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

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

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 QUESTIONNAIRI 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 Wha	t is your first and last name? First Name	Las	t Name	
Plea you • ∈ • ∈ 103	EE 2018, how many children or young adults live or hase include all children and young adults who are currently or another adult member of your household: ither full-time or part-time t this address or another address Number of children or young adults	ages 3-24	and live or have lived with	n this household?
	all children and/or young adults included in question se list the children and/or young adults from oldest to you First name, initials, or nickname of child or young ad	ngest.	Age in Years	Sex
104		10		1 Male 2 Female
107		10		1 Male 2 Female
110		11		1 Male 2 Female
113		11		1 Male 2 Female
116		11		Male Pemale
119		12	0 121	Male Permale
122		12		1
125		12	6 127	1 Male 2 Female
128		12		1 Male 2 Female

Mailing Instructions

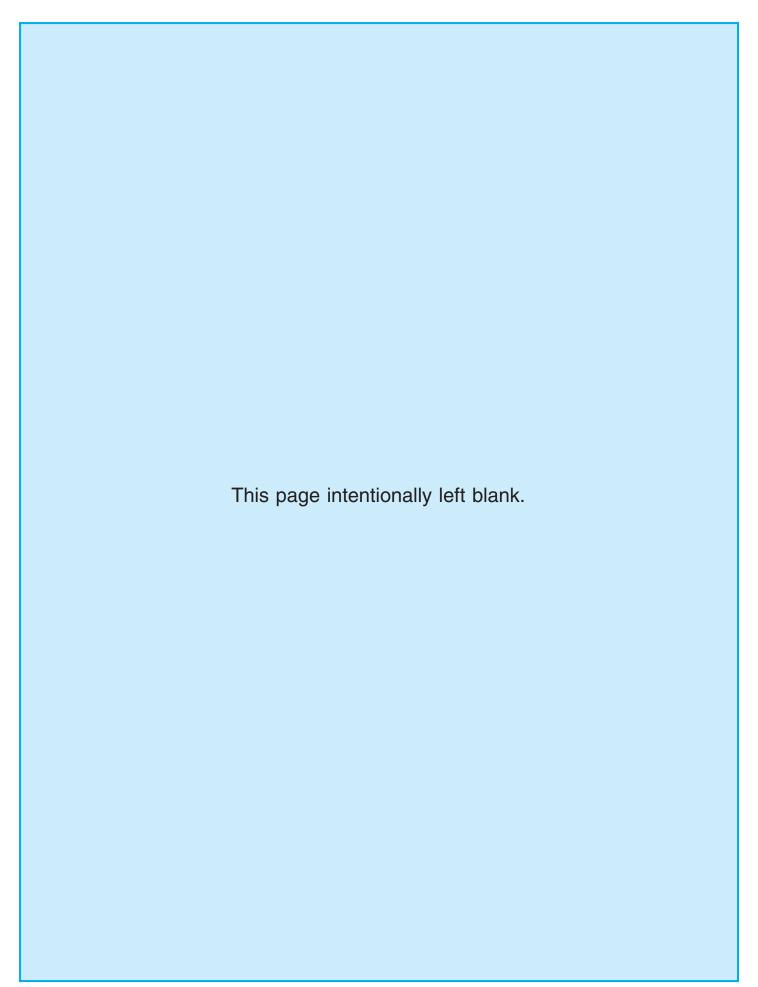
Thank you for your participation.

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.





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	5	Wha	t is this child's sex?
	Recently, someone in your household completed a short survey that asked about children and/or young adults ages 3 to 24.			Male Female
	Thank you for taking the time to respond.			E: Answer BOTH question 6 about Hispanic origin question 7 about race. For this survey, Hispanic
	We now have some important follow-up questions to ask about:			ns are not races.
	ask about.	6	Is th	is child of Hispanic, Latino, or Spanish origin?
				No, not of Hispanic, Latino, or Spanish origin
	This survey should be completed by a parent or caregiver. If the child listed above does not correspond			Yes, Mexican, Mexican American, Chicano
	to a child for whom you or another adult in your household are a parent or caregiver, please call			Yes, Puerto Rican
	1-877-749-4943 for assistance.			Yes, Cuban
	We have selected only one child for this follow-up survey in an effort to minimize the amount of time you			Yes, another Hispanic, Latino, or Spanish origin
	will need to complete the questions. Your participation is important. Thank you.	7		t is this child's race? ((X) one or more boxes.
				White
				Black or African American
	Are you a parent or caregiver who is CURRENTLY familiar with this child's health?			American Indian or Alaska Native
	Yes → SKIP to question 3			Asian Indian
	□ No			Chinese
	This child is deceased → You do not need to complete this questionnaire. Please mark this response option and RETURN THIS QUESTIONNAIRE IN THE			Filipino
	ENVELOPE PROVIDED.		H	Japanese
	If no, is there another parent or caregiver in this househol	ld	H	Korean
	who is CURRENTLY familiar with this child's health? Yes → Please have this other parent or caregiver		Н	Vietnamese
	complete the rest of the survey.			Other Asian
	No → You do not need to complete this questionnaire. Please mark "No" and RETURN THIS			Native Hawaiian
	QUESTIONNAIRE IN THE ENVELOPE PROVIDED.			Chamorro
	What is this child's full name?			Samoan
	First			Other Pacific Islander
	Last	8		re does this child live AT LEAST HALF OF THE TIME? (X) ALL that apply.
				With me
				With another parent or caregiver at another address
•	In what month and year was this child born? Birth Month / 4-Digit Birth Year			Institutional setting (such as congregate care, residential treatment, group home, penal facility)
	/ 20			Other, specify: 🗾



A	A. This Child's Health In general, how would you describe this child's health?		Has a doctor, other health care provider, or educator EVER told you that this child has Examples of educators are teachers and school nurses.
	Excellent	A	A6 Behavioral or Conduct Problems?
			☐ Yes ☐ No
	☐ Very good		
	Good		☐ Yes ☐ No
	Fair		
	Poor	A	A7 Developmental Delay?
A:	How would you describe the condition of this child's		☐ Yes ☐ No
	teeth?		
	Excellent		☐ Yes ☐ No
	☐ Very good	Δ	A8 Intellectual Disability (formerly known as Mental
	Good	4	Retardation)?
	□ Fair		☐ Yes ☐ No
	Poor		If yes, does this child CURRENTLY have the condition?
	Has a doctor or other health care provider EVER told		☐ Yes ☐ No
A:	you that this child has Permanent hearing loss?	A	A9 Speech or other language disorder?
Â			Yes No
	Yes No		→ If yes, does this child CURRENTLY have the
			condition?
	Mild		☐ Yes ☐ No
	Moderate	A	Learning Disability?
	Severe		☐ Yes ☐ No
	Profound		
A	Anxiety Problems?		☐ Yes ☐ No
1	☐ Yes ☐ No	4	Has a doctor or other health care provider EVER told
	☐ If yes, does this child CURRENTLY have the	A	you that this child has Autism or Autism Spectrum Disorder (ASD)?
	condition?		Include diàgnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).
	☐ Yes ☐ No		☐ Yes ☐ No → SKIP to question A16 on page 4
A	Depression?		If yes, does this child CURRENTLY have the
	☐ Yes ☐ No		condition?
			☐ Yes ☐ No
	☐ Yes ☐ No		



A1	2 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?	A18	or c	CE MARCH 2020, has this chelays in receiving medication ADD or ADHD?			
	Yes, this child received all needed medication or behavioral treatment			No			
	Yes, this child received some needed medication or behavioral treatment	A19		nis child CURRENTLY taking	medic	ation for AD	D
	No, this child needed but did not receive any medicatio or behavioral treatment → SKIP to question A16	n		Yes			
	No, this child did not need either medication or behavioral treatment → SKIP to question A16	A20		No nny time DURING THE PAST	12 M∩	NTUS did th	nie.
A1	SINCE MARCH 2020, has this child experienced any gaps or delays in receiving medication or behavioral treatmen for Autism, ASD, Asperger's Disorder, or PDD?	s	chil suc	d receive behavioral treatme h as training or an interventi d received to help with their	nt for A	ADD or ADH tyou or this	D,
١	Yes			Yes			
١	□ No			No			
A1	4 Is this child CURRENTLY taking medication for Autism,	A21	Thir	nking of this child today, how			say
1	ASD, Asperger's Disorder, or PDD?		eac	h of the following describes		Sometimes	Often
ı	Yes		a.	Feels sad, unhappy			
ı	□ No		b.	Feels hopeless			
A 1	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for Autism, ASD,		c.	ls down on self			
	Asperger's Disorder, or PDD, such as training or an intervention that you or this child received to help with their behavior?		d.	Worries a lot			
١	Yes		е.	Seems to be having less fun			
ı	□ No		f.	Fidgety, unable to sit still			
			g.	Daydreams too much			
A1	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		h.	Distracted easily			
ı	ADHD?		i.	Has trouble concentrating			
١	Yes		j.	Acts as if driven by a motor			
	If yes, does this child CURRENTLY have the condition? _	A22		nking of this child today, how h of the following describes			say
١	☐ Yes ☐ No				Never	Sometimes	Often
A 1	SINCE MARCH 2020, has this child received medication or behavioral treatment for ADD or ADHD, such as		a.	Fights with other children			
١	training or an intervention that you or this child received to help with their behavior?	ı	b .	Does not listen to rules			
	Yes, this child received all needed medication or behavioral treatment			Does not understand other people's feelings			
	Yes, this child received some needed medication or			Teases others			
	behavioral treatment			Blames others for their troubles			
	No, this child needed but did not receive any medicatio or behavioral treatment → SKIP to question A21	n	f.	Refuses to share			
	No, this child did not need either medication or behavioral treatment → SKIP to question (A21)			Takes things that do not belong to them			



A2	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?	A27	Does this child have any kind of emotional, developmental, or behavioral problem for which they need treatment or counseling?
	☐ Yes ☐ No ☐ If yes, is this child's need for prescription		Yes No
	medicine because of ANY medical, behavioral, or other health condition?		If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?
	Yes □ No If yes, is this a condition that has lasted or is		☐ Yes ☐ No
	expected to last 12 months or longer?		
	☐ Yes ☐ No		B. Health Care Services
A2	Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?	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,
	☐ Yes ☐ No		hospitalizations or any other kind of medical care? Include health care visits done by video or phone.
	→ 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
	☐ Yes ☐ No		No → SKIP to question B3
	If yes, is this a condition that has lasted or is expected to last 12 months or longer?	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?
	☐ Yes ☐ No		A preventive check-up is when this child was not sick or injured, such as an annual or sports physical or well-child visit.
A2	Is this child limited or prevented in any way in their ability to do the things most children of the same age can do?		□ 0 visits □ 1 visit
	☐ Yes ☐ No		2 or more visits
	If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?	B3	SINCE MARCH 2020, has a doctor or other health care provider had you or another caregiver fill out a
	☐ Yes ☐ No		questionnaire about observations or concerns you may have about this child's development, communication,
	If yes, is this a condition that has lasted or is expected to last 12 months or longer?		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		Yes
A2	Does this child need or get special therapy, such as physical, occupational, or speech therapy?		No → SKIP to question B6 on page 6
	☐ Yes ☐ No	B4	or observations about:
	If yes, is this because of ANY medical, behavioral, or other health condition?		Mark (X) Yes or No for EACH item. Yes No a. Words and phrases this child uses
	Yes No		and understands? b. How this child behaves and gets
	If yes, is this a condition that has lasted or is expected to last 12 months or longer?		along with you and others?
	☐ Yes ☐ No		



В			at happened after you filled out the que k (X) Yes or No for EACH item.			B10	inter	this child EVER had a special education or early vention plan?
	i		The provider discussed the questionnaire results with me	Yes	No		Fam	dren receiving these services often have an Individualized ily Service Plan (IFSP), Individualized Education Plan), or 504 Plan.
			This child was referred for evaluation for services to help with concerns					Yes No, but this child needed
		c.	The provider discussed ways to support this child's development with me					a plan → SKIP to question B13 No, this child did not need a plan → SKIP to question B13
В		ls ti	here a place you or another caregiver L child when they are sick or you need a r health?	JSUALLY advice ab	take oout	B11	this	COVID-19 pandemic began in March 2020. Did child have a special education or early evention plan DURING THE PANDEMIC?
			Yes					Yes
			No					No, but this child needed a plan → SKIP to question B13
В		den	RING THE PAST 12 MONTHS, did this c tist or other oral health care provider for EVENTIVE dental care, such as check-u	or				No, this child did not need a plan → SKIP to question B13
			anings, dental sealants, or fluoride treat			B12	Did or e	the pandemic affect this child's special education arly intervention services?
			No preventive visits in the past 12 month Yes, 1 visit	hs				Yes, this child received limited or inconsistent services during the pandemic
			Yes, 2 or more visits					Yes, this child did not receive any services during the pandemic
В			RING THE PAST 12 MONTHS, has this o					No
		hea Mei psy	eived any treatment or counseling from Ith professional? Ital health professionals include psychiatri ichologists, psychiatric nurses, and clinical	sts,	I	B13		CE MARCH 2020, has this child received speech apy?
		wor	kers.					Yes
			Yes No, but this child needed to see a menta	al				No, but this child needed speech therapy → SKIP to question B15
			health professional No, this child did not need to see a men	tal health				No, this child did not need speech therapy → SKIP to question B15
B:			professional → SKIP to question B10 v difficult was it to get the mental healt	h treatme	ent	B14		CE MARCH 2020, has this child experienced any s or delays in receiving speech therapy?
		or c	counseling that this child needed?					Yes
			Not difficult					No
			Somewhat difficult					
			Very difficult It was not possible to obtain care			B15	care	CE MARCH 2020, has this child received health related to the use of hearing devices such as ring aids or cochlear implants?
			it was not possible to obtain cale					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 317 on page 7



