Appendix A

National Survey of Children's Health Longitudinal Cohort (NSCH-LC) Screener and Topical Questionnaires

National Survey of Children's Health Longitudinal Cohort

A study by the U.S. Department of Health and Human Services to better understand the health and well-being of children and young adults following the COVID-19 pandemic.

Instructions

Responding to this survey is easy:

1. Go to: **https://respond.census.gov/nschlc**
2. Enter your Login ID:

OR

Answer the questions on this form and mail it back in the postage-paid envelope provided.

The questions on this form are the first of two parts that make up the NSCH-LC. We will contact you again if your household is selected for the second part. This survey should be completed by an adult.

For help or questions about completing this form, please call 1-877-749-4943. 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 1-877-749-4943. 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.

Start Here

1 **AT ANY TIME SINCE 2018, has any adult in this household lived with a child or young adult?**
Please include all children and young adults who are currently ages 3-24 and live or have lived with you or another adult member of your household:
- *either full-time or part-time*
- *at this address or another address*

100
1 ☐ Yes ➔ ***SKIP to question 2 on page 2***

2 ☐ No ➔ *You do not need to complete this questionnaire. Please mark "No" and* ***RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED.*** *It is important that we receive a response from every household selected for this survey.*

About You and Your Household

2 **What is your first and last name?**

	First Name		Last Name
101		102	

3 **SINCE 2018, how many children or young adults live or have lived with you or another adult in this household?**
Please include all children and young adults who are currently ages 3-24 and live or have lived with you or another adult member of your household:

- *either full-time or part-time*
- *at this address or another address*

103 ☐☐ Number of children or young adults

4 **List all children and/or young adults included in question 3 above.**
Please list the children and/or young adults from oldest to youngest.

	First name, initials, or nickname of child or young adult		Age in Years		Sex
104		105	☐☐	106	1 ☐ Male 2 ☐ Female
107		108	☐☐	109	1 ☐ Male 2 ☐ Female
110		111	☐☐	112	1 ☐ Male 2 ☐ Female
113		114	☐☐	115	1 ☐ Male 2 ☐ Female
116		117	☐☐	118	1 ☐ Male 2 ☐ Female
119		120	☐☐	121	1 ☐ Male 2 ☐ Female
122		123	☐☐	124	1 ☐ Male 2 ☐ Female
125		126	☐☐	127	1 ☐ Male 2 ☐ Female
128		129	☐☐	130	1 ☐ Male 2 ☐ 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 completing this survey.

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 first part of the National Survey of Children's Health-Longitudinal Cohort 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 ADDP.NSCH.List@census.gov; use "Paperwork Project 0607-####" 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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National Survey of Children's Health Longitudinal Cohort

A study by the U.S. Department of Health and Human Services to better understand the health and well-being of children and young adults following the COVID-19 pandemic.

The U.S. 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.

Under the Privacy Act of 1974 (5 U.S.C. Section 552a), these records are maintained by the Census Bureau under SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame). 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.

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-LC1
(07/03/2023) D16

Start Here

Recently, someone in your household completed a short survey that asked about children and/or young adults ages 3 to 24.

Thank you for taking the time to respond.

We now have some important follow-up questions to ask about:

This survey should be completed by a parent or caregiver. If the child listed above does not correspond to a child for whom you or another adult in your household are a parent or caregiver, please call 1-877-749-4943 for assistance.

We have selected only one child for this follow-up survey in an effort to minimize the amount of time you will need to complete the questions.

Your participation is important. Thank you.

1 **Are you a parent or caregiver who is CURRENTLY familiar with this child's health?**

- ☐ Yes ➔ ***SKIP to question 3***
- ☐ No
- ☐ This child is deceased ➔ *You do not need to complete this questionnaire. Please mark this response option and* ***RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED.***

2 **If no, is there another parent or caregiver in this household who is CURRENTLY familiar with this child's health?**

- ☐ Yes ➔ *Please have this other parent or caregiver complete the rest of the survey.*
- ☐ No ➔ *You do not need to complete this questionnaire. Please mark "No" and* ***RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED.***

3 **What is this child's full name?**

First

Last

4 **In what month and year was this child born?**

Birth Month / 4-Digit Birth Year

☐☐ / 2 0☐☐

5 **What is this child's sex?**

- ☐ Male
- ☐ Female

NOTE: Answer BOTH question 6 about Hispanic origin and question 7 about race. For this survey, Hispanic origins are not races.

6 **Is this child of Hispanic, Latino, or Spanish origin?**

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin

7 **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
- ☐ Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander

8 **Where does this child live AT LEAST HALF OF THE TIME?**
Mark (X) ALL that apply.

- ☐ With me
- ☐ With another parent or caregiver at another address
- ☐ Institutional setting (such as congregate care, residential treatment, group home, penal facility)
- ☐ Other, specify:

A. This Child's Health

A1 **In general, how would you describe this child's health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

A2 **How would you describe the condition of this child's teeth?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Has a doctor or other health care provider EVER told you that this child has…

A3 **Permanent hearing loss?**

☐ Yes ☐ No

↳ **If yes, is the hearing loss:**
Mark (X) ALL that apply.

- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Profound

A4 **Anxiety Problems?**

☐ Yes ☐ No

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

A5 **Depression?**

☐ Yes ☐ No

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

Has a doctor, other health care provider, or educator EVER told you that this child has...
Examples of educators are teachers and school nurses.

A6 **Behavioral or Conduct Problems?**

☐ Yes ☐ No

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

A7 **Developmental Delay?**

☐ Yes ☐ No

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

A8 **Intellectual Disability (formerly known as Mental Retardation)?**

☐ Yes ☐ No

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

A9 **Speech or other language disorder?**

☐ Yes ☐ No

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

A10 **Learning Disability?**

☐ Yes ☐ No

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

A11 **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).

☐ Yes ☐ No → ***SKIP to question A16 on page 4***

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

A12 **SINCE MARCH 2020, has this child received medication or behavioral treatment for Autism, ASD, Asperger's Disorder, or PDD, such as training or an intervention that you or this child received to help with their behavior?**

- ☐ Yes, this child received all needed medication or behavioral treatment
- ☐ Yes, this child received some needed medication or behavioral treatment
- ☐ No, this child needed but did not receive any medication or behavioral treatment ➔ ***SKIP to question*** **A16**
- ☐ No, this child did not need either medication or behavioral treatment ➔ ***SKIP to question*** **A16**

A13 **SINCE MARCH 2020, has this child experienced any gaps or delays in receiving medication or behavioral treatment for Autism, ASD, Asperger's Disorder, or PDD?**

- ☐ Yes
- ☐ No

A14 **Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder, or PDD?**

- ☐ Yes
- ☐ No

A15 **At any time DURING THE PAST 12 MONTHS, did this 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 with their behavior?**

- ☐ Yes
- ☐ No

A16 **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*** **A21**

↳ **If yes, does this child CURRENTLY have the condition?**

- ☐ Yes
- ☐ No

A17 **SINCE MARCH 2020, has this child received medication or behavioral treatment for ADD or ADHD, such as training or an intervention that you or this child received to help with their behavior?**

- ☐ Yes, this child received all needed medication or behavioral treatment
- ☐ Yes, this child received some needed medication or behavioral treatment
- ☐ No, this child needed but did not receive any medication or behavioral treatment ➔ ***SKIP to question*** **A21**
- ☐ No, this child did not need either medication or behavioral treatment ➔ ***SKIP to question*** **A21**

A18 **SINCE MARCH 2020, has this child experienced any gaps or delays in receiving medication or behavioral treatment for ADD or ADHD?**

- ☐ Yes
- ☐ No

A19 **Is this child CURRENTLY taking medication for ADD or ADHD?**

- ☐ Yes
- ☐ No

A20 **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 child received to help with their behavior?**

- ☐ Yes
- ☐ No

A21 **Thinking of this child today, how often would you say each of the following describes this child?**

	Never	Sometimes	Often
a. Feels sad, unhappy	☐	☐	☐
b. Feels hopeless	☐	☐	☐
c. Is down on self	☐	☐	☐
d. Worries a lot	☐	☐	☐
e. Seems to be having less fun	☐	☐	☐
f. Fidgety, unable to sit still	☐	☐	☐
g. Daydreams too much	☐	☐	☐
h. Distracted easily	☐	☐	☐
i. Has trouble concentrating	☐	☐	☐
j. Acts as if driven by a motor	☐	☐	☐

A22 **Thinking of this child today, how often would you say each of the following describes this child?**

	Never	Sometimes	Often
a. Fights with other children	☐	☐	☐
b. Does not listen to rules	☐	☐	☐
c. Does not understand other people's feelings	☐	☐	☐
d. Teases others	☐	☐	☐
e. Blames others for their troubles	☐	☐	☐
f. Refuses to share	☐	☐	☐
g. Takes things that do not belong to them	☐	☐	☐

A23 **Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?**

☐ Yes ☐ No

↳ **If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

A24 **Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?**

☐ Yes ☐ No

↳ **If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

A25 **Is this child limited or prevented in any way in their ability to do the things most children of the same age can do?**

☐ Yes ☐ No

↳ **If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

A26 **Does this child need or get special therapy, such as physical, occupational, or speech therapy?**

☐ Yes ☐ No

↳ **If yes, is this because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

A27 **Does this child have any kind of emotional, developmental, or behavioral problem for which they need treatment or counseling?**

☐ Yes ☐ No

↳ **If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?**

☐ Yes ☐ No

B. Health Care Services

B1 **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?**
Include health care visits done by video or phone.

☐ Yes

☐ No → ***SKIP to question*** **B3**

B2 **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

☐ 1 visit

☐ 2 or more visits

B3 **SINCE MARCH 2020, has a doctor or other health care provider had you or another caregiver fill out a questionnaire about observations or concerns you may have about this child's development, communication, or social behaviors?**
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.

☐ Yes

☐ No → ***SKIP to question*** **B6** ***on page 6***

B4 **If yes, did the questionnaire ask about your concerns or observations about:**
Mark (X) Yes or No for EACH item.

	Yes	No
a. Words and phrases this child uses and understands?	☐	☐
b. How this child behaves and gets along with you and others?	☐	☐

B5 **What happened after you filled out the questionnaire?**
Mark (X) Yes or No for EACH item.

	Yes	No
a. The provider discussed the questionnaire results with me	☐	☐
b. This child was referred for evaluation for services to help with concerns	☐	☐
c. The provider discussed ways to support this child's development with me	☐	☐

B6 **Is there a place you or another caregiver USUALLY take this child when they are sick or you need advice about their health?**

- ☐ Yes
- ☐ No

B7 **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
- ☐ Yes, 1 visit
- ☐ Yes, 2 or more visits

B8 **DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional?**
Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

- ☐ Yes
- ☐ No, but this child needed to see a mental health professional
- ☐ No, this child did not need to see a mental health professional ➔ ***SKIP to question*** **B10**

B9 **How difficult was it to get the mental health treatment or counseling that this child needed?**

- ☐ Not difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ It was not possible to obtain care

B10 **Has this child EVER had a special education or early intervention plan?**
Children receiving these services often have an Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP), or 504 Plan.

- ☐ Yes
- ☐ No, but this child needed a plan ➔ ***SKIP to question*** **B13**
- ☐ No, this child did not need a plan ➔ ***SKIP to question*** **B13**

B11 **The COVID-19 pandemic began in March 2020. Did this child have a special education or early intervention plan DURING THE PANDEMIC?**

- ☐ Yes
- ☐ No, but this child needed a plan ➔ ***SKIP to question*** **B13**
- ☐ No, this child did not need a plan ➔ ***SKIP to question*** **B13**

B12 **Did the pandemic affect this child's special education or early intervention services?**

- ☐ Yes, this child received limited or inconsistent services during the pandemic
- ☐ Yes, this child did not receive any services during the pandemic
- ☐ No

B13 **SINCE MARCH 2020, has this child received speech therapy?**

- ☐ Yes
- ☐ No, but this child needed speech therapy ➔ ***SKIP to question*** **B15**
- ☐ No, this child did not need speech therapy ➔ ***SKIP to question*** **B15**

B14 **SINCE MARCH 2020, has this child experienced any gaps or delays in receiving speech therapy?**

- ☐ Yes
- ☐ No

B15 **SINCE MARCH 2020, has this child received health care related to the use of hearing devices such as hearing aids or cochlear implants?**

- ☐ Yes
- ☐ No, but this child needed health care related to the use of hearing devices ➔ ***SKIP to question*** **B17** ***on page 7***
- ☐ No, this child did not need health care related to the use of hearing devices ➔ ***SKIP to question*** **B17** ***on page 7***

B16 **SINCE MARCH 2020, has this child experienced any gaps or delays in receiving health care related to the use of hearing devices?**

- ☐ Yes
- ☐ No

B17 **SINCE MARCH 2020, has this child received language instruction including sign language and/or cued speech?**

- ☐ Yes
- ☐ No, but this child needed these types of language instruction ➔ ***SKIP to question*** **B19**
- ☐ No, this child did not need these types of language instruction ➔ ***SKIP to question*** **B19**

B18 **SINCE MARCH 2020, has this child experienced any gaps or delays in language instruction?**

- ☐ Yes
- ☐ No

B19 **Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **C1**

B20 **Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans?**
Mark (X) Yes or No for EACH item.

	Yes	No
a. Insurance through a current or former employer or union	☐	☐
b. Insurance purchased directly from an insurance company	☐	☐
c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability	☐	☐
d. TRICARE or other military health care	☐	☐
e. Indian Health Service	☐	☐
f. Other, specify:	☐	☐

C. This Child's Schooling and Activities

C1 **SINCE MARCH 2020, has this child EVER received care for at least 10 hours per week from someone other than their parent or guardian?**
This could be a day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter, or relative.

