

**Appendix A**

**2021 National Survey of Children's Health  
Questionnaire Content Revisions**

## 2021 NSCH Questionnaire Content Revisions

### Modifications or Additions to Existent Items

Updated 1/11/2021

Questionnaire	Section	Item Number (2020)	Item Number (2021) & MT number	2020 Content	2021 Revised Content (Rationale)
Screener	N/A	9	9	Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do? Yes No	Is this child limited or prevented in any way in <b>their</b> ability to do the things most children of the same age can do? Yes No
Screener	N/A	11	11	Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling? Yes No  If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer? Yes No	Does this child have any kind of emotional, developmental, or behavioral problem for which <b>they need</b> treatment or counseling? Yes No  If yes, has <b>their</b> emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer? Yes No
NSCH-T1, NSCH-T2, & NSCH-T3	Section C	C1	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?	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? <i>Include health care visits done by video or phone.</i>
NSCH-T1	Section C	C7	C7	<i>Answer the following question only if this child is at least 9 months old. Otherwise skip to question C8.</i> DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about observations or	<i>Answer the following question only if this child is at least 9 months old. Otherwise skip to question C8.</i> DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire

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				<p>concerns you may have about this child’s development, communication, or social behaviors? <i>Sometimes a child’s doctor or other health care provider will ask a parent to do this at home or during a child’s visit.</i></p> <p><b>If yes, and this child is 9-23 Months:</b>  <b>Did the questionnaire ask about your concerns or observations about:</b>  <i>Mark (X) ALL that apply.</i>            How this child talks or makes speech sounds?            How this child interacts with you and others?</p> <p><b>If yes, and this child is 2-5 Years:</b>  <b>Did the questionnaire ask about your concerns or observations about:</b>  <i>Mark (X) ALL that apply.</i>            Words and phrases this child uses and understands?            How this child behaves and gets along with you and others?</p>	<p>about observations or concerns you may have about this child’s development, communication, or social behaviors? <i>Sometimes a child’s doctor or other health care provider will ask a parent to do this at home or during a child’s visit.</i></p> <p><b>If yes, AND this child is 9-23 Months:</b>  <b>Did the questionnaire ask about your concerns or observations about:</b>  <i>Mark (X) ALL that apply.</i>            How this child talks or makes speech sounds?            How this child interacts with you and others?</p> <p><b>If yes, AND this child is 2-5 Years:</b>  <b>Did the questionnaire ask about your concerns or observations about:</b>  <i>Mark (X) ALL that apply.</i>            Words and phrases this child uses and understands?            How this child behaves and gets along with you and others?</p>
NSCH-T1, NSCH-T2, & NSCH-T3	Section C	C9 (T1, T2) C10 (T3)	C9 (T1, T2) C10 (T3)	<p>If yes, where does this child USUALLY go first? (X) ONE box.</p> <p>Doctor’s Office            Hospital Emergency Room            Hospital Outpatient Department            Clinic or Health Center            Retail Store Clinic or “Minute Clinic”            School (Nurse’s Office, Athletic Trainer’s Office)            Some other place</p>	<p>[If yes,] Where does this child USUALLY go first? Mark (X) ONE box.</p> <p>Doctor’s Office            Hospital Emergency Room            Hospital Outpatient Department  <b>Urgent Care Center</b>            Clinic or Health Center            Retail Store Clinic or “Minute Clinic”            School (Nurse’s Office, Athletic Trainer’s Office)            Some other place</p>

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NSCH-T1, NSCH-T2, & NSCH-T3	Section C	C12 (T1)	C12 (T1)	DURING THE PAST 12 MONTHS, has this child had their vision tested, such as with pictures, shapes, or letters? Yes No → SKIP to question C14	Has this child EVER received a vision screening from a provider other than an eye doctor? <i>The screening could have occurred at a pediatrician's office, in a school, preschool/child care center, or community setting, using pictures, shapes, letters, or a camera like tool.</i> Yes No
NSCH-T1	Section C	N/A	C12a (T1)		[If yes,] Was it recommended that this child see an eye doctor or other eye care provider for an eye examination or additional vision services as a result of the vision screening? <i>An eye doctor may be referred to as an optometrist or ophthalmologist.</i> Yes No
NSCH-T1	Section C	C13 (T1)	C13 (T1)	If yes, where was this child's vision tested? Mark (X) ALL that apply. Eye doctor or eye specialist (ophthalmologist, optometrist) office Pediatrician or other general doctor's office Clinic or health center School Other, specify:	Has this child EVER seen an eye doctor? <i>An eye doctor may be referred to as an optometrist or ophthalmologist.</i> Yes No
NSCH-T1	Section C	C13 (T1)	C13 (T1)		[If yes,] What care has this child received from the eye doctor? <i>Mark (X) ALL that apply.</i> Received eye examination Prescribed eyeglasses or contact lenses