B1	6	gap	ICE MARCH 2020, has this child expert os or delays in receiving health care re e of hearing devices?				C. This Child's Schooling and Activities
		Ш	Yes				SINCE MARCH 2020, has this child EVER received care
			No		,	9	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
B1	7	lan	ICE MARCH 2020, has this child receiv guage instruction including sign langued ed speech?		or		program, family child care home, nanny, au pair, babysitter, or relative.
			Yes				Yes
			No, but this child needed these types of language instruction → SKIP to question				No → SKIP to question C5
			No, this child did not need these types language instruction → SKIP to question		(62	family been able to make alternative child care arrangements for this child when their regular day care
B1	8		ICE MARCH 2020, has this child experions or delays in language instruction?	enced any	y		or other child care arrangement was closed or unavailable? Alternative arrangements mean that care was provided by a
			Yes				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
			No				different from the USUAL care arrangement.
							Yes
B1	9)	ls t	his child CURRENTLY covered by ANY alth insurance or health coverage plan	kind of?			□ No
			Yes				Alternative child care was not needed
			No → SKIP to question C1				ONOS MARQUI 2000 has these sees have a time when
	A		L'A L'IL GUDDENTI V	. 6.41		G	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?
B2	υ	foll	this child CURRENTLY covered by any owing types of health insurance or health insuranc		age		
			ns? rk (X) Yes or No for EACH item.	Yes	No		☐ Yes
		a.	Insurance through a current or				L No
		h	former employer or union Insurance purchased directly from			C4	Does this child CURRENTLY receive care for at least
		D.	an insurance company				10 hours per week from someone other than their parent or guardian?
		C.	Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability				This could be a day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter or relative.
		Ч	TRICARE or other military health care	П			☐ Yes
			Indian Health Service				No
						C 5	Has this child started school?
		f.	Other, specify:				Include any formal home schooling.
							Yes, preschool
							Yes, kindergarten
							Yes, first grade
							□ No



C			often can this child recognize the beginning (31)	How	high can this child count?
		For e	example, can this child tell you that the word "ball" s with the "buh" sound?			This child cannot count
			Always			Up to five
			Most of the time			Up to ten
		П	About half the time			Up to 20
		П	Sometimes			Up to 50
			Never			Up to 100 or more
				1 2	How	often can this child identify basic shapes such as
C			ut how many letters of the alphabet can this child squize?		a tri	angle, circle, or square?
			All of them			Always
			Most of them			Most of the time
			About half of them			About half the time
			Some of them			Sometimes
			None of them			Never
C	2	Can	this child rhyme words?	913	Can	this child identify the colors red, yellow, blue, and
			Yes		gree	en by name?
			No		H	Yes, all of them
					H	Yes, some of them
C		seer	often can this child explain things they have or done so that you get a very good idea what bened?			No, none of them
		Пар		C14	How	often is this child easily distracted?
			Always			Always
			Most of the time			Most of the time
			About half the time			About half the time
			Sometimes			Sometimes
		Ш	Never			Never
C1	0	How som	often can this child write their first name, even if e of the letters aren't quite right or are backwards?	215	How	often does this child keep working at something
			Always		unti	they are finished?
			Most of the time		Ш	Always
			About half the time			Most of the time
			Sometimes		Н	About half the time
			Never			Sometimes
						Never



C1	6	Whe they	n this child is paying attention, how often can follow instructions to complete a simple task?	C21	Whe calm	n excited or all wour n down quickly?	nd up, h	ow ofte	n can this	child
			Always			Always				
			Most of the time			Most of the time				
			About half the time			About half the time				
			Sometimes			Sometimes				
			Never			Never				
C1		How	does this child usually hold a pencil?	C22		often does this child n things do not go th			of their tem	per
			Uses fingers to hold the pencil		WITE		ieli way	·		
			Grips the pencil in their fist			Always Most of the time				
			This child cannot hold a pencil							
C1	8	How	often does this child play well with others?			About half the time				
			Always			Sometimes				
			Most of the time			Never				
			About half the time	C23	Com diffi	pared to other childr culty does this child	en their have ma	age, he	ow much keeping fr	iends?
			Sometimes			No difficulty				
			Never			A little difficulty				
C ₁	9	How	often does this child become angry or anxious			A lot of difficulty				
		whe	n going from one activity to another?	C24	Com	pared to other childr	ren thei	r age, h	ow often is	this
			Always	T	child	d able to sit still?				
			Most of the time			Always				
			About half the time			Most of the time				
			Sometimes			About half the time				
			Never			Sometimes				
C2			often does this child show concern when others nurt or unhappy?			Never				
			Always	C25	How	often	lways	Henally	Sometimes	Never
			Most of the time			s this child iffectionate and				
			About half the time			ender with you?				
			Sometimes		b	Ooes this child counce back quickly				
			Never		Q Q	when things do not on their way?				
			Nevel		S	Does this child how interest and suriosity in learning lew things?				
						oes this child mile and laugh?				



D. Abou	ut Your	Family
	Househ	

ı		and Hauschald			ly to do each of the			onton and	you
		and Household				All of the time	Most of the time	Some of the time	None of the time
01	this pho	MOST WEEKDAYS, about how much time does schild spend in front of a TV, computer, cell one or other electronic device watching programs,			Talk together about what to do				
	me	ying games, accessing the internet, or using social dia? not include time spent doing schoolwork.			Work together to solve our problems				
		1 hour or less		;	Know we have strengths to draw on				
		2-3 hours			Stay hopeful even				
		4-6 hours			n difficult times				
		7-8 hours	D6	mov	CE MARCH 2020, h		y times h	as this ch	ild
		More than 8 hours		11 110	one, write 0.				
		Don't know			Number of tin	nes			
)2		RING THE PAST WEEK, how many days did you or er family members read to this child?	07		ne house, apartmer k (X) ONE box.	nt, or mo	bile home	e where y	ou live
		0 days			Owned by you or smortgage or loan?				ith a
		1-3 days			Owned by you or s			usehold fro	ee and
		4-6 days			Rented?	ongago o	. 10411).		
		Every day			Occupied without p	oayment o	of rent?		
)		RING THE PAST WEEK, how many days did you or er family members tell stories or sing songs to this d?	D8	whe	RING THE PAST 12 en you were not ab time?				
		0 days			Yes				
		1-3 days			No				
		4-6 days	D9	SINI	CE MARCH 2020, h	as this c	bild over	boon box	noloss
		Every day		or li	ived in a shelter? ude living in a shelte g situation, scattered	er, motel,	temporary	or transit	ional
)4		at is the primary language spoken in the usehold?		plac	e to sleep at night.	a site nou	ising, or m	aving no s	sicauy
		English		H	Yes				
		Spanish		Ш	No				
		Other language, specify:	D10	very	RING THE PAST 12 I hard to cover the your family's incom	basics,			
					Never				
					Rarely				
					Somewhat often				
					Very often				



D1	household's ability to afford the food you need DURING THE PAST 12 MONTHS?				E. This Child's Parents or Caregivers					
ı	We could always afford to eat good nutritious meals We could always afford enough to eat but not always				Complete these questions for UP TO TWO ADULTS					
	We could always afford enough to eat the kinds of food we should eat	ld eat			who are this child's parents or caregivers. Please only include adults who are currently active in this child's life.					
ı	Sometimes we could not afford enough	Sometimes we could not afford enough to eat			About You					
ı	Often we could not afford enough to eat				About 10a					
	At any time DURING THE PAST 12 MONTHS, even for			1	How are you related to this child?					
D1	one month, did anyone in your family receive Mark (X) Yes or No for EACH item.				☐ Biological or Adoptive Parent					
1	Yes No			Step-parent						
ı	a. Cash assistance from a government welfare program?				Grandparent					
۱	 Food Stamps or Supplemental Nutrition Assistance Program 				Foster Parent					
ı	(SNAP) benefits?				Other: Relative					
	c. Free or reduced-cost breakfasts or lunches at school?				Other: Non-Relative					
	d. School meal debit/Electronic Benefits Transfer (EBT) cards?			2	What is your sex?					
ı	e. Benefits from the Women,				Male					
ı	Infants, and Children (WIC) Program?				Female					
	f. Unemployment Insurance (UI)?			=3	What is your age?					
D1	happened during this child's life. These the happen in any family, but some people m	hings ca ay feel	an		Age in years					
ı	uncomfortable with these questions. You any questions you do not want to answer	may sk '.	rib (E4	Where were you born?					
ı	To the best of your knowledge, has this o	hild EV	'ER		☐ In the United States					
ı	experienced any of the following? Mark (X) Yes or No for EACH item.				Outside of the United States					
	Deposit on according div	Yes	No	= 5	What is the highest grade or level of school you have					
ı	 a. Parent or guardian divorced or separated 				completed?					
	b. Parent or guardian died				Mark (X) ONE box.					
	c. Parent or guardian served time in				8th grade or less					
ı	jail or prison				9th-12th grade; No diploma					
ı	 d. Saw or heard parents or adults slap, hit, kick, punch one another in the home 				High school graduate or GED completed					
	e. Was a victim of violence or				Completed a vocational, trade, or business school program					
ı	witnessed violence in their neighborhood				Some college credit, but no degree					
	f. Lived with anyone who was mentally				Associate Degree (AA, AS)					
	ill, suicidal, or severely depressed				Bachelor's Degree (BA, BS, AB)					
	g. Lived with anyone who had a problem with alcohol or drugs				Master's Degree (MA, MS, MSW, MBA)					
					Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)					



E	Wha	t is your marital status?	11	Doe	s this child have another parent or caregiver who ctive in their life?
		Married			Yes
		Not married, but living with a partner			
		Never married			No → SKIP to question F1 on page 14
		Divorced			Other Parent or Caregiver
		Separated	E12	How	is this other parent or caregiver currently related
		Widowed		to y	
E	Has 2018	there been a change in your marital status SINCE			Spouse or partner
		Yes			Ex-spouse or ex-partner
		No			Parent (include adoptive or foster parent)
					Grandparent
E	In ge	eneral, how is your physical health?			In-law (include parent or grandparent)
	Ш	Excellent			Other: Relative
		Very good			Other: Non-Relative
		Good	E13	Doe	s this parent or caregiver live with you?
		Fair			Yes
		Poor			No
E	In ge	eneral, how is your mental or emotional health?			
Ĭ		Excellent	E14	How	is this parent or caregiver related to this child?
		Very good		Ш	Biological or Adoptive Parent
		Good			Step-parent
		Fair			Grandparent
		Poor			Foster Parent
					Other: Relative
E1	emp	ch of the following best describes your current loyment status? (X) ONE box.			Other: Non-Relative
		Employed full-time	E15	Wha	it is this parent or caregiver's sex?
		Employed part-time			Male
		Working without pay			Female
		Not employed but looking for work	E16	Wha	it is this parent or caregiver's age?
		Not employed and not looking for work			Age in years Don't know
		Retired			



E1	Whe	ere was this parent or caregiver born?	E21	In go	eneral, how is this parent or caregiver's mental or tional health?
		In the United States		emo	Excellent
		Outside of the United States			
		Don't know			Very good
E1		at is the highest grade or level of school this		H	Good
		ent or caregiver has completed? k (X) ONE box.			Poor
		8th grade or less			Don't know
		9th-12th grade; No diploma			
		High school graduate or GED completed	E222	care	ch of the following best describes this parent or giver's current employment status? (X) ONE box.
		Completed a vocational, trade, or business school program			Employed full-time
		Some college credit, but no degree			Employed part-time
		Associate Degree (AA, AS)			Working without pay
		Bachelor's Degree (BA, BS, AB)			Not employed but looking for work
		Master's Degree (MA, MS, MSW, MBA)			Not employed and not looking for work
		Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			Retired
		Don't know			Don't know
EI	Wha	at is this parent or caregiver's marital status?			
		Married			
		Not married, but living with a partner			
		Never married			
		Divorced			
		Divorced			
- 1		Separated			
		Separated			
E2	In g	Separated Widowed Don't know eneral, how is this parent or caregiver's physical			
E2		Separated Widowed Don't know eneral, how is this parent or caregiver's physical			
E2		Separated Widowed Don't know eneral, how is this parent or caregiver's physical th?			
E2		Separated Widowed Don't know eneral, how is this parent or caregiver's physical lth? Excellent			
E2		Separated Widowed Don't know eneral, how is this parent or caregiver's physical th? Excellent Very good			
E2		Separated Widowed Don't know eneral, how is this parent or caregiver's physical th? Excellent Very good Good			