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **C5**

C2 **SINCE MARCH 2020, have you or anyone else in your family been able to make alternative child care arrangements for this child when their regular day care or other child care arrangement was closed or unavailable?**
Alternative arrangements mean that care was provided by a different day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter, or any relative other than the child's parent or guardian that is different from the USUAL care arrangement.

- ☐ Yes
- ☐ No
- ☐ Alternative child care was not needed

C3 **SINCE MARCH 2020, has there ever been a time when you were concerned about the quality of this child's regular or alternative child care arrangements?**

- ☐ Yes
- ☐ No

C4 **Does this child CURRENTLY receive care for at least 10 hours per week from someone other than their parent or guardian?**
This could be a day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter or relative.

- ☐ Yes
- ☐ No

C5 **Has this child started school?**
Include any formal home schooling.

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

C6 **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

C7 **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

C8 **Can this child rhyme words?**

- ☐ Yes
- ☐ No

C9 **How often can this child explain things they have seen or done so that you get a very good idea what happened?**

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

C10 **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

C11 **How high can this child count?**

- ☐ This child cannot count
- ☐ Up to five
- ☐ Up to ten
- ☐ Up to 20
- ☐ Up to 50
- ☐ Up to 100 or more

C12 **How often can this child identify basic shapes such as a triangle, circle, or square?**

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

C13 **Can this child identify the colors red, yellow, blue, and green by name?**

- ☐ Yes, all of them
- ☐ Yes, some of them
- ☐ No, none of them

C14 **How often is this child easily distracted?**

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

C15 **How often does this child keep working at something until they are finished?**

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

C16 **When this child is paying attention, how often can they follow instructions to complete a simple task?**

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

C17 **How does this child usually hold a pencil?**

- ☐ Uses fingers to hold the pencil
- ☐ Grips the pencil in their fist
- ☐ This child cannot hold a pencil

C18 **How often does this child play well with others?**

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

C19 **How often does this child become angry or anxious when going from one activity to another?**

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

C20 **How often does this child show concern when others are hurt or unhappy?**

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

C21 **When excited or all wound up, how often can this child calm down quickly?**

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

C22 **How often does this child lose control of their temper when things do not go their way?**

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

C23 **Compared to other children their age, how much difficulty does this child have making or keeping friends?**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ A lot of difficulty

C24 **Compared to other children their age, how often is this child able to sit still?**

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

C25 **How often…**

	Always	Usually	Sometimes	Never
a. Is this child affectionate and tender with you?	☐	☐	☐	☐
b. Does this child bounce back quickly when things do not go their way?	☐	☐	☐	☐
c. Does this child show interest and curiosity in learning new things?	☐	☐	☐	☐
d. Does this child smile and laugh?	☐	☐	☐	☐

D. About Your Family and Household

D1 **ON MOST WEEKDAYS, about how much time does this child spend in front of a TV, computer, cell phone or other electronic device watching programs, playing games, accessing the internet, or using social media?**
Do not include time spent doing schoolwork.

- ☐ 1 hour or less
- ☐ 2-3 hours
- ☐ 4-6 hours
- ☐ 7-8 hours
- ☐ More than 8 hours
- ☐ Don't know

D2 **DURING THE PAST WEEK, how many days did you or other family members read to this child?**

- ☐ 0 days
- ☐ 1-3 days
- ☐ 4-6 days
- ☐ Every day

D3 **DURING THE PAST WEEK, how many days did you or other family members tell stories or sing songs to this child?**

- ☐ 0 days
- ☐ 1-3 days
- ☐ 4-6 days
- ☐ Every day

D4 **What is the primary language spoken in the household?**

- ☐ English
- ☐ Spanish
- ☐ Other language, specify:

D5 **When your family faces problems, how often are you likely to do each of the following?**

	All of the time	Most of the time	Some of the time	None of the time
a. Talk together about what to do	☐	☐	☐	☐
b. Work together to solve our problems	☐	☐	☐	☐
c. Know we have strengths to draw on	☐	☐	☐	☐
d. Stay hopeful even in difficult times	☐	☐	☐	☐

D6 **SINCE MARCH 2020, how many times has this child moved to a new address?**
If none, write 0.

☐☐ Number of times

D7 **Is the house, apartment, or mobile home where you live...**
Mark (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?

D8 **DURING THE PAST 12 MONTHS, was there a time when you were not able to pay the mortgage or rent on time?**

- ☐ Yes
- ☐ No

D9 **SINCE MARCH 2020, has this child ever been homeless or lived in a shelter?**
Include living in a shelter, motel, temporary or transitional living situation, scattered site housing, or having no steady place to sleep at night.

- ☐ Yes
- ☐ No

D10 **DURING THE PAST 12 MONTHS, how often has it been very hard to cover the basics, like food or housing, on your family's income?**

- ☐ Never
- ☐ Rarely
- ☐ Somewhat often
- ☐ Very often

D11 **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
- ☐ Often we could not afford enough to eat

D12 **At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive…**
Mark (X) Yes or No for EACH item.

	Yes	No
a. Cash assistance from a government welfare program?	☐	☐
b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?	☐	☐
c. Free or reduced-cost breakfasts or lunches at school?	☐	☐
d. School meal debit/Electronic Benefits Transfer (EBT) cards?	☐	☐
e. Benefits from the Women, Infants, and Children (WIC) Program?	☐	☐
f. Unemployment Insurance (UI)?	☐	☐

D13 **The next questions are about events that may have happened during this child's life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer.**

To the best of your knowledge, has this child EVER experienced any of the following?
Mark (X) Yes or No for EACH item.

	Yes	No
a. Parent or guardian divorced or separated	☐	☐
b. Parent or guardian died	☐	☐
c. Parent or guardian served time in jail or prison	☐	☐
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	☐	☐

E. This Child's Parents or Caregivers

Complete these questions for UP TO TWO ADULTS who are this child's parents or caregivers. Please only include adults who are currently active in this child's life.

About You

E1 **How are you related to this child?**

- ☐ Biological or Adoptive Parent
- ☐ Step-parent
- ☐ Grandparent
- ☐ Foster Parent
- ☐ Other: Relative
- ☐ Other: Non-Relative

E2 **What is your sex?**

- ☐ Male
- ☐ Female

E3 **What is your age?**

☐☐ Age in years

E4 **Where were you born?**

- ☐ In the United States
- ☐ Outside of the United States

E5 **What is the highest grade or level of school you have completed?**
Mark (X) ONE box.

- ☐ 8th grade or less
- ☐ 9th-12th grade; No diploma
- ☐ High school graduate or GED completed
- ☐ Completed a vocational, trade, or business school program
- ☐ Some college credit, but no degree
- ☐ Associate Degree (AA, AS)
- ☐ Bachelor's Degree (BA, BS, AB)
- ☐ Master's Degree (MA, MS, MSW, MBA)
- ☐ Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

E6 **What is your marital status?**

- ☐ Married
- ☐ Not married, but living with a partner
- ☐ Never married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

E7 **Has there been a change in your marital status SINCE 2018?**

- ☐ Yes
- ☐ No

E8 **In general, how is your physical health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

E9 **In general, how is your mental or emotional health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

E10 **Which of the following best describes your current employment status?**
Mark (X) ONE box.

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Working without pay
- ☐ Not employed but looking for work
- ☐ Not employed and not looking for work
- ☐ Retired

E11 **Does this child have another parent or caregiver who is active in their life?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **F1** ***on page 14***

Other Parent or Caregiver

E12 **How is this other parent or caregiver currently related to you?**
Mark (X) ONE box.

- ☐ Spouse or partner
- ☐ Ex-spouse or ex-partner
- ☐ Parent (include adoptive or foster parent)
- ☐ Grandparent
- ☐ In-law (include parent or grandparent)
- ☐ Other: Relative
- ☐ Other: Non-Relative

E13 **Does this parent or caregiver live with you?**

- ☐ Yes
- ☐ No

E14 **How is this parent or caregiver related to this child?**

- ☐ Biological or Adoptive Parent
- ☐ Step-parent
- ☐ Grandparent
- ☐ Foster Parent
- ☐ Other: Relative
- ☐ Other: Non-Relative

E15 **What is this parent or caregiver's sex?**

- ☐ Male
- ☐ Female

E16 **What is this parent or caregiver's age?**

☐☐ Age in years ☐ Don't know

E17 **Where was this parent or caregiver born?**

- ☐ In the United States
- ☐ Outside of the United States
- ☐ Don't know

E18 **What is the highest grade or level of school this parent or caregiver has completed?**
Mark (X) ONE box.

- ☐ 8th grade or less
- ☐ 9th-12th grade; No diploma
- ☐ High school graduate or GED completed
- ☐ Completed a vocational, trade, or business school program
- ☐ Some college credit, but no degree
- ☐ Associate Degree (AA, AS)
- ☐ Bachelor's Degree (BA, BS, AB)
- ☐ Master's Degree (MA, MS, MSW, MBA)
- ☐ Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
- ☐ Don't know

E19 **What is this parent or caregiver's marital status?**

- ☐ Married
- ☐ Not married, but living with a partner
- ☐ Never married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Don't know

E20 **In general, how is this parent or caregiver's physical health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

E21 **In general, how is this parent or caregiver's mental or emotional health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

E22 **Which of the following best describes this parent or caregiver's current employment status?**
Mark (X) ONE box.

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Working without pay
- ☐ Not employed but looking for work
- ☐ Not employed and not looking for work
- ☐ Retired
- ☐ Don't know

F. COVID-19 Pandemic

The questions in this section ask about this child's and your family's experiences during the COVID-19 pandemic, which began in March 2020.

F1 **Has this child ever tested positive for COVID-19 or been told by a doctor or other health care provider they had COVID-19?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **F6**

F2 **If yes, how many times has this child tested positive for COVID-19 or been told by a doctor or other health care provider that they had COVID-19?**

☐☐ Number of times

F3 **How long did this child's COVID-19 symptoms last?**
If this child has had multiple COVID-19 infections, report about the time when the symptoms lasted the longest. Symptoms can include fever, fatigue, cough, difficulty breathing, brain fog, headache, problems sleeping, fast heartbeat, or loss of smell.

- ☐ This child did not experience any symptoms ➔ ***SKIP to question*** **F6**
- ☐ Less than 1 month
- ☐ 1-2 months
- ☐ 3-5 months
- ☐ 6-12 months
- ☐ More than 12 months

F4 **Has a doctor or other health care provider EVER told you that this child had long COVID?**
Long COVID is also referred to as post-COVID conditions, post-acute COVID-19, or long-term effects of COVID-19.

- ☐ Yes
- ☐ No

F5 **Has this child EVER been hospitalized for a COVID-19 infection or because of complications from a COVID-19 infection?**

- ☐ Yes
- ☐ No

F6 **Has this child received a COVID-19 vaccine?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **F8**

F7 **Which of the following best describes the vaccine doses this child received?**
A primary vaccine series includes the initial number of recommended doses, which may differ by vaccine type.

- ☐ All doses of a primary series and at least one booster
- ☐ All doses of a primary series but no boosters
- ☐ Some but not all doses of a primary series

F8 **Have you ever tested positive for COVID-19 or been told by a doctor or other health care provider you had COVID-19?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **F10**

F9 **How long did your COVID-19 symptoms last?**
If you have had multiple COVID-19 infections, report about the time when the symptoms lasted the longest. Symptoms can include fever, fatigue, cough, difficulty breathing, brain fog, headache, problems sleeping, fast heartbeat, or loss of smell.

- ☐ I did not experience any symptoms
- ☐ Less than 1 month
- ☐ 1-2 months
- ☐ 3-5 months
- ☐ 6-12 months
- ☐ More than 12 months

F10 **Have you received a COVID-19 vaccine?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **F12** ***on page 15***

F11 **Which of the following best describes the vaccine doses you received?**
A primary vaccine series includes the initial number of recommended doses, which may differ by vaccine type.

- ☐ All doses of a primary series and at least one booster
- ☐ All doses of a primary series but no boosters
- ☐ Some but not all doses of a primary series

F12 **Answer questions F12 to F15 if this child has another parent or caregiver who is active in the child's life. Otherwise, *SKIP* to question F16.**

Has this child's other parent or caregiver ever tested positive for COVID-19 or been told by a doctor or other health care provider they had COVID-19?

- ☐ Yes
- ☐ No → ***SKIP to question*** F14
- ☐ Don't know → ***SKIP to question*** F14

F13 **How long did this other parent or caregiver's symptoms last?**
If they have had multiple COVID-19 infections, report about the time when the symptoms lasted the longest. Symptoms can include fever, fatigue, cough, difficulty breathing, brain fog, headache, problems sleeping, fast heartbeat, or loss of smell

- ☐ This other parent or caregiver did not experience any symptoms
- ☐ Less than 1 month
- ☐ 1-2 months
- ☐ 3-5 months
- ☐ 6-12 months
- ☐ More than 12 months
- ☐ Don't know

F14 **Has this other parent or caregiver received a COVID-19 vaccine?**

- ☐ Yes
- ☐ No → ***SKIP to question*** F16
- ☐ Don't know → ***SKIP to question*** F16

F15 **Which of the following best describes the vaccine doses this other parent or caregiver received?**
A primary vaccine series includes the initial number of recommended doses, which may differ by vaccine type.

- ☐ All doses of a primary series and at least one booster
- ☐ All doses of a primary series but no boosters
- ☐ Some but not all doses of a primary series
- ☐ Don't know

F16 **Have you or another parent or caregiver EVER been hospitalized for a COVID-19 infection or because of complications from a COVID-19 infection?**

- ☐ Yes
- ☐ No

F17 **Did any of this child's parents or caregivers die from a COVID-19 infection or because of complications from a COVID-19 infection?**

- ☐ Yes
- ☐ No

F18 **DURING THE PANDEMIC, did this child's behavior EVER leave you concerned about their mental or emotional health?**

- ☐ Yes
- ☐ No → ***SKIP to question*** F20

F19 **If yes, did this child seem to...**
Mark (X) Yes or No for EACH item.

