your own.		☐ 1 time
١	Yes		2 or more times
١	□ No	C28	
C2	DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not		admitted to the hospital to stay for at least one night?
١	received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and		☐ Yes
١	mental health services.		□ No
١	Yes	C29	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
١	☐ Medical Care		No → SKIP to question C32
١	☐ Dental Care	C30	If yes, how old was this child at the time of the FIRST plan?
١	☐ Vision Care		
١	☐ Hearing Care		years AND months
١	☐ Mental Health Services	C31	Is this child CURRENTLY receiving services under one of these plans?
١	Other, specify: 📈		Yes
١			□ No
C2	Did any of the following reasons contribute to this child not receiving needed health services? Mark (X) Yes or No for EACH item.	G32	Has this child EVER received special services to meet their developmental needs such as speech, occupational, or behavioral therapy?
	Yes No a. This child was not eligible for the		Yes
١	services		No → SKIP to question D1 on page 10
	b. The services this child needed were not available in your area	C33	
	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	C34	Is this child CURRENTLY receiving these special
	e. The clinic or doctor's office wasn't open when this child needed care		services? Yes
	f. There were issues related to cost		□ No



D. Experience with This	
Child's Health Care	
Providers	

ı	D. Experience with This		D6	If ye this	s, DURING THE PAST child's doctors or oth	Γ 12 MO ner healt	NTHS, I	how often providers	did
ı	Child's Health Care Providers			_		Always	Usually	Sometimes	Never
	Do you have one or more persons you think of as child's personal doctor or nurse? A personal doctor nurse is a health professional who knows this child we	or ell		tl to h	Discuss with you one range of options or consider for their ealth care or reatment?				
	and is familiar with this child's health history. This can a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.	ре		to	Make it easy for you oraise concerns or lisagree with				
ı	Yes, one person			r	ecommendations or this child's health				
ı	Yes, more than one person			C	are?				
ı	No			d	Vork with you to lecide together				
D	DURING THE PAST 12 MONTHS, did this child nee referral to see any doctors or receive any services?			a	which health care and treatment hoices would be lest for this child?				
ı	Yes					ONTUC	did on	rana halu v	
	□ No → SKIP to question □4		07	arra	ING THE PAST 12 MO nge or coordinate this rent doctors or servio	s child's	care a	mong the	you
D3	3 How difficult was it to get referrals?				Yes				
ı	☐ Not difficult				No				
ı	☐ Somewhat difficult				Did not see more than		alth		
	☐ Very difficult				care provider in the P. MONTHS → SKIP to		n 💷 o	n page 11	
D ²	It was not possible to get a referral Answer the following questions only if this child he health care visit IN THE PAST 12 MONTHS. Otherwiskip to question 10 on page 11.	ad a vise	D8	coul this	ING THE PAST 12 MG d have used extra he child's care among th iders or services?	lp arran	ging or	coordinati	
ı	DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers	s			Yes				
ı	Always Usually Sometimes	Never			No → SKIP to questi	on D10			
	a. Spend enough time with this child?		D9	did y	s, DURING THE PAST you get as much help	as you	wanted	l with	
ı	b. Listen carefully to pou?			arra	nging or coordinating	this ch	ild's he	alth care?	
	c. Show sensitivity to your family's values and customs?				Usually Sometimes				
ı	d. Provide the specific				Never				
	information you needed concerning this child?		010	DUR	ING THE PAST 12 Mo	ONTHS,	how sa	tisfied we	re
	e. Help you feel like a partner in this child's care?				ors and other health				
DE	5 DURING THE PAST 12 MONTHS, did this child nee				Very satisfied				
	any decisions to be made regarding their health ca such as whether to get prescriptions, referrals, or procedures?	ire,		H	Somewhat satisfied Somewhat dissatisfied	1			
	Yes				Very dissatisfied				
	No → SKIP to question D7				. J. y alouationou				



- 1											
D 1		car	RING THE PAST 12 MONTHS, did this re provider communicate with the child re provider, or special education progra	's school,		, 🗷			is child CURRENTLY covered by AN' th insurance or health coverage plan'		
١			Yes						Yes		
١			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.		
D1		hea	res, during this time, how satisfied wer alth care provider's communication wit	h the scho					nsurance through a current or ormer employer or union		
١	•	chi	Id care provider, or special education p	program?					nsurance purchased directly rom an insurance company		
١			Very satisfied						Medicaid, Medical Assistance, or any kind of government		
١		_	Somewhat satisfied Somewhat dissatisfied						assistance plan for those with ow incomes or a disability		
١		_	Very dissatisfied						RICARE or other military nealth care		
١			voly alocationed					e. I	ndian Health Service		
١			E. This Child's He					f. (Other, specify: 📈		
			Insurance Covera	age							
E		cov	RING THE PAST 12 MONTHS, was this vered by ANY kind of health insurance verage plan?		ER	E	_		often does this child's health insura		
١			Yes, this child was covered all 12 months → SKIP to question E4						Always		
١			Yes, but this child had a gap in coverage	ge					Usually		
١			No						Sometimes		
Œ			licate whether any of the following is a						Never		
I			Id was not covered by health insurance RING THE PAST 12 MONTHS:	e at any ti Yes	ime No	E			often does this child's health insura		them
١	í	a.	Change in employer or employment status						Always		
١	ı	b.	Cancellation due to overdue						Usually		
١	(c.	premiums Dropped coverage because it was						Sometimes		
١	(d.	unaffordable Dropped coverage because benefits						Never		
١		e.	were inadequate Dropped coverage because choice			Ø			king specifically about this child's mavioral health needs, how often does		l's
١			of health care providers was inadequate					heal	th insurance offer benefits or cover s t these needs?		
١	1	f.	Problems with application or renewal process						Always		
١	9	g.	Other, specify: \nearrow						Usually		
									Sometimes		
									Never		
									This child does not use mental or behalth services	avioral	



F Providing for This

	L		F. Providing for T Child's Health	his	E	otl ho	ner family meml me for this chil	WEEK, how many houbers spend providing d? Care might include n and therapies when n	health car changing b	e at
F			uding co-pays and amounts reimburse Ith Savings Accounts (HSA) and Flexil		ing		This child doe on a weekly b	es not need health care pasis	provided a	t home
	A ti	\cc his	ounts (FSA), how much money did yo child's medical, health, dental, and vis	u pay for sion care			Less than 1 h	our per week		
	h	eal	RING THE PAST 12 MONTHS? Do not in the insurance premiums or costs that were	e or will			1-4 hours per	week		
	Q I	e re	eimbursed by insurance or another sourd \$0 (No medical or health-related	e.			5-10 hours pe	er week		
	<u> </u>		expenses) → SKIP to question F4				11 or more ho	ours per week		
			\$1-\$249		E			WEEK, how many hοι		
			\$250-\$499			he	alth or medical	bers spend arranging care for this child, su		
			\$500-\$999			ар		ocating services? es not need health care	coordinate	ed.
			\$1,000-\$5,000			<u> </u>	on a weekly b	pasis	ooor an late	
	[More than \$5,000				Less than 1 h			
F	2 H	low	often are these costs reasonable?				1-4 hours per	week		
			Always				5-10 hours pe	er week		
	[Usually				11 or more ho	ours per week		
	[Sometimes				G. This	Child's Le	arnin	g
	[Never			Ar	swer the follow	ring question only <u>if</u> tl	his child is	s at
F	3 D	UR	RING THE PAST 12 MONTHS, did your plems paying for any of this child's me	family ha			· ·	Otherwise skip to G25	on page 1	5.
	h	eal	th care bills?		G			to do the following o for EACH item.	Yes	No
			Yes			a.	Say at least one or "dog"?	e word, such as "hi"		
			No			b.	Use 2 words tog	gether, such as		
F			RING THE PAST 12 MONTHS, have you ily members			c.	Use 3 words to	gether in a sentence,		
	а		Left a job or taken a leave of absence because of this child's	Yes	No	d.	Ask questions li	ny come now."? ike "who," "what,"		
		r	nealth or health conditions?				"when," "where'			
	b	b	Cut down on the hours you work because of this child's health or				Tell a story with	ike "why" and "how"? a beginning,		
	C		nealth conditions? Avoided changing jobs because of				middle, and end	1?		Ш
		C	concerns about maintaining health	Ш		_	Understand the word "no"?			
						h.	hand gestures,	direction without such as "Wash your		
							hands."?			
						i.	Point to things i asked?	in a book when		
							Point to things i asked? Follow 2-step d	in a book when irections, such as and put them in the		

G	Is this child 3 years old or older?	G8	Can	this child rhyme words?
	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	Are you concerned about how this child is learning to do things for themselves?			Never
	No	G10		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	Mostly confident	GII	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			Up to 20
١	☐ Most of the time			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
	Most of them			Sometimes
	About half of them			Never
	Some of them			
	None of them			
	— Hone of them			

G1	3 Can	this child identify the colors red, yellow, blue, green by name?	G19		often does this child become angry or anxious n going from one activity to another?
		Yes, all of them			Always
		Yes, some of them			Most of the time
		No, none of them			About half the time
G1	4 How	v often is this child easily distracted?			Sometimes
1		Always			Never
		Most of the time	G20	How	often does this child show concern when others
		About half the time		are I	hurt or unhappy?
		Sometimes		H	Always
		Never			Most of the time
G1		v often does this child keep working at something		H	About half the time
1	unti	I they are finished?		Ш	Sometimes
	H	Always			Never
	H	Most of the time	G21		en excited or all wound up, how often can this child n down quickly?
	H	About half the time			Always
	H	Sometimes			Most of the time
		Never			About half the time
G1	6 Whe	en this child is paying attention, how often can they by instructions to complete a simple task?			Sometimes
		Always			Never
		Most of the time	G22	How	often does this child lose control of their temper
		About half the time	T		n things do not go their way?
		Sometimes		Ш	Always
		Never			Most of the time
G 1	How	v does this child usually hold a pencil?			About half the time
1		Uses fingers to hold the pencil			Sometimes
		Grips the pencil in their fist			Never
		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	
		Always			No difficulty
		Most of the time			A little difficulty
		About half the time			A lot of difficulty
		Sometimes			
		Never			
- 1					