		F. COVID-19 Pandemic	F6	Has	this child received a COVID-19 vaccine?
	T l				Yes
	you	questions in this section ask about this child's and family's experiences during the COVID-19 demic, which began in March 2020.			No → SKIP to question F8
F	bee	this child ever tested positive for COVID-19 or 1 told by a doctor or other health care provider 2 had COVID-19?	7	dos A pr	ch of the following best describes the vaccine es this child received? imary vaccine series includes the initial number of mmended doses, which may differ by vaccine type.
		Yes			All doses of a primary series and at least one booster
		No → SKIP to question F6			All doses of a primary series but no boosters
F		es, how many times has this child tested positive COVID-19 or been told by a doctor or other health			Some but not all doses of a primary series
		provider that they had COVID-19?	F8	told	e you ever tested positive for COVID-19 or been by a doctor or other health care provider you had /ID-19?
		Number of times			Yes
F	If thi	I long did this child's COVID-19 symptoms last? Is child has had multiple COVID-19 infections, report If the time when the symptoms lasted the longest.			No → SKIP to question F10
	Sym brea	ptoms can include fever, fatigue, cough, difficulty thing, brain fog, headache, problems sleeping, fast tbeat, or loss of smell.	F 9	If yo	r long did your COVID-19 symptoms last? In have had multiple COVID-19 infections, report about time when the symptoms lasted the longest. Symptoms
		This child did not experience any symptoms → SKIP to question F6		can	include fever, fatigue, cough, difficulty breathing, brain headache, problems sleeping, fast heartbeat, or loss of
		Less than 1 month			I did not experience any symptoms
		1-2 months			Less than 1 month
		3-5 months			1-2 months
		6-12 months			3-5 months
		More than 12 months			6-12 months
F		a doctor or other health care provider EVER told			More than 12 months
	Long	that this child had long COVID? g COVID is also referred to as post-COVID conditions, -acute COVID-19, or long-term effects of COVID-19.	F10	Hav	e you received a COVID-19 vaccine?
		Yes			Yes
		No			No → SKIP to question F12 on page 15
F	infe	this child EVER been hospitalized for a COVID-19 ction or because of complications from a /ID-19 infection?	61 0	dos A pr	ch of the following best describes the vaccine es you received? imary vaccine series includes the initial number of
		Yes		reco	mmended doses, which may differ by vaccine type.
		No		H	All doses of a primary series and at least one booster
				H	All doses of a primary series but no boosters
					Some but not all doses of a primary series



F1	Answer questions F12 to F15 if this child has another parent or caregiver who is active in the child's life. Otherwise, <i>SKIP</i> to question F16.	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?				
	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				
	YesNo → SKIP to question F14	F18	DURING THE PANDEMIC, did this child's behavior EVER leave you concerned about their mental or emotional health?				
	☐ Don't know → SKIP to question F14		Yes				
F1	How long did this other parent or caregiver's		No → SKIP to question F20				
	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	F19	If yes, did this child seem to Mark (X) Yes or No for EACH item. Yes No				
	smell This other parent or caregiver did not experience any		a. Feel anxious?				
	symptoms		b. Feel depressed?				
	Less than 1 month		c. Struggle with eating?				
	1-2 months		d. Struggle to stay focused?				
	3-5 months		e. Show unusual anger or outbursts?				
	G-12 months	F20	DURING THE PANDEMIC, did this child receive any treatment or counseling from a mental health				
	More than 12 months		professional? Mental health professionals include psychiatrists,				
	Don't know		psychologists, psychiatric nurses, and clinical social workers.				
F1	Has this other parent or caregiver received a COVID-19 vaccine?		Yes No, but this child needed to see a mental health professional				
	Yes		No, this child did not need to see a mental health professional → SKIP to question				
	No → SKIP to question F16						
	□ Don't know → SKIP to question F16	[21]	How difficult was it to get the mental health treatment or counseling that this child needed?				
F1			□ Not difficult				
	doses this other parent or caregiver received? A primary vaccine series includes the initial number of recommended doses, which may differ by vaccine type.		Somewhat difficult				
	All doses of a primary series and at least one booster		□ Very difficult				
			☐ It was not possible to obtain care				
	All doses of a primary series but no boosters	F22	DURING THE PANDEMIC, was there any time when				
	Some but not all doses of a primary series		health care for this child was not received or was delayed by at least three months?				
	☐ Don't know		By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental				
F1	Have you or another parent or caregiver EVER been hospitalized for a COVID-19 infection or because of complications from a COVID-19 infection?		health services. Yes				
	Yes		No → SKIP to question F25 on page 16				
	No						



F2		not re	ny of the following reasons co eceiving or delaying needed h NG THE PANDEMIC?			child	F28	heal	RING THE PANDEMIC, was your th better, worse, or about the s pandemic began?				
		Mark	(X) Yes or No for EACH item.		Yes	No			Datter > CVID to avection				
		a. The appropriate or	nere were problems getting an ppointment when this child need	ed				H	Better → SKIP to question F30 About the same → SKIP to question		F30		
		b. Th	ne clinic or doctor's office wasn't ben when this child needed care						Worse				
		ex	nere were concerns about oposure to COVID-19 by going to e clinic or doctor's office	0			F29	abo	se indicate how true the follow ut your mental or emotional hea DEMIC.	ing st	atements a URING THI	are E	
		d. Th	nis child or someone in this child	l's	П				. 	Not true	Somewhat true	Very true	
			busehold had COVID-19 or was eposed to COVID-19		Ш			i	experienced an increase n feeling nervous, anxious, on edge, or worried				
F2		this c	h of the following statements child's health was impacted by ing health care DURING THE	not rec	eiving o			b . I	experienced an increase in eeling down, depressed, or nopeless				
			There was no impact on this chi	ld's healt	th								
			There was mild or minimal impa			health	F30	care	RING THE PANDEMIC, did you on giver EVER experience any of mployment?				
			There was moderate impact on	this child	's health				(X) Yes or No for EACH item.		V	Na	
			·								Yes	No	
			There was significant or severe health						Shift to remote work/telework Decreased hours				
F2			NG THE PANDEMIC, was this kind of health insurance or he					ο	Journal of the state of the sta				
								c . [Decreased pay			Ш	
		Yes, this child was covered during the entire pandemic Yes, but this child had a gap in coverage during the						d. F	Furloughed (temporary job loss)				
			pandemic					e. l	oss of job				
			No					f. [Decreased job security				
F2	6		NG THE PANDEMIC, how well					g. I	ncreased hours				
		child	led the day-to-day demands or ren?	r parenti	ng or ra	ising		h. l	eft workforce				
			Very well				F31	DURING THE PANDEMIC, were you or another parent or					
			Somewhat well					caregiver EVER considered an essential worker? Essential workers are those workers who provide services or					
			Not very well					conduct operations deemed essential to the ongoing critical functions in the community, including work related to health					
			Not well at all						, infrastructure, food, and other e				
F2	7	DURI	NG THE PANDEMIC, how ofte	n did the	e followi	ng			Yes				
٦		happ	en?		A few	Ū		Ш	No				
				Not at	times a week	Very often							
		SV	arents or caregivers insulted, vore, shouted, or yelled at ach other				F32		RING THE PANDEMIC, was there not able to pay the mortgage				
								Ш	Yes				
		thi	arents or caregivers said mean ings, shouted, yelled, or creamed at this child						No				
		ab	arents or caregivers were not ble to pay attention to this hild's needs										



FE	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.	G. Household Information
	Yes No	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.
F3	DURING THE PANDEMIC, how often was it very hard to cover the basics, like food or housing, on your family's income?	Number of people
	Never	How many of these people in your household are family members?
	Rarely	Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.
	☐ Somewhat often	Number of people
	☐ Very often	
F3	Which of these statements best describes your household's ability to afford the food you needed	How many children 0-17 years old usually live or stay at this address?
	DURING THE PANDEMIC?	Number of children living or staying at this address
	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	
F3	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	



fan	rk (X		es" box for each type of income this child	
	10UN	IT IN THI	and give your best estimate of the TOTA IE LAST CALENDAR YEAR. Mark (X) the w types of income NOT received.	L
a.	Wag	jes, sala	ry, commissions, bonuses, or tips for	
	all jo	Yes →	\$ 000 000 .00	
		No	TOTAL AMOUNT in 2022	
b.	busi	-employr	ment income from own nonfarm or farm business, including hips and partnerships.	
		Yes →		os
		No	TOTAL AMOUNT in 2022	
C.	Inter	rest, divi me, or i	idends, net rental income, royalty ncome from estates and trusts.	
		Yes →	\$ 0.000 .00 D L	os
		No	TOTAL AMOUNT in 2022	
d.	Soci	ial Secui	rity or Railroad Retirement; retirement, disability pensions.	
		Yes →	\$ 0,000,000.00	
		No	TOTAL AMOUNT in 2022	
	Sup	plementa	al Security Income (SSI); any public	
e.	assi	stance of	or welfare payments from the state or	
e.	assi	stance o	or welfare payments from the state or	
e.	assi	stance of welfare	or welfare payments from the state or e office.	
e.	Any	Yes → No other so	state or e office.	
	Any	Yes → No other so	state or e office. \$ 1,00 TOTAL AMOUNT in 2022 ources of income received regularly erans' (VA) payments, unemployment	
	Any	Yes → No other son as Veterpensation	TOTAL AMOUNT in 2022 ources of income received regularly erans' (VA) payments, unemployment on, child support, or alimony.	
f. The about that Incoreting assignments divided the assignments of the assignment o	Any such com	Yes → No other son as Vete pensation Yes → No owing quent total DAR YEA ount bef money front income its, net inc its, net inc its, net inc its.	TOTAL AMOUNT in 2022 ources of income received regularly erans' (VA) payments, unemployment on, child support, or alimony. TOTAL AMOUNT in 2022 TOTAL AMOUNT in 2022 Juestion is about your 2022 income. The combined family income IN THE LAS AR for all members of the family. What fore taxes? Tom jobs, child support, social security, the unemployment payments, public so forth. Also, include income from interest order from business, farm or rent, and an armonic of the state of the	T t is
f. The about that Incoreting assignments divided the assignments of the assignment o	Any such com	Yes → No other son as Vete pensation Yes → No owing quent total DAR YEA ount bef money front income its, net inc its, net inc its, net inc its.	TOTAL AMOUNT in 2022 ources of income received regularly erans' (VA) payments, unemployment on, child support, or alimony. TOTAL AMOUNT in 2022 TOTAL AMOUNT in 2022 Juestion is about your 2022 income. The combined family income IN THE LAS AR for all members of the family. What fore taxes? Tom jobs, child support, social security, the unemployment payments, public so forth. Also, include income from interests.	T t is

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.