	Yes	No
a. Feel anxious?	☐	☐
b. Feel depressed?	☐	☐
c. Struggle with eating?	☐	☐
d. Struggle to stay focused?	☐	☐
e. Show unusual anger or outbursts?	☐	☐

F20 **DURING THE PANDEMIC, did this child receive any treatment or counseling from a mental health professional?**
Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

- ☐ Yes
- ☐ No, but this child needed to see a mental health professional
- ☐ No, this child did not need to see a mental health professional → ***SKIP to question*** F22

F21 **How difficult was it to get the mental health treatment or counseling that this child needed?**

- ☐ Not difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ It was not possible to obtain care

F22 **DURING THE PANDEMIC, was there any time when health care for this child was not received or was delayed by at least three months?**
By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.

- ☐ Yes
- ☐ No → ***SKIP to question*** F25 ***on page 16***

F23 **Did any of the following reasons contribute to this child not receiving or delaying needed health services DURING THE PANDEMIC?**
Mark (X) Yes or No for EACH item.

	Yes	No
a. There were problems getting an appointment when this child needed one	☐	☐
b. The clinic or doctor's office wasn't open when this child needed care	☐	☐
c. There were concerns about exposure to COVID-19 by going to the clinic or doctor's office	☐	☐
d. This child or someone in this child's household had COVID-19 or was exposed to COVID-19	☐	☐

F24 **Which of the following statements best describes how this child's health was impacted by not receiving or delaying health care DURING THE PANDEMIC?**

- ☐ There was no impact on this child's health
- ☐ There was mild or minimal impact on this child's health
- ☐ There was moderate impact on this child's health
- ☐ There was significant or severe impact on this child's health

F25 **DURING THE PANDEMIC, was this child covered by ANY kind of health insurance or health coverage plan?**

- ☐ Yes, this child was covered during the entire pandemic
- ☐ Yes, but this child had a gap in coverage during the pandemic
- ☐ No

F26 **DURING THE PANDEMIC, how well do you think you handled the day-to-day demands of parenting or raising children?**

- ☐ Very well
- ☐ Somewhat well
- ☐ Not very well
- ☐ Not well at all

F27 **DURING THE PANDEMIC, how often did the following happen?**

	Not at all	A few times a week	Very often
a. Parents or caregivers insulted, swore, shouted, or yelled at each other	☐	☐	☐
b. Parents or caregivers said mean things, shouted, yelled, or screamed at this child	☐	☐	☐
c. Parents or caregivers were not able to pay attention to this child's needs	☐	☐	☐

F28 **DURING THE PANDEMIC, was your mental or emotional health better, worse, or about the same as it was before the pandemic began?**

- ☐ Better ➔ ***SKIP to question*** F30
- ☐ About the same ➔ ***SKIP to question*** F30
- ☐ Worse

F29 **Please indicate how true the following statements are about your mental or emotional health DURING THE PANDEMIC.**

	Not true	Somewhat true	Very true
a. I experienced an increase in feeling nervous, anxious, on edge, or worried	☐	☐	☐
b. I experienced an increase in feeling down, depressed, or hopeless	☐	☐	☐

F30 **DURING THE PANDEMIC, did you or another parent or caregiver EVER experience any of the following changes in employment?**
Mark (X) Yes or No for EACH item.

	Yes	No
a. Shift to remote work/telework	☐	☐
b. Decreased hours	☐	☐
c. Decreased pay	☐	☐
d. Furloughed (temporary job loss)	☐	☐
e. Loss of job	☐	☐
f. Decreased job security	☐	☐
g. Increased hours	☐	☐
h. Left workforce	☐	☐

F31 **DURING THE PANDEMIC, were you or another parent or caregiver EVER considered an essential worker?**
Essential workers are those workers who provide services or conduct operations deemed essential to the ongoing critical functions in the community, including work related to health care, infrastructure, food, and other essential products.

- ☐ Yes
- ☐ No

F32 **DURING THE PANDEMIC, was there a time when you were not able to pay the mortgage or rent on time?**

- ☐ Yes
- ☐ No

F33 **DURING THE PANDEMIC, was your family evicted from your home or was your home foreclosed on?**
A landlord not renewing the lease should not be counted as an eviction.

- ☐ Yes
- ☐ No

F34 **DURING THE PANDEMIC, how often was it very hard to cover the basics, like food or housing, on your family's income?**

- ☐ Never
- ☐ Rarely
- ☐ Somewhat often
- ☐ Very often

F35 **Which of these statements best describes your household's ability to afford the food you needed DURING THE PANDEMIC?**

- ☐ We could always afford to eat good nutritious meals ➔ ***SKIP to question*** **G1**
- ☐ 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
- ☐ Often we could not afford enough to eat

F36 **How long did your household experience difficulty affording the food you needed DURING THE PANDEMIC?**

- ☐ Less than 1 month
- ☐ 1 month
- ☐ 2-3 months
- ☐ 4-6 months
- ☐ More than 6 months

G. Household Information

G1 **How many people are living or staying at this address?**
Include everyone who usually lives or stays at this address. Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away or someone in the Armed Forces on deployment.

☐☐ Number of people

G2 **How many of these people in your household are family members?**
Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.

☐☐ Number of people

G3 **How many children 0-17 years old usually live or stay at this address?**

☐☐ Number of children living or staying at this address

G4 **Income in 2022.**
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
TOTAL AMOUNT in 2022

☐ No

b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships.

☐ Yes → $, , .00 ☐ Loss
TOTAL AMOUNT in 2022

☐ No

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.

☐ Yes → $, , .00 ☐ Loss
TOTAL AMOUNT in 2022

☐ No

d. Social Security or Railroad Retirement; retirement, survivor, or disability pensions.

☐ Yes → $, , .00
TOTAL AMOUNT in 2022

☐ No

e. Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office.

☐ Yes → $, , .00
TOTAL AMOUNT in 2022

☐ No

f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony.

☐ Yes → $, , .00
TOTAL AMOUNT in 2022

☐ No

G5 **The following question is about your 2022 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 business, farm or rent, and any other money income received.

$, , .00 ☐ Loss
TOTAL AMOUNT in 2022

H. Contact Information

You have reached the end of the survey. In case we have additional follow-up questions about this child in the future, we would like to get some information to help us contact you. This information, like your responses to all questions in the survey, is confidential and voluntary.

H1 **Please provide your name and contact information. We will only contact you if needed for official Census Bureau business.**

First Name

Last Name

Street Apt.

City State ZIP

Phone
– –

Email Address

H2 **In case we have difficulty getting in touch with you in the future, what is the name, address, and phone number of one person who will always know your whereabouts?**
Providing this information is voluntary.

First Name

Last Name

Street

Apt.

City

State

ZIP

Phone

– –

Email Address

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 and young adults 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 second part of the National Survey of Children's Health-Longitudinal Cohort will take 40 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 ADDP.NSCH.List@census.gov; use "Paperwork Project 0607-####" 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 Longitudinal Cohort

A study by the U.S. Department of Health and Human Services to better understand the health and well-being of children and young adults following the COVID-19 pandemic.

The U.S. 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.

Under the Privacy Act of 1974 (5 U.S.C. Section 552a), these records are maintained by the Census Bureau under SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame). 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.

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-LC2_3
(07/03/2023) D16

Start Here

Recently, someone in your household completed a short survey that asked about children and/or young adults ages 3 to 24.

Thank you for taking the time to respond.

We now have some important follow-up questions to ask about:

This survey should be completed by a parent or caregiver. If the child listed above does not correspond to a child for whom you or another adult in your household are a parent or caregiver, please call 1-877-749-4943 for assistance.

We have selected only one child for this follow-up survey in an effort to minimize the amount of time you will need to complete the questions.

Your participation is important. Thank you.

1 **Are you a parent or caregiver who is CURRENTLY familiar with this child's health?**

- ☐ Yes ➔ ***SKIP to question 3***
- ☐ No
- ☐ This child is deceased ➔ *You do not need to complete this questionnaire. Please mark this response option and* ***RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED.***

2 **If no, is there another parent or caregiver in this household who is CURRENTLY familiar with this child's health?**

- ☐ Yes ➔ *Please have this other parent or caregiver complete the rest of the survey.*
- ☐ No ➔ *You do not need to complete this questionnaire. Please mark "No" and* ***RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED.***

3 **What is this child's full name?**

First

Last

4 **In what month and year was this child born?**

Birth Month / 4-Digit Birth Year

☐☐ / 2 0☐☐

5 **What is this child's sex?**

- ☐ Male
- ☐ Female

NOTE: Answer BOTH question 6 about Hispanic origin and question 7 about race. For this survey, Hispanic origins are not races.

6 **Is this child of Hispanic, Latino, or Spanish origin?**

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin

7 **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
- ☐ Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander

8 **Where does this child live AT LEAST HALF OF THE TIME?**

Mark (X) ALL that apply.

- ☐ With me
- ☐ With another parent or caregiver at another address
- ☐ Campus/dorm room
- ☐ Institutional setting (such as congregate care, residential treatment, group home, penal facility)
- ☐ Somewhere else with roommates
- ☐ Somewhere else on their own
- ☐ Other, specify:

A. This Child's Health

A1 **In general, how would you describe this child's health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

A2 **How would you describe the condition of this child's teeth?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Has a doctor or other health care provider EVER told you that this child has...

A3 **Permanent hearing loss?**

☐ Yes ☐ No

↳ **If yes, is the hearing loss:**
Mark (X) ALL that apply.

- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Profound

A4 **Anxiety Problems?**

☐ Yes ☐ No

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

A5 **Depression?**

☐ Yes ☐ No

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

Has a doctor, other health care provider, or educator EVER told you that this child has...
Examples of educators are teachers and school nurses.

A6 **Behavioral or Conduct Problems?**

☐ Yes ☐ No

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

A7 **Developmental Delay?**

☐ Yes ☐ No

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

A8 **Intellectual Disability (formerly known as Mental Retardation)?**

☐ Yes ☐ No

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

A9 **Speech or other language disorder?**

☐ Yes ☐ No

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

A10 **Learning Disability?**

☐ Yes ☐ No

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

A11 **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).

☐ Yes ☐ No → ***SKIP to question A16 on page 4***

↳ **If yes, does this child CURRENTLY have the condition?**

☐ Yes ☐ No

A12 **SINCE MARCH 2020, has this child received medication or behavioral treatment for Autism, ASD, Asperger's Disorder, or PDD, such as training or an intervention that you or this child received to help with their behavior?**

- ☐ Yes, this child received all needed medication or behavioral treatment
- ☐ Yes, this child received some needed medication or behavioral treatment
- ☐ No, this child needed but did not receive any medication or behavioral treatment ➔ ***SKIP to question*** **A16**
- ☐ No, this child did not need either medication or behavioral treatment ➔ ***SKIP to question*** **A16**

A13 **SINCE MARCH 2020, has this child experienced any gaps or delays in receiving medication or behavioral treatment for Autism, ASD, Asperger's Disorder, or PDD?**

- ☐ Yes
- ☐ No

A14 **Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder, or PDD?**

- ☐ Yes
- ☐ No

A15 **At any time DURING THE PAST 12 MONTHS, did this 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 with their behavior?**

- ☐ Yes
- ☐ No

A16 **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*** **A21**

↳ **If yes, does this child CURRENTLY have the condition?**

- ☐ Yes
- ☐ No

A17 **SINCE MARCH 2020, has this child received medication or behavioral treatment for ADD or ADHD, such as training or an intervention that you or this child received to help with their behavior?**

- ☐ Yes, this child received all needed medication or behavioral treatment
- ☐ Yes, this child received some needed medication or behavioral treatment
- ☐ No, this child needed but did not receive any medication or behavioral treatment ➔ ***SKIP to question*** **A21**
- ☐ No, this child did not need either medication or behavioral treatment ➔ ***SKIP to question*** **A21**

A18 **SINCE MARCH 2020, has this child experienced any gaps or delays in receiving medication or behavioral treatment for ADD or ADHD?**

- ☐ Yes
- ☐ No

A19 **Is this child CURRENTLY taking medication for ADD or ADHD?**

- ☐ Yes
- ☐ No

A20 **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 child received to help with their behavior?**

- ☐ Yes
- ☐ No

A21 **Thinking of this child today, how often would you say each of the following describes this child?**

	Never	Sometimes	Often
a. Feels sad, unhappy	☐	☐	☐
b. Feels hopeless	☐	☐	☐
c. Is down on self	☐	☐	☐
d. Worries a lot	☐	☐	☐
e. Seems to be having less fun	☐	☐	☐
f. Fidgety, unable to sit still	☐	☐	☐
g. Daydreams too much	☐	☐	☐
h. Distracted easily	☐	☐	☐
i. Has trouble concentrating	☐	☐	☐
j. Acts as if driven by a motor	☐	☐	☐

A22 **Thinking of this child today, how often would you say each of the following describes this child?**

	Never	Sometimes	Often
a. Fights with other children	☐	☐	☐
b. Does not listen to rules	☐	☐	☐
c. Does not understand other people's feelings	☐	☐	☐
d. Teases others	☐	☐	☐
e. Blames others for their troubles	☐	☐	☐
f. Refuses to share	☐	☐	☐
g. Takes things that do not belong to them	☐	☐	☐

A23 **Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?**

☐ Yes ☐ No

↳ **If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

A24 **Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?**

☐ Yes ☐ No

↳ **If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

A25 **Is this child limited or prevented in any way in their ability to do the things most children of the same age can do?**

☐ Yes ☐ No

↳ **If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

A26 **Does this child need or get special therapy, such as physical, occupational, or speech therapy?**

☐ Yes ☐ No

↳ **If yes, is this because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

A27 **Does this child have any kind of emotional, developmental, or behavioral problem for which they need treatment or counseling?**

☐ Yes ☐ No

↳ **If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?**

☐ Yes ☐ No

B. Health Care Services

B1 **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?**
Include health care visits done by video or phone.