G:			npared to other chil child able to sit sti		eir age, h	ow often is	5	H5	did	RING THE PAST WEEK, how many hours of sleep this 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	often	Always	Henally	Sometimes	Never			11 hours
	•	6	s this child affectionate and ender with you?							12 or more hours
	ı	b. [Does this child					H6		wer the next question only if this child is LESS THAN NONTHS OLD. Otherwise, SKIP to question H.
		C	quickly when things do not go their way?						to s	hich position do you most often lay this baby down leep now? ((X) ONE box.
	(5	Does this child show interest and							On their side
			curiosity in learning new things?							On their back
	(Does this child smile and laugh?							On their stomach
			H. About	You Chile		d This		H7	child othe gam	MOST WEEKDAYS, about how much time did this d spend in front of a TV, computer, cellphone or er electronic device watching programs, playing es, accessing the internet or using social media? not include time spent doing schoolwork.
Н	1)	Was	this child born in			s?				Less than 1 hour
			Yes → SKIP to que	estion (13					1 hour
		Ш	No							2 hours
Н			o, how long has this ed States?	s child b	een livir	ng in the				3 hours
			years AND		month	s				4 or more hours
Н			many times has the they were born?	nis child	moved 1	to a new ad	ldress	H8		RING THE PAST WEEK, how many days did you or r family members read to this child?
			Ni wala an of time						H	0 days
			Number of time	ies					Н	1-3 days
Н			often does this che on weeknights?	ild go to	bed at	about the s	same		H	4-6 days
			Always						Ш	Every day
			Usually							
			Sometimes							
			Rarely							
			Never							

HI	of cl	URING THE PAS ther family meminid? 0 days 1-3 days 4-6 days Every day ow well do you to the mands of raising Very well Somewhat well Not very well	bers tel think yo ng childi	I stories	or sing	songs t	o this	H15	week This c progra or rela DURII the fa chang for thi	this child receive care for at least 10 hours per from someone other than their parent or guardian? ould be a day care center, preschool, Head Start am, family child care home, nanny, au pair, babysitter ative. Yes No NG THE PAST 12 MONTHS, did you or anyone in mily have to quit a job, not take a job, or greatly je your job because of problems with child care is child? Yes
ı		_								Alex (Vers Essellers I
	L	Not well at all	l						1.	About Your Family and
H1) D	URING THE PAS				_				Household
ı	a.	. That this child	Never	Rarely S	ometimes	Usually	Always		DURIN	NG THE PAST WEEK, on how many days did all
ı		is much harder to care for than most children their age?						Ĭ	the fa meal	mily members who live in the household eat a together?
١	b.	. That this child) days
ı		does things that really								-3 days
ı		bother you a lot?								l-6 days
١	C.	. Angry with this child?								Every day
HI		URING THE PAS						12	Door	anyona living in your baycabald you aigarettee
١		ith parenting or				ilonai si	иррогс	Y		anyone living in your household use cigarettes, s, or pipe tobacco?
١		Yes								′es
١		No → SKIP to	o questi	ion H14						No → SKIP to question 14
HI	3 If	yes, did you red	ceive en	notional	support			13	If ves	does anyone smoke inside your home?
	•	. Spouse or dom	estic no	rtner?		Yes	No			/es
١										
١	b.	. Other family me	ember o	r close fri	iend?	Ш	Ш			No
١	C.	. Health care pro	vider?					14		THIS CHILD WAS BORN, how often has it been
ı	d.	. Place of worshi	ip or reli	gious lea	der?					nard to cover the basics, like food or housing, ur family's income?
١	e.	 Support or advoto specific health 			ed					Never
	f.	Peer support gr	roup?						□ F	Rarely
	g	. Counselor or ot professional?	ther mer	ntal health	n					Somewhat often
	h.	. Other person, s	specify:	7						/ery often
		, , -	. ,							



I.	ŀ	Which of these statem nousehold's ability to DURING THE PAST 12 We could always a	afford the food MONTHS?	od you i	need itious m		19	hap hap unce any To t	next questions are pened during this copen in any family, bomfortable with the questions you do not he best of your known.	child's lift out some se ques not want owledge	fe. These e people of tions. Yo t to answort , has this	things ca may feel u may sk er.	ip
		We could always a the kinds of food w			ut not a	always		exp	erienced any of the	followir	ng?	Yes	No
		Sometimes we cou	uld not afford e	enough t	to eat.				Parent or guardian di separated	ivorced o	or		
		Often we could no	t afford enoug	h to eat					Parent or guardian di	ied			
IE		At any time DURING T				n for			Parent or guardian se		-		
	•	one month, did anyon	e in your fam	_	ive Yes	No		ŀ	Saw or heard parents nit, kick, punch one a	s or adul another in	ts slap, n the		
	а	a. Cash assistance from welfare program?	m a governme	nt				e. \	nome Was a victim of viole vitnessed violence in				
	k	 Food Stamps or Sup Assistance Program 						r	neighborhood Lived with anyone wh		nentally		
	C	c. Free or reduced-cos lunches at school?	st breakfasts or	r				i	ll, suicidal, or severe lived with anyone wh	ly depres	ssed		
	c	d. Benefits from the Wand Children (WIC)						V	vith alcohol or drugs				
	1	n your neighborhood,	, is/are there						reated or judged un of their race or ethnic		cause		
					Yes	No	110	Whe	en your family faces	proble	ms, how	often are	you
		a. Sidewalks or walking				Н		likel	y to do each of the	following All of		Some of	None of
	k	A park or playground	d?					a T	t Falk together	the time	the time	the time	the time
	c	c. A recreation center, center, or boys' and						8	about what to do				
	c	d. A library or bookmol	bile?						Nork together to solve our problems				
	e	e. Litter or garbage on or sidewalk?	the street					8	Know we have strengths to draw on				
	f	Poorly kept or rundo	own housing?					e	Stay hopeful even in difficult				
	ç	y. Vandalism such as windows or graffiti?	broken					,	imes		_		
I		Γο what extent do you about your neighborho			atemen	its			J. Child'	s Ca	aregi	vers	
	c	about your neighborne	Definitely Some	ewhat So	mewhat isagree	Definite disagre			Ab	out `	You		
	a	a. People in this	agree ag	ice u	isagice	uisagie	J	How	are you related to	this chi	ld?		
		neighborhood help each other out			Ш	Ш			Biological or Adopti	ive Parer	nt		
	k	. We watch out for		7					Step-parent				
		each other's children in this neighborhood				Ш			Grandparent				
	C	. This child is		7	П				Foster Parent				
		safe in our neighborhood							Other: Relative				
	C	d. When we encounter difficulties, we know where to go for help in our community							Other: Non-Relative	e			



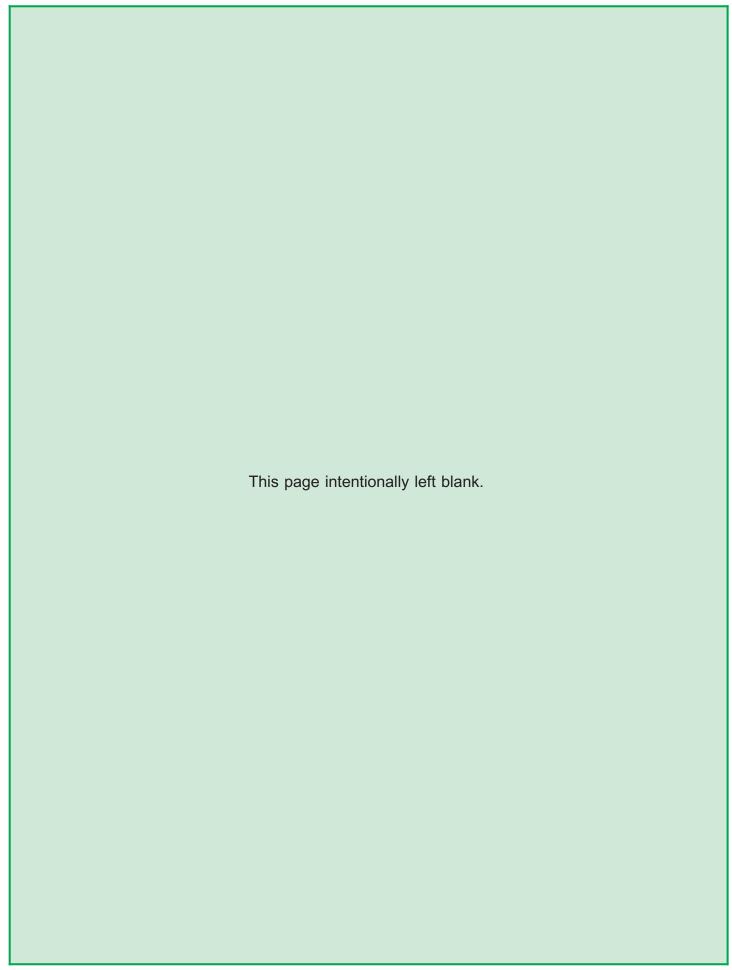
- 1					
J	2	Wha	at is your sex?	8 In	general, how is your physical health?
			Male		Excellent
			Female		Very good
J	3	Wha	it is your age?		Good
			And in constant		Fair
			Age in years		Poor
J	4	Whe	ere were you born?	9 In	general, how is your mental or emotional health?
			In the United States → SKIP to question J6		Excellent
			Outside of the United States		Very good
J			en did you come to live in the United States?		Good
			cate the 4-digit year in which you came to live in the ed States.		Fair
			4-Digit Year		Poor
J		com	at is the highest grade or level of school you have pleted? k (X) ONE box.	en	hich of the following best describes your current nployment status? ark (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		Not employed but looking for work
			program		Not employed and not looking for work
			Some College Credit, but no Degree	Ш	ave you ever served on active duty in the
			Associate Degree (AA, AS)	U.	S. Armed Forces, Reserves, or the National Guard? ark (X) ONE box.
			Bachelor's Degree (BA, BS, AB)		Never served in the
			Master's Degree (MA, MS, MSW, MBA)		 military → SKIP to question J13 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	at is your marital status?		Now on active duty
			Married		On active duty in the past, but not now
			Not married, but living with a partner	12 W	ere you deployed at any time during this child's life?
			Never Married		Yes
			Divorced		No
			Separated		oes this child have another parent or adult caregiver
			Widowed		ho lives in this household? Yes → Complete questions 114 - 125 for this other
					parent or adult caregiver
					No → SKIP to question K1 on page 20

