

**Appendix A**

**2023 National Survey of Children's Health  
Questionnaire Content Revisions**

	A	B	C	D	E	F	G
1	<b>2022 to 2023 Production Master Tracking Spreadsheet</b>						
2	<b>Questionnaire(s) Impacted</b>	<b>Type of Change</b>	<b>Item Name/Change Description</b>	<b>2022 NSCH Page # and Question #</b>	<b>2023 NSCH Page # and Question #</b>	<b>2022 NSCH Production Question Wording</b>	<b>2023 NSCH Production Question Wording</b>
3	T1 & S-T1	Text - Response Option(s)	Place Usually Goes Sick - Where - Response Option Changes	Page 7: C9	Page 7: C10	If yes, where does this child USUALLY go first? Mark (X) ONE box.  Retail Store Clinic or "Minute Clinic"	If yes, where does this child USUALLY go first? Mark (X) ONE box.  <b>Clinic within a drug store or grocery store</b>
4	T2 & S-T2	Text - Response Option(s)	Place Usually Goes Sick - Where - Response Option Changes	Page 7: C12	Page 7: C13	If yes, where does this child USUALLY go first? Mark (X) ONE box.  Retail Store Clinic or "Minute Clinic"	If yes, where does this child USUALLY go first? Mark (X) ONE box.  <b>Clinic within a drug store or grocery store</b>
5	T3 & S-T3	Text - Response Option(s)	Place Usually Goes Sick - Where - Response Option Changes	Page 7: C13	Page 7: C14	If yes, where does this child USUALLY go first? Mark (X) ONE box.  Retail Store Clinic or "Minute Clinic"	If yes, where does this child USUALLY go first? Mark (X) ONE box.  <b>Clinic within a drug store or grocery store</b>
6	T1 & S-T1	Text - Question	Health Care Services Treatment Decisions - Question Text	Page 11: D5	Page 11: D5	DURING THE PAST 12 MONTHS, did this child need any decisions to be made regarding their health care, such as whether to get prescriptions, referrals, or procedures?  Yes No -> SKIP to question D7	DURING THE PAST 12 MONTHS, did <b>you, another caregiver, or a health care provider need to make any decisions regarding this child's health care</b> , such as where to get prescriptions, referrals, or procedures?  Yes No -> SKIP to question D7
7	T2 & S-T2	Text - Question	Health Care Services Treatment Decisions - Question Text	Page 11: D5	Page 11: D5	DURING THE PAST 12 MONTHS, did this child need any decisions to be made regarding their health care, such as whether to get prescriptions, referrals, or procedures?  Yes No -> SKIP to question D7	DURING THE PAST 12 MONTHS, did <b>you, another caregiver, or a health care provider need to make any decisions regarding this child's health care</b> , such as where to get prescriptions, referrals, or procedures?  Yes No -> SKIP to question D7
8	T3 & S-T3	Text - Question	Health Care Services Treatment Decisions - Question Text	Page 11: D5	Page 11: D5	DURING THE PAST 12 MONTHS, did this child need any decisions to be made regarding their health care, such as whether to get prescriptions, referrals, or procedures?  Yes No -> SKIP to question D7	DURING THE PAST 12 MONTHS, did <b>you, another caregiver, or a health care provider need to make any decisions regarding this child's health care</b> , such as where to get prescriptions, referrals, or procedures?  Yes No -> SKIP to question D7
9	T1 & S-T1	Skip Pattern - Web and Paper	HCABILITY - Skip Pattern	Page 5: A35	Page 5: A35	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?  This child does not have any health conditions -> SKIP to question B1 on page 6 Never Sometimes Usually Always	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?  This child does not have any health conditions -> SKIP to question B1 on page 6 Never-> SKIP to question B1 on page 6 Sometimes Usually Always

