Appendix D

2024 National Survey of Children's Health Screener and Topical Questionnaires

National Survey of Children's Health

A study by the U.S. Department of Health and Human Services to better understand the health issues faced by children in the United States today.



The U.S. Census Bureau is required by law to protect your information. The U.S. Census Bureau is not permitted to publicly release your responses in a way that could identify this household. The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 13, U.S.C. Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. The data collected under this agreement are confidential under Title 13 U.S.C. Section 9. All access to Title 13 data from this survey is restricted to Census Bureau employees and those holding Census Bureau Special Sworn Status pursuant to 13 U.S.C. Section 23(c).

Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. Any information you provide will be shared among a limited number of Census Bureau employees and HHS staff with Special Sworn Status for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and in accordance with System of Records Notice COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining this much needed information is extremely important in order to ensure complete and accurate results.





Start Here

Respond online today at: https://respond.census.gov/nsch

OR complete this form and mail it back as soon as possible.

Thank you for helping us learn about the health and well-being of America's children.

If your household has children 0 - 17 years old, the questions on this form should be answered by an adult who is familiar with their health and health care. If your household does not have any children, please answer question 1 below AND return the questionnaire.

For help or questions about completing this form, please call 1-800-845-8241. 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 1-800-845-8241. 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.

	In Your Home					
1	Are there any children 0-17 years old who usually live or stay at this address?					
	☐ Yes					
	No – STOP HERE after marking "No" and return this survey to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.					
2 How many children 0-17 years old usually live or stay at this address?						
	Number of children living or staying at this address					
3	What is the primary language spoken in the household?					
	English					
	Spanish					
	\Box Other Language, specify: \mathbf{k}					
4	Is this house, apartment, or mobile home Mark (X) ONE box.					
	Owned by you or someone in this household with a mortgage or loan? <i>Include home equity loans</i> .					
	Owned by you or someone in this household free and clear (without a mortgage or loan)?					
	Rented?					
	Occupied without payment of rent?					
_;	Answer the remaining questions for each of the children 0-17 years old who usually live or stay at this address.					
	Start with the YOUNGEST CHILD, who we will call "Child 1" and continue with the next youngest until you have answered the questions for all children who usually live or stay at this address.					
	NSCH-S1 2					

	CHIL (Young	D 1 lest)	7 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?			
	First name, initials, or nicknam	a of the voundest child	Yes No			
Ĭ	Thist name, initials, of mexican	le of the youngest child	If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?			
			Yes No			
2	How old is this child? If the ch old, round age in months to 1.	ild is less than one month	If yes, is this a condition that has lasted or is expected to last 12 months or longer?			
			Yes No			
	Years OR	Months	8 Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?			
3	What is this child's sex?					
E	Male Female NOTE: Answer BOTH quest	tion 4 about Hispanic	If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?			
Ī	origin and question 5 abo For this survey, Hispanic o	out race. rigins are not races	Yes No			
4	Is this child of Hispanic, Latin	-	If yes, is this a condition that has lasted or is expected to last 12 months or longer?			
	No, not of Hispanic, Latino,	or Spanish origin	🗆 Yes 🔲 No			
	Yes, Mexican, Mexican Am	erican, Chicano	9 Is this child limited or prevented in any way in their ability to do the things most children of the same age			
	Yes, Puerto Rican		can do?			
	Yes, Cuban		Yes No			
	Yes, another Hispanic, Lati	no, or Spanish origin	If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?			
5	What is this child's race? Mark	(X) one or more boxes.	Yes No			
T	White	Korean	If yes, is this a condition that has lasted or is expected to last 12 months or longer?			
	Black or African American	Vietnamese	Yes No			
	American Indian or Alaska Native	Other Asian	10 Does this child need or get special therapy, such as physical, occupational, or speech therapy?			
		Native Hawaiian	Yes No			
	Asian Indian	Chamorro	If yes, is this because of ANY medical, behavioral, or other health condition?			
	Chinese	Samoan	Yes No			
	Filipino		→ If yes, is this a condition that has lasted or			
	Japanese	Other Pacific Islander	is expected to last 12 months or longer?			
	Answer the following supption	anh, if this shild is st	Yes No			
6	Answer the following question least 4 years old. Otherwise, S How well does this child spea	KIP to question 7.	11 Does this child have any kind of emotional, developmental, or behavioral problem for which they need treatment or counseling?			
	Very well	-	Yes No			
	Well		Yes □ No If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last			
	Not well		12 months or longer?			
	Not at all		Yes No			

	CHIL (Next you		7 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?				
	First name, initials, or nicknan	ne of the next youngest	Yes No				
	child		If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?				
			🗆 Yes 🔲 No				
2	How old is this child? If the child, round age in months to 1.	ild is less than one month	If yes, is this a condition that has lasted or is expected to last 12 months or longer?				
			Yes No				
	Years OR	Months	8 Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?				
3	What is this child's sex?						
	 Male Female NOTE: Answer BOTH quest 		If yes, is this child's need for medical care, mental health, or educational services because of ANY				
Y	origin and question 5 abo	out race.	medical, behavioral, or other health condition?				
	For this survey, Hispanic o	-	Yes □ No If yes, is this a condition that has lasted or				
4	Is this child of Hispanic, Lating	o, or Spanish origin?	is expected to last 12 months or longer?				
	No, not of Hispanic, Latino,	or Spanish origin	Yes No				
	Yes, Mexican, Mexican Am	erican, Chicano	9 Is this child limited or prevented in any way in their ability to do the things most children of the same age				
	Yes, Puerto Rican		can do?				
	Yes, Cuban		Yes No				
	Yes, another Hispanic, Lati	no, or Spanish origin	➡ If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?				
5	What is this child's race? Mark	(X) one or more boxes.	Yes No				
Ĭ			If yes, is this a condition that has lasted or is expected to last 12 months or longer?				
	U White	Korean	☐ Yes ☐ No				
	Black or African American	Vietnamese	10 Does this child need or get special therapy, such as				
	American Indian or Alaska Native	Other Asian	physical, occupational, or speech therapy?				
		Native Hawaiian	Yes No				
	Asian Indian	Chamorro	If yes, is this because of ANY medical, behavioral, or other health condition?				
	Chinese	Samoan	□ Yes □ No				
	Filipino	Other Pacific Islander	\mapsto If yes, is this a condition that has lasted or				
	Japanese		is expected to last 12 months or longer?				
6	Answer the following question least 4 years old. Otherwise, S How well does this child speal	KIP to question 7.	1 Does this child have any kind of emotional, developmental, or behavioral problem for which they need treatment or counseling?				
	-						
	Very well		Yes No If yes, has their emotional, developmental, or				
	Well Not well		behavioral problem lasted or is it expected to last 12 months or longer?				
	Not well Not at all		Yes No				

	CH (Next)	Voungest)	7 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?			
	First name, initials, or nick	name of the next voungest	Yes No			
	child		If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?			
			Yes No			
2	2 How old is this child? If the old, round age in months to	e child is less than one montl 1	If yes, is this a condition that has lasted or is expected to last 12 months or longer?			
			Yes No			
	Years OR	Months	8 Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?			
3	B) What is this child's sex?					
E	NOTE: Answer BOTH qu	nale Jestion 4 about Hispan	If yes, is this child's need for medical care, mental health or educational services because of ANY			
	origin and question 5 For this survey, Hispani		Ves No			
4	Is this child of Hispanic, La	5	If yes, is this a condition that has lasted or is expected to last 12 months or longer?			
	No, not of Hispanic, La	tino, or Spanish origin	Yes No			
	🔲 Yes, Mexican, Mexican	American, Chicano	9 Is this child limited or prevented in any way in their ability to do the things most children of the same age			
	Yes, Puerto Rican		can do?			
	Yes, Cuban		Yes No			
	☐ Yes, another Hispanic,	Latino, or Spanish origin	If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?			
5	What is this child's race?	Mark (X) one or more boxes.				
Ī	U White	Korean	If yes, is this a condition that has lasted or is expected to last 12 months or longer?			
	Black or African American	Vietnamese	Yes No			
	American Indian or	Other Asian	10 Does this child need or get special therapy, such as physical, occupational, or speech therapy?			
	Alaska Native	Native Hawaiian	Yes No			
	Asian Indian	Chamorro	If yes, is this because of ANY medical, behavioral, or other health condition?			
	Chinese	Samoan	Yes No			
	Filipino	Other Pacific Island	→ If yes, is this a condition that has lasted or			
	Japanese		er is expected to last 12 months or longer?			
6		tion only if this child is at	1 Does this child have any kind of emotional,			
	least 4 years old. Otherwis How well does this child s		developmental, or behavioral problem for which they need treatment or counseling?			
	Very well		Yes No			
	Well		If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?			
	Not well					
	□ Not at all		Yes No			

	CHILI (Next you	D 4 ngest)	7 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
6	First name, initials, or nicknam	e of the next voungest	Yes No
Ĭ	child		If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
			Yes No
2	How old is this child? If the chi old, round age in months to 1.	ld is less than one month	If yes, is this a condition that has lasted or is expected to last 12 months or longer?
			Yes No
3	What is this child's sex?	Months	8 Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?
9	what is this child's sex?		Yes No
E	Male Female NOTE: Answer BOTH quest	ion 4 about Hispanic	If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?
	origin and question 5 abo For this survey, Hispanic or	ut race. rigins are not races.	Yes No
4		•	If yes, is this a condition that has lasted or is expected to last 12 months or longer?
	No, not of Hispanic, Latino,	or Spanish origin	Yes No
	Yes, Mexican, Mexican Am	erican, Chicano	9 Is this child limited or prevented in any way in their ability to do the things most children of the same age
	Yes, Puerto Rican		can do?
	☐ Yes, Cuban		
	Yes, another Hispanic, Latin	no, or Spanish origin	If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
5	What is this child's race? Mark	(X) one or more boxes.	Yes No If yes, is this a condition that has lasted or
T	White	Korean	is expected to last 12 months or longer?
	Black or African American	Vietnamese	 Yes No 10 Does this child need or get special therapy, such as
	American Indian or	Other Asian	10 Does this child need or get special therapy, such as physical, occupational, or speech therapy?
	Alaska Native	Native Hawaiian	□ Yes □ No
	Asian Indian	Chamorro	If yes, is this because of ANY medical, behavioral, or other health condition?
	Chinese	Samoan	Yes No
	Filipino		➡ If yes, is this a condition that has lasted or
	Japanese	Other Pacific Islander	is expected to last 12 months or longer?
6	Answer the following question least 4 years old. Otherwise, S How well does this child speak	KIP to question 7.	1 Does this child have any kind of emotional, developmental, or behavioral problem for which they need treatment or counseling?
	Very well		Yes No
	Well		If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last
	Not well		12 months or longer?
	Not at all		Yes No

	First n	ame, initials	s, or nic	knam	e					
CHILD 5 (Next youngest) ►										
	Age		Years	OR		Months	Sex	M	ale [Female
	First n	ame, initials	s, or nic	knam	e					
CHILD 6 (Next youngest) ►										
	Age		Years	OR		Months	Sex	M	ale [Female
	First n	ame, initials	s, or nic	knam	e					
CHILD 7 (Next youngest) ►										
	Age		Years	OR		Months	Sex	M	ale	Female
CHILD 8 (Next youngest) ►	First n	ame, initials	s, or nic	knam	е					
	Age		Years	OR		Months	Sex	M	ale	Female
	First n	ame, initials	s, or nic	knam	e					
CHILD 9 (Next youngest) ►										
	Age		Years	OR		Months	Sex	M	ale	Female
CHILD 10 (Next youngest) ►	First n	ame, initials	s, or nic	knam	e					
	Age		Years	OR		Months	Sex	M	ale [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 sharing information about your household and the children of this household.