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



In case we have difficulty the future, what is the name number of one person who whereabouts? Providing this information is	voluntary.	
First Name		
Last Name		
Street		Apt.
City	State	ZIP
Phone		
000-000-0		
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



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:	NOTE: Answer BOTH question 6 about Hispanic origin and question 7 about race. For this survey, Hispanic origins are not races. 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
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. Are you a parent or caregiver who is CURRENTLY familiar with this child's health? Yes → SKIP to question 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. 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	Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin 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
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. What is this child's full name?	Chamorro Samoan Other Pacific Islander 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: Other, specify: □



A		A. This Child's Health general, how would you describe this child's ulth?	Has a doctor, other health care provider, or educator EVER told you that this child has Examples of educators are teachers and school nurses. Behavioral or Conduct Problems?
ı		Excellent	
ı		Very good	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the
ı		Good	condition?
ı		Fair	☐ Yes ☐ No
ı		Poor	A7 Developmental Delay?
		1 001	☐ Yes ☐ No
A:	How	w would you describe the condition of this child's th?	
ı		Excellent	☐ Yes ☐ No
		Very good Good	A8 Intellectual Disability (formerly known as Mental Retardation)?
ı		Fair	☐ Yes ☐ No
		Poor	If yes, does this child CURRENTLY have the condition?
		s a doctor or other health care provider EVER told I that this child has	☐ Yes ☐ No
A	Per	rmanent hearing loss?	A9 Speech or other language disorder?
ı		Yes No	☐ Yes ☐ No
ı	L	If yes, is the hearing loss: Mark (X) ALL that apply.	
ı		Mild	☐ Yes ☐ No
ı			Lagraina Bisability 2
ı			Learning Disability?
ı		Severe	Yes No
ı		Profound	
A ⁴	Anz	xiety Problems?	☐ Yes ☐ No
ı		Yes	Has a doctor or other health care provider EVER told
ı	_	If yes, does this child CURRENTLY have the condition?	you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive
ı		Yes No	Developmental Disorder (PDD).
			☐ Yes ☐ No → SKIP to question A16 on page 4
A!	Dep	pression?	If yes, does this child CURRENTLY have the condition?
		Yes No	Yes No
		If yes, does this child CURRENTLY have the condition?	
		☐ Yes ☐ No	



A1	2 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?	A18	SINCE MARCH 2020, has this child experienced any g or delays in receiving medication or behavioral treatm for ADD or ADHD? Yes					
ı	Yes, this child received all needed medication or behavioral treatment			No				
ı	Yes, this child received some needed medication or behavioral treatment	A19		nis child CURRENTLY taking	medic	ation for AD	D	
ı	No, this child needed but did not receive any medication or behavioral treatment → SKIP to question A16	n		Yes				
ı	No, this child did not need either medication or behavioral treatment → SKIP to question A16			No	40.140	NTUG II I II		
A1	3 SINCE MARCH 2020, has this child experienced any gape or delays in receiving medication or behavioral treatment for Autism, ASD, Asperger's Disorder, or PDD?		chil	ny time DURING THE PAST d receive behavioral treatme h as training or an interventi d received to help with their	nt for <i>i</i> on tha	ADD or ADH t you or this	D,	
۱	Yes			Yes				
۱	□ No			No				
A1	4 Is this child CURRENTLY taking medication for Autism,	A21		nking of this child today, how			say	
	ASD, Asperger's Disorder, or PDD?		eacl	n of the following describes		ild? Sometimes	Often	
۱	Yes		a.	Feels sad, unhappy				
١	□ No		b. I	Feels hopeless				
A1	5 At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for Autism, ASD,		c. I	s down on self				
	Asperger's Disorder, or PDD, such as training or an intervention that you or this child received to help with their behavior?		d. \	Norries a lot				
١	Yes		е. 🤄	Seems to be having less fun				
١			f. i	idgety, unable to sit still				
	□ No		g. i	Daydreams too much				
A1	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		h. I	Distracted easily				
۱	ADHD?		i. I	Has trouble concentrating				
١	☐ Yes ☐ No → SKIP to question A21		j. /	Acts as if driven by a motor				
	If yes, does this child CURRENTLY have the condition?	A22		nking of this child today, how n of the following describes			say	
١	☐ Yes ☐ No					Sometimes	Often	
A 1	7 SINCE MARCH 2020, has this child received medication or behavioral treatment for ADD or ADHD, such as		a. 1	Fights with other children				
۱	training or an intervention that you or this child received to help with their behavior?	I	b . [Does not listen to rules				
ı	Yes, this child received all needed medication or behavioral treatment			Does not understand other people's feelings				
	Yes, this child received some needed medication or			Teases others				
	behavioral treatment			Blames others for their roubles				
	No, this child needed but did not receive any medication or behavioral treatment → SKIP to question (A21)	n	f. i	Refuses to share				
	No, this child did not need either medication or behavioral treatment → SKIP to question (A21)			Γakes things that do not pelong to them				



A2	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?	A27	Does this child have any kind of emotional, developmental, or behavioral problem for which they need treatment or counseling?				
	☐ Yes ☐ No		☐ Yes ☐ No				
	If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?		If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?				
	☐ Yes ☐ No		Yes No				
	If yes, is this a condition that has lasted or is expected to last 12 months or longer?		LI 165 LI INU				
	☐ Yes ☐ No		B. Health Care Services				
A2	mental health, or educational services than is usual for most children of the same age?	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		Yes				
	If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?		No → SKIP to question B3				
	☐ Yes ☐ No	B2	If yes, DURING THE PAST 12 MONTHS, how many times				
	If yes, is this a condition that has lasted or is expected to last 12 months or longer?		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.				
	☐ Yes ☐ No		0 visits				
A2	Is this child limited or prevented in any way in their ability to do the things most children of the same age can do?		1 visit				
	☐ Yes ☐ No		☐ 2 or more visits				
	If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?		What is this child's CURRENT height? Your best estimate is fine.				
	Yes No		feet AND inches				
	If yes, is this a condition that has lasted or is expected to last 12 months or longer?		OR meters AND centimeters				
		B4	How much does this child CURRENTLY weigh?				
A2	Does this child need or get special therapy, such as physical, occupational, or speech therapy?		Your best estimate is fine. pounds				
	☐ Yes ☐ No		OR				
	If yes, is this because of ANY medical, behavioral, or other health condition?		kilograms				
	Yes No	B5	Is there a place you or another caregiver USUALLY take				
	If yes, is this a condition that has lasted or is expected to last 12 months or longer?		this child when they are sick or you need advice about their health?				
	☐ Yes ☐ No		Yes				
			□ No				



В	DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for	B11	Did the pandemic affect this child's special education or early intervention services?				
	PREVENTIVE dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments?		Yes, this child received limited or inconsistent services during the pandemic				
	No preventive visits in the past 12 months		Yes, this child did not receive any services during the pandemic				
	Yes, 1 visit Yes, 2 or more visits		□ No				
	L 165, 2 Of Hore visits	010	SINCE MARCH 2020, has this child received speech				
B7	received any treatment or counseling from a mental	BI2	therapy?				
	health professional? Mental health professionals include psychiatrists,		Yes				
	psychologists, psychiatric nurses, and clinical social workers.		No, but this child needed speech therapy → <i>SKIP to question</i> B14				
	☐ Yes ☐ No, but this child needed to see a mental health professional		No, this child did not need speech therapy → SKIP to question B14				
			SINCE MARCH 2020, has this child experienced any gaps or delays in receiving speech therapy?				
	No, this child did not need to see a mental health professional → SKIP to question B9		Yes				
В	How difficult was it to get the mental health treatment or counseling that this child needed?		□ No				
	☐ Not difficult		SINCE MARCH 2020, has this child received health				
	Somewhat difficult		care related to the use of hearing devices such as hearing aids or cochlear implants?				
	☐ Very difficult		Yes				
	☐ It was not possible to obtain care		No, but this child needed health care related to the use of hearing devices → SKIP to question B16				
B9	intervention plan?		No, this child did not need health care related to the use of hearing devices → SKIP to question B16				
	Children receiving these services often have an Individualize Family Service Plan (IFSP), Individualized Education Plan (IEP), or 504 Plan.	ed B15	SINCE MARCH 2020, has this child experienced any gaps or delays in receiving health care related to the				
	Yes		use of hearing devices?				
	No, but this child needed a plan → SKIP to question B12		Yes				
	No, this child did not need		□ No				
	a plan → SKIP to question B12	B16	SINCE MARCH 2020, has this child received language instruction including sign language and/or				
B1	this child have a special education or early		cued speech?				
	intervention plan DURING THE PANDEMIC?		Yes				
	✓ Yes No, but this child needed		No, but this child needed these types of language instruction → SKIP to question B18 on page 7				
	a plan → SKIP to question B12		No, this child did not need these types of language instruction → SKIP to question B18 on page 7				
	No, this child did not need a plan → SKIP to question B12		on page /				



BI	SINCE MARCH 2020, has this child experienced any gaps or delays in language instruction?						C. This Child's Schooling and Activities				
	Yes						and Activities				
□ No						bet	Answer questions (1) to (3) only if this child is between the ages of 6 and 11. Otherwise, SKIP to				
B18	Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan? ☐ Yes ☐ No → SKIP to question C1					SIN for tha Thi	question C4. 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.				
B19	19 Is this child CURRENTLY covered by any of the following types of health insurance or health coverage						Yes				
		ans? ark (X) Yes or No for EACH item.					No → SKIP to question C4				
	a.	Insurance through a current or former employer or union	Yes	No	C2	fan	ICE MARCH 2020, have you or anyone else in your nily been able to make alternative child care angements for this child when their regular day care				
	b.	Insurance purchased directly from an insurance company					other child care arrangement was closed or available?				
	c.	Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability				diff fan rela	ernative arrangements mean that care was provided by a series of the care center, preschool, Head Start program, nily child care home, nanny, au pair, babysitter, or any ative other than the child's parent or guardian that is be erent from the USUAL care arrangement.				
	d.	TRICARE or other military health care					Yes				
	e.	Indian Health Service					No				
	f.	Other, specify: \nearrow					Alternative child care was not needed				
					CE	you	ICE MARCH 2020, has there ever been a time when u were concerned about the quality of this child's jular or alternative child care arrangements?				
							Yes				
							No				
					C 4	did Inc	RING THE PAST 12 MONTHS, about how many days this child miss school because of illness or injury? lude days missed from any formal home schooling. Do 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 co on page 8				



С	t Y	this ch your h	G THE PAST 12 MONTHS, how many times has illd's school contacted you or another adult in ousehold about any problems they are having chool?	C9	chil Inclu	RING THE PAST 12 d bullied, picked on ude cyberbullying. If t year, report the highe	, or excl he freque	uded by ency chai	other child	ren?
		□ N	one			Never (in the past 1	2 months	s)		
		□ 1	time			1-2 times (in the pa	st 12 mo	nths)		
		<u> </u>	or more times			1-2 times per montl	า			
						1-2 times per week				
С	6 /	Across during	s all subjects, what grades did this child get the 2022-2023 school year?			Almost every day				
		□ M	lostly A's			Don't know				
		□ M	lostly A's and B's	G10	Ном	v often does this ch	ild			
		□ M	ostly B's and C's		1100	onen does mis en	Always	Usually	Sometimes	Never
		□ м	ostly C's and D's		(Show interest and curiosity in learning new things?				
		□ M	ostly D's or lower			Nork to finish tasks				
		□ т	his child's school did not give these grades			they start?				
			his child was not enrolled in school during the 022-2023 school year		(Stay calm and in control when faced with a challenge?				
С		child e	G THE PAST WEEK, on how many days did this exercise, play a sport, or participate in physical for at least 60 minutes?		١	Care about doing well in school?				
		□ 0	days			Do all required nomework?				
		□ 1-	3 days		f. /	Argue too much?				
		4-	-6 days							
		□ E	very day							
С		Compa difficul friends	ared to other children their age, how much ty does this child have making or keeping s?							
		□ N	o difficulty							
		ПА	little difficulty							
		ПА	lot of difficulty							

	D. About Your Family and Household	D 5	When your family face likely to do each of the			often are	you	
				All of the time	Most of the time	Some of the time	None of the time	
D	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-		a. Talk together about what to do					
	RELATED REASONS?		b. Work together to solve our problems					
	1 hour or less 2-3 hours		c. Know we have strengths to draw					
	4-6 hours		d. Stay hopeful even					
	7-8 hours		in difficult times					
	☐ More than 8 hours ☐ Don't know	D6	SINCE MARCH 2020, It moved to a new address of none, write 0.		y times h	as this ch	ild	
0	2 ON MOST WEEKDAYS, about how much time does this		Number of tir	nes				
	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?	07	Is the house, apartment, or mobile home where you live Mark (X) ONE box.					
	Do not include time spent doing schoolwork.		Owned by you or smortgage or loan?				th a	
	1 hour or less 2-3 hours		Owned by you or s			usehold fre	ee and	
	4-6 hours		Rented?	0 0	,			
	7-8 hours		Occupied without p	payment o	of rent?			
	☐ More than 8 hours	D8						
	☐ Don't know		when you were not ab on time?	ie to pay	the mort	gage or r	ent	
	How well can you and this child share ideas or talk		Yes					
	about things that really matter?		No					
	☐ Very well	D9	SINCE MARCH 2020, h	nas this c	hild ever	been hor	neless	
	Somewhat well		Include living in a shelte living situation, scattered					
	Not very well		place to sleep at night.					
	☐ Not well at all		Yes					
	What is the primary language anakan in the		No					

English

Spanish

What is the primary language spoken in the household?

