



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.

Dear Parent or Caregiver,

A few weeks ago, a parent or caregiver in your household responded to the **National Survey of Children's Health**. We greatly appreciate your participation.

We recently discovered a printing error in the questionnaire that we sent you. As a result, it was missing several pages containing important questions. We are providing those questions in this booklet and asking for your help. We hope you will give us just a few more minutes of your time to complete these voluntary questions about:

These questions should be completed by a parent or adult caregiver who is familiar with this child's health and health care. We estimate that it will take most households **less than 5 minutes** to complete this booklet of questions. Please return your completed booklet in the postage-paid envelope provided.

If you have any questions about this request, please call us at 1-800-845-8241 or email childrenshealth@census.gov.

Thank you once again for your help.
The National Survey of Children's Health Team

The Census Bureau is required by law to protect your information. We are not permitted to publicly release your responses in a way that could identify your household. The Census Bureau is conducting this survey under the authority of Title 13, United States Code (U.S.C.), Section 8(b) (13 U.S.C. § 8(b)) and Section 501(a)(2) of the Social Security Act (42 U.S.C. § 701). Federal law protects your privacy and keeps your answers confidential under Title 13, U.S.C., Section 9 (13 U.S.C. § 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.

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F. Providing for This Child's Health

F1 Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.

- \$0 (No medical or health-related expenses) → **SKIP to question F4**
- \$1-\$249
- \$250-\$499
- \$500-\$999
- \$1,000-\$5,000
- More than \$5,000

F2 How often are these costs reasonable?

- Always
- Usually
- Sometimes
- Never

F3 DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills?

- Yes
- No

F4 DURING THE PAST 12 MONTHS, have you or other family members...

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Left a job or taken a leave of absence because of this child's health or health conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cut down on the hours you work because of this child's health or health conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Avoided changing jobs because of concerns about maintaining health insurance for this child? | <input type="checkbox"/> | <input type="checkbox"/> |

F5 IN AN AVERAGE WEEK, how many hours do you or other family members spend providing health care at home for this child? Care might include changing bandages, or giving medication and therapies when needed.

- This child does not need health care provided at home on a weekly basis
- Less than 1 hour per week
- 1-4 hours per week
- 5-10 hours per week
- 11 or more hours per week

F6 IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making appointments or locating services?

- This child does not need health care coordinated on a weekly basis
- Less than 1 hour per week
- 1-4 hours per week
- 5-10 hours per week
- 11 or more hours per week



G. This Child's Learning

Answer the following question only if this child is at least 1 year old. Otherwise END questionnaire and return.

G1 Is this child able to do the following...

Mark (X) Yes or No for EACH item.

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Say at least one word, such as "hi" or "dog"? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Use 2 words together, such as "car go"? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Use 3 words together in a sentence, such as, "Mommy come now."? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Ask questions like "who," "what," "when," "where"? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Ask questions like "why" and "how"? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Tell a story with a beginning, middle, and end? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Understand the meaning of the word "no"? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Follow a verbal direction without hand gestures, such as "Wash your hands."? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Point to things in a book when asked? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Follow 2-step directions, such as "Get your shoes and put them in the basket."? | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Understand words such as "in," "on," and "under"? | <input type="checkbox"/> | <input type="checkbox"/> |

G2 Is this child 3 years old or older?

- Yes
- No → END questionnaire and return.

G3 Has this child started school? Include any formal home schooling.

- Yes, preschool
- Yes, kindergarten
- Yes, first grade
- No

G4 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?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G5 How often can this child come up with words that start with the same sound? For example, can this child come up with "sock" and "sun"?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G6 How often can this child explain things they have seen or done so that you know what happened?

- Always
- Most of the time
- About half the time
- Sometimes
- Never



G7 How often can this child write their first name, even if some of the letters aren't quite right or are backwards?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G8 How often can this child focus on a task you give them for at least a few minutes? For example, can this child focus on simple chores?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G9 How often can this child read one-digit numbers? For example, can this child read the numbers 2 or 8?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G10 How often can this child correctly do simple addition? For example, can this child tell you that two blocks and three blocks add to a total of five blocks?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G11 How often can this child tell which group of objects has more? For example, can this child tell you a group of seven blocks has more than a group of four blocks?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G12 If asked to count objects, how high can this child count correctly?

- This child cannot count
- Up to five
- Up to ten
- Up to 20
- Up to 30 or more

G13 About how many letters of the alphabet can this child recognize?

- All of them
- Most of them
- About half of them
- Some of them
- None of them

G14 How well can this child come up with words that rhyme? For example, can this child come up with "cat" and "mat"?

- This child cannot rhyme
- Not well
- Somewhat well
- Very well



G15 How often can this child recognize and name their own emotions?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G16 How often does this child have difficulty when asked to end one activity and start a new activity?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G17 How often does this child play well with other children?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G18 How often does this child lose their temper?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G19 How often does this child get easily distracted?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G20 How often does this child show concern when they see others who are hurt or unhappy?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G21 How often does this child have trouble calming down?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

G22 How often does this child have difficulty waiting for their turn?

- Always
- Most of the time
- About half the time
- Sometimes
- Never



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Mailing Instructions

Thank you for your participation.

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

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

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

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

We estimate that completing the National Survey of Children's Health supplement 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.