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

Make sure you have:

- Listed all first names, initials, or nicknames of children 0-17 years old in the household
- Answered all questions for each child reported

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 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 0607-0990" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.





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	Start Here	A3	FREQUENT or CHRONIC difficulty with any of the
	Recently, you completed a survey that asked about the children usually living or staying at this address. Thank you for taking the time to complete that survey.		following?YesNoa. Breathing or other respiratory problems (such as wheezing or shortness of breath)I
	We now have some follow-up questions to ask about:		b. Eating or swallowing because of a health condition
	If the child listed above is not correct or does not correspond to a child living in this household, please call 1-800-845-8241 for assistance. For Telephone Device for the Deaf (TDD) assistance, please call:		c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea
			d. Repeated or chronic physical pain, including headaches or other back or body pain
	1-800-582-8330.		e. Using their hands
	We have selected only one child per household in an effort to minimize the amount of time you will need to		f. Coordination or moving around
	complete the follow-up questions. The survey should be completed by a parent or adult caregiver who lives in this household and who is familiar with this child's health and health care.		g. Toothaches
			h. Bleeding gums
	Your participation is important. Thank you.		i. Decayed teeth or cavities
		A 4	Does this child have any of the following? Yes No
	A. This Child's Health		a. Deafness or problems with hearing
			b. Blindness or problems with seeing, even when wearing glasses
A	In general, how would you describe this child's health (the one named above)?		Has a doctor or other health care provider EVER told you that this child has
	Excellent	A 5	Allergies (such as food, drug, insect, seasonal, or other)?
	Very good		Yes No
	Good Fair		If yes, does this child CURRENTLY have the condition?
	Poor		Yes □ No If yes, is it:
A	2 How would you describe the condition of this child's		Mild Moderate Severe
	teeth?	A6	Asthma?
	This child does not have any teeth		Yes No
	Excellent		➡ If yes, does this child CURRENTLY have the condition?
	□ Very good		Yes No
	Good		└→ If yes, is it:
	Fair		Mild Moderate Severe
	Poor	A7	Autoimmune disease (such as Type 1 Diabetes, Celiac, or Juvenile Idiopathic Arthritis)?
			☐ Yes □ No If yes, is it:
			Mild Moderate Severe
	NSCH-T1	2	

	Has a doctor or other health care provider EVER told you that this child has	Has a doctor or other health care provider EVER told you that this child has
A	B Cerebral Palsy?	Anxiety Problems?
Ī	Yes No	Yes No
	└→ If yes, is it:	➡ If yes, does this child CURRENTLY have these
	Mild Moderate Severe	problems?
A	9 Type 2 Diabetes?	→ If yes, is it:
T	Yes No	Mild Moderate Severe
	→ If yes, does this child CURRENTLY have the	
		15 Depression?
	Yes No	Yes No
	└→ If yes, is it:	→ If yes, does this child CURRENTLY have the
	Mild Moderate Severe	condition?
		Yes No
A1	D Epilepsy or Seizure Disorder?	└→ If yes, is it:
		Mild Moderate Severe
	If yes, does this child CURRENTLY have the condition?	Down Syndrome?
	→ If yes, is it:	
		Blood Disorders (such as Sickle Cell Disease,
	Mild Moderate Severe	Thalassemia, or Hemophilia)?
A1	1 Heart Condition?	
I	Yes No	└→ If yes, is it:
	\mapsto If yes, was this child born with the condition?	Mild Moderate Severe
	Yes No	Was this child diagnosed with:
	Deep this shild OUDDENTLY have the condition?	Sickle Cell Disease? Yes No
	Does this child CURRENTLY have the condition?	
		Thalassemia? L Yes L No
	➡ If yes, is it:	Hemophilia?
	Mild Moderate Severe	Other Blood Disorders?
A1	2 Frequent or severe headaches, including migraine?	Disorders:
٦	Yes No	Were any of these blood disorders identified through a blood test done shortly after birth?
	→ If yes, does this child CURRENTLY have the	These tests are sometimes called newborn screening.
	condition?	Yes No
	🗆 Yes 🗌 No	Cystic Fibrosis?
	If yes, is it:	Yes No
	Mild Moderate Severe	→ If yes, is it:
	Touvotto Sundromo?	Mild Moderate Severe
A1		
		Was this condition identified through a blood test done shortly after birth? These tests are
	If yes, does this child CURRENTLY have the condition?	sometimes called newborn screening.
	Yes No	Yes No
		19 Fetal Alcohol Spectrum Disorder (FASD)?
	Mild Moderate Severe	
- 1	NSCH-T1	
		3

A2	 Yes No If yes, does this child CURRENTLY have these problems? Yes No 	 Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD). Yes No → SKIP to question 30 on page 5 If yes, does this child CURRENTLY have the condition? Yes No If yes is it:
A2	→ If yes, is it: Mild Mild Moderate Developmental Delay? Yes No Hf yes, does this child CURRENTLY have the condition?	 If yes, is it: Mild Moderate Severe A26 How old was this child when a doctor or other health care provider FIRST told you that they had Autism, ASD, Asperger's Disorder or PDD? Age in years Don't know
A2	Retardation)? Yes No Yes No If yes, does this child CURRENTLY have the disability? Yes No	 What type of doctor or other health care provider was the FIRST to tell you that this child had Autism, ASD, Asperger's Disorder or PDD? Mark (X) ONE box. Primary Care Provider Specialist School Psychologist/Counselor Other Psychologist (Non-School) Psychiatrist
A2	→ If yes, is it: Mild Moderate Severe Output Mild Moderate Severe Speech or other language disorder? No No ↓ If yes, does this child CURRENTLY have the condition? No	 Other, specify: Don't know A28 Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?
A2	 Yes If yes, is it: Mild Moderate Severe Learning Disability? Yes No If yes, does this child CURRENTLY have the disability? Yes No If yes, is it: Mild Moderate Severe 	 Yes No At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an intervention that you or this child received to help with their behavior? Yes No
L	NSCH-T1	4

A3	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	B. This Child as an Infant
	ADHD?	B1 Was this child born more than 3 weeks before their due date?
	Yes □ No → SKIP to question A33	
	If yes, does this child CURRENTLY have the condition?	
	Yes No	No
	L→ If yes, is it:	B2 What month and year was this child born?
	Mild Moderate Severe	Birth Month / 4-Digit Birth Year
A3	Is this child CURRENTLY taking medication for ADD or ADHD?	
	Yes No	B3 How much did they weigh when born? Answer in pounds
A3	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD,	and ounces OR kilograms and grams. Your best estimate is fine.
	such as training or an intervention that you or this child received to help with their behavior?	pounds AND ounces
	└ Yes └ No	
A3	Do you think this child has EVER had a concussion or brain injury? A concussion or brain injury is when a blow or jolt to the head causes problems such as headaches,	kilograms AND grams
	dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, changes in mood	B4 Was this child EVER breastfed or fed breast milk?
	or behavior, or being knocked out.	☐ Yes
	□ Yes □ No	□ No \rightarrow SKIP to question B6 on page 6
	→ If yes, did you seek medical care from a doctor or	- No - Shir to question about page o
	other health care provider?	B5 If yes, how old was this child when they COMPLETELY stopped breastfeeding or being fed breast milk?
	If yes, did a doctor or other health care provider tell you that your child had a	Your best estimate is fine.
	concussion or brain injury?	This child is still breastfeeding
	Yes No	OR
A3		days
Ī	child's health conditions or problems affected their ability to do things other children their age do?	OR
	This child does not have any health conditions \rightarrow <i>SKIP to question</i> B1	weeks
	■ Never → SKIP to question B1	OR
	□ Sometimes	
	Usually	months
	☐ Always	
A3	To what extent do this child's health conditions or problems affect their ability to do things?	
	Very little	
	Somewhat	
	A great deal	

B6	How old was this child when they were FIRST fed formula? Your best estimate is fine.	C. Health Care Services
	 This child has never been fed formula OR At birth 	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.
	OR	□ Yes
	days	No → SKIP to question C4
	OR	C2 If yes, DURING THE PAST 12 MONTHS, how many times
	weeks	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
	OR	injured, such as an annual or sports physical, or well-child visit.
	months	□ 0 visits
		□ 1 visit
B7	How old was this child when they were FIRST fed any- thing other than breast milk or formula? <i>Include water,</i> <i>juice, cow's milk, sugar water, baby food, or</i>	□ 2 or more visits
	anything else that this child might have been given. Your best estimate is fine.	C3 Thinking about the LAST TIME you took this child for a PREVENTIVE check-up, about how long was the
	This child has never been fed anything other than breast milk or formula	doctor or health care provider who examined this child in the room with you? Your best estimate is fine.
	OR	Less than 10 minutes
	At birth	10-20 minutes
	OR	More than 20 minutes
	days	
	OR	Are you concerned about this child's weight?
	weeks	Yes, it's too high
	OR	Yes, it's too low
	months	No, I am not concerned
		Has a doctor or other health care provider ever told you that this child is overweight?
		□ Yes
		□ No
	(C6 DURING THE PAST 12 MONTHS, did this child's doctors or other health care providers ask if you have concerns
		about this child's learning, development, or behavior?
Ν	ISCH-T1	6
		6

G 7	 least 9 months old. Otherwise skip to question c³. DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about observations or concerns you may have about this child's development, communicatior 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 If yes, AND this child is 9-23 Months: Did the questionnaire ask about your concerns or observations about: Mark (X) ALL that apply. How this child talks or makes speech sounds? How this child interacts with you and others? If yes, AND this child is 2-5 Years: Did the questionnaire ask about your concerns or observations about: Mark (X) ALL that apply. How this child behaves and gets along with you and others? If yes, and phrases this child uses and understands? How this child behaves and gets along with you and others? 	ion, No	
	Hospital Emergency Room	of dental or oral health care?	
	Hospital Outpatient Department	Yes, saw a dentist	
	Urgent Care Center	Yes, saw other oral health care provider	
	Clinic within a drug store or grocery store	No → SKIP to question C17 on page 8	
	School (Nurse's Office, Athletic Trainer's Office)	C15 If yes, DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for	
	Other Clinic or Health Center	PREVENTIVE dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments?	
	Some other place	No preventive visits in the past 12 months \rightarrow <i>SKIP to question</i> C17 <i>on page 8</i>	
C10	Is there a place that this child USUALLY goes when they need routine preventive care, such as a physical examination or well-child check-up?		
	□ Yes		
	□ No → SKIP to question C12		
Ν	NSCH-T1	7	

C1	6 If yes, DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive? Mark (X) ALL that apply.	C21	How child	difficult was it to get the specialist I needed?	care tha	t this
				Not difficult		
	Check-up			Somewhat difficult		
				Very difficult		
	Instruction on tooth brushing and oral health care			It was not possible to obtain care		
	X-Rays	000			no onu fir	
	Fluoride treatment	GZZ	this By h	ING THE PAST 12 MONTHS, was the child needed health care but it was nealth care, we mean medical care as w	not receiv	red? er kinds of
	Sealant (plastic coatings on back teeth)		care	like dental care, vision care, and menta	al health s	ervices.
	Don't know			Yes		
				No → SKIP to question C25		
C	received any treatment or counseling from a mental health professional? Mental health professionals include	C23		s, which types of care were not rec ((X) ALL that apply.	eived?	
	psychiatrists, psychologists, psychiatric nurses, and clinical social workers.			Medical Care		
	□ Yes			Dental Care		
	No, but this child needed to see a mental health professional			Vision Care		
	□ No, this child did not need to see a mental health professional \rightarrow <i>SKIP to question</i> C19			Hearing Care		
C	8 How difficult was it to get the mental health treatment			Mental Health Services		
	or counseling that this child needed?			Other, specify: 📈		
	Not difficult					
	Somewhat difficult	C24	Did	any of the following reasons contrib	uto to thi	s child
	Very difficult	624	not i	receiving needed health services?		5 child
				(X) Yes or No for EACH item.	Yes	No
	L It was not possible to obtain care			his child was not eligible for the ervices		
C	DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with their emotions, concentration, or behavior?			he services this child needed were ot available in your area		
	Yes		а	here were problems getting an ppointment when this child needed ne		
	No		d. T	here were problems with getting ransportation or child care		
Cz	DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional?		e . T	he clinic or doctor's office wasn't pen when this child needed care		
	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one			here were issues related to cost		
	area of health care.	C25		ING THE PAST 12 MONTHS, how o		
			rus	trated in your efforts to get services	s for this	child?
	No, but this child needed to see a specialist			Never		
	□ No, this child did not need to see a specialist \rightarrow <i>SKIP to question</i> C22			Sometimes		
				Usually		
				Always		