Other language, specify: \nearrow

D1	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		013	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									
1		Somewhat often						sperienced any of the following? ark (X) Yes or No for EACH item.	erienced any of the following?				
								· ,	Yes	No			
							a.	Parent or guardian divorced or separated					
D1		Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS?					Parent or guardian died Parent or guardian served time in						
				4				jail or prison					
		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					d.	Saw or heard parents or adults slap, hit, kick, punch one another in the home					
	Sometimes we could not afford enough to eat				e.	. Was a victim of violence or witnessed violence in their							
			Often we could not afford enough to eat				f.	neighborhood Lived with anyone who was mentally ill, suicidal, or severely depressed					
D1		At any time DURING THE PAST 12 MONT one month, did anyone in your family re- Mark (X) Yes or No for EACH item.					g.	Lived with anyone who had a problem with alcohol or drugs					
		a.	Cash assistance from a government welfare program?				h.	Treated or judged unfairly because of their race or ethnic group					
		b.	Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?				i.	Treated or judged unfairly because of their sexual orientation or gender identity					
		c.	Free or reduced-cost breakfasts or lunches at school?				j.	Treated or judged unfairly because of a health condition or disability					
		d.	School meal debit/Electronic Benefits Transfer (EBT) cards?										
		e.	Benefits from the Women, Infants, and Children (WIC) Program?										
		f.	Unemployment Insurance (UI)?										

	6 What is your marital status?
Caregivers	Married
Complete these questions for UP TO TWO ADULTS who are this child's parents or caregivers. Please only include	☐ Not married, but living with a partner
adults who are currently active in this child's life.	☐ Never married
About You	Divorced
How are you related to this child?	Separated
☐ Biological or Adoptive Parent	Widowed
☐ Step-parent	Has there been a change in your marital status SINCE 2018?
Grandparent	Yes
Foster Parent	□ No
Other: Relative	
☐ Other: Non-Relative	In general, how is your physical health?
2 What is your sex?	Excellent
	☐ Very good
☐ Male	Good
☐ Female	☐ Fair
What is your age?	Poor
Age in years	In general, how is your mental or emotional health?
Where were you born?	Excellent
☐ In the United States	☐ Very good
Outside of the United States	Good
55 What is the highest grade or level of school you have	☐ Fair
completed? Mark (X) ONE box.	Poor
8th grade or less	10 Which of the following best describes your current
9th-12th grade; No diploma	employment status? Mark (X) ONE box.
High school graduate or GED completed	☐ Employed full-time
Completed a vocational, trade, or business school program	Employed part-time
Some college credit, but no degree	☐ Working without pay
Associate Degree (AA, AS)	☐ Not employed but looking for work
Bachelor's Degree (BA, BS, AB)	Not employed and not looking for work
Master's Degree (MA, MS, MSW, MBA)	Retired
Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)	



		_		
[1]	Does this child have another parent or caregiver who is active in their life?	(317	Whe	re was this parent or caregiver born?
	Yes			In the United States
	No → SKIP to question F1 on page 13			Outside of the United States
				Don't know
	Other Parent or Caregiver	E18	Wha	t is the highest grade or level of school this
E 1	, , , , , , , , , , , , , , , , , , , ,			ent or caregiver has completed? ((X) ONE box.
Ĭ	to you? Mark (X) ONE box.			8th grade or less
	Spouse or partner			9th-12th grade; No diploma
	Ex-spouse or ex-partner			High school graduate or GED completed
	Parent (include adoptive or foster parent)			Completed a vocational, trade, or business school
	Grandparent			program Some college credit, but no degree
	In-law (include parent or grandparent)			Associate Degree (AA, AS)
	Other: Relative			Bachelor's Degree (BA, BS, AB)
	Other: Non-Relative			Master's Degree (MA, MS, MSW, MBA)
ŒĨ	Does this parent or caregiver live with you?			Doctorate (PhD, EdD) or Professional Degree (MD,
Ĭ	Yes			DDS, DVM, JD)
	No			Don't know
	How in this payant or caregiver related to this child?	E19	Wha	t is this parent or caregiver's marital status?
EI				Married
	☐ Biological or Adoptive Parent			Not married, but living with a partner
	☐ Step-parent			Never married
	Grandparent			Divorced
	Foster Parent			Separated
	Other: Relative			Widowed
	Other: Non-Relative			Don't know
E1	What is this parent or caregiver's sex?	E20	ln ge	eneral, how is this parent or caregiver's physical
	Male		heal	
	Female			Excellent
E1	What is this parent or caregiver's age?			Very good
Ī	Annin many			Good
	Age in years Don't know			Fair
				Poor
				Don't know

E2	d	In ge	eneral, how is this parent or caregiver's mental or tional health?	3	If thi	r long did this child's COVID-19 symptoms last? is child has had multiple COVID-19 infections, report
			Excellent		Sym	ut the time when the symptoms lasted the longest. ptoms can include fever, fatigue, cough, difficulty thing, brain fog, headache, problems sleeping, fast
			Very good			thing, brain log, headache, problems sleeping, fast tbeat, or loss of smell.
			Good			This child did not experience any symptoms → SKIP to question F6
			Fair			Less than 1 month
			Poor			1-2 months
			Don't know			3-5 months
E2		Whi	ch of the following best describes this parent or			6-12 months
		care Mark	giver's current employment status? ((X) ONE box.			More than 12 months
			Employed full-time	F4	Has	a doctor or other health care provider EVER told
	☐ Employed part-time			you Long	you that this child had long COVID? Long COVID is also referred to as post-COVID	
			Working without pay			ditions, post-acute COVID-19, or long-term effects of VID-19.
			Not employed but looking for work			Yes
			Not employed and not looking for work			No
			Retired	F5	Has	this child EVER been hospitalized for a COVID-19
			Don't know			ction or because of complications from a //ID-19 infection?
		F COVID-19 Pander	F. COVID-19 Pandemic	mic		Yes
						No
		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.		F6	Has	this child received a COVID-19 vaccine?
G		Has	this child ever tested positive for COVID-19 or			Yes
		beer	n told by a doctor or other health care provider had COVID-19?			No → SKIP to question F8 on page 14
			Yes	7		ch of the following best describes the vaccine es this child received?
			No → SKIP to question F6			imary vaccine series includes the initial number of mmended doses, which may differ by vaccine type.
Œ			s, how many times has this child tested positive			All doses of a primary series and at least one booster
			COVID-19 or been told by a doctor or other health provider that they had COVID-19?			All doses of a primary series but no boosters
			Number of times			Some but not all doses of a primary series



F	Have you ever tested positive for COVID-19 or been told by a doctor or other health care provider you had COVID-19?		F13	last	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		
ı		Yes		can	include fever, fatigue, cough, difficulty breathing, brain fog, dache, problems sleeping, fast heartbeat, or loss of smell.		
ı		No → SKIP to question F10			This other parent or caregiver did not experience any symptoms		
E	How long did your COVID-19 symptoms last? If you have had multiple COVID-19 infections, report about				Less than 1 month		
ı	can	time when the symptoms lasted the longest. Symptoms include fever, fatigue, cough, difficulty breathing, brain			1-2 months		
ı	٠,	headache, problems sleeping, fast heartbeat, or loss mell.			3-5 months		
ı		I did not experience any symptoms			6-12 months		
ı		Less than 1 month			More than 12 months		
ı		1-2 months			Don't know		
ı		3-5 months	F14		s this other parent or caregiver received a COVID-19 cine?		
ı		6-12 months			Yes		
ı		More than 12 months			No → SKIP to question F16		
E	Hav	e you received a COVID-19 vaccine?			Don't know → SKIP to question F16		
ı		Yes	F15		ich of the following best describes the vaccine doses other parent or caregiver received?		
		No → SKIP to question F12		A primary vaccine series includes the initial number of recommended doses, which may differ by vaccine type.			
E		ch of the following best describes the vaccine es you received?			All doses of a primary series and at least one booster		
ı		imary vaccine series includes the initial number of mmended doses, which may differ by vaccine type.			All doses of a primary series but no boosters		
ı		All doses of a primary series and at least one booster			Some but not all doses of a primary series		
ı		All doses of a primary series but no boosters			Don't know		
ı		Some but not all doses of a primary series	F16		ve you or another parent or caregiver EVER been spitalized for a COVID-19 infection or because of		
E		wer questions F12 to F15 if this child has			nplications from a COVID-19 infection?		
ı		ther parent or caregiver who is active in the d's life. Otherwise, <i>SKIP</i> to question F16.			Yes		
ı		this child's other parent or caregiver ever tested itive for COVID-19 or been told by a doctor or			No		
ı		er health care provider they had COVID-19?	E17	a C	any of this child's parents or caregivers die from OVID-19 infection or because of complications from OVID-19 infection?		
ı		Yes		a	Yes		
ı		No → SKIP to question F14			No		
		Don't know → SKIP to question F14	F18	ווח	RING THE PANDEMIC, did this child's behavior		
				EVI	ER leave you concerned about their mental or otional health?		
					Yes		
					No → SKIP to question F20 on page 15		



F1			es, did this child seem to ck (X) Yes or No for EACH item. Yes No		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?				
		a.	Feel anxious?					There was no impact on this child's health		
		b.	Feel depressed?					There was mild or minimal impact on this child's health		
		c.	Struggle with eating?					There was moderate impact on this child's health		
		d.	Struggle to stay focused?				П	There was significant or severe impact on this child's		
		e.	Show unusual anger or outbursts?					health		
F2	0	ווח	RING THE PANDEMIC, did this child red	reive anv		F25	DURING THE PANDEMIC, was this child covered by ANY kind of health insurance or health coverage plan?			
		trea	atment or counseling from a mental heat fessional?					Yes, this child was covered during the entire pandemic		
		Me	ntal health professionals include psychiatri chologists, psychiatric nurses, and clinical		rkers			Yes, but this child had a gap in coverage during the		
		Р	Yes	Social Wo	ricio.			pandemic		
			No, but this child needed to see a menta	al health				No		
			professional No, this child did not need to see a men			F26		ess all subjects in school, what grades did this child BEFORE MARCH 2020?		
		Ш	professional → SKIP to question [22]					Mostly A's		
F2			w difficult was it to get the mental healt counseling that this child needed?	th treatme	nt			Mostly A's and B's		
			Not difficult					Mostly B's and C's		
								Mostly C's and D's		
			Somewhat difficult					Mostly D's or lower		
		☐ Very difficult						This child's school did not give these grades		
			It was not possible to obtain care				П	This child was not enrolled in school before March 2020		
F2	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.					F27	SINCE MARCH 2020, how concerned have you been about this child falling behind in school because of the pandemic?			
			Yes					Very concerned		
			No → SKIP to question F25					Somewhat concerned		
								Not at all concerned		
F2		not DU	any of the following reasons contribut receiving or delaying needed health se RING THE PANDEMIC? rk (X) Yes or No for EACH item.		child	F28		concerned are you CURRENTLY that this child is nd in school?		
			There were problems getting	Yes	No			Very concerned		
			an appointment when this child needed one		Ш			Somewhat concerned		
			The clinic or doctor's office wasn't open when this child needed care					Not at all concerned		
			There were concerns about exposure to COVID-19 by going to the clinic or doctor's office					This child is not enrolled in school		
			This child or someone in this child's household had COVID-19 or was exposed to COVID-19							



F2	At any time DURING THE PANDEMIC, did this child's school(s) close completely because of COVID-19? Yes No Not applicable	Answer question ¹³⁴ 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, <i>SKIP</i> to question ¹³⁵ .				
F3	At any time DURING THE PANDEMIC, did this child participate in their schooling by remote learning only because of COVID-19?	DURING REMOTE LEARNING, to what extent did this child experience the following challenges? Mark (X) ONE for EACH item. Not				
	YesNo → SKIP to question F32	a. Unreliable or unavailable digital device (for example, desktop, laptop, tablet, chromebook)				
	Not applicable → SKIP to question F32	b. Unreliable or unavailable internet connection				
F3	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.	c. Difficulty accessing learning materials d. Unclear instructions or expectations				
	Less than 1 month	e. Distractions at home				
	☐ 4-6 months	f. Language barriers				
	7-12 months	At any time DURING THE PANDEMIC, did this child miss school for a reason related to COVID-19				
	☐ More than a year	(such as quarantine or sickness)?				
	☐ Don't know	Yes				
F3	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?	 No → SKIP to question F37 Not applicable → SKIP to question F37 				
	Yes	How long did this child miss school for a reason related to COVID-19?				
	No → SKIP to question F34	Your best estimate is fine. Consider all periods that this child did not attend school together when providing your estimate.				
	Not applicable → SKIP to question F34	Less than 1 week				
F3	a combination of remote learning and in-person learning?	☐ 1-2 weeks				
	Your best estimate is fine. Consider all periods of combined remote learning and in-person learning together when providing your estimate.	3-4 weeks				
	Less than 1 month	☐ More than 4 weeks				
	1-3 months	☐ Don't know				
	4-6 months	At any time DURING THE PANDEMIC, did this child unenroll from school and switch to homeschooling because of COVID-19?				
	7-12 months	Yes				
	☐ More than a year ☐ Don't know	No → SKIP to question F39 on page 17				
	L DOIL KNOW	This child was already being homeschooled → SKIP to question F39 on page 17				