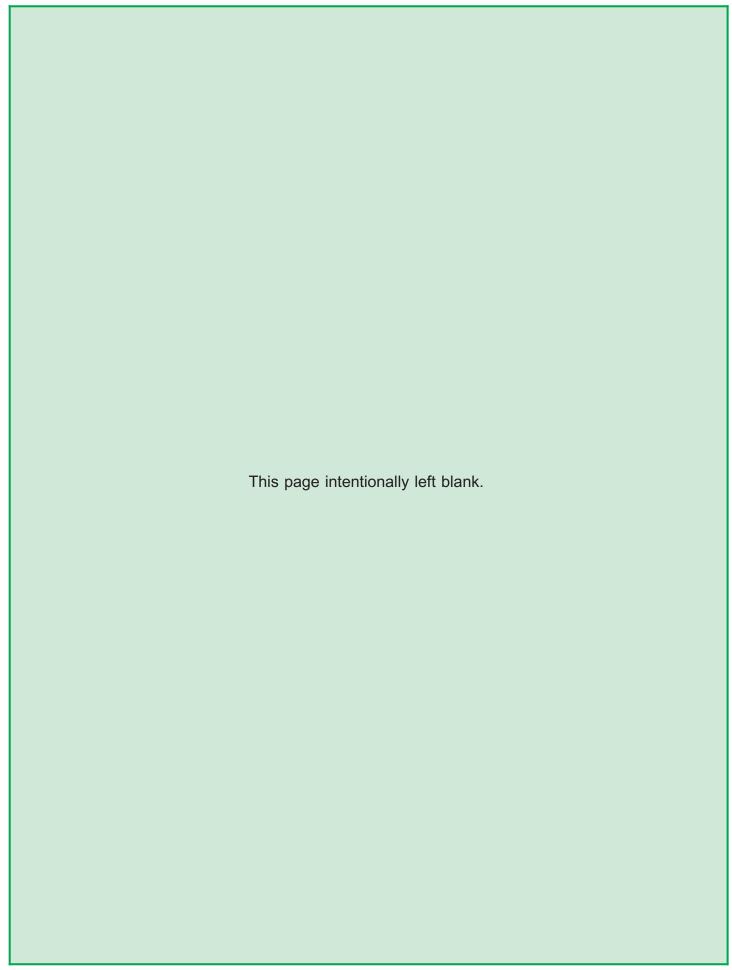


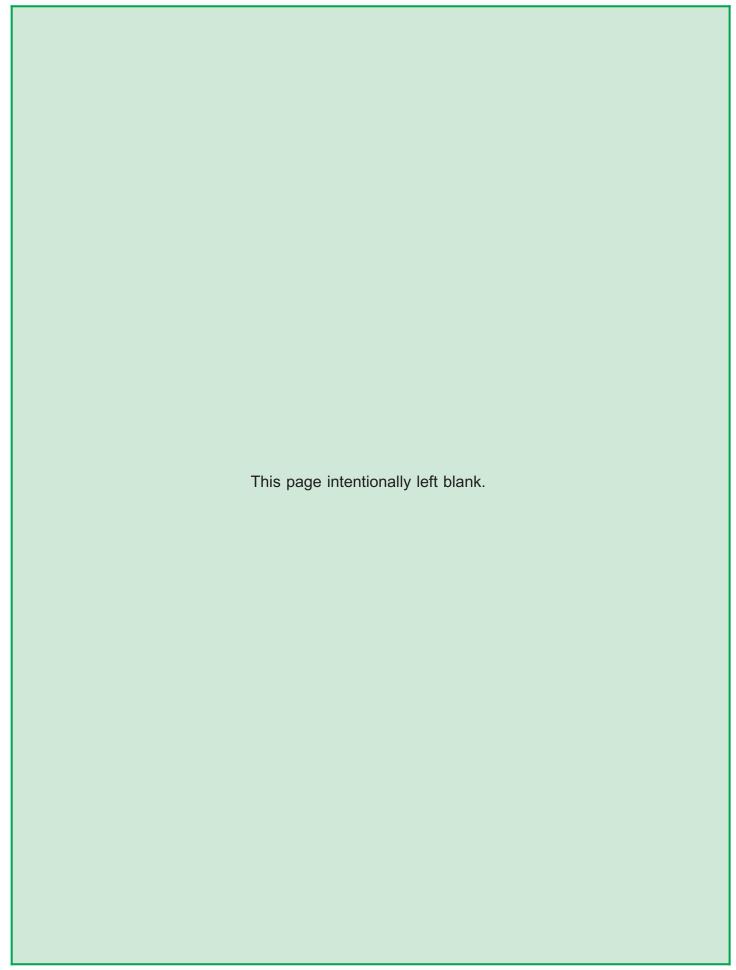
	Ī	Other Parent or Caregiver in the Household			20 What is this caregiver's marital status?				
						Married			
1	4) H	How	is this other caregiver related to this child?			Not married, but living with a partner			
ı		Ш	Biological or Adoptive Parent			Never Married			
ı			Step-parent			Divorced			
ı			Grandparent			Separated			
ı			Foster Parent			Widowed			
ı			Other: Relative	21	In ge	eneral, how is this caregiver's physical health?			
ı			Other: Non-Relative			Excellent			
1	5 \	Nha	t is this caregiver's sex?			Very good			
ı			Male			Good			
ı			Female			Fair			
1	6 1	Nha	t is this caregiver's age?			Poor			
ı			Age in years	22	In a	eneral, how is this caregiver's mental or emotional			
	ا ۱ ر	Mbo	re was this caregiver born?		heal				
١	ייע	VIIIE				Excellent			
ı			In the United States → SKIP to question J19			Very good			
			Outside of the United States			Good			
1		Stat	es? Indicate the 4-digit year in which this caregiver			Fair			
	[cam	e to live in the United States.			Poor			
	L		4-Digit Year			ch of the following best describes this caregiver's			
1			t is the highest grade or level of school this giver has completed?		current employment status? Mark (X) ONE box.				
			(X) ONE box.			Employed full-time			
			8th grade or less			Employed part-time			
			9th-12th grade; No diploma			Working WITHOUT pay			
			High School Graduate or GED Completed			Not employed but looking for work			
			Completed a vocational, trade, or business school program			Not employed and not looking for work			
			Open College Oredit but as Decree	24	Has	this caregiver 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 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			
-1						On active duty in the bast, 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.			
	□ Yes □ No K. Household Information	☐ Yes → \$, .00 ☐ No TOTAL AMOUNT in the last calendar year			
Kí		f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. ☐ Yes → \$, .00 ☐ No TOTAL AMOUNT in the last calendar year			
K		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. \$			
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 the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark (X) the "No" box to show types of income NOT received.				
	 a. Wages, salary, commissions, bonuses, or tips for all jobs. ☐ Yes → \$.00 ☐ No TOTAL AMOUNT in the last calendar year 				
	 Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships. 				
	☐ Yes → \$, .00 ☐ Loss ☐ No TOTAL AMOUNT in the last calendar year				
ı	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.				
	☐ Yes → \$, .00 ☐ Loss ☐ No TOTAL AMOUNT				
	in the last calendar year d. Social security or railroad retirement; retirement, survivor, or disability pensions.				
	☐ Yes → \$,				
	No 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.





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	АЗ	FRE	DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the				
	Rec	ently, you completed a survey that asked about the		foll	owing?	Yes	No		
	child	dren usually living or staying at this address. The staying at this address. The staying the time to complete that survey.			Breathing or other respiratory problems (such as wheezing or shortness of breath)				
	We	now have some follow-up questions to ask about:		b.	Eating or swallowing because of a health condition				
	If th	e name listed above is not correct or does not			Digesting food, including stomach/intestinal problems, constipation, or diarrhea				
	corr	espond to a child living in this household, please 1-800-845-8241 for assistance.			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.	Toothaches				
	The	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.		Ĭ	Decayed teeth or cavities				
	You	participation is important. Thank you.	A4	Doe	es this child have any of the following)? Yes	No		
					Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition				
		A. This Child's Health			Serious difficulty walking or climbing stairs				
		eneral, how would you describe this child's health one named above)?			Difficulty dressing or bathing				
		Excellent			Deafness or problems with hearing Blindness or problems with seeing,				
		Very good			even when wearing glasses				
		Good			a doctor or other health care provid that this child has	er EVER	told		
		Fair	A5	•	ergies (including food, drug, insect, o	r other)?	•		
		Poor			Yes No	have the	•		
2	How would you describe the condition of this child's teeth?								
		Excellent			→ If yes, is it:				
		Very good			☐ Mild ☐ Moderate	□ Se	evere		
		Good	A6	Artl	rritis? Yes				
		Fair		4	If yes, does this child CURRENTLY	have the	е		
		Poor			condition?				
					→ If yes, is it:				
					☐ Mild ☐ Moderate	□ Se	evere		



	Has a doctor or other health care provider EVER told	Has a doctor or other health care provider EVER told
A7	you that this child has Asthma?	you that this child has A12 Frequent or severe headaches, including migraine?
Y	Yes No	Yes No
	☐ 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:	
A8		A13 Tourette Syndrome?
1	Yes No	Yes No
	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:	
A9		A14 Anxiety Problems?
A	Yes No	Yes No
ı	☐ If yes, does this child CURRENTLY have the condition?	→ If yes, does this child CURRENTLY have the condition?
ı	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	→ If yes, is it:
	□ Mild □ Moderate □ Severe	□ Mild □ Moderate □ Severe
A10	Epilepsy or Seizure Disorder?	A15 Depression?
	□ Yes □ No	☐ Yes ☐ No
ı	If yes, does this child CURRENTLY have the condition?	
ı	☐ Yes ☐ No	☐ Yes ☐ No
ı	→ If yes, is it:	→ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A1'		A16 Down Syndrome?
ı	Yes ☐ No If yes, was this child born with the condition?	☐ Yes ☐ No
ı	☐ Yes ☐ No	
	Does this child CURRENTLY have the condition?	
ı	□ Yes □ No	
ı	→ 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 17 Blood Disorders (such as Sickle Cell Disease,	EVER told you that this child has Examples of educators are teachers and school nurses.
9	Thalassemia, or Hemophilia)?	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	condition?
	through a blood test done shortly after birth? These tests are sometimes called newborn screening.	☐ Yes ☐ No
	☐ Yes ☐ No	→ If yes, is it:
A.	B Cystic Fibrosis?	☐ Mild ☐ Moderate ☐ Severe
	☐ Yes ☐ No	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
		Speech or other language disorder?
	→ If yes, specify: ✓	☐ Yes ☐ No
	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 sometimes called newborn screening.	☐ Mild ☐ Moderate ☐ Severe
		A24 Learning Disability?
	165 1100	☐ Yes ☐ No
		☐ If yes, does this child CURRENTLY have the
		disability?
		☐ Yes ☐ No
		☐ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe



A2	Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).	A3	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?						
	☐ Yes ☐ No		☐ Yes ☐ No						
	☐ If yes, is it:		→ If yes, is it:						
	☐ Mild ☐ Moderate ☐ Severe		☐ Mild ☐ Moderate ☐ Severe						
A2	How old was this child when a doctor or other health care provider FIRST told you that they had Autism, ASD, Asperger's Disorder or PDD?	A3	Is this child CURRENTLY taking medication for ADD or ADHD?						
	Age in years Don't know	A3	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD,						
A2	the FIRST to tell you that this child had Autism, ASD,		such as training or an intervention that you or this child received to help with their behavior?						
	Asperger's Disorder or PDD? Mark (X) ONE box.	A	Do you think this child has EVER had a concussion or						
	Primary Care Provider	A	brain injury? A concussion or brain injury is when a blow or jolt to the head causes problems such as headaches,						
	Specialist		dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, changes in mood						
	School Psychologist/Counselor		or behavior, or being knocked out.						
	Other Psychologist (Non-School)		☐ Yes ☐ No						
	☐ Psychiatrist		If yes, did you seek medical care from a doctor or other health care provider?						
	Other, specify:		☐ Yes ☐ No						
	Curier, 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						
A2	Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?	A3	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their age do?						
	☐ Yes ☐ No		This child does not have any health conditions → SKIP to question B1 on page 6						
A 2	At any time DURING THE PAST 12 MONTHS, did this		Never						
٦	child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an		Sometimes						
	intervention that you or this child received to help with their behavior?		☐ Usually						
	☐ Yes ☐ No		Always						
		A	To what extent do this child's health conditions or problems affect their ability to do things?						
			☐ Very little						
			Somewhat						
			☐ A great deal						



Birth Month / 4-Digit Birth Year // 2 0 pounds And ounces OR kilograms and grams. Your best estimate is fine. pounds AND ounces	
due date? Yes	
No Mat month and year was this child born? Birth Month / 4-Digit Birth Year / 2 0 pounds / 2 0	inches
## What month and year was this child born? ## Birth Month / 4-Digit Birth Year	
Birth Month / 4-Digit Birth Year	centimeters
Age in years C. Health Care Services C. Health Care professional for sick-child care, well-child care, well-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. O visits 1 visit 2 or more visits 2 or more visits 2 or more visits 3 chool (Nurse's content of the pounds and ounces of R kilograms C C C C C C C C C	s child CURRENTLY weigh? fine.
Age in years C. Health Care Services CDURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up, shown this child visit. Yes, it's too low No, I am not con No, I am not con Skill this child visit. Yes No Skill ograms CA Are you concerned a Yes, it's too low No, I am not con No, I am	
OR	
What was the age of the mother when this child was born? Your best estimate is fine. No, I am not con	about this child's weight?
What was the age of the mother when this child was born? Your best estimate is fine. Age in years	1
What was the age of the mother when this child was born? Your best estimate is fine. Age in years C. Health Care Services 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? Yes No → SKIP to question	
Age in years C. Health Care Services C. Health Care Services 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? Yes No → SKIP to question C4 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. 1 visit 2 or more visits 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 reorn with variety Your bost editing to its fine.	ncerned
C. Health Care Services C. Health Care Services 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? Yes No → SKIP to question 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. O visits 1 visit 2 or more visits 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 recom with year? Year heat estimate is fine.	er health care provider ever told
C1 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? Yes	, o.o.,o.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 No → SKIP to question C4 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. O visits 1 visit 2 or more visits 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 host continued in the room with you? Your host cont	
Yes No → SKIP to question C4 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. O visits 1 visit 2 or more visits 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.	or another caregiver USUALLY they are sick or you need advice
 No → SKIP to question C4 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. □ 1 visit □ 2 or more visits 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 vov2 Your best estimate is fine. 	
did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit. 0 visits	question C10 on page 7
preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit. Usit Usit Usit Usit Usit Usit Usit Usi	his child USUALLY go first?
□ 0 visits □ 1 visit □ 2 or more visits □ 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.	
□ 1 visit □ 2 or more visits □ 2 or more visits □ Retail Store Clinic □ 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	ency Room
2 or more visits Retail Store Clini 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.	ent Department
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.	Center
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	nic or "Minute Clinic"
Cinia in the room with your room best estimate is line.	Office, Athletic Trainer's Office)
Less than 10 minutes	æ
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		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	G		DURING THE PAST 12 MONTHS, has this child 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	G	18 I	How difficult was it to get the mental health treatment
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	CI	- 1	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	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?	Œ		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 617			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 I needed?	(2)		not i	any of the following reasons contribute to this receiving needed health services?	child				
			Not difficult				Yes	No				
			Somewhat difficult		6		This child was not eligible for the ervices					
			Very difficult		1		he services this child needed were oot 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	DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?							
C2	3	DUR	ING THE PAST 12 MONTHS, was there any time				Never					
		rece	ived? By health care, we mean medical care as well the kinds of care like dental care, vision care, and			Sometimes						
		men	tal health services.				Usually					
			Yes				Always					
			No → SKIP to question C26	C2			ING THE PAST 12 MONTHS, how many times of child visit a hospital emergency room?	did				
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	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					
			Other, specify:									
				C2	i	i <mark>nte</mark> r have	this child EVER had a special education or ear evention plan? Children receiving these services of an Individualized Family Service Plan (IFSP) or ridualized 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 FIR	ST				
						Piail	years AND months					



C3	one of these plans?	04	Answer the following questions only if this child had a health care visit IN THE PAST 12 MONTHS. Otherwise skip to question on page 10.						
	Yes		DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers						
	No		Always Usually Sometimes Never						
CS	2 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? Yes		b. Listen carefully to pou?						
	No → SKIP to question D1		c. Show sensitivity to your family's values and customs?						
Œ	If yes, how old was this child when they began receiving these special services?		d. Provide the specific information you needed concerning this child?						
Cã			e. Help you feel like a partner in this child's care?						
	services?	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						
	□ No		procedures?						
	D. Experience with This		YesNo → SKIP to question D7						
	Child's Health Care								
	Providers	D6	If yes, DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers						
D			Always Usually Sometimes Never						
	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		b. Make it easy for you to raise concerns or disagree with						
	Yes, more than one person		recommendations for this child's health						
	□ No		care? 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						
	Yes		be best for this child?						
	No → SKIP to question D4	07	arrange or coordinate this child's care among the						
D	How difficult was it to get referrals?		different doctors or services that this child uses?						
	☐ Not difficult		Yes						
	☐ Somewhat difficult		□ No						
	☐ Very difficult		Did not see more than one health care provider in the PAST 12 MONTHS → SKIP to question on page 10						
	☐ It was not possible to get a referral		P G						
- 1									



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 He Insurance Cover							
	Yes	cov	RING THE PAST 12 MONTHS, was thi ered by ANY kind of health insurance erage plan?							
	No → SKIP to question D10		Yes, this child was covered all 12 months → SKIP to question	a						
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 covera							
	Usually	a lodi	□ No							
	Sometimes	chil	Indicate whether any of the following is a reason this child was not covered by health insurance at any time DURING THE PAST 12 MONTHS:							
	Never	a.	Change in employer or employment	Yes	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		Dropped coverage because it was unaffordable							
	☐ Somewhat satisfied		Dropped coverage because benefits were inadequate							
	Somewhat dissatisfied		Dropped coverage because choice of health care providers was							
	☐ Very dissatisfied		inadequate Problems with application or							
011	DURING THE PAST 12 MONTHS, did this child's health care provider communicate with the child's school, child care provider, or special education program?		renewal process Other, specify:							
	Yes									
	No → SKIP to question E1	Is this child CURRENTLY covered by ANY kind of								
	□ Did not need health care provider to communicate with these providers → SKIP to question	hea	Ith insurance or health coverage plan	1?						
D12	If yes, during this time, how satisfied were you with the health care provider's communication with the school, child care provider, or special education program?		No → SKIP to question F1 on page	: 11						
		type	his child CURRENTLY covered by an es of health insurance or health cove k (X) Yes or No for EACH item.							
	Somewhat satisfied		Insurance through a current or	Yes	No					
	☐ Somewhat dissatisfied		former employer or union Insurance purchased directly							
	☐ Very dissatisfied		from an insurance company Medicaid, Medical Assistance,	Ш	Ш					
			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			often does this child's health insurance offer efits or cover services that meet this child's needs?	F2	How	often are these costs reasonable?		
١			Always			Always		
١		П	Usually			Usually		
١		П	Sometimes			Sometimes		
١			Never			Never		
				F3	DUF	RING THE PAST 12 MONTHS, did you	r family h	nave
E			often does this child's health insurance allow n to see the health care providers they need?		prob	olems paying for any of this child's m th care bills?		
١			Always			Yes		
١			Usually			No		
١			Sometimes		DUE	NNC THE DART 42 MONTHS, have ye		
١			Never	۳		ING THE PAST 12 MONTHS, have yo ly members	u or otne	er No
•		oeha	king specifically about this child's mental or avioral health needs, how often does this child's thin insurance offer benefits or cover services that		a	eft a job or taken a leave of absence because of this child's lealth or health conditions?		
			t these needs?		k	Cut down on the hours you work ecause of this child's health or lealth conditions?		
١			Always			Avoided changing jobs because of		
١			Usually		C	concerns about maintaining health		
١			Sometimes	F5	IN A	N AVERAGE WEEK, how many hours	s do vou	or
			Never This child does not use mental or behavioral		othe hom	er family members spend providing he be for this child? Care might include ch ving medication and therapies when nee	ealth care anging ba	at
١			health services			This child does not need health care pr		home
١			F. Providing for This			on a weekly basis Less than 1 hour per week		
١			F. Providing for This Child's Health		H	1-4 hours per week		
G		nclı	uding co-pays and amounts reimbursed from Health		H			
1	(FSA	ngs Accounts (HSA) and Flexible Spending Accounts A), how much money did you pay for this child's		H	5-10 hours per week		
	- 1	PAS	ical, health, dental, and vision care DURING THE T 12 MONTHS? Do not include health insurance niums or costs that were or will be reimbursed by		Ш	11 or more hours per week		
١			rance or another source.	F6		N AVERAGE WEEK, how many hours r family members spend arranging or		
١			\$0 (No medical or health-related expenses) → SKIP to question F4			th or medical care for this child, such pintments or locating services?	as maki	ing
			\$1-\$249			This child does not need health care co	oordinate	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		
-								