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					Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism Some other care
NSCH-T2, & NSCH-T3	Section C	C12 (T2), C13(T3)	C12 (T2), C13(T3)	DURING THE PAST 12 MONTHS, has this child had their vision tested, such as with pictures, shapes, or letters? Yes No → SKIP to question C14	DURING THE PAST 2 YEARS, has this child received a vision screening from a care provider other than an eye doctor? <i>The screening could have occurred at a pediatrician's office, in a school, preschool/child care center, or a community setting using pictures, shapes, letters, or a camera like tool.</i>
NSCH-T2, & NSCH-T3	Section C	N/A	C12a (T2), C13a (T3)		[If yes,] Was it recommended that this child see an eye doctor or other eye care provider for an eye examination or additional vision services as a result of the vision screening? <i>An eye doctor may be referred to as an optometrist or ophthalmologist.</i> Yes No
NSCH-T2, & NSCH-T3	Section C	C13 (T2), C14(T3)	C13 (T2), C14(T3)	If yes, where was this child's vision tested? Mark (X) ALL that apply. Eye doctor or eye specialist (ophthalmologist, optometrist) office Pediatrician or other general doctor's office Clinic or health center School Other, specify:	DURING THE PAST 2 YEARS, has this child seen an eye doctor? <i>An eye doctor may be referred to as an optometrist or ophthalmologist.</i> Yes No
NSCH-T2, & NSCH-T3	Section C	C13a (T2), C14a (T3)	C13a (T2), C14a (T3)		[If yes,] What care has this child received from the eye doctor? <i>Mark (X) ALL that apply.</i> Received eye examination Prescribed eyeglasses or contact lenses Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism

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					Some other care
NSCH-T1, NSCH-T2, & NSCH-T3	Section C	C14 (T1, T2), C15(T3)	C14 (T1, T2), C15(T3)	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? Yes, saw a dentist Yes, saw other oral health care provider No → SKIP to question [insert question #]	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? <i>Mark (X) ALL that apply.</i> Yes, saw a dentist Yes, saw other oral health care provider No → SKIP to question [insert question #]
NSCH-T1	Section H (ages 1-5)	N/A	H7		DURING THE PAST WEEK, how many times did this child drink sugary drinks such as soda, fruit drinks, sports drinks, or sweet tea? <i>Do not include 100% fruit juice.</i> This child did not drink sugary drinks 1-3 times during the past week 4-6 times during the past week 1 time per day 2 times per day 3 or more times per day
NSCH-T1	Section H(ages 1-5)	N/A	H8		DURING THE PAST WEEK, how many times did this child eat vegetables? <i>Include any that were fresh, frozen, or canned. Do not include French fries, fried potatoes, or potato chips.</i> This child did not eat vegetables 1-3 times during the past week 4-6 times during the past week 1 time per day 2 times per day

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					3 or more times per day
NSCH-T1	Section H(ages 1-5)	N/A	H9		<p>DURING THE PAST WEEK, how many times did this child eat fruit? <i>Include any that were fresh, frozen, canned, or dried. Do not include juice.</i></p> <p>This child did not eat fruit  1-3 times during the past week  4-6 times during the past week  1 time per day  2 times per day  3 or more times per day</p>
NSCH-T1	Section H (ages 3-5)	N/A	H10		<p>ON MOST WEEKDAYS, how much time does this child spend playing outdoors? <i>Include time spent playing in your yard or neighborhood, outside at school or child care, in a park, playground or other outdoor recreation area. Your best estimate is fine.</i></p> <p>Less than 1 hour per day  1 hour per day  2 hours per day  3 hours per day  4 or more hours per day</p>
NSCH-T1	Section H (ages 3-5)	N/A	H11		<p>ON AN AVERAGE WEEKEND DAY, how much time does this child spend playing outdoors? <i>Include time spent playing in your yard or neighborhood, in a park, playground or other outdoor recreation area. Your best estimate is fine.</i></p> <p>Less than 1 hour per day  1 hour per day</p>