	A	B	C	D	E	F	G
1	<b>2022 to 2023 Production Master Tracking Spreadsheet</b>						
2	<b>Questionnaire(s) Impacted</b>	<b>Type of Change</b>	<b>Item Name/Change Description</b>	<b>2022 NSCH Page # and Question #</b>	<b>2023 NSCH Page # and Question #</b>	<b>2022 NSCH Production Question Wording</b>	<b>2023 NSCH Production Question Wording</b>
10	T2 & S-T2	Skip Pattern - Web and Paper	HCABILITY - Skip Pattern	Page 5: A35	Page 5: A35	<p>DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?</p> <p>This child does not have any health conditions -&gt; <i>SKIP to question B1 on page 6</i></p> <p>Never Sometimes Usually Always</p>	<p>DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?</p> <p>This child does not have any health conditions -&gt; SKIP to question B1 on page 6 Never-&gt; <b>SKIP to question B1 on page 6</b> Sometimes Usually Always</p>
11	T3 & S-T3	Skip Pattern - Web and Paper	HCABILITY - Skip Pattern	Page 5: A35	Page 5: A35	<p>DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?</p> <p>This child does not have any health conditions -&gt; <i>SKIP to question B1 on page 6</i></p> <p>Never Sometimes Usually Always</p>	<p>DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?</p> <p>This child does not have any health conditions -&gt; SKIP to question B1 on page 6 Never-&gt; <b>SKIP to question B1 on page 6</b> Sometimes Usually Always</p>
12	T1 & S-T1	Text - Question	Behavioral Wording Change - Adding "these problems"	Page 4: A21	TBD	<p>Has a doctor, other health care provider, or educator EVER told you that this child has...</p> <p><i>Examples of educators are teachers and school nurses.</i></p> <p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes No</p>	<p>Has a doctor, other health care provider, or educator EVER told you that this child has...</p> <p><i>Examples of educators are teachers and school nurses.</i></p> <p>If yes, does this child CURRENTLY have <b>these problems</b>?</p> <p>Yes No</p>
13	T2 & S-T2	Text - Question	Behavioral Wording Change - Adding "these problems"	Page 4: A21	TBD	<p>Has a doctor, other health care provider, or educator EVER told you that this child has...</p> <p><i>Examples of educators are teachers and school nurses.</i></p> <p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes No</p>	<p>Has a doctor, other health care provider, or educator EVER told you that this child has...</p> <p><i>Examples of educators are teachers and school nurses.</i></p> <p>If yes, does this child CURRENTLY have <b>these problems</b>?</p> <p>Yes No</p>
14	T3 & S-T3	Text - Question	Behavioral Wording Change - Adding "these problems"	Page 4: A21	TBD	<p>Has a doctor, other health care provider, or educator EVER told you that this child has...</p> <p><i>Examples of educators are teachers and school nurses.</i></p> <p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes No</p>	<p>Has a doctor, other health care provider, or educator EVER told you that this child has...</p> <p><i>Examples of educators are teachers and school nurses.</i></p> <p>If yes, does this child CURRENTLY have <b>these problems</b>?</p> <p>Yes No</p>
15	T1 & S-T1	Text - Question	Anxiety Wording Change - Adding "these problems"	Page 3: A14	TBD	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Anxiety Problems?</p> <p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes No</p>	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Anxiety Problems?</p> <p>If yes, does this child CURRENTLY have <b>these problems</b>?</p> <p>Yes No</p>