	G. This Child's Schooling and Activities	G5	DURING THE PAST 12 MONTHS, did this child participate in Yes No						
G			S	A sports team or did they take sports lessons after school or on weekends?					
	Include days missed from any formal home schooling.			Any clubs or organizations after chool or on weekends?					
	□ No missed school days□ 1-3 days		le	Any other organized activities or essons, such as music, dance, anguage, or other arts?					
	☐ 4-6 days ☐ 7-10 days		d. A	Any type of community service or volunteer work at school, place of vorship, or in the community?					
	11 or more days		e . /	Any paid work, including regular obs as well as babysitting, cutting					
6	This child was not enrolled in school	G6	grass, or other occasional work? DURING THE PAST WEEK, on how many days did this child exercise, play a sport, or participate in						
G	this child's school contacted you or another adult in your household about any problems they are having		phys	sical activity for at least 60 minutes? 0 days					
	with school?			1-3 days					
	□ None □ 1 time			4-6 days					
	2 or more times			Every day					
G	SINCE STARTING KINDERGARTEN, has this child repeated any grades?	G 7	Com diffic	npared to other children their age, ho culty does this child have making or ads?	w much keeping				
	Yes			No difficulty					
	□ No			A little difficulty					
G	DURING THE PAST 12 MONTHS, how often did you attend 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		high	est frequency.					
	Sometimes		H	Never (in the past 12 months)					
	Rarely		H	1-2 times (in the past 12 months)					
	Never		H	1-2 times per month					
			H	1-2 times per week Almost every day					
				Aimost every day					



- 1														
G		ch If t	IRING THE PAST 12 I ild bully others, pick of the frequency changed	on them,	or exc	lude them?	•	H4		often does this child go to bed at about the same on weeknights?				
١		hig	hest frequency.							Always				
١		F	Never (in the past 1	2 months))					Usually				
١			1-2 times (in the pas	st 12 mon	ths)					Sometimes				
١			1-2 times per month	ı						Rarely				
١			1-2 times per week							Never				
			Almost every day				H5		RING THE PAST WEEK, how many hours of sleep this child get on most weeknights?					
G1	0	Но	w often does this chi		Henally	Sometimes	Never		ulu					
١		a.	Show interest and	- Inays					H	Less than 6 hours				
١			curiosity in learning new things?						Ш	6 hours				
١		b.	Work to finish tasks they start?							7 hours				
١		c.	Stay calm and in							8 hours				
١			control when faced with a challenge?							9 hours				
١		d.	Care about doing well in school?							10 hours				
		e.	Do all required homework?							11 or more hours				
١		f.	Argue too much?					H6		MOST WEEKDAYS, about how much time did this d spend in front of a TV, computer, cellphone or				
١			II Abasa	V					othe	er electronic device watching programs, playing les, accessing the internet or using social media?				
١			H. About			ıınıs			Do not include time spent doing schoolwork.					
١				Child						Less than 1 hour				
•)	Wa	as this child born in t	he United	l States	s?				1 hour				
١			Yes → SKIP to que	stion H3						2 hours				
١			No							3 hours				
Œ	•		no, how long has this ates?	child be	en livin	g in the Un	nited			4 or more hours				
			years AND		months	S		E		well can you and this child share ideas or talk ut things that really matter?				
						-				Very well				
H		Ho sir	w many times has thince they were born?	is child n	noved t	o a new ad	dress			Somewhat well				
١										Not very well				
١		L	Number of time	es						Not well at all				
١										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				
١			Very well											
			Somewhat we	ell					U		fami	RING THE PAST WEEK, on how many days did all the ly members who live in the household eat a meal other?		
١		Ш	Not very well									0 days		
١			Not well at al	I										
Œ	1	DUI	RING THE PAS	ST MON	ITH. how	often hav	ve vou fe	elt				1-3 days		
٦				Never		ometimes	_		s		Ш	4-6 days		
١	a		That this child is much harder									Every day		
			to care for than most children their age?						12			s anyone living in your household use cigarettes, rs, or pipe tobacco?		
١	k		That this child does things									Yes		
١			that really bother you											
١			a lot?								Ш	No → SKIP to question 14		
١	C		Angry with this child?						13)	If ye	s, does anyone smoke inside your home?		
	١.		DINO THE DAG	T 40 M	IONTHO	41						Yes		
H1	t	tha	RING THE PAS	rn to fo	r day-to-d	day emoti						No		
١	`	WITI	n parenting or	raising	cniiaren	ſ								
			Yes No → SKIP to	o ques	tion 🕦				14		very	CE THIS CHILD WAS BORN, how often has it been hard to cover the basics, like food or housing, your family's income?		
				·								Never		
H1) 1	f y	es, did you red	ceive ei	motional	support f	rom					Rarely		
١							Yes	No				raiciy		
١	á	a.	Spouse or dom	estic pa	artner?		Ш	Ш			Ш	Somewhat often		
١	k	b.	Other family me	ember o	or close fri	end?						Very often		
١	c	c.	Health care pro	vider?					15	•	Whi	ch of these statements best describes your		
١		d.	Place of worshi	ip or rel	ligious lea	der?					hous	sehold's ability to afford the food you need		
		е.	Support or advo	ocacy g	roup relat			П			אטפ			
١			to specific heal		ition?						Ш	We could always afford to eat good nutritious meals.		
١			Peer support gi		ntal baalth		Ш	Н				We could always afford enough to eat but not always the kinds of food we should eat.		
١	į		Counselor or of professional?	iller ille	ıllal Healli	ı						Sometimes we could not afford enough to eat.		
١	ł	h.	Other person, s	specify:										
١												Often we could not afford enough to eat.		



At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive								19	le	other than you or other east one other adult in	ol, neighborhood,					
						Yes	No			r community who knov an rely on for advice o			and who	they		
	а		Cash assistance from welfare program?	n a gover	nment				[Yes	i guiua	ince :				
	b		Food Stamps or Sup Assistance Program						[No						
	С		Free or reduced-cost lunches at school?	breakfas	sts or			(10) т	he next questions are	about (events tha	t may ha	Ve		
	d		Benefits from the Wo and Children (WIC) F						h h u	appened during this cl appen in any family, b ncomfortable with thes	nild's li ut som se ques	fe. These e people r stions. Yo	things ca nay feel u may sk	things can nay feel ı may skip		
Œ	lr	ן ו	our neighborhood,	is/are th	ere	Yes	No			ny questions you do n o the best of your kno				ER		
	_		Oidll	41 0						xperienced any of the						
	а	•	Sidewalks or walking	patns?		Ш	Ш		a	. Parent or guardian div	orced o	or	Yes	No		
			A park or playground							separated		5 1				
	С	c. A recreation center, community center, or boys' and girls' club?							b	. Parent or guardian die	ed		Ш			
	d		A library or bookmob					. Parent or guardian se		,						
	е	e. Litter or garbage on the street or sidewalk?							d	 Saw or heard parents hit, kick, punch one an home 						
			Poorly kept or rundov		ng?				e.	 Was a victim of violer witnessed violence in neighborhood 						
	y		Vandalism such as b windows or graffiti?	roken					f.	Lived with anyone wh						
Ū			what extent do you out your neighborho				ts		g	Lived with anyone who with alcohol or drugs	•					
				Definitely agree	Somewhat agree	Somewhat disagree	Definite disagre		h	. Treated or judged unfoof their race or ethnic		cause				
	а		People in this neighborhood help each other out						i.	Treated or judged unf of their sexual orienta identity	airly be					
	b		We watch out for each other's children in this					1		/hen your family faces kely to do each of the			often are	you		
			neighborhood								All of	Most of		None of		
	С		This child is safe in our neighborhood						a.	tl . Talk together about what to do	he time	the time	the time	the time		
	d		When we encounter						b	. Work together to						
			difficulties, we know where to						C.	solve our problems Know we have						
			go for help in our community						d	strengths to draw on . Stay hopeful even						
	е		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
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)
What is your sex?	Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
Male —	J7 What is your marital status?
☐ Female	Married
What is your age?	☐ Not married, but living with a partner
Age in years	☐ Never Married
rige in your	Divorced
Where were you born?	☐ Separated
☐ In the United States → SKIP to question J6	Widowed
Outside of the United States	J8 In general, how is your physical health?
When did you come to live in the United States?	Excellent
Indicate the 4-digit year in which you came to live in the United States.	☐ Very good
4-Digit Year	Good
. 2-3.1 . 2.5	☐ Fair
	Poor
	J9 In general, how is your mental or emotional health?
	Excellent
	☐ Very good
	Good
	☐ Fair
	Poor



J10	Which of the following best describes your current employment status? Mark (X) ONE box.		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
JII	Have you ever served on active duty in the		Other: Relative
	U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.		Other: Non-Relative
	□ Never served in the military → SKIP to question 113	J15	What is this caregiver's sex?
	Only on active duty for training in the Reserves or National Guard → SKIP to question J13		☐ Male
	Now on active duty		Female
	On active duty in the past, but not now	J16	What is this caregiver's age?
J12	Were you deployed at any time during this child's life?	T	Age in years
T	Yes		
	No	117	Where was this caregiver born?
			In the United States → SKIP to question on page 18
J13	Does this child have another parent or adult caregiver who lives in this household?		Outside of the United States
	Yes → Complete questions J14 - J25 for this other parent or adult caregiver	J18	When did this caregiver come to live in the United
	No → SKIP to question K1 on page 19		States? Indicate the 4-digit year in which this caregiver came to live in the United States.
			A Distance
			4-Digit Year