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					2 hours per day 3 hours per day 4 or more hours per day
NSCH-T1	Section I	I9	I9	To the best of your knowledge, has this child EVER experienced any of the following? A. Parent or guardian divorced or separated B. Parent or guardian died C. Parent or guardian served time in jail D. Saw or heard parents or adults slap, hit, kick, punch one another in the home E. Was a victim of violence or witnessed violence in their neighborhood F. Lived with anyone who was mentally ill, suicidal, or severely depressed G. Lived with anyone who had a problem with alcohol or drugs H. Treated or judged unfairly because of their race or ethnic group	To the best of your knowledge, has this child EVER experienced any of the following? A. Parent or guardian divorced or separated B. Parent or guardian died C. Parent or guardian served time in jail <b>or prison</b> D. Saw or heard parents or adults slap, hit, kick, punch one another in the home E. Was a victim of violence or witnessed violence in their neighborhood F. Lived with anyone who was mentally ill, suicidal, or severely depressed G. Lived with anyone who had a problem with alcohol or drugs H. Treated or judged unfairly because of their race or ethnic group I. <b>Treated or judged unfairly because of a health condition or disability</b>
NSCH-T2 & NSCH-T3	Section I	I10	I10	To the best of your knowledge, has this child EVER experienced any of the following? A. Parent or guardian divorced or separated B. Parent or guardian died C. Parent or guardian served time in jail D. Saw or heard parents or adults slap, hit, kick, punch one another in the home E. Was a victim of violence or witnessed violence in their neighborhood	To the best of your knowledge, has this child EVER experienced any of the following? A. Parent or guardian divorced or separated B. Parent or guardian died C. Parent or guardian served time in jail <b>or prison</b> D. Saw or heard parents or adults slap, hit, kick, punch one another in the home E. Was a victim of violence or witnessed violence in their neighborhood



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				<p>F. Lived with anyone who was mentally ill, suicidal, or severely depressed</p> <p>G. Lived with anyone who had a problem with alcohol or drugs</p> <p>H. Treated or judged unfairly because of their race or ethnic group</p> <p>I. Treated or judged unfairly because of their sexual orientation or gender identity</p>	<p>F. Lived with anyone who was mentally ill, suicidal, or severely depressed</p> <p>G. Lived with anyone who had a problem with alcohol or drugs</p> <p>H. Treated or judged unfairly because of their race or ethnic group</p> <p>I. Treated or judged unfairly because of their sexual orientation or gender identity</p> <p>J. Treated or judged unfairly because of a health condition or disability</p>
NSCH-T1, T2 & NSCH-T3	Section I		?		<p>DURING THE PAST 12 MONTHS, has this child had any health care visits by video or phone?</p> <p>Yes</p> <p>No</p>
NSCH-T1, T2 & NSCH-T3	Section I		?a		<p>[If yes] Were any of this child's health care visits by video or phone because of the coronavirus pandemic?</p> <p>Yes</p> <p>No</p>
NSCH-T1, T2 & NSCH-T3	Section I		?		<p>DURING THE PAST 12 MONTHS, did this child miss, delay or skip any PREVENTIVE check-ups because of the coronavirus pandemic?</p> <p>Yes</p> <p>No</p>
NSCH-T1	Section I		?		<p>DURING THE PAST 12 MONTHS, has this child's regular daycare or other childcare arrangement been closed or unavailable at any time because of the coronavirus pandemic?</p> <p>Yes</p> <p>No</p>

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NSCH-T2	Section I		?		<p>DURING THE PAST 12 MONTHS, have any of this child’s regular childcare arrangements been closed or unavailable at any time because of the coronavirus pandemic? <i>Please include before school care, after school care, and all other forms of childcare that were unavailable.</i></p> <p>Yes No</p>