☐ Yes

☐ No → ***SKIP to question*** **B3**

B2 **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

☐ 1 visit

☐ 2 or more visits

B3 **What is this child's CURRENT height?**
Your best estimate is fine.

☐☐ feet **AND** ☐☐ inches

OR

☐ meters **AND** ☐☐☐ centimeters

B4 **How much does this child CURRENTLY weigh?**
Your best estimate is fine.

☐☐☐ pounds

OR

☐☐ kilograms

B5 **Is there a place you or another caregiver USUALLY take this child when they are sick or you need advice about their health?**

☐ Yes

☐ No

B6 **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
- ☐ Yes, 1 visit
- ☐ Yes, 2 or more visits

B7 **DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional?**
Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

- ☐ Yes
- ☐ No, but this child needed to see a mental health professional
- ☐ No, this child did not need to see a mental health professional ➔ ***SKIP to question*** **B9**

B8 **How difficult was it to get the mental health treatment or counseling that this child needed?**

- ☐ Not difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ It was not possible to obtain care

B9 **Has this child EVER had a special education or early intervention plan?**
Children receiving these services often have an Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP), or 504 Plan.

- ☐ Yes
- ☐ No, but this child needed a plan ➔ ***SKIP to question*** **B12**
- ☐ No, this child did not need a plan ➔ ***SKIP to question*** **B12**

B10 **The COVID-19 pandemic began in March 2020. Did this child have a special education or early intervention plan DURING THE PANDEMIC?**

- ☐ Yes
- ☐ No, but this child needed a plan ➔ ***SKIP to question*** **B12**
- ☐ No, this child did not need a plan ➔ ***SKIP to question*** **B12**

B11 **Did the pandemic affect this child's special education or early intervention services?**

- ☐ Yes, this child received limited or inconsistent services during the pandemic
- ☐ Yes, this child did not receive any services during the pandemic
- ☐ No

B12 **SINCE MARCH 2020, has this child received speech therapy?**

- ☐ Yes
- ☐ No, but this child needed speech therapy ➔ ***SKIP to question*** **B14**
- ☐ No, this child did not need speech therapy ➔ ***SKIP to question*** **B14**

B13 **SINCE MARCH 2020, has this child experienced any gaps or delays in receiving speech therapy?**

- ☐ Yes
- ☐ No

B14 **SINCE MARCH 2020, has this child received health care related to the use of hearing devices such as hearing aids or cochlear implants?**

- ☐ Yes
- ☐ No, but this child needed health care related to the use of hearing devices ➔ ***SKIP to question*** **B16**
- ☐ No, this child did not need health care related to the use of hearing devices ➔ ***SKIP to question*** **B16**

B15 **SINCE MARCH 2020, has this child experienced any gaps or delays in receiving health care related to the use of hearing devices?**

- ☐ Yes
- ☐ No

B16 **SINCE MARCH 2020, has this child received language instruction including sign language and/or cued speech?**

- ☐ Yes
- ☐ No, but this child needed these types of language instruction ➔ ***SKIP to question*** **B18** ***on page 7***
- ☐ No, this child did not need these types of language instruction ➔ ***SKIP to question*** **B18** ***on page 7***

B17 **SINCE MARCH 2020, has this child experienced any gaps or delays in language instruction?**

- ☐ Yes
- ☐ No

B18 **Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?**

- ☐ Yes
- ☐ No → ***SKIP to question*** **C1**

B19 **Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans?**
Mark (X) Yes or No for EACH item.

	Yes	No
a. Insurance through a current or former employer or union	☐	☐
b. Insurance purchased directly from an insurance company	☐	☐
c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability	☐	☐
d. TRICARE or other military health care	☐	☐
e. Indian Health Service	☐	☐
f. Other, specify:	☐	☐

C. This Child's Schooling and Activities

Answer questions C1 to C3 only if this child is between the ages of 6 and 11. Otherwise, *SKIP* to question C4.

C1 **SINCE MARCH 2020, has this child EVER received care for at least 10 hours per week from someone other than their parent or guardian?**
This could be a day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter or relative.

- ☐ Yes
- ☐ No → ***SKIP to question*** **C4**

C2 **SINCE MARCH 2020, have you or anyone else in your family been able to make alternative child care arrangements for this child when their regular day care or other child care arrangement was closed or unavailable?**
Alternative arrangements mean that care was provided by a different day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter, or any relative other than the child's parent or guardian that is different from the USUAL care arrangement.

- ☐ Yes
- ☐ No
- ☐ Alternative child care was not needed

C3 **SINCE MARCH 2020, has there ever been a time when you were concerned about the quality of this child's regular or alternative child care arrangements?**

- ☐ Yes
- ☐ No

C4 **DURING THE PAST 12 MONTHS, about how many days did this child miss school because of illness or injury?**
Include days missed from any formal home schooling. Do not include time spent doing remote learning.

- ☐ No missed school days
- ☐ 1-3 days
- ☐ 4-6 days
- ☐ 7-10 days
- ☐ 11 or more days
- ☐ This child was not enrolled in school → ***SKIP to question*** **C6** ***on page 8***

C5 **DURING THE PAST 12 MONTHS, how many times has this child's school contacted you or another adult in your household about any problems they are having with school?**

- ☐ None
- ☐ 1 time
- ☐ 2 or more times

C6 **Across all subjects, what grades did this child get during the 2022-2023 school year?**

- ☐ Mostly A's
- ☐ Mostly A's and B's
- ☐ Mostly B's and C's
- ☐ Mostly C's and D's
- ☐ Mostly D's or lower
- ☐ This child's school did not give these grades
- ☐ This child was not enrolled in school during the 2022-2023 school year

C7 **DURING THE PAST WEEK, on how many days did this child exercise, play a sport, or participate in physical activity for at least 60 minutes?**

- ☐ 0 days
- ☐ 1-3 days
- ☐ 4-6 days
- ☐ Every day

C8 **Compared to other children their age, how much difficulty does this child have making or keeping friends?**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ A lot of difficulty

C9 **DURING THE PAST 12 MONTHS, how often was this child bullied, picked on, or excluded by other children?**
Include cyberbullying. If the frequency changed throughout the year, report the highest frequency.

- ☐ Never (in the past 12 months)
- ☐ 1-2 times (in the past 12 months)
- ☐ 1-2 times per month
- ☐ 1-2 times per week
- ☐ Almost every day
- ☐ Don't know

C10 **How often does this child...**

	Always	Usually	Sometimes	Never
a. Show interest and curiosity in learning new things?	☐	☐	☐	☐
b. Work to finish tasks they start?	☐	☐	☐	☐
c. Stay calm and in control when faced with a challenge?	☐	☐	☐	☐
d. Care about doing well in school?	☐	☐	☐	☐
e. Do all required homework?	☐	☐	☐	☐
f. Argue too much?	☐	☐	☐	☐

D. About Your Family and Household

D1 **ON MOST WEEKDAYS, about how much time does this child spend in front of a TV, computer, cell phone, or other electronic device FOR SCHOOL-RELATED REASONS?**

- ☐ 1 hour or less
- ☐ 2-3 hours
- ☐ 4-6 hours
- ☐ 7-8 hours
- ☐ More than 8 hours
- ☐ Don't know

D2 **ON MOST WEEKDAYS, about how much time does this child spend in front of a TV, computer, cell phone, or other electronic device watching programs, playing games, accessing the internet, or using social media?**
Do not include time spent doing schoolwork.

- ☐ 1 hour or less
- ☐ 2-3 hours
- ☐ 4-6 hours
- ☐ 7-8 hours
- ☐ More than 8 hours
- ☐ Don't know

D3 **How well can you and this child share ideas or talk about things that really matter?**

- ☐ Very well
- ☐ Somewhat well
- ☐ Not very well
- ☐ Not well at all

D4 **What is the primary language spoken in the household?**

- ☐ English
- ☐ Spanish
- ☐ Other language, specify:

D5 **When your family faces problems, how often are you likely to do each of the following?**

	All of the time	Most of the time	Some of the time	None of the time
a. Talk together about what to do	☐	☐	☐	☐
b. Work together to solve our problems	☐	☐	☐	☐
c. Know we have strengths to draw on	☐	☐	☐	☐
d. Stay hopeful even in difficult times	☐	☐	☐	☐

D6 **SINCE MARCH 2020, how many times has this child moved to a new address?**
If none, write 0.

☐☐ Number of times

D7 **Is the house, apartment, or mobile home where you live...**
Mark (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?

D8 **DURING THE PAST 12 MONTHS, was there a time when you were not able to pay the mortgage or rent on time?**

- ☐ Yes
- ☐ No

D9 **SINCE MARCH 2020, has this child ever been homeless or lived in a shelter?**
Include living in a shelter, motel, temporary or transitional living situation, scattered site housing, or having no steady place to sleep at night.

- ☐ Yes
- ☐ No

D10 **DURING THE PAST 12 MONTHS, how often has it been very hard to cover the basics, like food or housing, on your family's income?**

- ☐ Never
- ☐ Rarely
- ☐ Somewhat often
- ☐ Very often

D11 **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
- ☐ Often we could not afford enough to eat

D12 **At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive…**
Mark (X) Yes or No for EACH item.

	Yes	No
a. Cash assistance from a government welfare program?	☐	☐
b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?	☐	☐
c. Free or reduced-cost breakfasts or lunches at school?	☐	☐
d. School meal debit/Electronic Benefits Transfer (EBT) cards?	☐	☐
e. Benefits from the Women, Infants, and Children (WIC) Program?	☐	☐
f. Unemployment Insurance (UI)?	☐	☐

D13 **The next questions are about events that may have happened during this child's life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer.**

To the best of your knowledge, has this child EVER experienced any of the following?
Mark (X) Yes or No for EACH item.

	Yes	No
a. Parent or guardian divorced or separated	☐	☐
b. Parent or guardian died	☐	☐
c. Parent or guardian served time in jail or prison	☐	☐
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. Treated or judged unfairly because of their sexual orientation or gender identity	☐	☐
j. Treated or judged unfairly because of a health condition or disability	☐	☐

E. This Child's Parents or Caregivers

Complete these questions for UP TO TWO ADULTS who are this child's parents or caregivers. Please only include adults who are currently active in this child's life.

About You

E1 **How are you related to this child?**

- ☐ Biological or Adoptive Parent
- ☐ Step-parent
- ☐ Grandparent
- ☐ Foster Parent
- ☐ Other: Relative
- ☐ Other: Non-Relative

E2 **What is your sex?**

- ☐ Male
- ☐ Female

E3 **What is your age?**

☐☐ Age in years

E4 **Where were you born?**

- ☐ In the United States
- ☐ Outside of the United States

E5 **What is the highest grade or level of school you have completed?**
Mark (X) ONE box.

- ☐ 8th grade or less
- ☐ 9th-12th grade; No diploma
- ☐ High school graduate or GED completed
- ☐ Completed a vocational, trade, or business school program
- ☐ Some college credit, but no degree
- ☐ Associate Degree (AA, AS)
- ☐ Bachelor's Degree (BA, BS, AB)
- ☐ Master's Degree (MA, MS, MSW, MBA)
- ☐ Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

E6 **What is your marital status?**

- ☐ Married
- ☐ Not married, but living with a partner
- ☐ Never married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

E7 **Has there been a change in your marital status SINCE 2018?**

- ☐ Yes
- ☐ No

E8 **In general, how is your physical health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

E9 **In general, how is your mental or emotional health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

E10 **Which of the following best describes your current employment status?**
Mark (X) ONE box.

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Working without pay
- ☐ Not employed but looking for work
- ☐ Not employed and not looking for work
- ☐ Retired

E11 **Does this child have another parent or caregiver who is active in their life?**

- ☐ Yes
- ☐ No → ***SKIP to question F1 on page 13***

Other Parent or Caregiver

E12 **How is this other parent or caregiver currently related to you?**
Mark (X) ONE box.

- ☐ Spouse or partner
- ☐ Ex-spouse or ex-partner
- ☐ Parent (include adoptive or foster parent)
- ☐ Grandparent
- ☐ In-law (include parent or grandparent)
- ☐ Other: Relative
- ☐ Other: Non-Relative

E13 **Does this parent or caregiver live with you?**

- ☐ Yes
- ☐ No

E14 **How is this parent or caregiver related to this child?**

- ☐ Biological or Adoptive Parent
- ☐ Step-parent
- ☐ Grandparent
- ☐ Foster Parent
- ☐ Other: Relative
- ☐ Other: Non-Relative

E15 **What is this parent or caregiver's sex?**

- ☐ Male
- ☐ Female

E16 **What is this parent or caregiver's age?**

☐☐ Age in years ☐ Don't know

E17 **Where was this parent or caregiver born?**

- ☐ In the United States
- ☐ Outside of the United States
- ☐ Don't know

E18 **What is the highest grade or level of school this parent or caregiver has completed?**
Mark (X) ONE box.

- ☐ 8th grade or less
- ☐ 9th-12th grade; No diploma
- ☐ High school graduate or GED completed
- ☐ Completed a vocational, trade, or business school program
- ☐ Some college credit, but no degree
- ☐ Associate Degree (AA, AS)
- ☐ Bachelor's Degree (BA, BS, AB)
- ☐ Master's Degree (MA, MS, MSW, MBA)
- ☐ Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
- ☐ Don't know

E19 **What is this parent or caregiver's marital status?**

- ☐ Married
- ☐ Not married, but living with a partner
- ☐ Never married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Don't know

E20 **In general, how is this parent or caregiver's physical health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

E21 **In general, how is this parent or caregiver's mental or emotional health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

E22 **Which of the following best describes this parent or caregiver's current employment status?**
Mark (X) ONE box.

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Working without pay
- ☐ Not employed but looking for work
- ☐ Not employed and not looking for work
- ☐ Retired
- ☐ Don't know

F. COVID-19 Pandemic

The questions in this section ask about this child's and your family's experiences during the COVID-19 pandemic, which began in March 2020.