J1	ca	hat is the highest grade or level of school this regiver has completed? ark (X) ONE box.	J22	In g	
		8th grade or less		H	Excellent
		9th-12th grade; No diploma		H	Very good
		High School Graduate or GED Completed		H	Good
		Completed a vocational, trade, or business school program			Poor Poor
		Some College Credit, but no Degree	J23	Whi	ch of the following best describes this caregiver's
		Associate Degree (AA, AS)		curr	ent employment status? k (X) ONE box.
		Bachelor's Degree (BA, BS, AB)			Employed full-time
		Master's Degree (MA, MS, MSW, MBA)			Employed part-time
		Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			Working WITHOUT pay
	. w	hat is this complement months I status 0			Not employed but looking for work
JZ	0 W	hat is this caregiver's marital status?			Not employed and not looking for work
	-	Married	124	. Uaa	this caregiver ever comed an active duty in the U.S.
	H	Not married, but living with a partner	J24	Arm	this caregiver ever served on active duty in the U.S. led Forces, Reserves, or the National Guard? (X) ONE box.
	-	Never Married			Never served in the military → SKIP to question K1
	L	Divorced			on page 19
	L	Separated			Only on active duty for training in the Reserves or National Guard → SKIP to question (K1) on page 19
	L	Widowed			Now on active duty
J2	I n	general, how is this caregiver's physical health?			On active duty in the past, but not now
		Excellent	J25		this caregiver deployed at any time during this
		Very good	T		d's life?
		Good		Н	Yes
		Fair		Ш	No
		Poor			
1					



Now many people are living or staying at this address? Include everyone who usually lives or stays at this address? Include everyone who usually lives or stays at this address? Include anyone who is king somewhere also for more than two months, such as a college student living away or someone in the Armed Forces on deployment. Number of people Now many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adaption, or through foster care. Number of people Now many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adaption, or through foster care. Number of people Now many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adaption, or through foster care. Now many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adaption, or through foster care. Now many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adaption, or through foster care. Now many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adaption, or through foster care. Now many of these people in your household are family members? Family is defined as a defined as a defined pear of the last calculation and partnerships. On TOTAL AMOUNT in the last calculation and the last		
Do NOT include anyone who is living somewhere alse for more than two months, such as a college student living away or someone in the Armed Forces on deployment. Number of people	K1 How many people are living or staying at this address	child's family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark
Number of people Number of people No TOTAL AMOUNT In the last calendar year	Do NOT include anyone who is living somewhere else for more than two months, such as a college student living a	r a. Wages, salary, commissions, bonuses, or tips for
No TOTAL AMOUNT In the last calendar year	Number of people	☐ Yes → \$, .00 .00
members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care. Number of people		in the last calendar year
No TOTAL AMOUNT in the last calendar year	members? Family is defined as anyone related to this ch	b. Self-employment income from own nonfarm businesses or farm business, including
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Yes → \$.00 Loss No	Number of people	☐ Yes → \$.00 ☐ Loss
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Yes \rightarrow \$		
Yes → \$,00		c. Interest, dividends, net rental income, royalty
d. Social security or railroad retirement; retirement, survivor, or disability pensions. Yes → \$,		income, or income from estates and trusts.
d. Social security or railroad retirement; retirement, survivor, or disability pensions. Yes \$.00		Yes → \$, .00 Loss
survivor, or disability pensions. Yes \rightarrow \$, .00 No		
No TOTAL AMOUNT		
e. Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office. Yes \$.00 No		□ Yes → \$,
e. Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office. Yes \rightarrow \$, .00 No		
In the last calendar year f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. Yes → \$, .00		e. Supplemental security income (SSI); any public assistance or welfare payments from the state or
f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. Yes > \$,00 No TOTAL AMOUNT in the last calendar year 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. \$,00 TOTAL AMOUNT		□ Yes → \$
such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. Yes > \$,		
No TOTAL AMOUNT in the last calendar year K4 The following question is about your 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. \$, .00 TOTAL AMOUNT		such as Veterans' (VA) payments, unemployment
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. \$		☐ Yes → \$,
Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount before taxes? Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth. Also, include income from interest, dividends, net income from businesses, farm or rent, and any other money income received. \$		
TOTAL AMOUNT		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
		, ,



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	A3	DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the
	Recently, you completed a survey that asked about the		following? Yes No
	children usually living or staying at this address. Thank you for taking the time to complete that survey.		a. Breathing or other respiratory problems (such as wheezing or shortness of breath)
	We now have some follow-up questions to ask about:		b. Eating or swallowing because of a health condition
			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.	A4	Does this child have any of the following? Yes No
			a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or
			emotional condition
	A. This Child's Health		b. Serious difficulty walking or climbing stairs
1	In general, how would you describe this child's health		c. Difficulty dressing or bathing
	(the one named above)?		d. Difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical,
	☐ Very good		mental, or emotional condition
			e. Deafness or problems with hearingf. Blindness or problems with seeing,
	Good		even when wearing glasses
	☐ Fair		Has a doctor or other health care provider EVER told
	Poor	A5	you that this child has Allergies (including food, drug, insect, or other)?
2	How would you describe the condition of this child's		☐ Yes ☐ No
	teeth?		If yes, does this child CURRENTLY have the condition?
	Excellent		Yes No
	☐ Very good		→ If yes, is it:
	Good		☐ Mild ☐ Moderate ☐ Severe
	☐ Fair	A6	Arthritis?
	Poor		☐ Yes ☐ No
			☐ Yes ☐ No ☐ No ☐ If yes, is it:
			☐ Mild ☐ Moderate ☐ 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 told you that this child has
A		A12	Frequent or severe headaches, including migraine?
٦	☐ Yes ☐ No	_	☐ Yes ☐ No
١	☐ 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:
١	☐ Mild ☐ Moderate ☐ Severe		☐ Mild ☐ Moderate ☐ Severe
A	Cerebral Palsy?	A13	Tourette Syndrome?
Ţ	☐ Yes ☐ No		☐ Yes ☐ No
١	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:
١	□ Mild □ Moderate □ Severe		☐ Mild ☐ Moderate ☐ Severe
AS	Diabetes?	A14	Anxiety Problems?
Ţ	☐ Yes ☐ No		☐ Yes ☐ No
١	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:
1	☐ Mild ☐ Moderate ☐ Severe		☐ Mild ☐ Moderate ☐ Severe
A1	Epilepsy or Seizure Disorder?	A15	Depression?
T	☐ Yes ☐ No		☐ Yes ☐ No
١	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:
١	☐ 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?		
1	☐ Yes ☐ No		
1	Does this child CURRENTLY have the condition?		
1	☐ 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 17 Blood Disorders (such as Sickle Cell Disease,	EVER told you that this child has Examples of educators are teachers and school nurses.
9	Thalassemia, or Hemophilia)?	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)?
	Hf 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?
	ls it:	☐ Yes ☐ No
	☐ Mild ☐ Moderate ☐ Severe Was this condition identified through a blood	L→ If yes, is it:
	test done shortly after birth? These tests are sometimes called newborn screening.	☐ Mild ☐ Moderate ☐ Severe
		A24 Learning Disability?
	163	☐ Yes ☐ No
		☐ If yes, does this child CURRENTLY have the
		disability?
		☐ Yes ☐ No
		☐ Mild ☐ Madarata ☐ Causara ☐ Madarata ☐ Causara
		Mild Moderate Severe



A2	Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).		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?
١	☐ 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?
١	☐ Yes ☐ No		☐ Yes ☐ No
١	☐ If yes, is it:		⊢ If yes, is it:
١	☐ Mild ☐ Moderate ☐ Severe		☐ Mild ☐ Moderate ☐ Severe
A2	How old was this child when a doctor or other health care provider FIRST told you that they had Autism, ASD, Asperger's Disorder or PDD?	A	Is this child CURRENTLY taking medication for ADD or ADHD? 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,
A2	the FIRST to tell you that this child had Autism, ASD, Asperger's Disorder or PDD?		such as training or an intervention that you or this child received to help with their behavior? No
	Mark (X) ONE box. Primary Care Provider	A	Do you think this child has EVER had a concussion or brain injury? A concussion or brain injury is when a blow
	☐ Specialist		or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, changes in mood
١	School Psychologist/Counselor		or behavior, or being knocked out.
١	Other Psychologist (Non-School)		☐ Yes ☐ No
	Psychiatrist		If yes, did you seek medical care from a doctor or other health care provider?
١	Other, specify:		□ Yes □ No
	Curier, specify.		If yes, did a doctor or other health care provider tell you that your child had a concussion or brain injury?
١	☐ Don't know		☐ Yes ☐ No
A2	Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?		DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their age do?
	☐ Yes ☐ No		This child does not have any health conditions → SKIP to question B1 on page 6
A2			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
١	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



В	Was this child born more than 3 weeks before their	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
B	What month and year was this child born?		Miles to the shift of DDDDNT had also
	Birth Month / 4-Digit Birth Year	G	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	C 6	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
	both: Four best estimate is line.		kilograms
	Age in years		
	C. Health Care Services	9	Are you concerned about this child's weight?
			Yes, it's too high
С	doctor, nurse, or other health care professional for		Yes, it's too low
	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		□ No
	care provider privately, without you or another caregiver in the room?		
	Yes	G9	Is there a place you or another caregiver USUALLY take this child when they are sick or you need advice about their health?
	□ No		Yes
C	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		