F3	8	You	v long was this child homescho or best estimate is fine. Consider a neschooling together when providi	all periods of	oto	F42	abo	ase indicate how true the follo ut your mental or emotional h IDEMIC.				
١		TIOII	,	ng your esum	ale.		174	is Limb.	Not true	Somewhat true	Very true	
١		Ш	Less than 1 month					experienced an increase				
			1-3 months					n feeling nervous, anxious, on edge, or worried				
			4-6 months					experienced an increase in eeling down, depressed, or				
			7-12 months					nopeless				
			More than a year			F43	DURING THE PANDEMIC, did you or another parent or caregiver EVER experience any of the following changes					
			Don't know				in e	mployment? k (X) Yes or No for EACH item.		_		
F3	9		RING THE PANDEMIC, how well dled the day-to-day demands o				a	Shift to remote work/telework		Yes	No	
			dren?	i pareiting o	i raising							
			Very well					Decreased hours				
			Somewhat well					Decreased pay				
			Not very well					Furloughed (temporary job loss)				
			Not well at all					_oss of job				
F4	0	DUI	RING THE PANDEMIC, how ofte	n did the foll	owing		f.	Decreased job security				
		hap	pen?	A few	,		g.	ncreased hours			Ш	
				Not at times all a wee			h.	_eft workforce				
			Parents or caregivers insulted, swore, shouted, or yelled at each other			F44	care	RING THE PANDEMIC, were youngered an establishment workers are those workers	sential	worker?		
			Parents or caregivers said mean things, shouted, yelled, or screamed at this child				conduct operations deemed essential to the ongoing critical functions in the community, including work related to health care, infrastructure, food, and other essential products.					
			Parents or caregivers were not able to pay attention to this					Yes				
			child's needs					No				
F4	9	hea	RING THE PANDEMIC, was your lith better, worse, or about the spandemic began?			F45		RING THE PANDEMIC, was the e not able to pay the mortgage				
			Better → SKIP to question F43					Yes				
			About the same → SKIP to que	stion F43				No				
			Worse			F46	חום	RING THE PANDEMIC, was you	ır fami	ly evicted t	rom	
							you A la	r home or was your home fore ndlord not renewing the lease sl eviction.	eclosed	d on?		
								Yes				
								No				
1												



F4	DURING THE PANDEMIC, how often was it very hard to cover the basics, like food or housing, on your family's income? Never	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.
	Rarely	 Wages, salary, commissions, bonuses, or tips for all jobs.
	☐ Somewhat often	□ Yes → \$.00
	☐ Very often	No TOTAL AMOUNT in 2022
F4:	Which of these statements best describes your household's ability to afford the food you needed DURING THE PANDEMIC?	b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships.
	We could always afford to eat good nutritious meals → SKIP to question G1	□ Yes → \$, .00 □ Loss
	We could always afford enough to eat but not always the kinds of food we should eat	□ No TOTAL AMOUNT in 2022
	☐ Sometimes we could not afford enough to eat	 Interest, dividends, net rental income, royalty income, or income from estates and trusts.
	Often we could not afford enough to eat	☐ Yes → \$
F49	How long did your household experience difficulty affording the food you needed DURING THE PANDEMIC?	□ No TOTAL AMOUNT in 2022
	Less than 1 month	d. Social Security or Railroad Retirement; retirement, survivor, or disability pensions.
	☐ 1 month	
	2-3 months	TOTAL AMOUNT in 2022
	4-6 months	No N
	☐ More than 6 months	 e. Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office.
	G. Household Information	□ Yes → \$,
Gí	How many people are living or staying at this address? Include everyone who usually lives or stays at this address.	□ No TOTAL AMOUNT in 2022
	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.	 f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony.
	Number of people	□ Yes → \$,
G2	How many of these people in your household are family members?	□ No TOTAL AMOUNT in 2022
Gi	Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care. Number of people	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
	uno uduress:	other money income received.
	Number of children living or staying at this address	\$, .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.

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

First Name		
Last Name		
Street		Apt.
City	State	ZIP
		0000
Phone		
000-0	0000-	
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	NOTE: Answer BOTH question 6 about Hispanic origin and question 7 about race. For this survey, Hispanic
Recently, someone in your household completed a short survey that asked about children and/or young adults ages 3 to 24.	origins are not races. 6 Is this person of Hispanic, Latino, or Spanish origin?
Thank you for taking the time to respond.	No, not of Hispanic, Latino, or Spanish origin
We now have some important follow-up questions to	Yes, Mexican, Mexican American, Chicano
ask about:	☐ Yes, Puerto Rican
	☐ Yes, Cuban
This survey should be completed by a parent or	Yes, another Hispanic, Latino, or Spanish origin
previous caregiver If the person listed above does not	7 What is this person's race? Mark (X) one or more boxes.
in your household are a parent or previous caregiver, please call 1-877-749-4943 for assistance.	White
We have selected only one person for this follow-up	☐ Black or African American
survey in an effort to minimize the amount of time you will need to complete the questions.	American Indian or Alaska Native
Your participation is important. Thank you.	Asian Indian
	Chinese
Are you a parent or previous caregiver who is CURRENTLY familiar with this person's health?	Filipino
Yes → SKIP to question 3	Japanese
□ No	☐ Korean
This person is deceased → You do not need to complete this questionnaire. Please mark this response option	Vietnamese
and RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED.	Other Asian
If no, is there another parent or previous caregiver in this household who is CURRENTLY familiar with this person's	Native Hawaiian
health?	Chamorro
Yes → Please have this other parent or previous caregiver complete the rest of the survey.	Samoan
No → You do not need to complete this questionnaire. Please mark "No" and RETURN THIS	Other Pacific Islander
QUESTIONNAIRE IN THE ENVELOPE PROVIDED.	8 Where does this person live AT LEAST HALF OF THE TIME? Mark (X) ALL that apply.
What is this person's full name? First	☐ With me
	☐ With another parent or guardian at another address
Last	Campus/dorm room
	☐ Military base
In what month and year was this person born? Birth Month / 4-Digit Birth Year	Institutional setting (such as congregate care, residential treatment, group home, penal facility)
/ 20	Somewhere else with roommates
What is this porcen's say?	☐ Somewhere else on their own
What is this person's sex? Male	☐ Other, specify:
☐ Female	



	A. This Person's	Health	EVER told you or this person that this person has behavioral or conduct problems?
A	A1 In general, how would you describe this	s person's health?	Examples of educators are teachers and school nurses.
	Excellent		☐ Yes ☐ No ☐ Don't know
	☐ Very good		
	Good		☐ Yes ☐ No ☐ Don't know
	□ Fair		Has a doctor or other health care provider EVER told
	Poor		you or this person that this person has Autism or Autism Spectrum Disorder (ASD)?
	Don't know		Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).
^	A2 How would you describe the condition of	f this nerson's teeth?	Yes
	Excellent	tino person's teeth.	No → SKIP to question A12 on page 4
	☐ Very good		□ Don't know → SKIP to question A12 on page 4
	Good		If yes, does this person CURRENTLY have the condition?
	Fair		Yes
	Poor		No
	Don't know		☐ Don't know
	Has a doctor or other health care provi	ider EVER told	
	you or this person that this person has		medication or behavioral treatment for Autism, ASD,
A	A3 Permanent hearing loss?		Asperger's Disorder, or PDD, such as training or an intervention that you or this person received to help with their behavior?
	☐ Yes ☐ No ☐ Doi	n't know	Yes, this person received all needed medication or
			behavioral treatment Yes, this person received some needed medication or
	Mild		behavioral treatment
	Moderate		No, this person needed but did not receive any medication or behavioral
	Severe		treatment→ SKIP to question A12 on page 4
	Profound		No, this person did not need either medication or behavioral treatment → SKIP to question A12 on page 4
A	A4 Anxiety Problems?		Don't know → SKIP to question A12 on page 4
1	☐ Yes ☐ No ☐ Doi	n't know	SINCE MARCH 2020, has this never synarianced only
	☐ If yes, does this person CURRENT condition?		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	Yes
A	A5 Depression?		No
	☐ Yes ☐ No ☐ Doi	n't know	Don't know
	☐ If yes, does this person CURRENT condition?	TLY have the	
	☐ Yes ☐ No ☐	Don't know	

A1	0		is person CURR sm, ASD, Asperg			A15		his person CURRENTLY takin D or ADHD?	g med	dication for		
			Yes					Yes				
			No					No				
			Don't know					Don't know				
A1	1	pers Aspe inter	on receive behaverger's Disorder,	vioral treatment or PDD, such a	MONTHS, did this t for Autism, ASD, as training or an received to help	A16	per	any time DURING THE PAST of son receive behavioral treatmed the such as training or an into person received to help with	ent fo	or ADD or tion that you		
			Yes					Yes				
			No					No				
			Don't know					Don't know				
A 1	2			doctor or other health care provider EVER told this person that this person has Attention		A17	Thii say	nking of this person today, he each of the following describ	ow oft bes th	en would yo is person?	u	
		Defic	ricit Disorder or Attention-Deficit/Hyperactivity order, that is, ADD or ADHD?					Never	Sometimes	Often		
	_		Yes					Feels sad, unhappy				
		П	No → SKIP to q t	uestion A17			b.	Feels hopeless	Ш			
			Don't know → Sk		ATT.		C.	Is down on self	Ш		Ш	
	L	\rightarrow	If yes, does this	•			d.	Worries a lot				
			condition?				e.	Seems to be having less fun				
			Yes	No	Don't know		f.	Fidgety, unable to sit still				
A1	3	SINCE MARCH 2020, has this person received				g.	Daydreams too much					
		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				Distracted easily						
						i.	Has trouble concentrating	Ш				
			behavioral treatm				j.	Acts as if driven by a motor				
			behavioral treatm	nent	needed medication or	A18	Thinking of this person today, how often would you say each of the following describes this person?					
			No, this person rany medication o	or behavioral					Never	Sometimes	Often	
			treatment → SKII				a.	Fights with other people				
			No, this person d or behavioral trea				b.	Does not listen to rules				
			Don't know → Sh	KIP to question	A17			Does not understand other people's feelings				
A 1	4				n experienced any		d.	Teases others				
1			s or delays in rec ment for ADD or		ion or behavioral			Blames others for their troubles				
			Yes				f.	Refuses to share				
			No					Takes things that do not belong to them				
			Don't know					zolong to thom				



A1	9 Has this person ever attempted suicide?	B 5		difficult was it to get the mental health treatment ounseling that this person needed?
	Yes			Not difficult
	□ No			Somewhat difficult
	☐ Don't know			Very difficult
				It was not possible to obtain care
	B. Health Care Services			Don't know
В	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.	B6	inter Peop Indiv	this person EVER had a special education or early evention plan? Dele receiving these services often have an evidualized Family Service Plan (IFSP), Individualized cation Plan (IEP), or 504 Plan.
	Yes			Yes
	No → SKIP to question B3			No, but this person needed a plan → SKIP to question B9
	☐ Don't know → SKIP to question B3			No, this person did not need a plan → SKIP to question B9
Bź	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?			Don't know → SKIP to question B9
	A preventive check-up is when this person was not sick or injured, such as an annual or sports physical or well-woman visit.	B7	this	COVID-19 pandemic began in March 2020. Did person have a special education plan DURING PANDEMIC?
	0 visits			Yes
	1 visit 2 or more visits Don't know			No, but this person needed
				a plan → SKIP to question B9
				No, this person did not need a plan → SKIP to question B9
B:	Is there a place this person USUALLY goes when they are sick or need advice about their health?	B8		the pandemic affect this person's special cation services?
	Yes			Yes, this person received limited or inconsistent services during the pandemic
	No			Yes, this person did not receive any services during the pandemic
	☐ Don't know			No No
B4	DURING THE PAST 12 MONTHS, has this person received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists,			CE MARCH 2020, has this person received speech apy?
	psychologists, psychiatric nurses, and clinical social workers			Yes
	Yes			No, but this person needed speech therapy → SKIP to question B11 on page 6
	No, but this person needed to see a mental health professional			No, this person did not need
	No, this person did not need to see a mental health professional → SKIP to question B6			speech therapy → SKIP to question (B11) on page 6 Don't know → SKIP to question (B11) on page 6
	☐ Don't know → SKIP to question B6			