	A	B	C	D	E	F	G
1	<b>2022 to 2023 Production Master Tracking Spreadsheet</b>						
2	<b>Questionnaire(s) Impacted</b>	<b>Type of Change</b>	<b>Item Name/Change Description</b>	<b>2022 NSCH Page # and Question #</b>	<b>2023 NSCH Page # and Question #</b>	<b>2022 NSCH Production Question Wording</b>	<b>2023 NSCH Production Question Wording</b>
16	T2 & S-T2	Text - Question	Anxiety Wording Change - Adding "these problems"	Page 3: A14	TBD	Has a doctor or other health care provider EVER told you that this child has... Anxiety Problems?  If yes, does this child CURRENTLY have the condition? Yes No	Has a doctor or other health care provider EVER told you that this child has... Anxiety Problems?  If yes, does this child CURRENTLY have <b>these problems</b> ? Yes No
17	T3 & S-T3	Text - Question	Anxiety Wording Change - Adding "these problems"	Page 3: A14	TBD	Has a doctor or other health care provider EVER told you that this child has... Anxiety Problems?  If yes, does this child CURRENTLY have the condition? Yes No	Has a doctor or other health care provider EVER told you that this child has... Anxiety Problems?  If yes, does this child CURRENTLY have <b>these problems</b> ? Yes No
18	T1 & S-T1	Text - Response Option(s)	Text and positional change to 'Clinic or Health Center'	Page 7: C9	Page 7: C10	If yes, where does this child USUALLY go first? Mark (X) ONE box.  Doctor's Office Hospital Emergency Room Hospital Outpatient Department Urgent Care Center Clinic or Health Center Retail Store Clinic or "Minute Clinic" School (Nurse's Office, Athletic Trainer's Office) Some other place	If yes, where does this child USUALLY go first? Mark (X) ONE box.  Doctor's Office Hospital Emergency Room Hospital Outpatient Department Urgent Care Center <b>Clinic within a drug store or grocery store</b> School (Nurse's Office, Athletic Trainer's Office) <b>Other Clinic or Health Center</b> Some other place
19	T2 & S-T2	Text - Response Option(s)	Text and positional change to 'Clinic or Health Center'	Page 7: C12	Page 7: C13	If yes, where does this child USUALLY go first? Mark (X) ONE box.  Doctor's Office Hospital Emergency Room Hospital Outpatient Department Urgent Care Center Clinic or Health Center Retail Store Clinic or "Minute Clinic" School (Nurse's Office, Athletic Trainer's Office) Some other place	If yes, where does this child USUALLY go first? Mark (X) ONE box.  Doctor's Office Hospital Emergency Room Hospital Outpatient Department Urgent Care Center <b>Clinic within a drug store or grocery store</b> School (Nurse's Office, Athletic Trainer's Office) <b>Other Clinic or Health Center</b> Some other place
20	T3 & S-T3	Text - Response Option(s)	Text and positional change to 'Clinic or Health Center'	Page 7: C13	Page 7: C14	If yes, where does this child USUALLY go first? Mark (X) ONE box.  Doctor's Office Hospital Emergency Room Hospital Outpatient Department Urgent Care Center Clinic or Health Center Retail Store Clinic or "Minute Clinic" School (Nurse's Office, Athletic Trainer's Office) Some other place	If yes, where does this child USUALLY go first? Mark (X) ONE box.  Doctor's Office Hospital Emergency Room Hospital Outpatient Department Urgent Care Center <b>Clinic within a drug store or grocery store</b> School (Nurse's Office, Athletic Trainer's Office) <b>Other Clinic or Health Center</b> Some other place

	A	B	C	D	E	F	G
1	<b>2022 to 2023 Production Master Tracking Spreadsheet</b>						
2	<b>Questionnaire(s) Impacted</b>	<b>Type of Change</b>	<b>Item Name/Change Description</b>	<b>2022 NSCH Page # and Question #</b>	<b>2023 NSCH Page # and Question #</b>	<b>2022 NSCH Production Question Wording</b>	<b>2023 NSCH Production Question Wording</b>
21	S1 & S-S1	Text - Response Option(s)	Changes to Race responses	Page 3 Q5 Page 4 Q5 Page 5 Q5 Page 6 Q5	Page 3 Q5 Page 4 Q5 Page 5 Q5 Page 6 Q5	What is this child's race? Mark (X) one or more boxes.  White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander	What is this child's race? Mark (X) one or more boxes.  White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Native Hawaiian <b>Chamorro</b> Samoan Other Pacific Islander
22	T1 & S-T1	Deleted Question	Any other genetic condition	Page 4: A19	N/A	Has a doctor or other health care provider EVER told you that this child has...  Any other genetic or inherited condition?  Yes No	N/A
23	T1 & S-T1	Deleted Question	Any other genetic condition - Write-in	Page 4: A19	N/A	Has a doctor or other health care provider EVER told you that this child has...  Any other genetic or inherited condition?  If yes, specify:	N/A
24	T1 & S-T1	Deleted Question	Any other genetic condition - Description	Page 4: A19	N/A	Has a doctor or other health care provider EVER told you that this child has...  Any other genetic or inherited condition?  Is it:  Mild Moderate Severe	N/A
25	T1 & S-T1	Deleted Question	Any other genetic condition - Newborn Screening	Page 4: A19	N/A	Was this condition identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i>  Yes No	N/A
26	T2 & S-T2	Deleted Question	Any other genetic condition	Page 4: A19	N/A	Has a doctor or other health care provider EVER told you that this child has...  Any other genetic or inherited condition?  Yes No	N/A