F1 **Has this child ever tested positive for COVID-19 or been told by a doctor or other health care provider they had COVID-19?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **F6**

F2 **If yes, how many times has this child tested positive for COVID-19 or been told by a doctor or other health care provider that they had COVID-19?**

☐☐ Number of times

F3 **How long did this child's COVID-19 symptoms last?**
If this child has had multiple COVID-19 infections, report about the time when the symptoms lasted the longest. Symptoms can include fever, fatigue, cough, difficulty breathing, brain fog, headache, problems sleeping, fast heartbeat, or loss of smell.

- ☐ This child did not experience any symptoms ➔ ***SKIP to question*** **F6**
- ☐ Less than 1 month
- ☐ 1-2 months
- ☐ 3-5 months
- ☐ 6-12 months
- ☐ More than 12 months

F4 **Has a doctor or other health care provider EVER told you that this child had long COVID?**
Long COVID is also referred to as post-COVID conditions, post-acute COVID-19, or long-term effects of COVID-19.

- ☐ Yes
- ☐ No

F5 **Has this child EVER been hospitalized for a COVID-19 infection or because of complications from a COVID-19 infection?**

- ☐ Yes
- ☐ No

F6 **Has this child received a COVID-19 vaccine?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **F8** ***on page 14***

F7 **Which of the following best describes the vaccine doses this child received?**
A primary vaccine series includes the initial number of recommended doses, which may differ by vaccine type.

- ☐ All doses of a primary series and at least one booster
- ☐ All doses of a primary series but no boosters
- ☐ Some but not all doses of a primary series

F8 **Have you ever tested positive for COVID-19 or been told by a doctor or other health care provider you had COVID-19?**

- ☐ Yes
- ☐ No → ***SKIP to question*** **F10**

F9 **How long did your COVID-19 symptoms last?**
If you have had multiple COVID-19 infections, report about the time when the symptoms lasted the longest. Symptoms can include fever, fatigue, cough, difficulty breathing, brain fog, headache, problems sleeping, fast heartbeat, or loss of smell.

- ☐ I did not experience any symptoms
- ☐ Less than 1 month
- ☐ 1-2 months
- ☐ 3-5 months
- ☐ 6-12 months
- ☐ More than 12 months

F10 **Have you received a COVID-19 vaccine?**

- ☐ Yes
- ☐ No → ***SKIP to question*** **F12**

F11 **Which of the following best describes the vaccine doses you received?**
A primary vaccine series includes the initial number of recommended doses, which may differ by vaccine type.

- ☐ All doses of a primary series and at least one booster
- ☐ All doses of a primary series but no boosters
- ☐ Some but not all doses of a primary series

F12 **Answer questions** **F12** **to** **F15** **if this child has another parent or caregiver who is active in the child's life. Otherwise, *SKIP* to question** **F16**.

Has this child's other parent or caregiver ever tested positive for COVID-19 or been told by a doctor or other health care provider they had COVID-19?

- ☐ Yes
- ☐ No → ***SKIP to question*** **F14**
- ☐ Don't know → ***SKIP to question*** **F14**

F13 **How long did this other parent or caregiver's symptoms last?**
If they have had multiple COVID-19 infections, report about the time when the symptoms lasted the longest. Symptoms can include fever, fatigue, cough, difficulty breathing, brain fog, headache, problems sleeping, fast heartbeat, or loss of smell.

- ☐ This other parent or caregiver did not experience any symptoms
- ☐ Less than 1 month
- ☐ 1-2 months
- ☐ 3-5 months
- ☐ 6-12 months
- ☐ More than 12 months
- ☐ Don't know

F14 **Has this other parent or caregiver received a COVID-19 vaccine?**

- ☐ Yes
- ☐ No → ***SKIP to question*** **F16**
- ☐ Don't know → ***SKIP to question*** **F16**

F15 **Which of the following best describes the vaccine doses this other parent or caregiver received?**
A primary vaccine series includes the initial number of recommended doses, which may differ by vaccine type.

- ☐ All doses of a primary series and at least one booster
- ☐ All doses of a primary series but no boosters
- ☐ Some but not all doses of a primary series
- ☐ Don't know

F16 **Have you or another parent or caregiver EVER been hospitalized for a COVID-19 infection or because of complications from a COVID-19 infection?**

- ☐ Yes
- ☐ No

F17 **Did any of this child's parents or caregivers die from a COVID-19 infection or because of complications from a COVID-19 infection?**

- ☐ Yes
- ☐ No

F18 **DURING THE PANDEMIC, did this child's behavior EVER leave you concerned about their mental or emotional health?**

- ☐ Yes
- ☐ No → ***SKIP to question*** **F20** ***on page 15***

F19 **If yes, did this child seem to...**
Mark (X) Yes or No for EACH item.

	Yes	No
a. Feel anxious?	☐	☐
b. Feel depressed?	☐	☐
c. Struggle with eating?	☐	☐
d. Struggle to stay focused?	☐	☐
e. Show unusual anger or outbursts?	☐	☐

F20 **DURING THE PANDEMIC, did this child receive any treatment or counseling from a mental health professional?**
Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

- ☐ Yes
- ☐ No, but this child needed to see a mental health professional
- ☐ No, this child did not need to see a mental health professional ➔ ***SKIP to question*** **F22**

F21 **How difficult was it to get the mental health treatment or counseling that this child needed?**

- ☐ Not difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ It was not possible to obtain care

F22 **DURING THE PANDEMIC, was there any time when health care for this child was not received or was delayed by at least three months?**
By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **F25**

F23 **Did any of the following reasons contribute to this child not receiving or delaying needed health services DURING THE PANDEMIC?**
Mark (X) Yes or No for EACH item.

	Yes	No
a. There were problems getting an appointment when this child needed one	☐	☐
b. The clinic or doctor's office wasn't open when this child needed care	☐	☐
c. There were concerns about exposure to COVID-19 by going to the clinic or doctor's office	☐	☐
d. This child or someone in this child's household had COVID-19 or was exposed to COVID-19	☐	☐

F24 **Which of the following statements best describes how this child's health was impacted by not receiving or delaying health care DURING THE PANDEMIC?**

- ☐ There was no impact on this child's health
- ☐ There was mild or minimal impact on this child's health
- ☐ There was moderate impact on this child's health
- ☐ There was significant or severe impact on this child's health

F25 **DURING THE PANDEMIC, was this child covered by ANY kind of health insurance or health coverage plan?**

- ☐ Yes, this child was covered during the entire pandemic
- ☐ Yes, but this child had a gap in coverage during the pandemic
- ☐ No

F26 **Across all subjects in school, what grades did this child get BEFORE MARCH 2020?**

- ☐ Mostly A's
- ☐ Mostly A's and B's
- ☐ Mostly B's and C's
- ☐ Mostly C's and D's
- ☐ Mostly D's or lower
- ☐ This child's school did not give these grades
- ☐ This child was not enrolled in school before March 2020

F27 **SINCE MARCH 2020, how concerned have you been about this child falling behind in school because of the pandemic?**

- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ Not at all concerned

F28 **How concerned are you CURRENTLY that this child is behind in school?**

- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ Not at all concerned
- ☐ This child is not enrolled in school

F29 **At any time DURING THE PANDEMIC, did this child's school(s) close completely because of COVID-19?**

- ☐ Yes
- ☐ No
- ☐ Not applicable

F30 **At any time DURING THE PANDEMIC, did this child participate in their schooling by remote learning only because of COVID-19?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **F32**
- ☐ Not applicable ➔ ***SKIP to question*** **F32**

F31 **How long did this child participate in their schooling by remote learning only?**
Your best estimate is fine. Consider all periods of only remote learning together when providing your estimate.

- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-12 months
- ☐ More than a year
- ☐ Don't know

F32 **At any time DURING THE PANDEMIC, did this child participate in their schooling by a combination of remote learning and in-person learning because of COVID-19?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **F34**
- ☐ Not applicable ➔ ***SKIP to question*** **F34**

F33 **How long did this child participate in their schooling by a combination of remote learning and in-person learning?**
Your best estimate is fine. Consider all periods of combined remote learning and in-person learning together when providing your estimate.

- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-12 months
- ☐ More than a year
- ☐ Don't know

F34 **Answer question** **F34** **only if this child experienced ANY remote learning DURING THE PANDEMIC. Please include all times when this child participated in their schooling by remote learning only or remote learning combined with in-person learning. Otherwise, *SKIP* to question** **F35**.

DURING REMOTE LEARNING, to what extent did this child experience the following challenges?
Mark (X) ONE for EACH item.

	A lot	A little	Not at all
a. Unreliable or unavailable digital device (for example, desktop, laptop, tablet, chromebook)	☐	☐	☐
b. Unreliable or unavailable internet connection	☐	☐	☐
c. Difficulty accessing learning materials	☐	☐	☐
d. Unclear instructions or expectations	☐	☐	☐
e. Distractions at home	☐	☐	☐
f. Language barriers	☐	☐	☐

F35 **At any time DURING THE PANDEMIC, did this child miss school for a reason related to COVID-19 (such as quarantine or sickness)?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **F37**
- ☐ Not applicable ➔ ***SKIP to question*** **F37**

F36 **How long did this child miss school for a reason related to COVID-19?**
Your best estimate is fine. Consider all periods that this child did not attend school together when providing your estimate.

- ☐ Less than 1 week
- ☐ 1-2 weeks
- ☐ 3-4 weeks
- ☐ More than 4 weeks
- ☐ Don't know

F37 **At any time DURING THE PANDEMIC, did this child unenroll from school and switch to homeschooling because of COVID-19?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **F39** ***on page 17***
- ☐ This child was already being homeschooled ➔ ***SKIP to question*** **F39** ***on page 17***

F38 **How long was this child homeschooled?**
Your best estimate is fine. Consider all periods of homeschooling together when providing your estimate.

- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-12 months
- ☐ More than a year
- ☐ Don't know

F39 **DURING THE PANDEMIC, how well do you think you handled the day-to-day demands of parenting or raising children?**

- ☐ Very well
- ☐ Somewhat well
- ☐ Not very well
- ☐ Not well at all

F40 **DURING THE PANDEMIC, how often did the following happen?**

	Not at all	A few times a week	Very often
a. Parents or caregivers insulted, swore, shouted, or yelled at each other	☐	☐	☐
b. Parents or caregivers said mean things, shouted, yelled, or screamed at this child	☐	☐	☐
c. Parents or caregivers were not able to pay attention to this child's needs	☐	☐	☐

F41 **DURING THE PANDEMIC, was your mental or emotional health better, worse, or about the same as it was before the pandemic began?**

- ☐ Better ➔ ***SKIP to question*** **F43**
- ☐ About the same ➔ ***SKIP to question*** **F43**
- ☐ Worse

F42 **Please indicate how true the following statements are about your mental or emotional health DURING THE PANDEMIC.**

	Not true	Somewhat true	Very true
a. I experienced an increase in feeling nervous, anxious, on edge, or worried	☐	☐	☐
b. I experienced an increase in feeling down, depressed, or hopeless	☐	☐	☐

F43 **DURING THE PANDEMIC, did you or another parent or caregiver EVER experience any of the following changes in employment?**
Mark (X) Yes or No for EACH item.

	Yes	No
a. Shift to remote work/telework	☐	☐
b. Decreased hours	☐	☐
c. Decreased pay	☐	☐
d. Furloughed (temporary job loss)	☐	☐
e. Loss of job	☐	☐
f. Decreased job security	☐	☐
g. Increased hours	☐	☐
h. Left workforce	☐	☐

F44 **DURING THE PANDEMIC, were you or another parent or caregiver EVER considered an essential worker?**
Essential workers are those workers who provide services or conduct operations deemed essential to the ongoing critical functions in the community, including work related to health care, infrastructure, food, and other essential products.

- ☐ Yes
- ☐ No

F45 **DURING THE PANDEMIC, was there a time when you were not able to pay the mortgage or rent on time?**

- ☐ Yes
- ☐ No

F46 **DURING THE PANDEMIC, was your family evicted from your home or was your home foreclosed on?**
A landlord not renewing the lease should not be counted as an eviction.

- ☐ Yes
- ☐ No

F47 **DURING THE PANDEMIC, how often was it very hard to cover the basics, like food or housing, on your family's income?**

- ☐ Never
- ☐ Rarely
- ☐ Somewhat often
- ☐ Very often

F48 **Which of these statements best describes your household's ability to afford the food you needed DURING THE PANDEMIC?**

- ☐ We could always afford to eat good nutritious meals ➔ ***SKIP to question*** **G1**
- ☐ 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
- ☐ Often we could not afford enough to eat

F49 **How long did your household experience difficulty affording the food you needed DURING THE PANDEMIC?**

- ☐ Less than 1 month
- ☐ 1 month
- ☐ 2-3 months
- ☐ 4-6 months
- ☐ More than 6 months

G. Household Information

G1 **How many people are living or staying at this address?**
Include everyone who usually lives or stays at this address. Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away or someone in the Armed Forces on deployment.

☐☐ Number of people

G2 **How many of these people in your household are family members?**
Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.

☐☐ Number of people

G3 **How many children 0-17 years old usually live or stay at this address?**

☐☐ Number of children living or staying at this address

G4 **Income in 2022.**
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 2022

b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships.

☐ Yes ➔ $ ☐☐☐,☐☐☐.00 ☐ Loss
☐ No
TOTAL AMOUNT in 2022

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.

☐ Yes ➔ $ ☐☐☐,☐☐☐.00 ☐ Loss
☐ No
TOTAL AMOUNT in 2022

d. Social Security or Railroad Retirement; retirement, survivor, or disability pensions.

☐ Yes ➔ $ ☐☐☐,☐☐☐.00
☐ No
TOTAL AMOUNT in 2022

e. Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office.