B10	SINCE MARCH 2020, has this person experienced any gaps or delays in receiving speech therapy?	B16		CE TURNING 18, has this person made the transfer primary care provider who treats adults?	
	Yes			This person already saw a primary care provider who treats adults before they turned 18 → SKIP to question (322) on page 7	
	□ No			Yes	
	☐ Don't know			No → SKIP to question B20	
BI	SINCE MARCH 2020, has this person received health care related to the use of hearing devices such as hearing aids or cochlear implants?			Don't know → SKIP to question B20	
	Yes No, but this person needed medical care related to the use of hearing devices → SKIP to question B13	B17		s, how satisfied were you with the health care iders' help to transfer this person to adult health?	
	No, this person did not need medical care related to the	9		Very satisfied	
	use of hearing devices → SKIP to question B13 Don't know → SKIP to question B13			Somewhat satisfied	
				Somewhat dissatisfied	
B12	SINCE MARCH 2020, has this person experienced any gaps or delays in receiving health care related to the			Very dissatisfied	
	use of hearing devices?			Don't know	
	Yes	B18	How	confident were you that this person was prepared	
	No			ove to a primary care provider who treats adults?	
	□ Don't know			Very confident	
B18	SINCE MARCH 2020, has this person received language instruction including sign language and/or cued speech?			Somewhat confident Not at all confident	
	Yes			Don't know	
	No, but this person needed these types of language instruction → SKIP to question 15	B19	medical history (for example, medical conditions,		
	No, this person did not need these types of language instruction → SKIP to question B15		aller	gies, medications, immunizations)?	
	☐ Don't know → SKIP to question B15		H	Yes → SKIP to question 822 on page 7	
B14	SINCE MARCH 2020, has this person experienced any gaps or delays in language instruction?			No → SKIP to question 822 on page 7 Don't know → SKIP to question 822 on page 7	
	Yes	B20	Has	a doctor or other health care provider talked with	
	No		you	or this person about the process of transferring to t care?	
	☐ Don't know			Yes	
B15	SINCE TURNING 18, has this person received care from a doctor or other health care provider who treats ONLY children?			No	
	Yes			Don't know	
	□ No				
	□ Don't know				



B2	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.	B27	with provoing or display	RING THE PAST 12 MONTHS, how satisfied were you the information doctors or other health care viders gave you or this person about state programs isability-related organizations? Imples include Social Security Disability Insurance (SSDI), plemental Security Income (SSI), or Family-to-Family port.
	☐ Yes			Very satisfied
				Somewhat satisfied
	☐ Don't know			Somewhat dissatisfied
В2	SINCE TURNING 18, has this person needed to see a mental health professional?			Very dissatisfied
	Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.			This information was not needed during the past 12 months
	Yes No → SKIP to question B24			This information was needed during the past 12 months but not provided
	□ Don't know → SKIP to question 624	B28	with	RING THE PAST 12 MONTHS, how satisfied were you the communication between this person's doctors other health care providers?
B2	Did this person's doctors or other health care providers help with finding mental health professionals who care for adults?			This person did not see more than one health care provider in the past 12 months → <i>SKIP to question</i> B30
	Yes			Very satisfied
	No			Somewhat satisfied
	☐ Don't know			Somewhat dissatisfied
B24	specialist other than a mental health professional?			Very dissatisfied
	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	B29	with heal which	RING THE PAST 12 MONTHS, how satisfied were you the explanations this person's doctors or other th care providers gave you or this person about ch providers are responsible for different parts of r care?
	No → SKIP to question B26			An explanation was not needed
	Don't know → SKIP to question (B26)			An explanation was not given
				Very satisfied
B2	providers help with finding specialists who care for			Somewhat satisfied
	adults (other than mental health professionals)?			Somewhat dissatisfied
	Yes			Very dissatisfied
	□ No			vory discausified
	□ Don't know	B30		is person CURRENTLY covered by ANY kind of the insurance or health coverage plan?
B2	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 → SKIP to question B32 on page 8
			H	No
	Yes			Don't know → SKIP to question B33 on page 8
	No → SKIP to question B30			



331	pe	licate whether any of the following rson is currently not covered by he ark (X) ONE for EACH item.			ce:	B33	adul	ibility for health insurance often changes in Ithood. Do you or this person know how they be insured as they get older?
		(2.9) = 1.1	Yes	No	Don't know			
	a.	Change in employer or employment status						Yes
	b.	Loss of eligibility for Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability						Don't know C. About This Person
	c.	Cancellation due to overdue premiums				C1		at is the highest level of education this person has
	d.	Dropped coverage because it was unaffordable					com	epleted? 8th grade or less
	e.	Dropped coverage because benefits were inadequate						9th-12th grade; No diploma
	f.	Dropped coverage because choice of health care providers was inadequate						High school graduate or GED completed Completed a vocational, trade, or business school program
	g.	Problems with application or renewal process						Some college credit, but no degree
	h.	Other, specify: \nearrow						Associate degree (AA, AS)
								Bachelor's degree (BA, BS, AB)
32	2 Answer question B32 only if you answered Yes to question B30 on page 7. Otherwise, <i>SKIP</i> to question B33.						Master's Degree (MA, MS, MSW, MBA) Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD) Don't know	
	fol	this person CURRENTLY covered by lowing types of health insurance or ins?	-		age	C2		oss all subjects, what grades did this person get ng the 2022-2023 school year?
	Ма	rk (X) ONE for EACH item.			Don't			Mostly A's
	a.	Insurance through someone's current or former employer or	Yes	No	know			Mostly A's and B's
		union						Mostly B's and C's
	b.	Insurance purchased directly from an insurance company						Mostly C's and D's
	C.	Medicaid, Medical Assistance, or any kind of						Mostly D's or lower
		government assistance plan for those with low incomes or a disability						This person's school did not give these grades This person was not enrolled in school during the 2022- 2023 school year
	d.	TRICARE or other military health care						Don't know
	e.	Indian Health Service				C3	Is th	nis person currently enrolled in any type of pol?
	f.	Other, specify: \nearrow						Yes
								No → SKIP to question C5 on page 9
								Don't know → SKIP to question C5 on page 9



						About Vous Fourily and
C		Which of the following types of school is this person currently enrolled in? Mark (X) ALL that apply.				About Your Family and Household
			High school		What is	the primary language you speak with this
			Vocational, occupational, or technical certificate program		person	
			2-year or community college (Associate degree program)		□ En	nglish
			4-year college or higher (Bachelor's, Master's, PhD, or professional program)		☐ Sp	panish
			or professional program)		Ot	her language, specify: 📈
C		emp	ch of the following describes this person's CURRENT loyment situation? ((X) ALL that apply.			
			Employed full-time			ell can you and this person share ideas or talk hings that really matter?
			Employed part-time		□ Ve	ery well
			Internship or job training program		☐ Sc	omewhat well
			Working without pay/volunteer work		□ No	ot very well
			Not employed but looking for work		□ No	ot well at all
			Not employed and not looking for work		CINCE	MARCH 2020, how many times has this mayor
			Don't know		moved	MARCH 2020, how many times has this person to a new address? write 0.
С		Arm	this person ever served on active duty in the U.S. ed Forces, Reserves, or the National Guard?			Number of times
			Never served in the military			nouse, apartment, or mobile home where you live
			Only on active duty for training in the Reserves or National Guard			wned by you or someone in this household with a ortgage or loan? <i>Include home equity loans.</i>
			Now on active duty			wned by you or someone in this household free and ear (without a mortgage or loan)?
			On active duty in the past, but not now			ented?
			Don't know		☐ Oc	ccupied without payment of rent?
C			often does this person pursue the goals they set			
		ior t				G THE PAST 12 MONTHS, was there a time when re not able to pay the mortgage or rent on time?
			Always		☐ Ye	25
			Usually		☐ No	
		Ш	Sometimes			
			Never			MARCH 2020, has this person ever been homeless I in a shelter?
			Don't know		living sit	living in a shelter, motel, temporary or transitional tuation, scattered site housing, or having no steady
C	8	Doe	s this person have any children of their own?			sleep at night.
			Yes		☐ Ye	
			No		□ No	



0	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?	011	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	;				
۱	Never		Mark (X) ONE for EACH item. Don' Yes No know	-				
۱	Rarely		a. Cash assistance from a government welfare program?					
	☐ Somewhat often☐ Very often		b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?					
D	Which of these statements best describes your household's ability to afford the food you need DURIN	G	c. Free or reduced-cost breakfasts or lunches at school?					
۱	THE PAST 12 MONTHS?		d. School meal debit/Electronic Benefits Transfer (EBT) cards?					
	We could always afford to eat good nutritious meals We could always afford enough to eat but not always		e. Benefits from the Women, Infants, and Children (WIC) Program?					
۱	the kinds of food we should eat Sometimes we could not afford enough to eat		f. Unemployment Insurance (UI)?					
D:	Often we could not afford enough to eat At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive Mark (X) Yes or No for EACH item.	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.					
۱	Yes No		To the best of your knowledge, has this person EVER experienced any of the following?					
۱	a. Cash assistance from a government welfare program?		Mark (X) Yes or No for EACH item.					
	b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?		a. Parent or guardian divorced or separated					
۱	c. Free or reduced-cost breakfasts or		b. Parent or guardian died					
۱	lunches at school? d. School meal debit/Electronic		c. Parent or guardian served time in jail or prison					
	Benefits Transfer (EBT) cards? e. Benefits from the Women, Infants, and Children (WIC)		d. Saw or heard parents or adults slap, hit, kick, punch one another in the home					
	Program? f. Unemployment Insurance (UI)?		e. Was a victim of violence or witnessed violence in their neighborhood					
D1			f. Lived with anyone who was mentally ill, suicidal, or severely depressed					
	person live anywhere other than with you?		g. Lived with anyone who had a problem with alcohol or drugs					
	No → SKIP to question D12		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					



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

E. This Person's Parents or Previous Caregivers

			Ш	8th grade or less
	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			9th-12th grade; No diploma
	this person's life.			High school graduate or GED completed
	About You			Completed a vocational, trade, or business school program
				Some college credit, but no degree
Ξ	How are you related to this person?			Associate Degree (AA, AS)
	Biological or Adoptive Parent			Bachelor's Degree (BA, BS, AB)
	☐ Step-parent			Master's Degree (MA, MS, MSW, MBA)
	Grandparent			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
	Foster Parent	E 6	Wha	t is your marital status?
	Other: Relative			Married
	Other: Non-Relative			Not married, but living with a partner
	What is your sex?			Never married
B	Male			Divorced
				Separated
	Female			Widowed
Ē	What is your age?		Has	there been a change in your marital status SINCE 2018?
	Age in years			Yes
				No
3	Where were you born?	E8	In g	eneral, how is your physical health?
	In the United States			Excellent
	Outside of the United States			Very good
				Good
				Fair
				Poor
		E9	In g	eneral, how is your mental or emotional health?
				Excellent
				Very good
				Good
				Fair



Poor

ΕΊ	Which of the following best describes your current employment status? Mark (X) ONE box.	E15	Wha	t is this parent or previous caregiver's sex? Male
	☐ Employed full-time			Female
	Employed part-time			
	☐ Working without pay	E16	Wha	t is this parent or previous caregiver's age?
	Not employed but looking for work			Age in years
	Not employed and not looking for work			Don't know
	Retired	E17	Whe	re was this parent or previous caregiver born?
EI	Does this person have another parent or previous caregiver who is active in their life?			In the United States
	Yes			Outside of the United States
	No → SKIP to question F1 on page 13			Don't know
	Other Parent or Previous Caregiver	E18	or p	t is the highest grade or level of school this parent revious caregiver has completed?
E1	How is this other parent or previous caregiver currently			8th grade or less
	related to you? Mark (X) ONE box.			9th-12th grade; No diploma
	Spouse or partner			High school graduate or GED completed
	Ex-spouse or ex-partner			Completed a vocational, trade, or business school program
	Parent (include adoptive or foster parent)			Some college credit, but no degree
	Grandparent			Associate Degree (AA, AS)
	In-law (include parent or grandparent)			Bachelor's Degree (BA, BS, AB)
	Other: Relative			Master's Degree (MA, MS, MSW, MBA)
	Other: Non-Relative Does this other parent or previous caregiver live			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
E 1	with you?			Don't know
	Yes	E19	Wha	t is this parent or previous caregiver's marital
	No		statı	
E 1	How is this parent or previous caregiver related to this person?			Married
	Biological or Adoptive Parent			Not married, but living with a partner
	☐ Step-parent			Never married
	Grandparent			Divorced
	Foster Parent			Separated
	Other: Relative			Widowed
	Other: Non-Relative			Don't know



E20		eneral, how is this parent or previous caregiver's sical health?		F. COVID-19 Pandemic					
		Excellent	The	e questions in this section ask about this person's					
		Very good		I your family's experiences during the COVID-19 ndemic, which began in March 2020.					
		Good		a reminder, "this person" refers to the young adult					
		Fair	you	named at the beginning of the survey.					
		Poor	bee	s this person ever tested positive for COVID-19 or en told by a doctor or other health care provider they					
		Don't know	had	I COVID-19?					
E21		eneral, how is this parent or previous caregiver's tall or emotional health?	YesNo → SKIP to question F6 on page 14						
		Excellent		Don't know → SKIP to question F6 on page 14					
		Very good		es, how many times has this person tested positive					
		Good		COVID-19 or been told by a doctor or other health e provider they had COVID-19?					
		Fair		Number of times					
		Poor		Number of times					
		Don't know		Don't know					
E22	prev	vious caregiver's current employment status?	If the abo Syn	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					
		Employed full-time	hea	artbeat, or loss of smell. This person did not experience					
		Employed part-time		any symptoms → SKIP to question F6 on page 14					
	H	Working without pay		Less than 1 month					
		Not employed but looking for work		1-2 months					
		Not employed and not looking for work		3-5 months					
		Retired		6-12 months					
		Don't know		More than 12 months					
				Don't know					
		E	this Lon	is a doctor or other health care provider EVER told is person that they had long COVID? In a COVID is also referred to as post-COVID conditions, it-acute COVID-19, or long-term effects of COVID-19.					
				Yes					
				No					
				Don't know					