	A	B	C	D	E	F	G
1	<b>2022 to 2023 Production Master Tracking Spreadsheet</b>						
2	<b>Questionnaire(s) Impacted</b>	<b>Type of Change</b>	<b>Item Name/Change Description</b>	<b>2022 NSCH Page # and Question #</b>	<b>2023 NSCH Page # and Question #</b>	<b>2022 NSCH Production Question Wording</b>	<b>2023 NSCH Production Question Wording</b>
27	T2 & S-T2	Deleted Question	Any other genetic condition - Write-in	Page 4: A19	N/A	Has a doctor or other health care provider EVER told you that this child has... Any other genetic or inherited condition? If yes, specify:	N/A
28	T2 & S-T2	Deleted Question	Any other genetic condition - Description	Page 4: A19	N/A	Has a doctor or other health care provider EVER told you that this child has... Any other genetic or inherited condition? Is it: Mild Moderate Severe	N/A
29	T2 & S-T2	Deleted Question	Any other genetic condition - Newborn Screening	Page 4: A19	N/A	Was this condition identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i> Yes No	N/A
30	T3 & S-T3	Deleted Question	Any other genetic condition	Page 4: A19	N/A	Has a doctor or other health care provider EVER told you that this child has... Any other genetic or inherited condition? Yes No	N/A
31	T3 & S-T3	Deleted Question	Any other genetic condition - Write-in	Page 4: A19	N/A	Has a doctor or other health care provider EVER told you that this child has... Any other genetic or inherited condition? If yes, specify:	N/A
32	T3 & S-T3	Deleted Question	Any other genetic condition - Description	Page 4: A19	N/A	Has a doctor or other health care provider EVER told you that this child has... Any other genetic or inherited condition? Is it: Mild Moderate Severe	N/A
33	T3 & S-T3	Deleted Question	Any other genetic condition - Newborn Screening	Page 4: A19	N/A	Was this condition identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i> Yes No	N/A
34	T1 & S-T1	Deleted Question	Age of mother when child was born	Page 6: B4	N/A	What was the age of the mother when this child was born? <i>Your best estimate is fine</i> __ Age in years	N/A

	A	B	C	D	E	F	G
1	<b>2022 to 2023 Production Master Tracking Spreadsheet</b>						
2	<b>Questionnaire(s) Impacted</b>	<b>Type of Change</b>	<b>Item Name/Change Description</b>	<b>2022 NSCH Page # and Question #</b>	<b>2023 NSCH Page # and Question #</b>	<b>2022 NSCH Production Question Wording</b>	<b>2023 NSCH Production Question Wording</b>
35	T2 & S-T2	Deleted Question	Age of mother when child was born	Page 6: B4	N/A	What was the age of the mother when this child was born? <i>Your best estimate is fine</i> __ Age in years	N/A
36	T3 & S-T3	Deleted Question	Age of mother when child was born	Page 6: B4	N/A	What was the age of the mother when this child was born? <i>Your best estimate is fine</i> __ Age in years	N/A
37	T1 & S-T1	Deleted Question	Alternative health care or treatment	Page 9: C22	N/A	DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? <i>Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.</i> Yes No	N/A
38	T2 & S-T2	Deleted Question	Alternative health care or treatment	Page 8: C25	N/A	DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? <i>Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.</i> Yes No	N/A
39	T3 & S-T3	Deleted Question	Alternative health care or treatment	Page 8: C26	N/A	DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? <i>Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.</i> Yes No	N/A
40	T1 & S-T1	Deleted Question	Reasons for gaps in health insurance	Page 12: E2	N/A	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:  Change in employer or employment status (Yes/No) Cancellation due to overdue premiums (Yes/No) Dropped coverage because it was unaffordable (Yes/No) Dropped coverage because benefits were inadequate (Yes/No) Dropped coverage because choice of health care providers was inadequate (Yes/No) Problems with application or renewal process (Yes/No) Other, specify:	N/A