☐ Yes ➔ $ ☐☐☐,☐☐☐.00
☐ No
TOTAL AMOUNT in 2022

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 2022

G5 **The following question is about your 2022 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 business, farm or rent, and any other money income received.

$ ☐☐☐,☐☐☐.00 ☐ Loss
TOTAL AMOUNT in 2022

H. Contact Information

You have reached the end of the survey. In case we have additional follow-up questions about this child in the future, we would like to get some information to help us contact you. This information, like your responses to all questions in the survey, is confidential and voluntary.

H1 **Please provide your name and contact information. We will only contact you if needed for official Census Bureau business.**

First Name

Last Name

Street

Apt.

City

State

ZIP

Phone

– –

Email Address

H2 **In case we have difficulty getting in touch with you in the future, what is the name, address, and phone number of one person who will always know your whereabouts?**
Providing this information is voluntary.

First Name

Last Name

Street

Apt.

City

State

ZIP

Phone

– –

Email Address

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 and young adults 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 second part of the National Survey of Children's Health-Longitudinal Cohort will take 40 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 ADDP.NSCH.List@census.gov; use "Paperwork Project 0607-####" 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 Longitudinal Cohort

A study by the U.S. Department of Health and Human Services to better understand the health and well-being of children and young adults following the COVID-19 pandemic.

The U.S. 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.

Under the Privacy Act of 1974 (5 U.S.C. Section 552a), these records are maintained by the Census Bureau under SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame). 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.

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-LC4
(07/03/2023) D17

Start Here

Recently, someone in your household completed a short survey that asked about children and/or young adults ages 3 to 24.

Thank you for taking the time to respond.

We now have some important follow-up questions to ask about:

This survey should be completed by a parent or previous caregiver. If the person listed above does not correspond to a person for whom you or another adult in your household are a parent or previous caregiver, please call 1-877-749-4943 for assistance.

We have selected only one person for this follow-up survey in an effort to minimize the amount of time you will need to complete the questions.

Your participation is important. Thank you.

1 **Are you a parent or previous caregiver who is CURRENTLY familiar with this person's health?**

- ☐ Yes ➔ ***SKIP to question 3***
- ☐ No
- ☐ This person is deceased ➔ *You do not need to complete this questionnaire. Please mark this response option and* ***RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED.***

2 **If no, is there another parent or previous caregiver in this household who is CURRENTLY familiar with this person's health?**

- ☐ Yes ➔ *Please have this other parent or previous caregiver complete the rest of the survey.*
- ☐ No ➔ *You do not need to complete this questionnaire. Please mark "No" and* ***RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED.***

3 **What is this person's full name?**

First

Last

4 **In what month and year was this person born?**

Birth Month / 4-Digit Birth Year

[ ][ ] / [2][0][ ][ ]

5 **What is this person's sex?**

- ☐ Male
- ☐ Female

NOTE: Answer BOTH question 6 about Hispanic origin and question 7 about race. For this survey, Hispanic origins are not races.

6 **Is this person of Hispanic, Latino, or Spanish origin?**

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin

7 **What is this person'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
- ☐ Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander

8 **Where does this person live AT LEAST HALF OF THE TIME?** *Mark (X) ALL that apply.*

- ☐ With me
- ☐ With another parent or guardian at another address
- ☐ Campus/dorm room
- ☐ Military base
- ☐ Institutional setting (such as congregate care, residential treatment, group home, penal facility)
- ☐ Somewhere else with roommates
- ☐ Somewhere else on their own
- ☐ Other, specify:

A. This Person's Health

A1 **In general, how would you describe this person's health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

A2 **How would you describe the condition of this person's teeth?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

Has a doctor or other health care provider EVER told you or this person that this person has…

A3 **Permanent hearing loss?**

☐ Yes ☐ No ☐ Don't know

↳ **If yes, is the hearing loss:**
Mark (X) ALL that apply.

- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Profound

A4 **Anxiety Problems?**

☐ Yes ☐ No ☐ Don't know

↳ **If yes, does this person CURRENTLY have the condition?**

☐ Yes ☐ No ☐ Don't know

A5 **Depression?**

☐ Yes ☐ No ☐ Don't know

↳ **If yes, does this person CURRENTLY have the condition?**

☐ Yes ☐ No ☐ Don't know

A6 **Has a doctor, other health care provider, or educator EVER told you or this person that this person has behavioral or conduct problems?**
Examples of educators are teachers and school nurses.

☐ Yes ☐ No ☐ Don't know

↳ **If yes, does this person CURRENTLY have the condition?**

☐ Yes ☐ No ☐ Don't know

A7 **Has a doctor or other health care provider EVER told you or this person that this person has Autism or Autism Spectrum Disorder (ASD)?**
Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).

- ☐ Yes
- ☐ No ➔ ***SKIP to question A12 on page 4***
- ☐ Don't know ➔ ***SKIP to question A12 on page 4***

↳ **If yes, does this person CURRENTLY have the condition?**

- ☐ Yes
- ☐ No
- ☐ Don't know

A8 **SINCE MARCH 2020, has this person received medication or behavioral treatment for Autism, ASD, Asperger's Disorder, or PDD, such as training or an intervention that you or this person received to help with their behavior?**

- ☐ Yes, this person received all needed medication or behavioral treatment
- ☐ Yes, this person received some needed medication or behavioral treatment
- ☐ No, this person needed but did not receive any medication or behavioral treatment➔ ***SKIP to question A12 on page 4***
- ☐ No, this person did not need either medication or behavioral treatment ➔ ***SKIP to question A12 on page 4***
- ☐ Don't know ➔ ***SKIP to question A12 on page 4***

A9 **SINCE MARCH 2020, has this person experienced any gaps or delays in receiving medication or behavioral treatment for Autism, ASD, Asperger's Disorder, or PDD?**

- ☐ Yes
- ☐ No
- ☐ Don't know

A10 **Is this person CURRENTLY taking medication for Autism, ASD, Asperger's Disorder, or PDD?**

- ☐ Yes
- ☐ No
- ☐ Don't know

A11 **At any time DURING THE PAST 12 MONTHS, did this person receive behavioral treatment for Autism, ASD, Asperger's Disorder, or PDD, such as training or an intervention that you or this person received to help with their behavior?**

- ☐ Yes
- ☐ No
- ☐ Don't know

A12 **Has a doctor or other health care provider EVER told you or this person that this person has Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder, that is, ADD or ADHD?**

- ☐ Yes
- ☐ No → ***SKIP to question*** **A17**
- ☐ Don't know → ***SKIP to question*** **A17**

→ **If yes, does this person CURRENTLY have the condition?**

☐ Yes ☐ No ☐ Don't know

A13 **SINCE MARCH 2020, has this person received medication or behavioral treatment for ADD or ADHD, such as training or an intervention that you or this person received to help with their behavior?**

- ☐ Yes, this person received all needed medication or behavioral treatment
- ☐ Yes, this person received some needed medication or behavioral treatment
- ☐ No, this person needed but did not receive any medication or behavioral treatment → ***SKIP to question*** **A17**
- ☐ No, this person did not need either medication or behavioral treatment → ***SKIP to question*** **A17**
- ☐ Don't know → ***SKIP to question*** **A17**

A14 **SINCE MARCH 2020, has this person experienced any gaps or delays in receiving medication or behavioral treatment for ADD or ADHD?**

- ☐ Yes
- ☐ No
- ☐ Don't know

A15 **Is this person CURRENTLY taking medication for ADD or ADHD?**

- ☐ Yes
- ☐ No
- ☐ Don't know

A16 **At any time DURING THE PAST 12 MONTHS, did this person receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this person received to help with their behavior?**

- ☐ Yes
- ☐ No
- ☐ Don't know

A17 **Thinking of this person today, how often would you say each of the following describes this person?**

	Never	Sometimes	Often
a. Feels sad, unhappy	☐	☐	☐
b. Feels hopeless	☐	☐	☐
c. Is down on self	☐	☐	☐
d. Worries a lot	☐	☐	☐
e. Seems to be having less fun	☐	☐	☐
f. Fidgety, unable to sit still	☐	☐	☐
g. Daydreams too much	☐	☐	☐
h. Distracted easily	☐	☐	☐
i. Has trouble concentrating	☐	☐	☐
j. Acts as if driven by a motor	☐	☐	☐

A18 **Thinking of this person today, how often would you say each of the following describes this person?**

	Never	Sometimes	Often
a. Fights with other people	☐	☐	☐
b. Does not listen to rules	☐	☐	☐
c. Does not understand other people's feelings	☐	☐	☐
d. Teases others	☐	☐	☐
e. Blames others for their troubles	☐	☐	☐
f. Refuses to share	☐	☐	☐
g. Takes things that do not belong to them	☐	☐	☐

A19 **Has this person ever attempted suicide?**

- ☐ Yes
- ☐ No
- ☐ Don't know

B. Health Care Services

B1 **DURING THE PAST 12 MONTHS, did this person see a doctor, nurse, or other health care professional for sick care, annual physical exams, hospitalizations or any other kind of medical care?**
Include health care visits done by video or phone.

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **B3**
- ☐ Don't know ➔ ***SKIP to question*** **B3**

B2 **If yes, DURING THE PAST 12 MONTHS, how many times did this person visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up?**
A preventive check-up is when this person was not sick or injured, such as an annual or sports physical or well-woman visit.

- ☐ 0 visits
- ☐ 1 visit
- ☐ 2 or more visits
- ☐ Don't know

B3 **Is there a place this person USUALLY goes when they are sick or need advice about their health?**

- ☐ Yes
- ☐ No
- ☐ Don't know

B4 **DURING THE PAST 12 MONTHS, has this person received any treatment or counseling from a mental health professional?**
Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

- ☐ Yes
- ☐ No, but this person needed to see a mental health professional
- ☐ No, this person did not need to see a mental health professional ➔ ***SKIP to question*** **B6**
- ☐ Don't know ➔ ***SKIP to question*** **B6**

B5 **How difficult was it to get the mental health treatment or counseling that this person needed?**

- ☐ Not difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ It was not possible to obtain care
- ☐ Don't know

B6 **Has this person EVER had a special education or early intervention plan?**
People receiving these services often have an Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP), or 504 Plan.

- ☐ Yes
- ☐ No, but this person needed a plan ➔ ***SKIP to question*** **B9**
- ☐ No, this person did not need a plan ➔ ***SKIP to question*** **B9**
- ☐ Don't know ➔ ***SKIP to question*** **B9**

B7 **The COVID-19 pandemic began in March 2020. Did this person have a special education plan DURING THE PANDEMIC?**

- ☐ Yes
- ☐ No, but this person needed a plan ➔ ***SKIP to question*** **B9**
- ☐ No, this person did not need a plan ➔ ***SKIP to question*** **B9**

B8 **Did the pandemic affect this person's special education services?**

- ☐ Yes, this person received limited or inconsistent services during the pandemic
- ☐ Yes, this person did not receive any services during the pandemic
- ☐ No

B9 **SINCE MARCH 2020, has this person received speech therapy?**

- ☐ Yes
- ☐ No, but this person needed speech therapy ➔ ***SKIP to question*** **B11** ***on page 6***
- ☐ No, this person did not need speech therapy ➔ ***SKIP to question*** **B11** ***on page 6***
- ☐ Don't know ➔ ***SKIP to question*** **B11** ***on page 6***

B10 **SINCE MARCH 2020, has this person experienced any gaps or delays in receiving speech therapy?**

- ☐ Yes
- ☐ No
- ☐ Don't know

B11 **SINCE MARCH 2020, has this person received health care related to the use of hearing devices such as hearing aids or cochlear implants?**

- ☐ Yes
- ☐ No, but this person needed medical care related to the use of hearing devices ➔ ***SKIP to question*** **B13**
- ☐ No, this person did not need medical care related to the use of hearing devices ➔ ***SKIP to question*** **B13**
- ☐ Don't know ➔ ***SKIP to question*** **B13**

B12 **SINCE MARCH 2020, has this person experienced any gaps or delays in receiving health care related to the use of hearing devices?**

- ☐ Yes
- ☐ No
- ☐ Don't know

B13 **SINCE MARCH 2020, has this person received language instruction including sign language and/or cued speech?**

- ☐ Yes
- ☐ No, but this person needed these types of language instruction ➔ ***SKIP to question*** **B15**
- ☐ No, this person did not need these types of language instruction ➔ ***SKIP to question*** **B15**
- ☐ Don't know ➔ ***SKIP to question*** **B15**

B14 **SINCE MARCH 2020, has this person experienced any gaps or delays in language instruction?**

- ☐ Yes
- ☐ No
- ☐ Don't know

B15 **SINCE TURNING 18, has this person received care from a doctor or other health care provider who treats ONLY children?**

- ☐ Yes
- ☐ No
- ☐ Don't know

B16 **SINCE TURNING 18, has this person made the transfer to a primary care provider who treats adults?**

- ☐ This person already saw a primary care provider who treats adults before they turned 18 ➔ ***SKIP to question*** **B22** ***on page 7***
- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **B20**
- ☐ Don't know ➔ ***SKIP to question*** **B20**

B17 **If yes, how satisfied were you with the health care providers' help to transfer this person to adult health care?**

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know

B18 **How confident were you that this person was prepared to move to a primary care provider who treats adults?**

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Not at all confident
- ☐ Don't know

B19 **Did you or this person receive a summary of their medical history (for example, medical conditions, allergies, medications, immunizations)?**

- ☐ Yes ➔ ***SKIP to question*** **B22** ***on page 7***
- ☐ No ➔ ***SKIP to question*** **B22** ***on page 7***
- ☐ Don't know ➔ ***SKIP to question*** **B22** ***on page 7***

B20 **Has a doctor or other health care provider talked with you or this person about the process of transferring to adult care?**

- ☐ Yes
- ☐ No
- ☐ Don't know

B21 **Have any of this person's doctors or other health care providers helped with finding a new primary care provider who treats adults?**
Examples of assistance include suggesting names of adult providers, making introductions, or sending a letter to the new provider.