C1			s, 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		[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
C 1			ere a place that this child USUALLY goes when				Cleaning
			need routine preventive care, such as a physical nination or well-child check-up?		[Instruction on tooth brushing and oral health care
١			Yes		[X-Rays
			No → SKIP to question C13		[Fluoride treatment
C 1			s, is this the same place this child goes when they sick?				Sealant (plastic coatings on back teeth)
١							Don't know
١			Yes	C18			ING THE PAST 12 MONTHS, has this child
١		Ш	No		h	eal	ived any treatment or counseling from a mental th professional? Mental health professionals include
C1			ING THE PAST 12 MONTHS, has this child had vision tested, such as with pictures, shapes, or				hiatrists, psychologists, psychiatric nurses, and clinical al workers.
١		lette					Yes
١		Ш	Yes		[No, but this child needed to see a mental health professional
١			No → SKIP to question C15				
C1			s, where was this child's vision tested? ((X) ALL that apply.				No, this child did not need to see a mental health professional → SKIP to question (20)
			Eye doctor or eye specialist (ophthalmologist, optometrist) office	C15			difficult was it to get the mental health treatment punseling that this child needed?
			Pediatrician or other general doctor's office		[Not difficult
١			Clinic or health center				Somewhat difficult
			School				Very difficult
١			Other, specify: 📈		[It was not possible to obtain care
				C2(ING THE PAST 12 MONTHS, has this child taken medication because of difficulties with their
C1	5	DUR	ING THE PAST 12 MONTHS, did this child see a				tions, concentration, or behavior?
1		dent	ist or other oral health care provider for any kind ental or oral health care?				Yes
			Yes, saw a dentist				No
			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		26	not i	any of the following reasons contribute to this receiving needed health services?	child
1	doctors, skin doctors, and others who specialize in one				Yes	No
ı	area of health care.				This child was not eligible for the services	
ı	Yes				The services this child needed were not available in your area	
ı	No, but this child needed to see a specialist				here were problems getting an	
١	No, this child did not need to see a specialist → SKIP to question C23			а	appointment when this child needed	Ш
C2	How difficult was it to get the specialist care that this				There were problems with getting ransportation or child care	
٦	child needed?				The clinic or doctor's office wasn't	
١	□ Not difficult				pperi when this child needed care	
١	☐ Somewhat difficult			t. I	There were issues related to cost	Ш
١	☐ Very difficult	C:	27		RING THE PAST 12 MONTHS, how often were your trated in your efforts to get services for this chi	
١	☐ It was not possible to obtain care				Never	
C2	DURING THE PAST 12 MONTHS, did this child use any	,			Sometimes	
J	type of alternative health care or treatment? Alternative health care can include acupuncture, chiropractic care,				Usually	
ı	relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.				Always	
١	Yes	C	28		ING THE PAST 12 MONTHS, how many times on child visit a hospital emergency room?	lid
١	□ No				None	
C2	DURING THE PAST 12 MONTHS, was there any time			П	4 times	
	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				1 time 2 or more times	
ı	mental health services.					
ı	Yes	G	29		RING THE PAST 12 MONTHS, was this child adm ne hospital to stay for at least one night?	nitted
ı	No → SKIP to question C27				Yes	
C2	If yes, which types of care were not received? Mark (X) ALL that apply.				No	
ı	☐ Medical Care	C	30		this child EVER had a special education or ear	
ı	☐ Dental Care				e an Individualized Family Service Plan (IFSP) or vidualized Education Plan (IEP).	
ı	☐ Vision Care				Yes	
ı	☐ Hearing Care				No → SKIP to question C33 on page 9	
	Mental Health Services	C	31	If ye	s, how old was this child at the time of the FIR	ST
	Other, specify:			Piail		
					years AND months	
-1						



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
	YesNo → SKIP to question D1		c. Show sensitivity to your family's values and customs?
CE	4 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?
1	services?	D5	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
ı	D. Experience with This Child's Health Care		No → 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
D	Do you have one or more persons you think of as		Always Usually Sometimes Never
	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 D4	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?		
	□ Not difficult		│
	☐ Somewhat difficult		□ No
	☐ Very difficult		Did not see more than one health care provider in the PAST 12 MONTHS → SKIP to question on page 10
	☐ It was not possible to get a referral		on page 10
-1			



D	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?	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
١	Yes		□ No
1	No → SKIP to question D10	OIB	Has this child's doctor or other health care provider
D:	If yes, DURING THE PAST 12 MONTHS, how often		actively worked with this child to:
Ī	did you get as much help as you wanted with arranging or coordinating this child's health care?		a. Make positive choices about
١	Usually		their health. For example, by eating healthy, getting regular
١	Sometimes		exercise, not using tobacco, alcohol or other drugs, or delaying sexual activity?
١	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, consent, access to information, or
1	Somewhat dissatisfied		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, child care provider, or special education program?		allergies, medications, immunizations)? — Yes
1	Yes		□ No
	Did not need health care provider to communicate	017	Have this child's doctors or other health care providers worked with you and this child to create a plan of care to meet their health goals and needs?
	with these providers → SKIP to question D13		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 D20 on page 11
١		D18	If yes, do you and this child have access to this plan of care?
١	Somewhat satisfied		Yes
١	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



	ulthood. Do you know how this child w they become an adult?	vill be ins	oung sured		type	nis child CURRENTLY covered by an es of health insurance or health cove k (X) Yes or No for EACH item.		
							Yes	No
H	Yes → SKIP to question E1					nsurance through a current or ormer employer or union		
\	No	4	•			nsurance purchased directly from an insurance company		
kee	ep some type of health insurance cove ld becomes an adult?				6	or any kind of government assistance plan for those with		
					e. I	ndian Health Service		
					f. (Other, specify: 📈		
	insurance Cover	age						
COV	vered by ANY kind of health insurance verage plan?			E 5				eds?
						Always		
	Yes, but this child had a gap in covera	ge				Usually		
	No					Sometimes		
chi	ld was not covered by health insurance					Never		
		Yes	No	E6				
a.	status				uiei	ii to see tile ilealtii care providers tii	ey need?	
b.	Cancellation due to overdue premiums				H	Always		
						•		
						Never		
	of health care providers was			E 7	beh	avioral health needs, how often does	this child	
							services th	at
g.	Other, specify: 📈					Always		
						Usually		
	his shild OUDDENTLY account has AN	Y kind of				Sometimes		
le 4	DIE CUIIU (LIBBERILL A COMORGA DIL VEI	i Killu ol						
	his child CURRENTLY covered by AN alth insurance or health coverage plan				Ш	Never		
						Never This child does not use mental or beh health services	navioral	
	alth insurance or health coverage plan	?				This child does not use mental or beh	navioral	
	DUU a. b. c. d. e.	keep some type of health insurance cover child becomes an adult? Yes No E. This Child's Health Insurance Coverage Plansurance Coverage DURING THE PAST 12 MONTHS, was this covered by ANY kind of health insurance coverage plan? Yes, this child was covered all 12 months → SKIP to question Yes, but this child had a gap in coverage No Indicate whether any of the following is a child was not covered by health insurance DURING THE PAST 12 MONTHS: a. Change in employer or employment status b. Cancellation due to overdue premiums c. Dropped coverage because it was unaffordable d. Dropped coverage because benefits were inadequate e. Dropped coverage because choice of health care providers was inadequate f. Problems with application or renewal process	keep some type of health insurance coverage as to child becomes an adult? Yes No E. This Child's Health Insurance Coverage DURING THE PAST 12 MONTHS, was this child E covered by ANY kind of health insurance or health coverage plan? Yes, this child was covered all 12 months → SKIP to question Yes, but this child had a gap in coverage No Indicate whether any of the following is a reason child was not covered by health insurance at any DURING THE PAST 12 MONTHS: a. Change in employer or employment status b. Cancellation due to overdue premiums c. Dropped coverage because it was unaffordable d. Dropped coverage because benefits were inadequate e. Dropped coverage because choice of health care providers was inadequate f. Problems with application or renewal process	keep some type of health insurance coverage as this child becomes an adult? Yes No E. This Child's Health Insurance Coverage DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan? Yes, this child was covered all 12 months → SKIP to question Yes, but this child had a gap in coverage No Indicate whether any of the following is a reason this child was not covered by health insurance at any time DURING THE PAST 12 MONTHS: a. Change in employer or employment status b. Cancellation due to overdue premiums c. Dropped coverage because it was unaffordable d. Dropped coverage because benefits were inadequate e. Dropped coverage because choice of health care providers was inadequate f. Problems with application or renewal process	keep some type of health insurance coverage as this child becomes an adult? Yes No E. This Child's Health Insurance Coverage DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan? Yes, this child was covered all 12 months → SKIP to question Yes, but this child had a gap in coverage No Indicate whether any of the following is a reason this child was not covered by health insurance at any time DURING THE PAST 12 MONTHS: a. Change in employer or employment status b. Cancellation due to overdue premiums c. Dropped coverage because it was unaffordable d. Dropped coverage because benefits were inadequate e. Dropped coverage because choice of health care providers was inadequate f. Problems with application or renewal process	If no, has anyone discussed with you how to obtain or keep some type of health insurance coverage as this child becomes an adult? Yes	from an insurance company c. Medicald, 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: No Pas, this child was covered all 12 months → SKIP to question all 12 months → SKIP to question all 12 months or coverage by health insurance at any time No Indicate whether any of the following is a reason this child was not covered by health insurance at any time DURING THE PAST 12 MONTHS: No Sometimes Never How often does this child's health insurance of health care providers the status No Sometimes Never How often does this child's health insurance that meet this Always Usually No Sometimes Never How often does this child's health insurance that meet this Always Usually No Sometimes Never How often does this child's health insurance that meet this Always Usually Sometimes Never No Sometimes No TricARE or other military health care Always Usually Sometimes Never No Trinking specifically about this child's neath insurance offer benefits or cover meet these needs?	If no, has anyone discussed with you how to obtain or keep some type of health insurance coverage as this child becomes an adult? Yes No E. This Child's Health Insurance Coverage DURING THE PAST 12 MONTHS, was this child EVER coverage plan? Yes, this child was covered all 12 months → SKIP to question all 13 months → SKIP to question all 12 months → SKIP to



F5 IN AN AVERAGE WEEK, how many hours do you or

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

		Child's	Health		hom	er family members spend providing health care at the for this child? Care might include changing dages, or giving medication and therapies when needed.
F	4	Including co-pays and amount Savings Accounts (HSA) and	Flexible Spending Accounts			This child does not need health care provided at home on a weekly basis
		(FSA), how much money did ymedical, health, dental, and v PAST 12 MONTHS? Do not inc	ision care DURING THE			Less than 1 hour per week
		premiums or costs that were or insurance or another source.				1-4 hours per week
		\$0 (No medical or health-expenses) → SKIP to que				5-10 hours per week
		\$1-\$249			Ш	11 or more hours per week
		\$250-\$499		F6	othe	N AVERAGE WEEK, how many hours do you or er family members spend arranging or coordinating th or medical care for this child, such as making
		\$500-\$999				pintments or locating services?
		\$1,000-\$5,000				This child does not need health care coordinated on a weekly basis
		More than \$5,000				Less than 1 hour per week
F	2	How often are these costs rea	asonable?			1-4 hours per week
		Always				5-10 hours per week
		Usually				11 or more hours per week
		Sometimes			C	6. This Child's Schooling
		Never				and Activities
F	4	DURING THE PAST 12 MONT problems paying for any of the health care bills?		31	did 1	RING THE PAST 12 MONTHS, about how many days this child miss school because of illness or injury? and days missed from any formal home schooling.
		Yes				No missed school days
		No				1-3 days
F		DURING THE PAST 12 MONT	HS, have you or other			4-6 days
		family membersa. Left a job or taken a leave of	Yes No			7-10 days
		absence because of this chi health or health conditions?				11 or more days
		b. Cut down on the hours you because of this child's healt health conditions?	h or	G2	DUR	This child was not enrolled in school
		c. Avoided changing jobs beca concerns about maintaining insurance for this child?	use of		this your	child's school contacted you or another adult in household about any problems they are having school?
						None
						1 time
						2 or more times
- 1						