	A	B	C	D	E	F	G
1	<b>2022 to 2023 Production Master Tracking Spreadsheet</b>						
2	<b>Questionnaire(s) Impacted</b>	<b>Type of Change</b>	<b>Item Name/Change Description</b>	<b>2022 NSCH Page # and Question #</b>	<b>2023 NSCH Page # and Question #</b>	<b>2022 NSCH Production Question Wording</b>	<b>2023 NSCH Production Question Wording</b>
41	T2 & S-T2	Deleted Question	Reasons for gaps in health insurance	Page 12: E2	N/A	<p>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:</p> <p>Change in employer or employment status (Yes/No)            Cancellation due to overdue premiums (Yes/No)            Dropped coverage because it was unaffordable (Yes/No)            Dropped coverage because benefits were inadequate (Yes/No)            Dropped coverage because choice of health care providers was inadequate (Yes/No)            Problems with application or renewal process (Yes/No)            Other, specify:</p>	N/A
42	T3 & S-T3	Deleted Question	Reasons for gaps in health insurance	Page 12: E2	N/A	<p>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:</p> <p>Change in employer or employment status (Yes/No)            Cancellation due to overdue premiums (Yes/No)            Dropped coverage because it was unaffordable (Yes/No)            Dropped coverage because benefits were inadequate (Yes/No)            Dropped coverage because choice of health care providers was inadequate (Yes/No)            Problems with application or renewal process (Yes/No)            Other, specify:</p>	N/A
43	T1 & S-T1	Deleted Question	Insurance adequacy for mental health treatment	Page 13: E7	N/A	<p>Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that meet these needs?</p> <p>Always            Usually            Sometimes            Never            This child does not use mental or behavioral health services</p>	N/A
44	T2 & S-T2	Deleted Question	Insurance adequacy for mental health treatment	Page 12: E7	N/A	<p>Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that meet these needs?</p> <p>Always            Usually            Sometimes            Never            This child does not use mental or behavioral health services</p>	N/A
45	T3 & S-T3	Deleted Question	Insurance adequacy for mental health treatment	Page 13: E7	N/A	<p>Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that meet these needs?</p> <p>Always            Usually            Sometimes            Never            This child does not use mental or behavioral health services</p>	N/A



	A	B	C	D	E	F	G
1	<b>2022 to 2023 Production Master Tracking Spreadsheet</b>						
2	<b>Questionnaire(s) Impacted</b>	<b>Type of Change</b>	<b>Item Name/Change Description</b>	<b>2022 NSCH Page # and Question #</b>	<b>2023 NSCH Page # and Question #</b>	<b>2022 NSCH Production Question Wording</b>	<b>2023 NSCH Production Question Wording</b>
46	T1 & S-T1	Deleted Question	Infant sleep position	Page 18: H6	N/A	<p>Answer the next question only if this child is LESS THAN 12 MONTHS OLD. Otherwise, SKIP to question H7.</p> <p>In which position do you most often lay this baby down to sleep now? Mark (X) ONE box.</p> <p>On their side On their back On their stomach</p>	N/A
47	T1 & S-T1	Deleted Question	Missed/delayed preventive visits because of the COVID-19 pandemic	Page 23: I18	N/A	<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 No</p>	N/A
48	T2 & S-T2	Deleted Question	Missed/delayed preventive visits because of the COVID-19 pandemic	Page 19: I19	N/A	<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 No</p>	N/A
49	T3 & S-T3	Deleted Question	Missed/delayed preventive visits because of the COVID-19 pandemic	Page 19: I19	N/A	<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 No</p>	N/A
50	T1 & S-T1	Deleted Question	Childcare outside the home	Page 20: H19	N/A	<p>Does this child receive care for at least 10 hours per week from someone other than their parent or guardian? <i>This could be a day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter or relative.</i></p> <p>Yes No</p>	N/A
51	T1 & S-T1	Deleted Question	Telehealth visits because of the COVID-19 pandemic	Page 23: I17 (if yes question)	N/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 No</p>	N/A
52	T2 & S-T2	Deleted Question	Telehealth visits because of the COVID-19 pandemic	Page 19: I18 (if yes question)	N/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 No</p>	N/A
53	T3 & S-T3	Deleted Question	Telehealth visits because of the COVID-19 pandemic	Page 19: I18 (if yes question)	N/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 No</p>	N/A
54	T1 & S-T1	Deleted Question	Disrupted child care because of the COVID-19 pandemic	Page 23: I19	N/A	<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 No</p>	N/A