- ☐ Yes
- ☐ No
- ☐ Don't know

B22 **SINCE TURNING 18, has this person needed to see a mental health professional?**
Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **B24**
- ☐ Don't know ➔ ***SKIP to question*** **B24**

B23 **Did this person's doctors or other health care providers help with finding mental health professionals who care for adults?**

- ☐ Yes
- ☐ No
- ☐ Don't know

B24 **SINCE TURNING 18, has this person needed to see a specialist other than a mental health professional?**
Examples of specialists include doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. Do not include dentists or other oral health care providers.

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **B26**
- ☐ Don't know ➔ ***SKIP to question*** **B26**

B25 **Did this person's doctors or other health care providers help with finding specialists who care for adults (other than mental health professionals)?**

- ☐ Yes
- ☐ No
- ☐ Don't know

B26 **Does this person have any disabilities or special health care needs that require you or another parent or previous caregiver to stay involved in their health care?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **B30**

B27 **DURING THE PAST 12 MONTHS, how satisfied were you with the information doctors or other health care providers gave you or this person about state programs or disability-related organizations?**
Examples include Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or Family-to-Family Support.

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ This information was not needed during the past 12 months
- ☐ This information was needed during the past 12 months but not provided

B28 **DURING THE PAST 12 MONTHS, how satisfied were you with the communication between this person's doctors and other health care providers?**

- ☐ This person did not see more than one health care provider in the past 12 months ➔ ***SKIP to question*** **B30**
- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

B29 **DURING THE PAST 12 MONTHS, how satisfied were you with the explanations this person's doctors or other health care providers gave you or this person about which providers are responsible for different parts of their care?**

- ☐ An explanation was not needed
- ☐ An explanation was not given
- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

B30 **Is this person CURRENTLY covered by ANY kind of health insurance or health coverage plan?**

- ☐ Yes ➔ ***SKIP to question*** **B32** ***on page 8***
- ☐ No
- ☐ Don't know ➔ ***SKIP to question*** **B33** ***on page 8***

B31 **Indicate whether any of the following is a reason this person is currently not covered by health insurance:**
Mark (X) ONE for EACH item.

	Yes	No	Don't know
a. Change in employer or employment status	☐	☐	☐
b. Loss of eligibility for Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability	☐	☐	☐
c. Cancellation due to overdue premiums	☐	☐	☐
d. Dropped coverage because it was unaffordable	☐	☐	☐
e. Dropped coverage because benefits were inadequate	☐	☐	☐
f. Dropped coverage because choice of health care providers was inadequate	☐	☐	☐
g. Problems with application or renewal process	☐	☐	☐
h. Other, specify: ↙	☐	☐	☐

B32 **Answer question B32 only if you answered Yes to question B30 on page 7. Otherwise, *SKIP* to question B33.**

Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?
Mark (X) ONE for EACH item.

	Yes	No	Don't know
a. Insurance through someone's current or former employer or union	☐	☐	☐
b. Insurance purchased directly from an insurance company	☐	☐	☐
c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability	☐	☐	☐
d. TRICARE or other military health care	☐	☐	☐
e. Indian Health Service	☐	☐	☐
f. Other, specify: ↙	☐	☐	☐

B33 **Eligibility for health insurance often changes in adulthood. Do you or this person know how they will be insured as they get older?**

- ☐ Yes
- ☐ No
- ☐ Don't know

C. About This Person

C1 **What is the highest level of education this person has completed?**

- ☐ 8th grade or less
- ☐ 9th-12th grade; No diploma
- ☐ High school graduate or GED completed
- ☐ Completed a vocational, trade, or business school program
- ☐ Some college credit, but no degree
- ☐ Associate degree (AA, AS)
- ☐ Bachelor's degree (BA, BS, AB)
- ☐ Master's Degree (MA, MS, MSW, MBA)
- ☐ Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
- ☐ Don't know

C2 **Across all subjects, what grades did this person get during the 2022-2023 school year?**

- ☐ Mostly A's
- ☐ Mostly A's and B's
- ☐ Mostly B's and C's
- ☐ Mostly C's and D's
- ☐ Mostly D's or lower
- ☐ This person's school did not give these grades
- ☐ This person was not enrolled in school during the 2022-2023 school year
- ☐ Don't know

C3 **Is this person currently enrolled in any type of school?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question C5 on page 9***
- ☐ Don't know ➔ ***SKIP to question C5 on page 9***

C4 **Which of the following types of school is this person currently enrolled in?**
Mark (X) ALL that apply.

- ☐ High school
- ☐ Vocational, occupational, or technical certificate program
- ☐ 2-year or community college (Associate degree program)
- ☐ 4-year college or higher (Bachelor's, Master's, PhD, or professional program)

C5 **Which of the following describes this person's CURRENT employment situation?**
Mark (X) ALL that apply.

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Internship or job training program
- ☐ Working without pay/volunteer work
- ☐ Not employed but looking for work
- ☐ Not employed and not looking for work
- ☐ Don't know

C6 **Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard?**
Mark (X) ONE box.

- ☐ Never served in the military
- ☐ Only on active duty for training in the Reserves or National Guard
- ☐ Now on active duty
- ☐ On active duty in the past, but not now
- ☐ Don't know

C7 **How often does this person pursue the goals they set for themselves?**

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Never
- ☐ Don't know

C8 **Does this person have any children of their own?**

- ☐ Yes
- ☐ No

D. About Your Family and Household

D1 **What is the primary language you speak with this person?**

- ☐ English
- ☐ Spanish
- ☐ Other language, specify:

D2 **How well can you and this person share ideas or talk about things that really matter?**

- ☐ Very well
- ☐ Somewhat well
- ☐ Not very well
- ☐ Not well at all

D3 **SINCE MARCH 2020, how many times has this person moved to a new address?**
If none, write 0.

☐☐ Number of times

D4 **Is the house, apartment, or mobile home where you live…**
Mark (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?

D5 **DURING THE PAST 12 MONTHS, was there a time when you were not able to pay the mortgage or rent on time?**

- ☐ Yes
- ☐ No

D6 **SINCE MARCH 2020, has this person ever been homeless or lived in a shelter?**
Include living in a shelter, motel, temporary or transitional living situation, scattered site housing, or having no steady place to sleep at night.

- ☐ Yes
- ☐ No

D7 **DURING THE PAST 12 MONTHS, how often has it been very hard to cover the basics, like food or housing, on your family's income?**

- ☐ Never
- ☐ Rarely
- ☐ Somewhat often
- ☐ Very often

D8 **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
- ☐ Often we could not afford enough to eat

D9 **At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive…**
Mark (X) Yes or No for EACH item.

	Yes	No
a. Cash assistance from a government welfare program?	☐	☐
b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?	☐	☐
c. Free or reduced-cost breakfasts or lunches at school?	☐	☐
d. School meal debit/Electronic Benefits Transfer (EBT) cards?	☐	☐
e. Benefits from the Women, Infants, and Children (WIC) Program?	☐	☐
f. Unemployment Insurance (UI)?	☐	☐

D10 **At any time DURING THE PAST 12 MONTHS, did this person live anywhere other than with you?**

- ☐ Yes
- ☐ No → ***SKIP to question*** **D12**

D11 **At any time when they were not living with you DURING THE PAST 12 MONTHS, even for one month, did this person or their dependents receive…**
Mark (X) ONE for EACH item.

	Yes	No	Don't know
a. Cash assistance from a government welfare program?	☐	☐	☐
b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?	☐	☐	☐
c. Free or reduced-cost breakfasts or lunches at school?	☐	☐	☐
d. School meal debit/Electronic Benefits Transfer (EBT) cards?	☐	☐	☐
e. Benefits from the Women, Infants, and Children (WIC) Program?	☐	☐	☐
f. Unemployment Insurance (UI)?	☐	☐	☐

D12 **The next questions are about events that may have happened during this person's life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer.**

To the best of your knowledge, has this person EVER experienced any of the following?
Mark (X) Yes or No for EACH item.

	Yes	No
a. Parent or guardian divorced or separated	☐	☐
b. Parent or guardian died	☐	☐
c. Parent or guardian served time in jail or prison	☐	☐
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. Treated or judged unfairly because of their sexual orientation or gender identity	☐	☐
j. Treated or judged unfairly because of a health condition or disability	☐	☐

E. This Person's Parents or Previous Caregivers

Complete these questions for UP TO TWO ADULTS who are this person's parents or previous caregivers. Please only include adults who are currently active in this person's life.

About You

E1 **How are you related to this person?**

- ☐ Biological or Adoptive Parent
- ☐ Step-parent
- ☐ Grandparent
- ☐ Foster Parent
- ☐ Other: Relative
- ☐ Other: Non-Relative

E2 **What is your sex?**

- ☐ Male
- ☐ Female

E3 **What is your age?**

☐☐ Age in years

E4 **Where were you born?**

- ☐ In the United States
- ☐ Outside of the United States

E5 **What is the highest grade or level of school you have completed?**
Mark (X) ONE box.

- ☐ 8th grade or less
- ☐ 9th-12th grade; No diploma
- ☐ High school graduate or GED completed
- ☐ Completed a vocational, trade, or business school program
- ☐ Some college credit, but no degree
- ☐ Associate Degree (AA, AS)
- ☐ Bachelor's Degree (BA, BS, AB)
- ☐ Master's Degree (MA, MS, MSW, MBA)
- ☐ Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

E6 **What is your marital status?**

- ☐ Married
- ☐ Not married, but living with a partner
- ☐ Never married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

E7 **Has there been a change in your marital status SINCE 2018?**

- ☐ Yes
- ☐ No

E8 **In general, how is your physical health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

E9 **In general, how is your mental or emotional health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

E10 **Which of the following best describes your current employment status?**
Mark (X) ONE box.

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Working without pay
- ☐ Not employed but looking for work
- ☐ Not employed and not looking for work
- ☐ Retired

E11 **Does this person have another parent or previous caregiver who is active in their life?**

- ☐ Yes
- ☐ No → ***SKIP to question F1 on page 13***

Other Parent or Previous Caregiver

E12 **How is this other parent or previous caregiver currently related to you?**
Mark (X) ONE box.

- ☐ Spouse or partner
- ☐ Ex-spouse or ex-partner
- ☐ Parent (include adoptive or foster parent)
- ☐ Grandparent
- ☐ In-law (include parent or grandparent)
- ☐ Other: Relative
- ☐ Other: Non-Relative

E13 **Does this other parent or previous caregiver live with you?**

- ☐ Yes
- ☐ No

E14 **How is this parent or previous caregiver related to this person?**

- ☐ Biological or Adoptive Parent
- ☐ Step-parent
- ☐ Grandparent
- ☐ Foster Parent
- ☐ Other: Relative
- ☐ Other: Non-Relative

E15 **What is this parent or previous caregiver's sex?**

- ☐ Male
- ☐ Female

E16 **What is this parent or previous caregiver's age?**

☐☐ Age in years

- ☐ Don't know

E17 **Where was this parent or previous caregiver born?**

- ☐ In the United States
- ☐ Outside of the United States
- ☐ Don't know

E18 **What is the highest grade or level of school this parent or previous caregiver has completed?**
Mark (X) ONE box.

- ☐ 8th grade or less
- ☐ 9th-12th grade; No diploma
- ☐ High school graduate or GED completed
- ☐ Completed a vocational, trade, or business school program
- ☐ Some college credit, but no degree
- ☐ Associate Degree (AA, AS)
- ☐ Bachelor's Degree (BA, BS, AB)
- ☐ Master's Degree (MA, MS, MSW, MBA)
- ☐ Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
- ☐ Don't know

E19 **What is this parent or previous caregiver's marital status?**

- ☐ Married
- ☐ Not married, but living with a partner
- ☐ Never married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Don't know

E20 **In general, how is this parent or previous caregiver's physical health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

E21 **In general, how is this parent or previous caregiver's mental or emotional health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

E22 **Which of the following best describes this parent or previous caregiver's current employment status?**
Mark (X) ONE box.

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Working without pay
- ☐ Not employed but looking for work
- ☐ Not employed and not looking for work
- ☐ Retired
- ☐ Don't know

F. COVID-19 Pandemic

The questions in this section ask about this person's and your family's experiences during the COVID-19 pandemic, which began in March 2020.

As a reminder, "this person" refers to the young adult you named at the beginning of the survey.

F1 **Has this person ever tested positive for COVID-19 or been told by a doctor or other health care provider they had COVID-19?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question F6 on page 14***
- ☐ Don't know ➔ ***SKIP to question F6 on page 14***

F2 **If yes, how many times has this person tested positive for COVID-19 or been told by a doctor or other health care provider they had COVID-19?**

- ☐☐ Number of times
- ☐ Don't know

F3 **How long did this person's COVID-19 symptoms last?**
If this person has had multiple COVID-19 infections, report about the time when the symptoms lasted the longest. Symptoms can include fever, fatigue, cough, difficulty breathing, brain fog, headache, problems sleeping, fast heartbeat, or loss of smell.

- ☐ This person did not experience any symptoms ➔ ***SKIP to question F6 on page 14***
- ☐ Less than 1 month
- ☐ 1-2 months
- ☐ 3-5 months
- ☐ 6-12 months
- ☐ More than 12 months
- ☐ Don't know

F4 **Has a doctor or other health care provider EVER told this person that they had long COVID?**
Long COVID is also referred to as post-COVID conditions, post-acute COVID-19, or long-term effects of COVID-19.

- ☐ Yes
- ☐ No
- ☐ Don't know

F5 **Has this person EVER been hospitalized for a COVID-19 infection or because of complications from a COVID-19 infection?**

- ☐ Yes
- ☐ No
- ☐ Don't know

F6 **Has this person received a COVID-19 vaccine?**

- ☐ Yes
- ☐ No → ***SKIP to question*** **F8**
- ☐ Don't know → ***SKIP to question*** **F8**

F7 **Which of the following best describes the vaccine doses this person received?**
A primary vaccine series includes the initial number of recommended doses, which may differ by vaccine type.