Œ		Has this person EVER been hospitalized for a COVID-19 infection or because of complications from a COVID-19	F12) If y	yes, did this person see ark (X) Yes or No for EAC	m to CH item.				
		nfection?			, ,		Y	es	No	
		Yes		a.	Feel anxious?		L		Ш	
		No		b.	Feel depressed?					
		☐ Don't know		c.	Struggle with eating?		[
				d.	Struggle to stay focused	?	[
E	6	Has this person received a COVID-19 vaccine?		e.	Show unusual anger or	outbursts?	[
		Yes	F13) DU	IRING THE PANDEMIC, o	lid this pers	on rece	eive an	V	
		No → SKIP to question F8	T	tre Me	atment or counseling fro ental health professionals i	om a mental nclude psych	health iatrists,	profes	sional?	
		Don't know → SKIP to question F8		ps	ychiatric nurses, and clinic	al social worl	kers.			
G		Which of the following best describes the vaccine doses		L	Yes					
٦		this person received? A primary vaccine series includes the initial number of			No, but this person ne health professional	eded to see	a ment	al		
		recommended doses, which may differ by vaccine type.		F	No, this person did no	t need to see	e a mer	ntal		
		All doses of a primary series and at least one booster			health professional ->	SKIP to que	stion (F15		
		All doses of a primary series but no boosters			Don't know → SKIP to	question	15			
		Some but not all doses of a primary series	F14	Ho or	w difficult was it to get counseling that this pe	the mental	health	treatm	ent	
		Don't know		F	Not difficult	☐ It was r	not pos	sible to)	
F		SINCE MARCH 2020, has this person ever lived with		H		obtain o	care			
		someone who was sick with COVID-19?		H	Somewhat difficult	Don't k	now			
		Yes			Very difficult					
		No	F15	DU	IRING THE PANDEMIC,	was there a	ny time	when	1	
		☐ Don't know		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						
Œ	9	Have you or another parent or previous caregiver EVER		kinds of care like dental care, vision care, and mental health services.						
		been hospitalized for a COVID-19 infection or because of complications from a COVID-19 infection?		Yes						
		Yes			No → SKIP to question	on F18 on pa	age 15			
		No			Don't know → SKIP to	question F	18 on p	age 1	5	
E1	0	Did any of this person's parents or previous caregivers	F16	Die	d any of the following re	easons cont	ribute	to this	•	
٦		die from a COVID-19 infection or because of complications from a COVID-19 infection?		pe	rson not receiving or de IRING THE PANDEMIC?	elaying need				
				Ма	ark (X) ONE for EACH ite	m	Yes	No	Don't	
		└ Yes		a.	There were problems ge appointment when this p					
		No		L	needed one					
F1		DURING THE PANDEMIC, did this person's behavior EVER leave you concerned about their mental or		D.	The clinic or doctor's off open when this person r				rvices	
		emotional health?		C.	There were concerns ab exposure to COVID-19 b					
		Yes		J.	the clinic or doctor's office	ce				
		No → SKIP to question F13		a.	This person or someone person's household had or was exposed to COV	COVID-19				
		•			or was exposed to COV	פו-טו				

F1	thi	nich of the following statements best describes how s person's health was impacted by not receiving or laying health care DURING THE PANDEMIC?	F22		ny time DURING THE PANDEMIC, did this person's a school(s) close completely because of COVID-19?	
		There was no impact on this person's health			Yes	
		There was mild or minimal impact on this person's health		H	No Not applicable	
		There was moderate impact on this person's health			Not applicable	
		There was significant or severe impact on this person's health	F23	part	ny time DURING THE PANDEMIC, did this person icipate in high school by remote learning only ause of COVID-19?	
		Don't know			Yes	
E	by	IRING THE PANDEMIC, was this person covered ANY kind of health insurance or health coverage in?			No → SKIP to question F25	
		Yes, this person was covered during the entire pandemic			Not applicable → SKIP to question F25	
		Yes, but this person had a gap in coverage during the pandemic	F24	How long did this person participate in high school remote learning only? Your best estimate is fine. Consider all periods of only		
		No			ote learning together when providing your estimate.	
		Don't know			Less than 1 month	
F1	Ac	ross all subjects in school, what grades did this			1-3 months	
		rson get BEFORE MARCH 2020?			4-6 months	
		Mostly A's			7-12 months	
		Mostly A's and B's			More than a year	
		Mostly B's and C's			Don't know	
		Mostly C's and D's	E25	Δta	ny time DURING THE PANDEMIC, did this person	
		Mostly D's or lower		part	icipate in high school by a combination of remote ning and in-person learning because of COVID-19?	
	L	This person's school did not give these grades			Yes	
F2	SII	NCE MARCH 2020, how concerned have you been out this person falling behind in school because of			No → SKIP to question F27 on page 16	
	the	pandemic?			Not applicable → SKIP to question (527) on page 16	
		Very concerned	F26	How	v long did this person participate in high school by a	
		Somewhat concerned		com	bination of remote learning and in-person learning? r best estimate is fine. Consider all periods of combined	
		Not at all concerned			ote learning and in-person learning together when iding your estimate.	
		Not applicable			Less than 1 month	
F2	DI hiç	IRING THE PANDEMIC, was this person enrolled in jh school?			1-3 months	
		Yes		H	4-6 months	
		No → SKIP to question F30 on page 16			7-12 months	
					More than a year	
					Don't know	



F2	ANY remote learning DURING THE PANDEMIC. Please include all times when this person participated in						How long was this person homeschooled? Your best estimate is fine. Consider all periods of homeschooling together when providing your estimate.						
		high school by remote learning only or learning combined with in-person learn			ise,		[Less than 1 month				
		SKIP to question F28.							1-3 months				
		DURING REMOTE LEARNING, to what experience the following challer			nis				4-6 months				
		Mark (X) ONE for EACH item.			Not				7-12 months				
		a. Unreliable or unavailable digital	A IOT	A little	at all		[More than a year				
		device (for example, desktop, laptop, tablet, chromebook)					[Don't know				
		 b. Unreliable or unavailable internet connection 				F3:	е	nro	ny time DURING THE PANDEMIC, illed in any of the following types (X) ALL that apply.			son	
		 Difficulty accessing learning materials 					[Vocational, occupational, or technic program	cal certi	ficate		
		d. Unclear instructions or expectations					Г		2-year or community college (Asso	ciate de	egree		
		e. Distractions at home					L		program)			_	
		f. Language barriers					[4-year college or higher (Bachelor's professional program)	s, Maste	er's, Ph	1D, or	
E	8 At any time DURING THE PANDEMIC, did this person						[None of these				
	miss school for a reason related to COVID-19 (such as quarantine or sickness)?					F3:			AUSE OF THE PANDEMIC, did th	is pers	on		
		Yes								Yes	No	Don't know	
		No → SKIP to question F30							ecide to pursue higher ducation?				
		Not applicable → SKIP to question F30						. [Prop out of higher education?				
Fź	9	How long did this person miss school frelated to COVID-19?	for a	reason	1		C		Decide NOT to pursue higher ducation?				
		Your best estimate is fine. Consider all pe person did not attend school together whe estimate.					d		ostpone enrolling in higher ducation?				
		Less than 1 week					e. Take a break from higher education (for example, a gap semester or gap year)?						
		1-2 weeks				F2	h w	/hi	ch of the following best describes	thie n	oreon'	'e	
		3-4 weeks					е	mp	loyment status most of the time I DEMIC?	DURING	THE	3	
		More than 4 weeks							(X) ONE box.				
		Don't know					[Employed full-time				
F3	0	At any time DURING THE PANDEMIC, d							Employed part-time				
1		unenroll from school and switch to hon because of COVID-19?	nesc	hooling	J		[Internship or job training program				
		Yes							Working without pay/volunteer work	(
		No → SKIP to question F32					Not employed but looking for work						
		This person was already being					[Not employed and not looking for v	vork			
		homeschooled → SKIP to question [32]					[Don't know				



F3	DURING THE PANDEMIC, did this person EVER experience any of the following changes in employment?				F39	DURING THE PANDEMIC, how often did the following happen?						
	Mark (X) ONE for EACH item. Don't			Πα		lot at	Very often					
		Yes	No	know		a.	Parents or previous caregivers insulted, swore, shouted, or					
	a. Shift to remote work/telework	Ш		Ш		h	yelled at each other					
	b. Decreased hours					D.	Parents or previous caregivers said mean things, shouted,					
	c. Decreased pay						yelled, or screamed at this person					
	d. Furloughed (temporary job loss)					c.	Parents or previous caregivers					
	e. Loss of job						were not able to pay attention to this person's needs					
	f. Decreased job security				F40	DU	RING THE PANDEMIC, was you	ur men	ital or emot	ional		
	g. Increased hours					hea	health better, worse, or about the same as it was before the pandemic began?					
	h. Left workforce						Better → SKIP to question F42	2				
							About the same → SKIP to que		F42			
F3	DURING THE PANDEMIC, was this per considered an essential worker?	son l	EVER				Worse	cotion				
	Essential workers are those workers who conduct operations deemed essential to t				r		***************************************					
	functions in the community, including work related to health care, infrastructure, food, and other essential products.					Please indicate how true the following statements are about your mental or emotional health DURING THE						
		Yes							Somewhat	∟ Very		
	□ No							true	true	true		
	_						in feeling nervous, anxious, on edge, or worried		Ш			
	☐ Don't know					b.	I experienced an increase in					
F3	DURING THE PANDEMIC, did this pers increase using substances to help the						feeling down, depressed, or hopeless		Ш			
	stress or emotions? Substance use includes alcohol, legal or					DUDING THE DANDEMIC did you are another persent						
	prescription drugs that are taken in a way by a doctor.				F42	previous caregiver EVER experience any of the following						
	_					changes in employment? Mark (X) Yes or No for EACH item.						
	Yes					2	Shift to remote work/telework		Yes	No		
	No											
	☐ Don't know						Decreased hours					
F3	8 DURING THE PANDEMIC, how well do	you	think y	ou			Decreased pay					
	handled the day-to-day demands of pachildren?					d.	Furloughed (temporary job loss)					
	☐ Very well					e.	Loss of job					
	Somewhat well					f.	Decreased job security					
	_					g.	Increased hours					
	Not very well					h.	Left workforce					
	☐ Not well at all											



F4	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	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		
F4	DURING THE PANDEMIC, was there a time when you were not able to pay your mortgage or rent on time? Yes No	G. Household Information		
F4	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	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		
F4	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	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 How many children 0-17 years old usually live or stay at this address?		
FA		Number of children living or staying at this address		



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.						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			
		Yes → \$, .00 No TOTAL AMOUNT in 2022 Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships.			H1	questions in the survey, is confidential and voluntary. Please provide your name and contact information. We will only contact you if needed for official Census Bureau business. First Name			
l	busi								
		Yes →	\$.00	Loss	Last Name			
(c. Inter	No rest, div me, or i	idends, net rer	OUNT in 2022 ntal income, royalty states and trusts.	,	Street		Apt.	
		Yes →	\$, .00	Loss	City	State	ZIP	
	d. Soci	No TOTAL AMOUNT in 2022 Social Security or Railroad Retirement; retirement,			Phone		00000		
	surv	vivor, or Yes →	disability pens	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00		Email Address			
•	assi	stance of welfard Yes →	tal Security Incor welfare payre office.	ome (SSI); any pub nents from the stat	olic de or H2	In case we have difficulty future, what is the name, one person who will alwa Providing this information is First Name	address, and ays know you	d phone number of	
1	such	Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony.			Last Name				
		Yes →	\$,	.00 OUNT in 2022		Street		Apt.	
	Think a LAST C What is Include retireme assistan dividend	bout yo ALENDA that an money fa ent incom ice, and ds, net in	ur total combin AR YEAR for a nount before ta from jobs, child s ne, unemployme so forth. Also, ii	nut your 2022 incomed family income I II members of the fixes? support, social securent payments, public include income from iness, farm or rent, a	IN THE family.	Phone Email Address	State	ZIP	
	TOT	AL AMOL	JNT in 2022						

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.