	A	B	C	D	E	F	G
1	<b>2022 to 2023 Production Master Tracking Spreadsheet</b>						
2	<b>Questionnaire(s) Impacted</b>	<b>Type of Change</b>	<b>Item Name/Change Description</b>	<b>2022 NSCH Page # and Question #</b>	<b>2023 NSCH Page # and Question #</b>	<b>2022 NSCH Production Question Wording</b>	<b>2023 NSCH Production Question Wording</b>
55	T2 & S-T2	Deleted Question	Disrupted child care because of the COVID-19 pandemic	Page 23: I20	N/A	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>  Yes No	N/A
56	T1 & S-T1	Deleted Question	Year adult 1 moved to US	Page 24: J5	N/A	When did you come to live in the United States? <i>Indicate the 4-digit year in which you came to live in the United States.</i>	N/A
57	T2 & S-T2	Deleted Question	Year adult 1 moved to US	Page 19: J5	N/A	When did you come to live in the United States? <i>Indicate the 4-digit year in which you came to live in the United States.</i>	N/A
58	T3 & S-T3	Deleted Question	Year adult 1 moved to US	Page 20: J5	N/A	When did you come to live in the United States? <i>Indicate the 4-digit year in which you came to live in the United States.</i>	N/A
59	T1 & S-T1	Deleted Question	Year adult 2 moved to US	Page 25: J18	N/A	When did this caregiver come to live in the United States? <i>Indicate the 4-digit year in which this caregiver came to live in the United States.</i>	N/A
60	T2 & S-T2	Deleted Question	Year adult 2 moved to US	Page 21: J18	N/A	When did this caregiver come to live in the United States? <i>Indicate the 4-digit year in which this caregiver came to live in the United States.</i>	N/A
61	T3 & S-T3	Deleted Question	Year adult 2 moved to US	Page 21: J18	N/A	When did this caregiver come to live in the United States? <i>Indicate the 4-digit year in which this caregiver came to live in the United States.</i>	N/A
62	T1 & S-T1	Deleted Question	Sources of parental emotional support	Page 20: H18	N/A	If yes, did you receive emotional support from...  Spouse or domestic partner? (Yes/No) Other family member or close friend? (Yes/No) Health care provider? (Yes/No) Place of worship or religious leader? (Yes/No) Support or advocacy group related to specific health condition? (Yes/No) Peer support group? (Yes/No) Counselor or other mental health professional? (Yes/No) Other person, specify: (Yes/No) Other person, specify:	N/A

	A	B	C	D	E	F	G
1	<b>2022 to 2023 Production Master Tracking Spreadsheet</b>						
2	<b>Questionnaire(s) Impacted</b>	<b>Type of Change</b>	<b>Item Name/Change Description</b>	<b>2022 NSCH Page # and Question #</b>	<b>2023 NSCH Page # and Question #</b>	<b>2022 NSCH Production Question Wording</b>	<b>2023 NSCH Production Question Wording</b>
63	T2 & S-T2	Deleted Question	Sources of parental emotional support	Page 16: H11	N/A	<p>If yes, did you receive emotional support from...</p> <p>Spouse or domestic partner? (Yes/No)            Other family member or close friend? (Yes/No)            Health care provider? (Yes/No)            Place of worship or religious leader? (Yes/No)            Support or advocacy group related to specific health condition? (Yes/No)            Peer support group? (Yes/No)            Counselor or other mental health professional? (Yes/No)            Other person, specify: (Yes/No)            Other person, specify:</p>	N/A
64	T3 & S-T3	Deleted Question	Sources of parental emotional support	Page 17: H11	N/A	<p>If yes, did you receive emotional support from...</p> <p>Spouse or domestic partner? (Yes/No)            Other family member or close friend? (Yes/No)            Health care provider? (Yes/No)            Place of worship or religious leader? (Yes/No)            Support or advocacy group related to specific health condition? (Yes/No)            Peer support group? (Yes/No)            Counselor or other mental health professional? (Yes/No)            Other person, specify: (Yes/No)            Other person, specify:</p>	N/A