C2	 DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room? Do NOT include visits to urgent care centers. None 1 time 2-3 times 4 or more times 	34	Has a doctor, other health care provider, or educator EVER recommended that this child be evaluated for a Fetal Alcohol Spectrum Disorder? Examples of educators are teachers and school nurses. Yes No Don't know
C2	DURING THE PAST 12 MONTHS, was this child	35	Has this child EVER received an evaluation for a Fetal Alcohol Spectrum Disorder?
	admitted to the hospital to stay for at least one night?		
			L Yes
	Yes		No
	No		
			Don't know
C2	 Has this child EVER had a special education or early intervention plan? Children receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP). Yes 		D. Experience with This Child's Health Care Providers
	□ No \rightarrow SKIP to question C31		
C2			Do you have one or more persons you think of as this child's personal doctor or nurse? A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.
			Yes, one person
C3			
	of these plans?		Yes, more than one person
	☐ Yes		□ No
	No	2	DURING THE PAST 12 MONTHS, did this child need a
C3			referral to see any doctors or receive any services?
	their developmental needs? Special services can		□ Yes
	include therapies such as speech, occupational, physical or behavioral or other services received to meet		
	developmental needs.		□ No \rightarrow SKIP to question D4 on page 10
	Yes		
		03	How difficult was it to get referrals?
	No → SKIP to question C34		Not difficult
Сз			Somewhat difficult
	these special services?		Very difficult
	years AND months		 It was not possible to get a referral
Сз	Is this child CURRENTLY receiving these special services?		
	Yes		
	No		

D		Answer the following qu health care visit IN THE skip to question 🗗 on	PAST 1	12 MON	this child h THS. Otherw	ad a ⁄ise	C	8	could this d	NG THE PAST 12 MONTHS, have you felt that you I have used extra help arranging or coordinating child's care among the different health care
		DURING THE PAST 12 M child's doctors or other				S				ders or services?
			Always	Usually	Sometimes	Never			_	
		a. Spend enough time with this child?								No → SKIP to question D10
		b. Listen carefully to you?					P	9	did y	s, DURING THE PAST 12 MONTHS, how often ou get as much help as you wanted with ging or coordinating this child's health care?
		c. Show sensitivity to your family's values and customs?							_	Usually
		d. Provide the specific								Sometimes
		information you needed concerning this child?								Never
		e. Help you feel like a partner in this child's care?					D	D	you v	NG THE PAST 12 MONTHS, how satisfied were with the communication between this child's ors and other health care providers?
D		DURING THE PAST 12 M caregiver, or a health ca				anv				Very satisfied
		decisions regarding this whether to get prescript	s child's	health	care, such a	as				Somewhat satisfied
		□ Yes	,	,	·					Somewhat dissatisfied
		□ No → SKIP to ques	tion D7							Very dissatisfied
0		If yes, DURING THE PAS this child's doctors or o	ther he	alth car	e providers.				care	NG THE PAST 12 MONTHS, did this child's health provider communicate with the child's school, child provider, or special education program?
		a. Discuss with you	Always	Usually	Sometimes	Never				Yes
		the range of options to consider for their								No \rightarrow SKIP to question E1 on page 11
		health care or treatment?								Did not need health care provider
		 Make it easy for you to raise concerns or 								to communicate with these providers → SKIP to question E1 on page 11
		disagree with recommendations for this child's health care?					D	2	healt	s, during this time, how satisfied were you with the h care provider's communication with the school, care provider, or special education program?
		c. Work with you to decide together								Very satisfied
		which health care and treatment								Somewhat satisfied
		choices would be best for this child?								Somewhat dissatisfied
D		DURING THE PAST 12 M arrange or coordinate th				you				Very dissatisfied
		different doctors or serv								
		Yes								
		Did not see more th	an one l	health						
		Care provider in the MONTHS → SKIP to	PAST 1	2						
	NC									
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	E. This Child's Health Insurance Coverage					F. Providing for This Child's Health				
E	со	DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan? F1 □ Yes, this child was covered all 12 months → SKIP to question E3		Hea Acc this DU hea	Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.					
		Yes, but this child had a gap in cover No \rightarrow <i>SKIP to question</i> F1	age			\$0 (No medical or health-related expenses) → <i>SKIP to question</i>				
E		this child CURRENTLY covered by AN alth insurance or health coverage pla		of		\$1-\$249 \$250-\$499				
		Yes				\$500-\$999				
	C	No → SKIP to question F1				\$1,000-\$5,000				
E		this child CURRENTLY covered by an bes of health insurance or health cove				More than \$5,000				
	Ma	ark (X) Yes or No for EACH item.	Yes	No	2 Hov	w often are these costs reasonable	?			
		Insurance through a current or former employer or union				Always				
		Insurance purchased directly from an insurance company				Usually				
	C.	Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability				Sometimes Never				
		TRICARE or other military health care Indian Health Service			pro	RING THE PAST 12 MONTHS, did y blems paying for any of this child's lth care bills?	our family s s medical o	have r		
		Other, specify: \mathbf{k}				Yes				
						No				
					4 DU	RING THE PAST 12 MONTHS, have	vou or oth	er		
E4		w often does this child's health insur nefits or cover services that meet this			fan	nily members	Yes	No		
		Always	s ciliu s	neeus :		Left a job or taken a leave of absence because of this child's health or health conditions?				
		Usually				Cut down on the hours you work because of this child's health or				
		Sometimes				health conditions?				
		Never				Avoided changing jobs because of concerns about maintaining health insurance for this child?				
E		w often does this child's health insur see the health care providers they ne		ow them						
	C	Always								
	C	Usually								
	C	Sometimes								
		Never								

E	IN AN AVERAGE WEEK, how many hours do you or other family members spend providing health care at home for this child? Care might include changing bandages, or giving medication and therapies when needed.		G. This Child's Learning	
	This child does not need health care provided at home on a weekly basis		<i>least 1 year old. Otherwise skip to</i> G29 <i>on page 15.</i> Is this child able to do the following <i>Mark (X) Yes or No for EACH item.</i>	
	Less than 1 hour per week		a. Say at least one word, such as "hi" Yes or "dog"?	
	1-4 hours per week	1	 b. Use 2 words together, such as "car go"? 	
	 5-10 hours per week 11 or more hours per week 		 c. Use 3 words together in a sentence, such as, "Mommy come now."? 	
			 d. Ask questions like "who," "what," "when," "where"? 	
Fe	other family members spend arranging or coordinating		e. Ask questions like "why" and "how"?	
	health or medical care for this child, such as making appointments or locating services?	1	f. Tell a story with a beginning, middle, and end?	
	This child does not need health care coordinated on a weekly basis	9	g. Understand the meaning of the word "no"?	
	 Less than 1 hour per week 1-4 hours per week 	1	h. Follow a verbal direction without hand gestures, such as "Wash your	
	5-10 hours per week	i	hands."? i. Point to things in a book when asked?	
	11 or more hours per week	j	j. Follow 2-step directions, such as "Get your shoes and put them in the basket."?	
		1	 k. Understand words such as "in," "on," and "under"? 	
		2	Is this child 3 years old or older?	
			□ Yes	
			■ No → SKIP to question 629 on page 15	
	•		Has this child started school? Include any formal home schooling.	
			Yes, preschool	
			Yes, kindergarten	
			Yes, first grade	
			No	
			How often can this child recognize the beginning sound of a word? For example, can this child tell you that the word "ball" starts with the "buh" sound?	
			Always	
			Most of the time	
			About half the time	
			Never	

G	star	often can this child come up with words that t with the same sound? For example, can this child e up with "sock" and "sun?"	10	For	v often can this child correctly do simple addition? example, can this child tell you that two blocks and e blocks add to a total of five blocks?
		Always			Always
		Most of the time			Most of the time
		About half the time			About half the time
		Sometimes			Sometimes
		Never			Never
G6	How or d	often can this child explain things they have seen one so that you know what happened?		has	v often can this child tell which group of objects more? For example, can this child tell you a group
		Always		of se	even blocks has more than a group of four blocks?
		Most of the time			Always
		About half the time			Most of the time
		Sometimes			About half the time
		Never			Sometimes
G7		v often can this child write their first name, even if e of the letters aren't quite right or are backwards?			Never
		Always	112)	If as cou	sked to count objects, how high can this child nt correctly?
		Most of the time			This child cannot count
		About half the time			Up to five
		Sometimes			Up to ten
		Never			Up to 20
Ga	How	v often can this child focus on a task you give them			Up to 30 or more
		at least a few minutes? For example, can this child s on simple chores?	13		ut how many letters of the alphabet can this child ognize?
		Always			All of them
		Most of the time			Most of them
		About half the time			About half of them
		Sometimes			Some of them
		Never			None of them
G9		or often can this child read one-digit numbers? example, can this child read the numbers 2 or 8?	14		v well can this child come up with words that rhyme? example, can this child come up with "cat" and "mat?"
		Always			This child cannot rhyme
		Most of the time			Not well
		About half the time			Somewhat well
		Sometimes			Very well
		Never			

G1		w often can this child recognize and name their an emotions?			often does this child show concern when they see ors who are hurt or unhappy?
		Always			Always
		Most of the time			Most of the time
		About half the time			About half the time
		Sometimes			Sometimes
		Never			Never
G1		w often does this child have difficulty when asked and one activity and start a new activity?		How dow	often does this child have trouble calming n?
		Always			Always
		Most of the time			Most of the time
		About half the time			About half the time
		Sometimes			Sometimes
		Never			Never
G1	7 Hov	w often does this child play well with other children?			often does this child have difficulty waiting for
		Always		their	r turn?
		Most of the time			Always
		About half the time			Most of the time
		Sometimes			About half the time
		Never			Sometimes
G1	8 Hov	v often does this child lose their temper?			Never
		Always	23 I	How whe	often does this child keep working at a task even n it is hard for them?
		Most of the time			Always
		About half the time			Most of the time
		Sometimes			About half the time
		Never			Sometimes
G1	9 Hov	v often does this child get easily distracted?			Never
			524) I	How	often does this child share toys or games with
		Most of the time		othe	er children?
		About half the time			Always
		Sometimes			Most of the time
		Never			About half the time
					Sometimes
					Never



1					
G	25 How well can this child b seconds?		r several		H. About You and This Child
	This child cannot bou	ince a ball			
	Not well			H1	Was this child born in the United States?
	Somewhat well				Yes → SKIP to question H3
	□ Very well				□ No
G	26 How well can this child o	draw a circle?		H2	If no, how long has this child been living in the United States?
	This child cannot dra	w a circle			
	□ Not well				years AND months
	Somewhat well			H3	
	Very well			Ĭ	since they were born?
G	27 How well can this child o mouth?	draw a face with	eyes and		Number of times
	□ This child cannot dra	w a face with eye	es and mou	th H4	How often does this child go to bed at about the same time on weeknights?
	□ Not well				
	Somewhat well				□ Always □ Usually
	□ Very well				□ Sometimes
G	28 How well can this child o	draw a person w	vith a head.		
	body, arms, and legs?			, 	Rarely
	This child cannot dra body, arms, and legs		a head,		Never
	Not well			H5	DURING THE PAST WEEK, how many hours of sleep did this child get during an average day (count both
	Somewhat well				nighttime sleep and naps)?
	Very well				Less than 7 hours
G	29 How often		Comotinaco	Marray	7 hours
	a. Is this child	Always Usually	Sometimes	Never	8 hours
	affectionate and tender with you?				9 hours
	b. Does this child bounce back				□ 10 hours
	quickly when things do not go their way?				□ 11 hours
	c. Does this child				□ 12 or more hours
	show interest and curiosity in learning new things?				
	d. Does this child smile and laugh?				