- ☐ All doses of a primary series and at least one booster
- ☐ All doses of a primary series but no boosters
- ☐ Some but not all doses of a primary series
- ☐ Don't know

F8 **SINCE MARCH 2020, has this person ever lived with someone who was sick with COVID-19?**

- ☐ Yes
- ☐ No
- ☐ Don't know

F9 **Have you or another parent or previous caregiver EVER been hospitalized for a COVID-19 infection or because of complications from a COVID-19 infection?**

- ☐ Yes
- ☐ No

F10 **Did any of this person's parents or previous caregivers die from a COVID-19 infection or because of complications from a COVID-19 infection?**

- ☐ Yes
- ☐ No

F11 **DURING THE PANDEMIC, did this person's behavior EVER leave you concerned about their mental or emotional health?**

- ☐ Yes
- ☐ No → ***SKIP to question*** **F13**

F12 **If yes, did this person seem to...**
Mark (X) Yes or No for EACH item.

	Yes	No
a. Feel anxious?	☐	☐
b. Feel depressed?	☐	☐
c. Struggle with eating?	☐	☐
d. Struggle to stay focused?	☐	☐
e. Show unusual anger or outbursts?	☐	☐

F13 **DURING THE PANDEMIC, did this person receive any treatment or counseling from a mental health professional?**
Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

- ☐ Yes
- ☐ No, but this person needed to see a mental health professional
- ☐ No, this person did not need to see a mental health professional → ***SKIP to question*** **F15**
- ☐ Don't know → ***SKIP to question*** **F15**

F14 **How difficult was it to get the mental health treatment or counseling that this person needed?**

- ☐ Not difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ It was not possible to obtain care
- ☐ Don't know

F15 **DURING THE PANDEMIC, was there any time when health care for this person was not received or was delayed by at least three months?**
By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.

- ☐ Yes
- ☐ No → ***SKIP to question*** **F18** ***on page 15***
- ☐ Don't know → ***SKIP to question*** **F18** ***on page 15***

F16 **Did any of the following reasons contribute to this person not receiving or delaying needed health services DURING THE PANDEMIC?**
Mark (X) ONE for EACH item

	Yes	No	Don't know
a. There were problems getting an appointment when this person needed one	☐	☐	☐
b. The clinic or doctor's office wasn't open when this person needed care	☐	☐	☐
c. There were concerns about exposure to COVID-19 by going to the clinic or doctor's office	☐	☐	☐
d. This person or someone in this person's household had COVID-19 or was exposed to COVID-19	☐	☐	☐

F17 **Which of the following statements best describes how this person's health was impacted by not receiving or delaying health care DURING THE PANDEMIC?**

- ☐ There was no impact on this person's health
- ☐ There was mild or minimal impact on this person's health
- ☐ There was moderate impact on this person's health
- ☐ There was significant or severe impact on this person's health
- ☐ Don't know

F18 **DURING THE PANDEMIC, was this person covered by ANY kind of health insurance or health coverage plan?**

- ☐ Yes, this person was covered during the entire pandemic
- ☐ Yes, but this person had a gap in coverage during the pandemic
- ☐ No
- ☐ Don't know

F19 **Across all subjects in school, what grades did this person get BEFORE MARCH 2020?**

- ☐ Mostly A's
- ☐ Mostly A's and B's
- ☐ Mostly B's and C's
- ☐ Mostly C's and D's
- ☐ Mostly D's or lower
- ☐ This person's school did not give these grades

F20 **SINCE MARCH 2020, how concerned have you been about this person falling behind in school because of the pandemic?**

- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ Not at all concerned
- ☐ Not applicable

F21 **DURING THE PANDEMIC, was this person enrolled in high school?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **F30** ***on page 16***

F22 **At any time DURING THE PANDEMIC, did this person's high school(s) close completely because of COVID-19?**

- ☐ Yes
- ☐ No
- ☐ Not applicable

F23 **At any time DURING THE PANDEMIC, did this person participate in high school by remote learning only because of COVID-19?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **F25**
- ☐ Not applicable ➔ ***SKIP to question*** **F25**

F24 **How long did this person participate in high school by remote learning only?**
Your best estimate is fine. Consider all periods of only remote learning together when providing your estimate.

- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-12 months
- ☐ More than a year
- ☐ Don't know

F25 **At any time DURING THE PANDEMIC, did this person participate in high school by a combination of remote learning and in-person learning because of COVID-19?**

- ☐ Yes
- ☐ No ➔ ***SKIP to question*** **F27** ***on page 16***
- ☐ Not applicable ➔ ***SKIP to question*** **F27** ***on page 16***

F26 **How long did this person participate in high school by a combination of remote learning and in-person learning?**
Your best estimate is fine. Consider all periods of combined remote learning and in-person learning together when providing your estimate.

- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-12 months
- ☐ More than a year
- ☐ Don't know

F27 **Answer question F27 only if this person experienced ANY remote learning DURING THE PANDEMIC. Please include all times when this person participated in high school by remote learning only or remote learning combined with in-person learning. Otherwise, *SKIP* to question F28.**

DURING REMOTE LEARNING, to what extent did this person experience the following challenges?
Mark (X) ONE for EACH item.

	A lot	A little	Not at all
a. Unreliable or unavailable digital device (for example, desktop, laptop, tablet, chromebook)	☐	☐	☐
b. Unreliable or unavailable internet connection	☐	☐	☐
c. Difficulty accessing learning materials	☐	☐	☐
d. Unclear instructions or expectations	☐	☐	☐
e. Distractions at home	☐	☐	☐
f. Language barriers	☐	☐	☐

F28 **At any time DURING THE PANDEMIC, did this person miss school for a reason related to COVID-19 (such as quarantine or sickness)?**

- ☐ Yes
- ☐ No → ***SKIP to question*** F30
- ☐ Not applicable → ***SKIP to question*** F30

F29 **How long did this person miss school for a reason related to COVID-19?**
Your best estimate is fine. Consider all periods that this person did not attend school together when providing your estimate.

- ☐ Less than 1 week
- ☐ 1-2 weeks
- ☐ 3-4 weeks
- ☐ More than 4 weeks
- ☐ Don't know

F30 **At any time DURING THE PANDEMIC, did this person unenroll from school and switch to homeschooling because of COVID-19?**

- ☐ Yes
- ☐ No → ***SKIP to question*** F32
- ☐ This person was already being homeschooled → ***SKIP to question*** F32

F31 **How long was this person homeschooled?**
Your best estimate is fine. Consider all periods of homeschooling together when providing your estimate.

- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-12 months
- ☐ More than a year
- ☐ Don't know

F32 **At any time DURING THE PANDEMIC, was this person enrolled in any of the following types of school?**
Mark (X) ALL that apply.

- ☐ Vocational, occupational, or technical certificate program
- ☐ 2-year or community college (Associate degree program)
- ☐ 4-year college or higher (Bachelor's, Master's, PhD, or professional program)
- ☐ None of these

F33 **BECAUSE OF THE PANDEMIC, did this person...**
Mark (X) ONE for EACH item.

	Yes	No	Don't know
a. Decide to pursue higher education?	☐	☐	☐
b. Drop out of higher education?	☐	☐	☐
c. Decide NOT to pursue higher education?	☐	☐	☐
d. Postpone enrolling in higher education?	☐	☐	☐
e. Take a break from higher education (for example, a gap semester or gap year)?	☐	☐	☐

F34 **Which of the following best describes this person's employment status most of the time DURING THE PANDEMIC?**
Mark (X) ONE box.

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Internship or job training program
- ☐ Working without pay/volunteer work
- ☐ Not employed but looking for work
- ☐ Not employed and not looking for work
- ☐ Don't know

F35 **DURING THE PANDEMIC, did this person EVER experience any of the following changes in employment?**
Mark (X) ONE for EACH item.

	Yes	No	Don't know
a. Shift to remote work/telework	☐	☐	☐
b. Decreased hours	☐	☐	☐
c. Decreased pay	☐	☐	☐
d. Furloughed (temporary job loss)	☐	☐	☐
e. Loss of job	☐	☐	☐
f. Decreased job security	☐	☐	☐
g. Increased hours	☐	☐	☐
h. Left workforce	☐	☐	☐

F36 **DURING THE PANDEMIC, was this person EVER considered an essential worker?**
Essential workers are those workers who provide services or conduct operations deemed essential to the ongoing critical functions in the community, including work related to health care, infrastructure, food, and other essential products.

☐ Yes
☐ No
☐ Don't know

F37 **DURING THE PANDEMIC, did this person start or increase using substances to help them cope with stress or emotions?**
Substance use includes alcohol, legal or illegal drugs, or prescription drugs that are taken in a way not recommended by a doctor.

☐ Yes
☐ No
☐ Don't know

F38 **DURING THE PANDEMIC, how well do you think you handled the day-to-day demands of parenting or raising children?**

☐ Very well
☐ Somewhat well
☐ Not very well
☐ Not well at all

F39 **DURING THE PANDEMIC, how often did the following happen?**

	Not at all	A few times a week	Very often
a. Parents or previous caregivers insulted, swore, shouted, or yelled at each other	☐	☐	☐
b. Parents or previous caregivers said mean things, shouted, yelled, or screamed at this person	☐	☐	☐
c. Parents or previous caregivers were not able to pay attention to this person's needs	☐	☐	☐

F40 **DURING THE PANDEMIC, was your mental or emotional health better, worse, or about the same as it was before the pandemic began?**

☐ Better → ***SKIP to question*** **F42**
☐ About the same → ***SKIP to question*** **F42**
☐ Worse

F41 **Please indicate how true the following statements are about your mental or emotional health DURING THE PANDEMIC.**

	Not true	Somewhat true	Very true
a. I experienced an increase in feeling nervous, anxious, on edge, or worried	☐	☐	☐
b. I experienced an increase in feeling down, depressed, or hopeless	☐	☐	☐

F42 **DURING THE PANDEMIC, did you or another parent or previous caregiver EVER experience any of the following changes in employment?**
Mark (X) Yes or No for EACH item.

	Yes	No
a. Shift to remote work/telework	☐	☐
b. Decreased hours	☐	☐
c. Decreased pay	☐	☐
d. Furloughed (temporary job loss)	☐	☐
e. Loss of job	☐	☐
f. Decreased job security	☐	☐
g. Increased hours	☐	☐
h. Left workforce	☐	☐

F43 **DURING THE PANDEMIC, were you or another parent or previous caregiver EVER considered an essential worker?**
Essential workers are those workers who provide services or conduct operations deemed essential to the ongoing critical functions in the community, including work related to health care, infrastructure, food, and other essential products.

- ☐ Yes
- ☐ No

F44 **DURING THE PANDEMIC, was there a time when you were not able to pay your mortgage or rent on time?**

- ☐ Yes
- ☐ No

F45 **DURING THE PANDEMIC, was your family evicted from your home or was your home foreclosed on?**
A landlord not renewing the lease should not be counted as an eviction.

- ☐ Yes
- ☐ No

F46 **DURING THE PANDEMIC, how often was it very hard to cover the basics, like food or housing, on your family's income?**

- ☐ Never
- ☐ Rarely
- ☐ Somewhat often
- ☐ Very often

F47 **Which of these statements best describes your household's ability to afford the food you needed DURING THE PANDEMIC?**

- ☐ We could always afford to eat good nutritious meals ➔ ***SKIP to question*** **G1**
- ☐ 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
- ☐ Often we could not afford enough to eat

F48 **How long did your household experience difficulty affording the food you needed DURING THE PANDEMIC?**

- ☐ Less than 1 month
- ☐ 1 month
- ☐ 2-3 months
- ☐ 4-6 months
- ☐ More than 6 months

G. Household Information

G1 **How many people are living or staying at this address?**
Include everyone who usually lives or stays at this address. Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away or someone in the Armed Forces on deployment.

☐☐ Number of people

G2 **How many of these people in your household are family members?**
Family is defined as anyone related to this person by blood, marriage, adoption, or through foster care.

☐☐ Number of people

G3 **How many children 0-17 years old usually live or stay at this address?**

☐☐ Number of children living or staying at this address

G4 **Income in 2022.**
Mark (X) the "Yes" box for each type of income this person'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
TOTAL AMOUNT in 2022

☐ No

b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships.

☐ Yes → $, , .00 ☐ Loss
TOTAL AMOUNT in 2022

☐ No

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.

☐ Yes → $, , .00 ☐ Loss
TOTAL AMOUNT in 2022

☐ No

d. Social Security or Railroad Retirement; retirement, survivor, or disability pensions.

☐ Yes → $, , .00
TOTAL AMOUNT in 2022

☐ No

e. Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office.

☐ Yes → $, , .00
TOTAL AMOUNT in 2022

☐ No

f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony.

☐ Yes → $, , .00
TOTAL AMOUNT in 2022

☐ No

G5 **The following question is about your 2022 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 business, farm or rent, and any other money income received.

$, , .00 ☐ Loss
TOTAL AMOUNT in 2022

H. Contact Information

You have reached the end of the survey. In case we have additional follow-up questions about this person in the future, we would like to get some information to help us contact you. This information, like your responses to all questions in the survey, is confidential and voluntary.

H1 **Please provide your name and contact information. We will only contact you if needed for official Census Bureau business.**

First Name

Last Name

Street Apt.

City State ZIP

Phone
– –

Email Address

H2 **In case we have difficulty getting in touch with you in the future, what is the name, address, and phone number of one person who will always know your whereabouts?**
Providing this information is voluntary.

First Name

Last Name

Street Apt.

City State ZIP

Phone
– –

Email Address

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 person 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 and young adults 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 second part of the National Survey of Children's Health-Longitudinal Cohort will take 40 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 ADDP.NSCH.List@census.gov; use "Paperwork Project 0607-####" 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.