G	3		ICE STARTING KINDERGARTEN, has the peated any grades? Yes	is child		G8	child If the	RING THE PAST 12 d bullied, picked on e frequency changed est frequency.	, or exc	luded by	other child	lren?
			No					Never (in the past 1				
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	1			
١			Usually				H	1-2 times per week				
			Sometimes					Almost every day				
			Rarely			G9	child If the	thing THE PAST 12 dibully others, pick of frequency changed	on then	n, or exc	ude them?	
		Ш	Never				nign	est frequency.	10 manth	20)		
G	5		RING THE PAST 12 MONTHS, did this or ticipate in		No			Never (in the past 1				
		a.	A sports team or did they take sports lessons after school or on weekends?	Yes				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 often does this ch	ild			
			Any type of community service or volunteer work at school, place of worship, or in the community?				C	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 of schild exercise, play a sport, or particip				C V	Stay calm and in control when faced with a challenge?				
١		pny	ysical activity for at least 60 minutes?				V	Care about doing vell in school?				
			0 days					Oo all required nomework?				
١			1-3 days 4-6 days				f. /	Argue too much?				
			Every day					H. About	Υοι	ı and	This	
G		Col	mpared to other children their age, how	much					Chil			
		diff	ficulty does this child have making or keends?			(1)	Was	this child born in t	he Unit	ed States	?	
			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?	H8		v well do you to ands of raisin			andling tl	ne day-to	o-day
۱				Very well	9 0				
1	Number of times			Composite at	.11				
H	How often does this child go to bed at about the same time on weeknights?			Somewhat we	ell				
١	Always			Not well at all					
۱	Usually	H9	DUF	RING THE PAS	OM T	NTH. how	often ha	ıve vou f	felt
1	Sometimes	Y			Never		Sometimes		
ı	Rarely		i	That this child s much harder to care for than					
۱	Never			most children heir age?					
Œ	DURING THE PAST WEEK, how many hours of sleep did this child get on most weeknights?		1	That this child does things hat really					
۱	Less than 6 hours		;	oother you a lot?					
١	6 hours			Angry with his child?					
۱	7 hours	H10		RING THE PAS					
۱	8 hours	T		you could tur parenting or				tional su	pport
۱	9 hours			Yes					
۱	10 hours			No → SKIP to	o ques	tion 🕕	on page	15	
۱	11 or more hours	(11)	If ye	es, did you red	eive e	motional	support	from	
He	ON MOST WEEKDAYS, about how much time did this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing		а. 🤄	Spouse or dom	estic pa	artner?		Yes	No
۱	games, accessing the internet or using social media? Do not include time spent doing schoolwork.		b.	Other family me	ember o	or close fi	riend?		
١	Less than 1 hour		c.	Health care pro	vider?				
	☐ 1 hour			Place of worshi		_			
	☐ 2 hours			Support or advo to specific healt			lea		
	☐ 3 hours			Peer support gr	-				
۱	4 or more hours			Counselor or ot professional?	her me	ental healt	h		
Œ			h.	Other person, s	pecify:	₹			
Ī	about things that really matter?								
	☐ Very well								
	Somewhat well								
	□ Not very well								
	Not well at all								



ı							
ı	in About Four Fulling and		any time DURING T e month, did anyon				n for
ı	Household		,	•	,	Yes	No
U	DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal	a.	Cash assistance fro welfare program?	m a governm	nent		
ı	together?	b.	Food Stamps or Sup Assistance Program				
ı	□ 0 days	C.	Free or reduced-cos lunches at school?	t breakfasts	or		
ı	☐ 1-3 days	d.	Benefits from the W and Children (WIC)		S,		
ı	4-6 days	17 In	your neighborhood	is/are there)		
ı	□ Every day	T	0.1			Yes	No
12	Does anyone living in your household use cigarettes, cigars, or pipe tobacco?		Sidewalks or walking A park or playgroun				
ı	Yes		A recreation center,	community			
ı	No → SKIP to question 14		center, or boys' and	·			
			A library or bookmo Litter or garbage on				
13	If yes, does anyone smoke inside your home?		or sidewalk?			Ш	Ш
ı	Yes	f.	Poorly kept or rundo	wn housing?	>		
ı	No	g.	Vandalism such as windows or graffiti?	broken			
14	SINCE THIS CHILD WAS BORN, how often has it been very hard to cover the basics, like food or housing, on your family's income?	18 To	what extent do you out your neighborh	agree with	these	statemen ?	ts
ı	Never			Definitely So agree	mewhat agree	Somewhat disagree	Definitely disagree
	Rarely	a.	People in this neighborhood help				
ı	☐ Somewhat often						
н		b.	each other out We watch out for				
	□ Very often	b.	each other out				
15			each other out We watch out for each other's children in this neighborhood This child is safe in our				
15	□ Very often Which of these statements best describes your	C.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood				
15	 □ Very often Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS? □ We could always afford to eat good nutritious meals. 	C.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter				
15	Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS?	C.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter difficulties, we know where to go for help in				
15	 □ Very often Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS? □ We could always afford to eat good nutritious meals. □ We could always afford enough to eat but not always 	c.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter difficulties, we know where to				
15	 □ Very often Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS? □ We could always afford to eat good nutritious meals. □ We could always afford enough to eat but not always the kinds of food we should eat. 	c.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter difficulties, we know where to go for help in our community				
15	 □ Very often Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS? □ We could always afford to eat good nutritious meals. □ We could always afford enough to eat but not always the kinds of food we should eat. □ Sometimes we could not afford enough to eat. 	c.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter difficulties, we know where to go for help in our community This child is safe				
15	 □ Very often Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS? □ We could always afford to eat good nutritious meals. □ We could always afford enough to eat but not always the kinds of food we should eat. □ Sometimes we could not afford enough to eat. 	c.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter difficulties, we know where to go for help in our community This child is safe				
15	 □ Very often Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS? □ We could always afford to eat good nutritious meals. □ We could always afford enough to eat but not always the kinds of food we should eat. □ Sometimes we could not afford enough to eat. 	c.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter difficulties, we know where to go for help in our community This child is safe				
15	 □ Very often Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS? □ We could always afford to eat good nutritious meals. □ We could always afford enough to eat but not always the kinds of food we should eat. □ Sometimes we could not afford enough to eat. 	c.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter difficulties, we know where to go for help in 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.
		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) 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)	D		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.
		Master's Degree (MA, MS, MSW, MBA)			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	t 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	e you deployed at any time during this child's life?
ı		Never Married			Yes
		Divorced			No
		Separated	13		s this child have another parent or adult caregiver lives in this household?
		Widowed			Yes → Complete questions J14 - 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			
		Very good			
		Good			
		Fair			
		Poor			
J9	ln g	eneral, how is your mental or emotional health?			
T		Excellent			
		Very good			
		Good			
		Fair			
		Poor			



	Other Parent or Caregiver in the Household	J 19	care	It is the highest grade or level of school this giver has completed?
J14	How is this other caregiver related to this child?			8th grade or less
	☐ Biological or Adoptive Parent			9th-12th grade; No diploma
	☐ Step-parent			High School Graduate or GED Completed
	Grandparent			Completed a vocational, trade, or business school
	Foster Parent			program
	Other: Relative		H	Some College Credit, but no Degree
	Other: Non-Relative		H	Associate Degree (AA, AS)
J15	What is this caregiver's sex?		Ш	Bachelor's Degree (BA, BS, AB)
T	Male		Ш	Master's Degree (MA, MS, MSW, MBA)
	Female			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
		J20) Wha	t is this caregiver's marital status?
J16)	What is this caregiver's age?			Married
	Age in years			Not married, but living with a partner
117	Where was this caregiver born?			Never Married
T	☐ In the United States → SKIP to question J19			Divorced
	Outside of the United States			Separated
				Widowed
J18)	When did this caregiver come to live in the United States? Indicate the 4-digit year in which this caregiver came to live in the United States.	J21	In g	eneral, how is this caregiver's physical health?
				Excellent
	4-Digit Year			Very good
				Good
				Fair
				Poor
		J22	In go	eneral, how is this caregiver's mental or emotional th?
				Excellent
				Very good
				Good
				Fair
				Poor



J2		(3) Income in 2019
I	current employment status? Mark (X) ONE box.	Mark (X) the "Yes" box for EACH type of income this child's family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark
١	Employed full-time	(X) the "No" box to show types of income NOT received.
١	Employed part-time	a. Wages, salary, commissions, bonuses, or tips for all jobs.
١	☐ Working WITHOUT pay	☐ Yes → \$, .00
١	☐ 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
J2	Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.	businesses or farm business, including proprietorships and partnerships.
١	Never served in the military → SKIP to question K1	Yes → \$, .00 Loss
١	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.
١	On active duty in the past, but not now	☐ Yes → \$,
J2	5 Was this caregiver deployed at any time during this	No TOTAL AMOUNT in the last calendar year
1	child's life?	d. Social security or railroad retirement; retirement, survivor, or disability pensions.
١	Yes	
١	No	☐ Yes → \$, .00
١	K. Household Information	No TOTAL AMOUNT in the last calendar year
K	How many people are living or staying at this address?	e. Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office.
	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	□ Yes → \$,
١	or someone in the Armed Forces on deployment.	No TOTAL AMOUNT in the last calendar year
K	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.
Ĭ	members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.	□ Yes → \$.00
١	Number of months	No TOTAL AMOUNT
١	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.
		\$ 0,000,000.00
١		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.