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	4 or more hours per day		
	□ 3 hours per day		□ Not well at all
	2 hours per day		Not very well
	□ 1 hour per day		Somewhat well
	Less than 1 hour per day		□ Very well
	spend playing outdoors? Include time spent playing in your yard or neighborhood, outside at school or child care, in a park, playground or other outdoor recreation area. Your best estimate is fine.	H14	
H9	ON MOST WEEKDAYS, how much time does this child		Every day
	Answer the following questions only if this child is at least 3 years old. Otherwise skip to H11 .		4-6 days
	□ 3 or more times per day		□ 1-3 days
	2 times per day		family members tell stories or sing songs to this child?
	□ 1 time per day	H13	DURING THE PAST WEEK, how many days did you or other
	4-6 times during the past week		Every day
	□ 1-3 times during the past week		4-6 days
	This child did not eat fruit		□ 1-3 days
T	eat fruit? Include any that were fresh, frozen, canned, or dried Do not include juice.		0 days
H8	DURING THE PAST WEEK, how many times did this child	H12	DURING THE PAST WEEK, how many days did you or other family members read to this child?
	 3 or more times per day 		4 or more hours
	 1 time per day 2 times per day 		3 hours
	4-6 times during the past week		2 hours
	□ 1-3 times during the past week		1 hour
	This child did not eat vegetables		Less than 1 hour
H7	eat vegetables? Include any that were fresh, frozen, or canned. Do not include French fries, fried potatoes, or potato chips.	(fil)	ON MOST WEEKDAYS, about how much time did this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media? Do not include time spent doing schoolwork.
	□ 3 or more times per day		4 or more hours per day
	2 times per day		3 hours per day
	□ 1 time per day		2 hours per day
	4-6 times during the past week		□ 1 hour per day
	□ 1-3 times during the past week		Less than 1 hour per day
	drinks, or sweet tea? Do not include 100% fruit juice.		playing in your yard or neighborhood, in a park, playground or other outdoor recreation area. Your best estimate is fine.
H6	DURING THE PAST WEEK, how many times did this child drink sugary drinks such as soda, fruit drinks, sports	H10	ON AN AVERAGE WEEKEND DAY, how much time does this child spend playing outdoors? Include time spent

NICC	NE 1	T 1
NSC	-H-	

H1	DURING THE PAST MONTH, how often have you felt	13	lf ye	s, does anyone smoke inside your ho	me?	
	Never Rarely Sometimes Usually Always			Yes		
	a. That this child is much harder to care for than most children their age?	4	Does	No s anyone vape or use e-cigarettes insi	de your	home?
	 b. That this child does things that really bother you a lot? 			Yes No		
	c. Angry with this child?	15	very	CE THIS CHILD WAS BORN, how often hard to cover the basics, like food or your family's income?		
H1	DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support			Never		
	with parenting or raising children?			Rarely		
	□ Yes			Somewhat often		
	□ No			Very often		
H1	DURING THE PAST 12 MONTHS, did you or anyone in the family have to quit a job, not take a job, or greatly change your job because of problems with child care for this child?	16	hous	ch of these statements best describes sehold's ability to afford the food you NING THE PAST 12 MONTHS?	need	
	Yes			We could always afford to eat good nut		
				We could always afford enough to eat b the kinds of food we should eat.	out not al	ways
				Sometimes we could not afford enough	to eat.	
	I. About Your Family and Household	17	At a	Often we could not afford enough to eat ny time DURING THE PAST 12 MONTH		for
		T	one	month, did anyone in your family rece	eive	
Ű	DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal together?			Cash assistance from a government velfare program?	Yes	No
	□ 0 days			Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?		
	□ 1-3 days			Free or reduced-cost breakfasts or unches at school?		
	4-6 days			School meal debit/Electronic Benefits		
	└ Every day			Transfer (EBT) cards?		
12	Does anyone living in your household use cigarettes, cigars, or pipe tobacco?			Benefits from the Women, Infants, and Children (WIC) Program?		
	□ Yes					
	No → SKIP to question 14					
- 1						

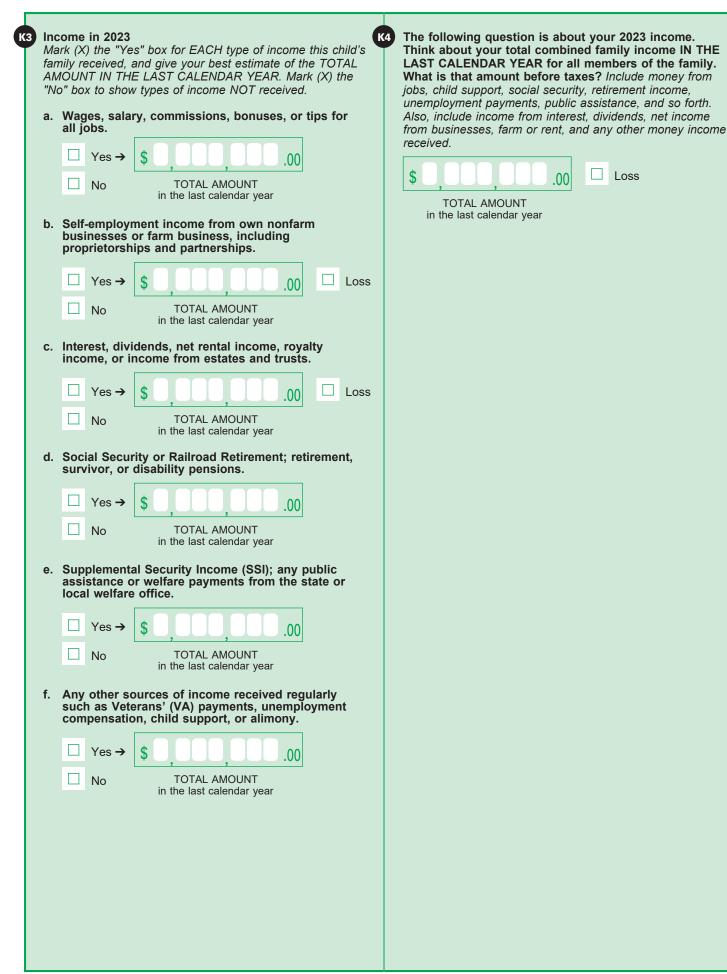
18	Does this child receive SSI, that is, Supplemental Security Income? SSI is different from Social Security.	13	In y	your neighborhood,	is/are the	ere	Yes	No
	Yes No		а	Sidewalks or walking	naths?			
	→ If yes, is this for a disability they have?			-				
	Yes No			A park or playground A recreation center, o		V		
			.	center, or boys' and				
19			d.	A library or bookmob	ile?			
	you were not able to pay the mortgage or rent on time?		e.	Litter or garbage on to sidewalk?	the street			
	Yes		f.	Poorly kept or rundov	wn housir	ng?		
	No		g.	Vandalism such as b	roken			
	Don't know			windows or graffiti?				
11	DURING THE PAST 12 MONTHS, how often were you worried or stressed about being evicted, foreclosed on, or having your housing condemned?			what extent do you out your neighborho	od or co		?	
	□ Always			People in this				
				neighborhood help each other out				
	Sometimes		b.	We watch out for each other's				
	Rarely			children in this neighborhood				
	□ Never			This child is safe in				
				our neighborhood				
1	DURING THE PAST 12 MONTHS, how many times has this child moved to a new address?			When we encounter difficulties, we know where to go for help in our community				
	0 times			,				
	1 time							
	2 or more times							
(1	SINCE THIS CHILD WAS BORN, have they ever been homeless or lived in a shelter? Include living in a shelter, motel, temporary or transitional living situation, scattered site housing, or having no steady place to sleep at night.							
	□ Yes							
	No							
	Don't know							

to this child? ptive Parent			
ptive Parent			
ive			
5			
Where were you born?			
tes			
ited States			
grade or level of school you have			
lo diploma			
duate or GED Completed			
ational, trade, or business school			
edit, but no Degree			
e (AA, AS)			
e (BA, BS, AB)			
(MA, MS, MSW, MBA)			
EdD) or Professional Degree JD)			

Je	Wha	at is your marital status?	10	
		Married		U.S. Armed Forces, Reserves, or the National Guard? <i>Mark (X) ONE box.</i>
		Not married, but living with a partner		■ Never served in the military → SKIP to question J12
		Never Married		Only on active duty for training in the Reserves or National Guard \rightarrow <i>SKIP to question</i> J12
		Divorced		Now on active duty
		Separated		On active duty in the past, but not now
		Widowed		
		0	11	Were you deployed at any time during this child's life?
J	In g	eneral, how is your physical health?		Yes
		Excellent		No
		Very good		
		Good	12	Does this child have another parent or adult caregiver who lives in this household?
		Fair		Yes \rightarrow Complete questions J13 - J23 on page 21 for this other parent or adult caregiver
		Poor		□ No \rightarrow SKIP to question K1 on page 22
J٤	In a	eneral, how is your mental or emotional health?		
		Excellent		
		Very good		
		Good		
		Fair		
		Poor		
J	emp	ch of the following best describes your current bloyment status? k (X) ONE box.		
		Employed full-time		
		Employed part-time		
		Working WITHOUT pay		
		Not employed but looking for work		
		Not employed and not looking for work		
		Retired		

Other Parent or Caregiver in the Household	What is the highest grade or level of school this caregiver has completed? Mark (X) ONE box.
J13 How is this other caregiver related to this child?	8th grade or less
Biological or Adoptive Parent	9th-12th grade; No diploma
Step-parent	High School Graduate or GED Completed
Grandparent	Completed a vocational, trade, or business school program
Foster Parent	Some College Credit, but no Degree
Other: Relative	Associate Degree (AA, AS)
Other: Non-Relative	Bachelor's Degree (BA, BS, AB)
	Master's Degree (MA, MS, MSW, MBA)
What is this caregiver's sex?	Doctorate (PhD, EdD) or Professional Degree
Male	(MD, DDS, DVM, JD)
Female	J18 What is this caregiver's marital status?
15 What is this caregiver's age?	
	Not married, but living with a partner
Age in years	Never Married
J16 Where was this caregiver born?	Divorced
□ In the United States	Separated
Outside of the United States	Widowed
	J19 In general, how is this caregiver's physical health?
	Excellent
	□ Very good
	Good
	☐ Fair
	Poor
	In general, how is this caregiver's mental or emotional health?
	Excellent
	□ Very good
	Good
	☐ Fair
	Poor

J21	Which of the following best describes this caregiver's current employment status? Mark (X) ONE box.	K. Household Information
		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
	Employed part-time	more than two months, such as a college student living away or someone in the Armed Forces on deployment.
	□ Working WITHOUT pay	
	□ Not employed but looking for work	Number of people
	Not employed and not looking for work	2 How many of these people in your household are family members? Family is defined as anyone related to this child
	Retired	by blood, marriage, adoption, or through foster care.
J22	Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? <i>Mark (X) ONE box.</i>	Number of people
	□ Never served in the military \rightarrow <i>SKIP to question</i> K1	
	Only on active duty for training in the Reserves or National Guard \rightarrow <i>SKIP to question</i> (K1)	
	□ Now on active duty	
	On active duty in the past, but not now	
J23		



Mailing Instructions

Thank you for your participation.

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

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

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

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

We estimate that completing the second part of the National Survey of Children's Health will take 36 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 0607-0990" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.



National Survey of Children's Health

A study by the U.S. Department of Health and Human Services to better understand the health issues faced by children in the United States today.



The U.S. Census Bureau is required by law to protect your information. The U.S. Census Bureau is not permitted to publicly release your responses in a way that could identify this household. The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 13, U.S.C. Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. The data collected under this agreement are confidential under Title 13 U.S.C. Section 9. All access to Title 13 data from this survey is restricted to Census Bureau employees and those holding Census Bureau Special Sworn Status pursuant to 13 U.S.C. Section 23(c).

Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. Any information you provide will be shared among a limited number of Census Bureau employees and HHS staff with Special Sworn Status for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and in accordance with System of Records Notice COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining this much needed information is extremely important in order to ensure complete and accurate results.





	Start Here	A3 DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the		
	Recently, you completed a survey that asked about the	following? Yes	No	
	children usually living or staying at this address. Thank you for taking the time to complete that survey.	a. Breathing or other respiratory problems (such as wheezing or shortness of breath)		
	We now have some follow-up questions to ask about:	b. Eating or swallowing because of a health condition		
	If the child listed above is not correct or does not	c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea		
	correspond to a child living in this household, please call 1-800-845-8241 for assistance. For Telephone Device for the Deaf (TDD) assistance, please call:	d. Repeated or chronic physical pain, including headaches or other back or body pain		
	1-800-582-8330. We have selected only one child per household in an	e. Toothaches		
	effort to minimize the amount of time you will need to complete the follow-up questions.	f. Bleeding gums		
	The survey should be completed by a parent or adult	g. Decayed teeth or cavities		
	caregiver who lives in this household and who is familiar with this child's health and health care.	A4 Does this child have any of the following? Yes	No	
	Your participation is important. Thank you.	a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition		
	A. This Child's Health	b. Serious difficulty walking or climbing stairs		
A	In general, how would you describe this child's health (the one named above)?	c. Difficulty dressing or bathing		
		d. Deafness or problems with hearing		
	Very good	e. Blindness or problems with seeing, even when wearing glasses		
	Good	Has a doctor or other health care provider EVER to you that this child has	bld	
	□ Fair	A5 Allergies (such as food, drug, insect, seasonal, or	other)?	
	Poor Poor	 Yes No → If yes, does this child CURRENTLY have the 		
A	How would you describe the condition of this child's teeth?	condition?		
	Excellent	→ If yes, is it:		
	□ Very good	Mild Moderate Seve	ere	
	Good	A6 Asthma?		
	Fair	→ If yes, does this child CURRENTLY have the		
	Poor Poor	Condition?		
		└→ If yes, is it:		
		Mild Moderate Seve	ere	

	Has a doctor or other health care provider EVER told you that this child has	Has a doctor or other health care provider EVER told you that this child has
A7	Autoimmune disease (such as Type 1 Diabetes, Celiac, or Juvenile Idiopathic Arthritis)?	13 Tourette Syndrome?
	Yes No	
	└→ If yes, is it:	If yes, does this child CURRENTLY have the condition?
	□ Mild □ Moderate □ Severe	🗆 Yes 🔲 No
A8	Cerebral Palsy?	└→ If yes, is it:
T	Yes No	Mild Moderate Severe
		14 Anxiety Problems?
	Mild Moderate Severe	Yes No
A9	Type 2 Diabetes?	If yes, does this child CURRENTLY have these problems?
T	Yes No	□ Yes □ No
	➡ If yes, does this child CURRENTLY have the condition?	└→ If yes, is it:
		Mild Moderate Severe
		Depression?
	Mild Moderate Severe	Yes No
A10	Epilepsy or Seizure Disorder?	If yes, does this child CURRENTLY have the condition?
Τ		□ Yes □ No
	If yes, does this child CURRENTLY have the condition?	└→ If yes, is it:
	Yes No	Mild Moderate Severe
		Down Syndrome?
	Mild Moderate Severe	Yes No
	Heart Condition?	Pland Disorders (such as Sickle Cell Disesse
A		Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?
	Yes	Yes No
		lf yes, is it:
	Yes No	Mild Moderate Severe
	Does this child CURRENTLY have the condition?	Was this child diagnosed with:
	Yes No	Sickle Cell Disease? Yes No
	lf yes, is it:	Thalassemia?
	Mild Moderate Severe	Hemophilia?
A12	Frequent or severe headaches, including migraine?	Other Blood
T	Yes No	Disoluers
	If yes, does this child CURRENTLY have the condition?	Were any of these blood disorders identified through a blood test done shortly after birth? These tests are sometimes called newborn screening.
	□ Yes □ No	Yes □ No
	└→ If yes, is it:	
	Mild Moderate Severe	

	Has a doctor or other health care provider EVER told you that this child has	Has a doctor, other health care provider, or educator EVER told you that this child has Examples of educators are teachers and school nurses.
A	B Cystic Fibrosis? Yes No If yes, is it: Mild Mild Moderate Severe Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening.	22 Intellectual Disability (formerly known as Mental Retardation)? □ Yes No → If yes, does this child CURRENTLY have the disability? □ Yes No
	Yes No	→ If yes, is it: Mild Moderate Severe
A	9 Fetal Alcohol Spectrum Disorder (FASD)? Image: Provide the sector of the se	23 Speech or other language disorder? 23 Yes 23 No 24 No 25 No 26
	Has a doctor, other health care provider, or educator EVER told you that this child has Examples of educators are teachers and school nurses.	 If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No
A2	 Behavioral or Conduct Problems? Yes No If yes, does this child CURRENTLY have these problems? 	→ If yes, is it: Mild Moderate Severe
	Yes □ No If yes, is it: □ Moderate □ Severe	24 Learning Disability? □ Yes □ No ↓ If yes, does this child CURRENTLY have the disability?
A2	 Developmental Delay? Yes No If yes, does this child CURRENTLY have the condition? 	□ Yes □ No → If yes, is it: □ Mild □ Mild □ Moderate □ Severe
	□ Yes □ No ▲ ▶ If yes, is it: □ Moderate □ Severe	25 Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).
		 Yes No → SKIP to question A30 on page 5 If yes, does this child CURRENTLY have the condition?
		□ Yes □ No ↓ If yes, is it:
		Mild Moderate Severe
	Q	26 How old was this child when a doctor or other health care provider FIRST told you that they had Autism, ASD, Asperger's Disorder or PDD?
		Age in years Don't know
	NSCH-T2	

A27	What type of doctor or other health care provider was the FIRST to tell you that this child had Autism, ASD, Asperger's Disorder or PDD? Mark (X) ONE box. Primary Care Provider Specialist School Psychologist/Counselor Other Psychologist (Non-School) Psychiatrist Other, specify:	A33	Do you think this child has EVER had a concussion or brain injury? A concussion or brain injury is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, changes in mood or behavior, or being knocked out. Yes No If yes, did you seek medical care from a doctor or other health care provider? Yes No If yes, did a doctor or other health care provider tell you that your child had a concussion or brain injury? Yes No
	Don't know	A34	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their age do?
A28	Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD? Yes No		 This child does not have any health conditions → SKIP to question B1 Never → SKIP to question B1 Sometimes
A29	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an intervention that you or this child received to help with their behavior?	A35	 Usually Always To what extent do this child's health conditions or problems affect their ability to do things?
A30	 Yes No Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder, that is, ADD or ADHD? Yes No → SKIP to question A33 		 Very little Somewhat A great deal
	L→ If yes, does this child CURRENTLY have the condition?		B. This Child as an Infant Was this child born more than 3 weeks before their
	□ Yes □ No ↓ If yes, is it:	B1	due date?
	Mild Moderate Severe		
A31	Is this child CURRENTLY taking medication for ADD or ADHD?	82	What month and year was this child born? Birth Month / 4-Digit Birth Year
A32	 Yes No At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this child received to help with their behavior? Yes No 	83	How much did they weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine. pounds AND ounces OR kilograms AND grams
٦	NSCH-T2	5	

	C. Health Care Services	C	Has a doctor or other health care provider ever told you that this child is overweight?
C	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?		YesNo
	Include health care visits done by video or phone.	C 8	any of the following? Mark (X) Yes or No for EACH item.
	No → SKIP to question C4		Yes No a. Skipping meals or fasting (Do NOT include skipping meals or fasting for
C	did this child visit a doctor, nurse, or other health care		religious reasons)
	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		 b. Having low interest in food c. Extremely picky eating
	well-child visit.		d. Binge eating
	□ 0 visits		e. Purging or vomiting after eating
	2 or more visits		f. Using diet pills, laxatives, or diuretics (water pills) to lose or maintain weight without a doctor's orders
C	Thinking about the LAST TIME you took this child for a PREVENTIVE check-up, about how long was the		g. Over-exercising
	doctor or health care provider who examined this child in the room with you? Your best estimate is fine.		h. Not eating due to fear of vomiting or choking
	Less than 10 minutes	C9	Answer question C9 only if you marked "Yes" for at least one i <u>t</u> em in question C3 . Otherwise skip to
	□ 10-20 minutes		question C10.
	More than 20 minutes		For question ^{C9} , consider only the behaviors you marked "Yes" to in question C8.
C	What is this child's CURRENT height? Your best estimate is fine.		DURING THE PAST 12 MONTHS, how concerned were you about this child engaging in these behaviors?
	feet AND inches		□ Very much
	OR		Somewhat
	meters AND COLD centimeters		□ Not at all
C	How much does this child CURRENTLY weigh? Your best estimate is fine.	C10	10 DURING THE PAST 12 MONTHS, how concerned was this child about their weight, body shape, or body size?
			□ Very much
	OR pounds		Somewhat
			□ Not at all
	kilograms	CII	take this child when they are sick or you need advice
C			about their health?
	Yes, it's too high		Ves
	 Yes, it's too low No, I am not concerned 		No → SKIP to question C13 on page 7
l			
	NSCH-T2	6	6

C12	If yes, where does this child USUALLY go first? Mark (X) ONE box.	C17	DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for any kind of dental or oral health care? <i>Mark</i> (X) ALL that apply.
	Doctor's Office		Yes, saw a dentist
	Hospital Emergency Room		
	Hospital Outpatient Department		Yes, saw other oral health care provider
	Urgent Care Center		□ No \rightarrow SKIP to question C20
	Clinic within a drug store or grocery store	C18	see a dentist or other oral health care provider for PREVENTIVE dental care, such as check-ups, dental
	School (Nurse's Office, Athletic Trainer's Office)		cleanings, dental sealants, or fluoride treatments?
	Other Clinic or Health Center		past 12 months → SKIP to question €20
	Some other place		Yes, 1 visit
C13	Is there a place that this child USUALLY goes when		Yes, 2 or more visits
T	they need routine preventive care, such as a physical examination or well-child check-up?	C19	If yes, DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive? Mark (X) ALL that apply.
	No → SKIP to question C15		Check-up
C14	If yes, is this the same place this child goes when they	,	Cleaning
T	are sick?		□ Instruction on tooth brushing and oral health care
	□ Yes		□ X-Rays
	No		Fluoride treatment
C15	DURING THE PAST 2 YEARS, has this child received a		Sealant (plastic coatings on back teeth)
	vision screening from a care provider other than an eye doctor? The screening could have occurred at a pediatrician's office, in a school, preschool/child care center or a community setting, using pictures, shapes, letters, or a	r,	 Don't know
	camera like tool.	C20	
	Yes No	T	received any treatment or counseling from a mental health professional? Mental health professionals include
	If yes, was it recommended that this child see an eye doctor or other eye care provider for an eye		psychiatrists, psychologists, psychiatric nurses, and clinical social workers.
	examination or additional vision services as a result of the vision screening? An eye doctor may		□ Yes
	be referred to as an optometrist or ophthalmologist.		No, but this child needed to see a mental health professional
	Yes No		No, this child did not need to see a mental
C16	DURING THE PAST 2 YEARS, has this child seen an eye doctor? An eye doctor may be referred to as an		health professional \rightarrow SKIP to question c_{22} on page 8
	optometrist or ophthalmologist.	C21	How difficult was it to get the mental health treatment or counseling that this child needed?
	Yes No		Not difficult
	If yes, what care has this child received from the eye doctor? Mark (X) ALL that apply.		Somewhat difficult
	Received eye examination		
	Prescribed eyeglasses or contact lenses		Very difficult
	 Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism 		☐ It was not possible to obtain care
	Some other care		
Ν	ISCH-T2	_	
		7	

C22	DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with their emotions, concentration, or behavior?	C27	Did any of the following reasons contribute to this child not receiving needed health services? Mark (X) Yes or No for EACH item.
			Yes No
			a. This child was not eligible for the services
	No		b. The services this child needed were not available in your area
C23	DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional? <i>Specialists are doctors like surgeons, heart doctors, allergy</i> <i>doctors, skin doctors, and others who specialize in one</i>		c. There were problems getting an appointment when this child needed one
	area of health care.		d. There were problems with getting transportation or child care
	Yes		e. The clinic or doctor's office wasn't open when this child needed care
	No, but this child needed to see a specialist		f. There were issues related to cost
	No, this child did not need to see a specialist \rightarrow <i>SKIP to question</i> C25	C28	DURING THE PAST 12 MONTHS, how often were you
C24	How difficult was it to get the specialist care that this		frustrated in your efforts to get services for this child?
T	child needed?		□ Never
	Somewhat difficult		Sometimes
	Very difficult		Usually
	It was not possible to obtain care		□ Always
		C29	
C25	DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not received? By health care, we mean medical care as well		this child visit a hospital emergency room? Do NOT include visits to urgent care centers.
	as other kinds of care like dental care, vision care, and mental health services.		None
	□ Yes		1 time
	No → SKIP to question C28		2-3 times
			4 or more times
C26	If yes, which types of care were not received? Mark (X) ALL that apply.	C 30	
	Medical Care		admitted to the hospital to stay for at least one night?
	Dental Care		Yes
	□ Vision Care		No
	Hearing Care	C31	intervention plan? Children receiving these services often
	Mental Health Services		have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).
	\Box Other, specify: $$		□ Yes
			No → SKIP to question C34 on page 9
		C 32	If yes, how old was this child at the time of the FIRST plan?
			years AND months
N	SCH-T2		
		8	

C	 Is this child CURRENTLY receiving services under one of these plans? Yes No 				Hea ovid	lth (ers	Care	
Ca	4 Has this child EVER received special services to meet their developmental needs? Special services can include therapies such as speech, occupational, physical or behavioral or other services received to meet developmental needs.		this docto child This	rou have one or m child's personal d or or nurse is a hea well and is familiar can be a general d or, a nurse practition	octor or alth profes with this loctor, a p	nurse? A sional wl child's ho ediatricia	A personal ho knows th ealth history an, a specia	nis 7.
	 Yes No → SKIP to question C37 			Yes, one person Yes, more than on	e person			
C	5 If yes, how old was this child when they began receiving these special services?			No				
	years AND months	2	DUR refer	ING THE PAST 12 rral to see any doo	MONTH: tors or r	S, did th eceive a	is child neo ny services	ed a s?
C	6 Is this child CURRENTLY receiving these special services?			Yes No → SKIP to que	estion D			
	Yes	3	How	difficult was it to	get refer	rals?		
	No			Not difficult				
C	7 Has a doctor, other health care provider, or educator EVER recommended that this child be evaluated for a Fetal Alcohol Spectrum Disorder? Examples of educators are teachers and school nurses.			Somewhat difficult Very difficult				
				It was not possible	e to get a	referral		
	No		heal	wer the following of the care visit IN TH to question (E1) of	E PAST	12 MON1		
	Don't know			ING THE PAST 12 I's doctors or othe				is
C	8 Has this child EVER received an evaluation for a Fetal Alcohol Spectrum Disorder?				Always		Sometimes	Never
	□ Yes		W	Spend enough time vith this child?				
	No			isten carefully to ou?				
	Don't know		у	Show sensitivity to our family's values and customs?				
			ir n	Provide the specific nformation you leeded concerning his child?				
			р	lelp you feel like a artner in this hild's care?				

D	DURING THE PAST 12 MONTHS, did you, another caregiver, or a health care provider need to make any decisions regarding this child's health care, such as whether to get prescriptions, referrals, or procedures?	DURING THE PAST 12 MONTHS, how satisfied were you with the communication between this child's doctors and other health care providers?
	□ Yes	Somewhat satisfied
	■ No → SKIP to question D7	Somewhat dissatisfied
	_	Very dissatisfied
D	If yes, DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers	
	Always Usually Sometimes Never a. Discuss with you the range of options to consider for their health	care provider communicate with the child's school, child care provider, or special education program?
	care or treatment? b. Make it easy for you	
	to raise concerns or disagree with	No → SKIP to question $[E1]$
	recommendations for this child's health care?	Did not need health care provider to communicate with these providers \rightarrow <i>SKIP to question</i> [1]
	c. Work with you to decide together which health care and treatment choices would	D12 If yes, during this time, how satisfied were you with the health care provider's communication with the school, child care provider, or special education program?
	be best for this child?	Very satisfied
D		Somewhat satisfied
	arrange or coordinate this child's care among the different doctors or services that this child uses?	Somewhat dissatisfied
	□ Yes	Very dissatisfied
	□ No	
	Did not see more than one health care provider in the PAST 12 MONTHS \rightarrow SKIP to question 611	E. This Child's Health
D	DURING THE PAST 12 MONTHS, have you felt that you could have used extra help arranging or coordinating	Insurance Coverage
	this child's care among the different health care providers or services?	E1 DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health
	□ Yes	coverage plan?
	■ No → SKIP to question D10	all 12 months → SKIP to question all 12 months → SKIP to question all 12 months → SKIP to question
D	If yes, DURING THE PAST 12 MONTHS, how often	Yes, but this child had a gap in coverage
	did you get as much help as you wanted with arranging or coordinating this child's health care?	No → SKIP to question F1 on page 11
	□ Usually	E2 Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?
	Sometimes	□ Yes
	Never	No → SKIP to question F1 on page 11

E	ty ty	this child CURRENTLY covered by an pes of health insurance or health cove ark (X) Yes or No for EACH item.		s?			F. Providing for Child's Healt	This า	
	a.	Insurance through a current or	res	No		Incl	ding on how and amounts whether	and from t	lealth
	h	former employer or union Insurance purchased directly				Savi	Iding co-pays and amounts reimbur ngs Accounts (HSA) and Flexible S I how much monoy did you pay fo	pending A	ccounts
		from an insurance company				med	 how much money did you pay foical, health, dental, and vision care T 12 MONTHS? Do not include health 	DURING T	HE
	C.	Medicaid, Medical Assistance, or any kind of government assistance plan for those with				prem	niums or costs that were or will be rein rance or another source.		
	d.	low incomes or a disability TRICARE or other military					\$0 (No medical or health-related expenses) → <i>SKIP to question</i> F4		
		health care					\$1-\$249		
	e.	Indian Health Service					\$250-\$499		
	f.	Other, specify: 📈					\$500-\$999		
							\$1,000-\$5,000		
E	н	ow often does this child's health insur	ance offer				More than \$5,000		
	- /	enefits or cover services that meet this				Have	- fton and these secto more making		
	Ľ	Always				How	often are these costs reasonable?		
		Usually					Always		
	Ľ	Sometimes					Usually		
	Ľ	Never					Sometimes		
E	вн	ow often does this child's health insur	ance allow	,			Never		
		em to see the health care providers th			F3		ING THE PAST 12 MONTHS, did you lems paying for any of this child's i		
	C	Always					th care bills?	nedical or	
	E	Usually					Yes		
	C	Sometimes					No		
	C	Never			F4	DUR	ING THE PAST 12 MONTHS, have y	ou or othe	er
					T		ly members	Yes	No
						а	eft a job or taken a leave of bsence because of this child's ealth or health conditions?		
						b	Cut down on the hours you work ecause of this child's health or ealth conditions?		
						C	voided changing jobs because of oncerns about maintaining health isurance for this child?		
	NOO								
	NSCI	7-12			11				

			26024091
E	IN AN AVERAGE WEEK, how many hours do you or other family members spend providing health care at home for this child? Care might include changing bandages	G3	Across all subjects, what grades did this child get during the 2023-2024 school year?
	or giving medication and therapies when needed.	,	Mostly A's
	This child does not need health care provided at home on a weekly basis		□ Mostly A's and B's
	Less than 1 hour per week		□ Mostly B's and C's
	□ 1-4 hours per week		Mostly C's and D's
	5-10 hours per week		Mostly D's or lower
	11 or more hours per week		This child's school does not give these grades
F	IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making	G4	SINCE STARTING KINDERGARTEN, has this child repeated any grades?
	appointments or locating services?		□ Yes
	This child does not need health care coordinated on a weekly basis		□ No
	Less than 1 hour per week	G5	
	1-4 hours per week		participate in Yes No
	5-10 hours per week		a. A sports team or did they take sports lessons after school or on weekends?
	11 or more hours per week		b. Any clubs or organizations after school or on weekends?
	G. This Child's Schooling and Activities		c. Any other organized activities or lessons, such as music, dance, language, or other arts?
G	did this child miss school because of illness or injury?		d. Any type of community service or volunteer work at school, place of worship, or in the community?
	Include days missed from any formal home schooling.		e. Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work?
	□ 1-3 days	G6	DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in?
	4-6 days		☐ Always
	☐ 7-10 days		□ Usually
	11 or more days		□ Sometimes
	This child was not enrolled in school → SKIP to question G3		Rarely
G	2 DURING THE PAST 12 MONTHS, how many times has this child's school contacted you or another adult in your household about any problems they are having with school?	G7	
	None		□ 0 days
	1 time		□ 1-3 days
	2 or more times		
			└ 4-6 days
			└── Every day

G	B Compared to other chil difficulty does this child friends?	dren their a d have mak	ge, how much ing or keeping			H. About You and This Child
	□ No difficulty			G	n w	as this child born in the United States?
	A little difficulty					Yes → SKIP to question H3
	A lot of difficulty					No
G	 DURING THE PAST 12 child bullied, picked on Do not include siblings. I throughout the year, reported Never (in the past 1) Never (in the past 1) 1-2 times (in the past 1) 	n, or exclude f the frequen ort the highes 12 months) ast 12 months	ed by other chil hcy changed st frequency.		St 3 Ho	no, how long has this child been living in the United ates? years AND months ow many times has this child moved to a new address nce they were born?
	□ 1-2 times per week					Number of times
	Almost every day			ſ	4 Ha	ow often does this child go to bed at about the same
G1	 child bully others, pick Do not include siblings. I throughout the year, report Never (in the past 1 1-2 times (in the past 1-2 times per month 1-2 times per week Almost every day 	on them, of f the frequen ort the highes 12 months) ast 12 months	r exclude them acy changed st frequency.			 ne on weeknights? Always Usually Sometimes Rarely Never Usually is the past week, how many hours of sleep of this child get on most weeknights?
G	1 How often does this ch		ually Sometimes	Never		6 hours
	 Show interest and curiosity in learning new things? 					7 hours
	b. Work to finish tasks					8 hours
	they start? c. Stay calm and in control when faced					9 hours10 hours
	with a challenge? d. Care about doing					11 or more hours
	well in school? e. Do all required					
	homework?					
	f. Argue too much?					

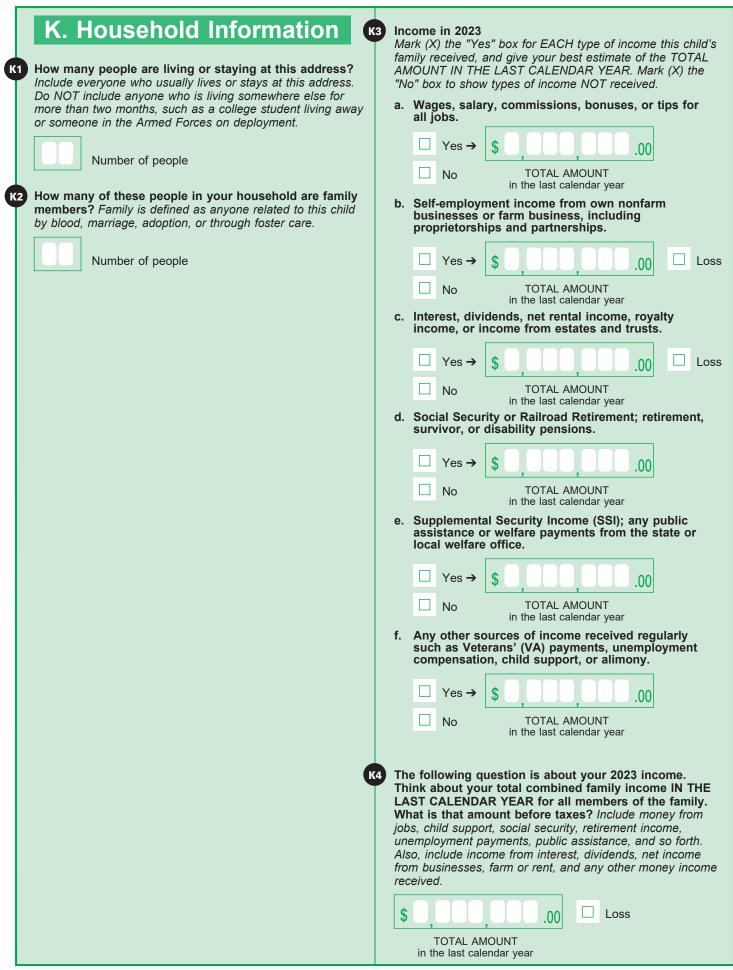
H6		H10	DURING THE PA	ST MOI	NTH, how	often ha	ave you f	felt
T	child drink sugary drinks such as soda, fruit drinks, sports drinks, or sweet tea? Do not include 100% fruit		a. That this child	Never	Rarely \$	Sometimes	s Usually	Always
	juice.		is much harder to care					
	This child did not drink sugary drinks		for than most children					
	□ 1-3 times during the past week		their age?					
	4-6 times during the past week		b. That this child does things					
	☐ 1 time per day		that really bother you					
	2 times per day		a lot?					
	□ 3 or more times per day		c. Angry with this child?					
H7	ON MOST WEEKDAYS, about how much time did this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media? Do not include time spent doing schoolwork.	HI	that you could tu with parenting or	rn to fo	or day-to-	day emo		
	Less than 1 hour		└ Yes					
	□ 1 hour		No					
	□ 2 hours			• Va		omil		d
	□ 3 hours		I. Abou		iseh	anni ald	y an	u
	4 or more hours							_
		U	DURING THE PAS family members	ST WEE	EK, on ho e in the h	ow many nousehol	days dio d eat a n	d all the neal
H8	How well can you and this child share ideas or talk about things that really matter?		together?					
	Very well		□ 0 days					
	Somewhat well		☐ 1-3 days					
	□ Not very well		4-6 days					
	 Not well at all 		Every day					
		12	Does anyone livi			ehold us	e cigaret	ttes,
H9	How well do you think you are handling the day-to-day demands of raising children?	T	cigars, or pipe to	bacco?	•			
	Very well		∐ Yes					
	Somewhat well		□ No \rightarrow SKIP t	o ques	tion 14	on page	15	
	□ Not very well	13	If yes, does anyo	ne smo	oke inside	e your ho	ome?	
	 Not well at all 		☐ Yes			-		
			□ No					
ـــــــــــــــــــــــــــــــــــــ	ISCH-T2							
		14						

loes anyone vape or use e-cigaret	es inside your		9 DU you	RING THE PAST 12 MONTHS, was u were not able to pay the mortgage	there a time e or rent on	e when time?
Yes				Yes		
No				No		
SINCE THIS CHILD WAS BORN, how ery hard to cover the basics, like f on your family's income?		,			. 64	
Never		ų	wo	RING THE PAST 12 MONTHS, how rried or stressed about being evicte having your housing condemned?		
Rarely				Always		
Somewhat often				Usually		
Very often				Sometimes		
Vhich of these statements best des	scribes your			Rarely		
ousehold's ability to afford the foc DURING THE PAST 12 MONTHS?				Never		
□ We could always afford to eat go	ood nutritious me	als.	1 DU	RING THE PAST 12 MONTHS, how	manv times	s has
We could always afford enough the kinds of food we should eat.	to eat but not alw			s child moved to a new address?	,,	
	analish to pot			0 times		
Sometimes we could not afford e	-			1 time		
Often we could not afford enoug	n io eai.			2 or more times		
at any time DURING THE PAST 12 non-		for [1		ICE THIS CHILD WAS BORN, have		
	Yes	No	то	meless or lived in a shelter? Include tel, temporary or transitional living situ	lation, scatte	ered site
Cash assistance from a governme welfare program?	nt		nol	using, or having no steady place to sle	ep at night.	
 Food Stamps or Supplemental Nut Assistance Program (SNAP) benet 				Yes		
 Free or reduced-cost breakfasts or lunches at school? 				No		
I. School meal debit/Electronic Bene	fits			Don't know		
Transfer (EBT) cards? Benefits from the Women, Infants,			13 In <u>:</u>	your neighborhood, is/are there		
and Children (WIC) Program?			2	Sidewalks or walking paths?	Yes	No
Does this child receive SSI, that is,	Supplemental			A park or playground?		
Security Income? SSI is different from Social Security.				A recreation center, community		
Yes No			5.	center, or boys' and girls' club?		
→ If yes, is this for a disability th	ey have?		d.	A library or bookmobile?		
Yes No			e.	Litter or garbage on the street or sidewalk?		
			f.	Poorly kept or rundown housing?		

(1	4		what extent do you a out your neighborhoo				ts	(1			your fami o do eacl			ms, how a	often are	you
			I	Definitely agree	Somewhat agree	Somewhat disagree	Definite disagre						All of the time	Most of the time	Some of the time	None of the time
		a.	People in this neighborhood help each other out							abo	together ut what to	o do				
		b.	We watch out for each other's children in this							solv Kno	rk togethe ve our prol ow we hav	blems ⁄e				
		c	neighborhood This child is						d.	Sta	ngths to c y hopeful	even				
		с.	safe in our neighborhood								ifficult time			C has thi	a abild b	
		d.	When we encounter					(11						S, has thi or phone		au
			difficulties, we know where to go for help in our community								es					
		e.	This child is safe at school							J. '	This	Chi	ld's	Care	egive	rs
(1	5	lea or	her than you or other ist one other adult in community who know n rely on for advice o	this chi ws this o	ld's scho child well	ol, neight	oorhoo					Ab	out `	You		
		ca	Yes	n guluai	1001			J	Ho	ow ar	re you rel	ated to	this chi	ild?		
			No							Bi	ological o	r Adopti	ive Parei	nt		
										St	tep-parent	t				
(11	0	ha	ppened during this c ppen in any family, b	hild's lif	e. These	things ca				G	randparen	nt				
		un	comfortable with the y questions you do n	se quest	tions. You	u may ski	р			- Fo	oster Pare	ent				
		То	the best of your kno perienced any of the	wledge, followin	has this					0	ther: Rela	tive				
			Parent or guardian div		•	Yes	No			0	ther: Non-	Relative	e			
			separated					J	2 W	hat is	s your se	x?				
			Parent or guardian die Parent or guardian se		e in					M	ale					
		Ч	jail or prison Saw or heard parents	or adult	e elan] F€	emale					
		u.	hit, kick, punch one a home					J	3 W	hat is	s your ag	e?				
		e.	Was a victim of violer witnessed violence in neighborhood								1	n years				
		f.	Lived with anyone wh ill, suicidal, or severel					J	4 W	here	were you	ı born?				
		g.	Lived with anyone wh with alcohol or drugs	o had a	problem					In	the Unite	d State	S			
		h.	Treated or judged unf of their race or ethnic		ause					0	utside of t	the Unit	ed State	S		
		i.	Treated or judged unf of their sexual orienta identity													
		j.	Treated or judged unfor of a health condition of	airly bec or disabil	ause ity											

J	со	nat is the highest grade or level of school you have mpleted? rrk (X) ONE box.		emp	ch of the following best describes your current loyment status? < (X) ONE box.
		8th grade or less			Employed full-time
		9th-12th grade; No diploma			Employed part-time
		High School Graduate or GED Completed			Working WITHOUT pay
		Completed a vocational, trade, or business school program			Not employed but looking for work
		Some College Credit, but no Degree			Not employed and not looking for work
		Associate Degree (AA, AS)			Retired
		Bachelor's Degree (BA, BS, AB)			e you ever served on active duty in the
		Master's Degree (MA, MS, MSW, MBA)	T	U.S. Mark	Armed Forces, Reserves, or the National Guard?
		Doctorate (PhD, EdD) or Professional Degree			Never served in the military \rightarrow SKIP to question 12
		(MD, DDS, DVM, JD)			Only on active duty for training in the Reserves or National Guard \rightarrow <i>SKIP to question</i> (J12)
J	5 WI	nat is your marital status?			Now on active duty
		Married			On active duty in the past, but not now
		Not married, but living with a partner		14/0	
		Never Married		vvere	e you deployed at any time during this child's life?
		Divorced			Yes
		Separated			No
		Widowed			s this child have another parent or adult caregiver lives in this household?
J	In	general, how is your physical health?			Yes → Complete questions 113 - 123 for this other
		Excellent			parent or adult caregiver
		Very good			No → SKIP to question K1 on page 19
		Good			Other Parent or Caregiver
		Fair			in the Household
		Poor	13	How	is this other caregiver related to this child?
J	ln	general, how is your mental or emotional health?			Biological or Adoptive Parent
		Excellent			Step-parent
		Very good			Grandparent
		Good			Foster Parent
		Fair			Other: Relative
		Poor			Other: Non-Relative

J14	Wha	at is this caregiver's sex?	J19	In g	eneral, how is this caregiver's physical health?
T		Male			Excellent
		Female			Very good
	14/1-	this this constitution and a			Good
	y vvna	at is this caregiver's age?			Fair
		Age in years			Poor
JI	Whe	ere was this caregiver born?	J20	In g	eneral, how is this caregiver's mental or emotional
I		In the United States		heal	th?
		Outside of the United States			Excellent
					Very good
J	care	at is the highest grade or level of school this egiver has completed?			Good
	Mar	rk (X) ONE box.			Fair
		8th grade or less			Poor
		9th-12th grade; No diploma	J 21		ch of the following best describes this caregiver's
		High School Graduate or GED Completed			ent employment status? k (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
JI	Wha	at is this caregiver's marital status?	J22		this caregiver ever served on active duty in the
T		Married			Armed Forces, Reserves, or the National Guard? (X) ONE box.
		Not married, but living with a partner			Never served in the military → SKIP to question K1 on page 19
		Never Married			Only on active duty for training in the Reserves or
		Divorced			National Guard → SKIP to question (K1) on page 19
		Separated			Now on active duty
		Widowed			On active duty in the past, but not now
			J 23		this caregiver deployed at any time during this d's life?
					Yes
					Νο
	NSCH-	Τ2			
			18		



Mailing Instructions

Thank you for your participation.

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

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

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

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

We estimate that completing the second part of the National Survey of Children's Health will take 35 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 0607-0990" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.



National Survey of Children's Health

A study by the U.S. Department of Health and Human Services to better understand the health issues faced by children in the United States today.



The U.S. Census Bureau is required by law to protect your information. The U.S. Census Bureau is not permitted to publicly release your responses in a way that could identify this household. The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 13, U.S.C. Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. The data collected under this agreement are confidential under Title 13 U.S.C. Section 9. All access to Title 13 data from this survey is restricted to Census Bureau employees and those holding Census Bureau Special Sworn Status pursuant to 13 U.S.C. Section 23(c).

Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. Any information you provide will be shared among a limited number of Census Bureau employees and HHS staff with Special Sworn Status for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and in accordance with System of Records Notice COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining this much needed information is extremely important in order to ensure complete and accurate results.





ſ	Stout House								
	Start Here		DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?						
	Recently, you completed a survey that asked about the		Yes No						
	children usually living or staying at this address. Thank you for taking the time to complete that survey.		a. Breathing or other respiratory problems (such as wheezing or shortness of breath)						
	We now have some follow-up questions to ask about:		b. Eating or swallowing because of a health condition						
			c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea						
	If the child listed above is not correct or does not correspond to a child living in this household, please call 1-800-845-8241 for assistance. For Telephone Device for the Deaf (TDD) assistance, please call:		d. Repeated or chronic physical pain, including headaches or other back or body pain						
	1-800-582-8330.		e. Toothaches						
	We have selected only one child per household in an effort to minimize the amount of time you will need to complete the follow up questions		f. Bleeding gums						
	complete the follow-up questions.		g. Decayed teeth or cavities						
	The survey should be completed by a parent or adult caregiver who lives in this household and who is familiar with this child's health and health care.	A 4	Does this child have any of the following? Yes No						
	Your participation is important. Thank you.		a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition						
	A. This Child's Health		 b. Serious difficulty walking or climbing stairs 						
			c. Difficulty dressing or bathing						
A	In general, how would you describe this child's health (the one named above)?		 d. Difficulty doing errands alone, such as visiting a doctor's office or 						
	Excellent		shopping, because of a physical, mental, or emotional condition						
	Very good		e. Deafness or problems with hearing						
	Good		f. Blindness or problems with seeing, even when wearing glasses						
	Fair Poor		Has a doctor or other health care provider EVER told you that this child has						
		A5	Allergies (such as food, drug, insect, seasonal, or other)?						
A	-	T	Yes No						
	teeth?		➡ If yes, does this child CURRENTLY have the condition?						
			Yes No						
	Very good		└→ If yes, is it:						
	Good		Mild Moderate Severe						
	□ Fair	A 6	Asthma?						
	Poor		Yes □ No → If yes, does this child CURRENTLY have the						
			condition?						
			└→ If yes, is it:						
			Mild Moderate Severe						
	NSCH-T3	2							
		-							

		you that this child has
A7	you that this child has Autoimmune disease (such as Type 1 Diabetes, Celiac, or Juvenile Idiopathic Arthritis)?	13 Tourette Syndrome?
	□ Yes □ No	
	└→ If yes, is it:	If yes, does this child CURRENTLY have the condition?
	Mild Moderate Severe	Yes No
A8	Cerebral Palsy?	└→ If yes, is it:
Y		Mild Moderate Severe
		14 Anxiety Problems?
	Mild Moderate Severe	□ Yes □ No
A9	Type 2 Diabetes?	If yes, does this child CURRENTLY have these problems?
Τ	Yes No	Yes No
	If yes, does this child CURRENTLY have the condition?	└→ If yes, is it:
		Mild Moderate Severe
		15 Depression?
	Mild Moderate Severe	Yes No
A10	Epilepsy or Seizure Disorder?	If yes, does this child CURRENTLY have the condition?
Τ	Yes No	Yes No
	If yes, does this child CURRENTLY have the condition?	└→ If yes, is it:
		Mild Moderate Severe
		16 Down Syndrome?
	Mild Moderate Severe	□ Yes □ No
A11	Heart Condition?	17 Blood Disorders (such as Sickle Cell Disease,
T	Yes No	Thalassemia, or Hemophilia)?
	└→ If yes, was this child born with the condition?	
	Yes No	→ If yes, is it: Mild Moderate Severe
	Does this child CURRENTLY have the condition?	Was this child diagnosed with:
	Yes No	Sickle Cell Disease? Sickle Cell Disease?
	└→ If yes, is it:	Thalassemia?
	Mild Moderate Severe	
A12	Frequent or severe headaches, including migraine?	Hemophilia? Other Blood
T		Disorders? Yes No
	If yes, does this child CURRENTLY have the condition?	Were any of these blood disorders identified through a blood test done shortly after birth?
		These tests are sometimes called newborn screening.
	→ If yes, is it:	Yes No
	□ Mild □ Moderate □ Severe	

	Has a doctor or other health care provider EVER told you that this child has	Has a doctor, other health care provider, or educator EVER told you that this child has Examples of educators are teachers and school nurses.
A	 Yes If yes, is it: Mild Moderate Severe Was this condition identified through a blood 	22 Intellectual Disability (formerly known as Mental Retardation)? □ Yes □ No → If yes, does this child CURRENTLY have the disability?
	test done shortly after birth? These tests are sometimes called newborn screening.YesNo	□ Yes □ No ↓ If yes, is it:
A1	9 Fetal Alcohol Spectrum Disorder (FASD)?	Mild Moderate Severe Severe Speech or other language disorder?
	Has a doctor, other health care provider, or educator EVER told you that this child has	 Yes No If yes, does this child CURRENTLY have the condition?
A2	Examples of educators are teachers and school nurses. Behavioral or Conduct Problems? Yes No H If yes, does this child CURRENTLY have these	Yes No If yes, is it: Mild Mild Moderate
	problems?	24 Learning Disability? ☐ Yes
A2	Developmental Delay? ☐ Yes ☐ No ↓ If yes, does this child CURRENTLY have the	disability? ☐ Yes ☐ No ↓ If yes, is it: ☐ Mild ☐ Moderate Severe
	condition? □ Yes □ No ↓ If yes, is it: □ Mild □ Moderate □ Severe	25 Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).
		 Yes No → SKIP to question A30 on page 5 If yes, does this child CURRENTLY have the condition?
		□ Yes □ No ↓ If yes, is it:
		 Mild Moderate Severe 26 How old was this child when a doctor or other health
		care provider FIRST told you that they had Autism, ASD, Asperger's Disorder or PDD? Age in years Don't know
	NSCH-T3	4

A27	What type of doctor or other health care provider was the FIRST to tell you that this child had Autism, ASD, Asperger's Disorder or PDD? Mark (X) ONE box. Primary Care Provider Specialist School Psychologist/Counselor Other Psychologist (Non-School) Psychiatrist Other, specify:	A33	Do you think this child has EVER had a concussion or brain injury? A concussion or brain injury is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, changes in mood or behavior, or being knocked out. Yes No If yes, did you seek medical care from a doctor or other health care provider? Yes No If yes, did a doctor or other health care provider tell you that your child had a concussion or brain injury? Yes No
	Don't know	A34	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their age do?
A28	 Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD? Yes No 		 □ This child does not have any health conditions → SKIP to question B1 □ Never → SKIP to question B1 □ Sometimes
A29	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an intervention that you or this child received to help with their behavior?	A35	 Usually Always To what extent do this child's health conditions or problems affect their ability to do things? Very little
A3(Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder, that is, ADD or ADHD? Yes No → SKIP to question (A33) 		 Somewhat A great deal B. This Child as an Infant
	 ↓ If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No 	B	Was this child born more than 3 weeks before their due date?
	→ If yes, is it: Mild Moderate Severe		☐ No
A31	Is this child CURRENTLY taking medication for ADD or ADHD? Yes No	82	What month and year was this child born? Birth Month / 4-Digit Birth Year / 2
A32	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this child received to help with their behavior?	B 3	How much did they weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine. pounds pounds pounds AND pounds AND pounds AND pounds AND pounds AND pounds AND pounds Grams pounds AND pounds Grams
٦	ISCH-T3	5	

	C. Health Care Services	C7	Are	you concerned about this child's weig	jht?	
C				Yes, it's too high		
Ī	doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams,			Yes, it's too low		
	hospitalizations or any other kind of medical care? Include health care visits done by video or phone.			No, I am not concerned		
	□ Yes	C 8	Has	a doctor or other health care provider	^r ever to	old
	No → SKIP to question C5	T	you	that this child is overweight?		
C2						
Ī	have a chance to speak with a doctor or other health care provider privately, without you or another caregiver in the room?					
	□ Yes	Ca	any	RING THE PAST 12 MONTHS, did this of the following?	:niia en	gage in
			Man	k (X) Yes or No for EACH item.	Yes	No
Ca	If yes, DURING THE PAST 12 MONTHS, how many times		i	Skipping meals or fasting (Do NOT nclude skipping meals or fasting for religious reasons)		
	did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up?			Having low interest in food		
	A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.		c. [Extremely picky eating		
			d. [Binge eating		
			e. [Purging or vomiting after eating		
	□ 1 visit			Jsing diet pills, laxatives, or diuretics water pills) to lose or maintain weight		
	□ 2 or more visits			without a doctor's orders		
C4	Thinking about the LAST TIME you took this child for a PREVENTIVE check-up, about how long was the		g . (Over-exercising		
	doctor or health care provider who examined this child in the room with you? Your best estimate is fine.			Not eating due to fear of vomiting or choking		
	Less than 10 minutes	C10		wer question C10 only if you marked "		r at
	□ 10-20 minutes		que	t one item in question c 9 . Otherwise stion C11 .		
	More than 20 minutes			question 💷, consider only the behav ked "Yes" to in question 😋.	viors yo	u
C	What is this child's CURRENT height? Your best estimate is fine.		DUF you	RING THE PAST 12 MONTHS, how con about this child engaging in these be	cerned haviors	were ?
	feet AND III inches			Very much		
	OR			Somewhat		
				Not at all		
	meters AND centimeters	C11	DUF	RING THE PAST 12 MONTHS, how con	cerned	was
Ce			this	child about their weight, body shape,	or body	/ size?
	nounda			Very much		
	OR pounds			Somewhat		
				Not at all		
	kilograms					

C1	Is there a place you or another caregiver USUALLY take this child when they are sick or you need advice about their health?	C17 DURING THE PAST 2 YEARS, has this child seen an eye doctor? An eye doctor may be referred to as an optometrist or ophthalmologist.
	☐ Yes	Yes No
	No → SKIP to question C14	↓ If yes, what care has this child received from the eye doctor? Mark (X) ALL that apply.
C1	3 If yes, where does this child USUALLY go first? Mark (X) ONE box.	Received eye examination
	Doctor's Office	Prescribed eyeglasses or contact lenses
	Hospital Emergency Room	Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism
	Hospital Outpatient Department	Some other care
	Urgent Care Center	C18 DURING THE PAST 12 MONTHS, did this child see a
	Clinic within a drug store or grocery store	dentist or other oral health care provider for any kind of dental or oral health care?
	School (Nurse's Office, Athletic Trainer's Office)	Mark (X) ALL that apply.
	Other Clinic or Health Center	□ Yes, saw a dentist
	Some other place	Yes, saw other oral health care provider
C1	 Is there a place that this child USUALLY goes when they need routine preventive care, such as a physical examination or well-child check-up? Yes No → SKIP to question C16 	 No → SKIP to question (21) on page 8 C19 If yes, DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for PREVENTIVE dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments? No preventive visits in the
		past 12 months \rightarrow SKIP to question C21 on page 8
	If yes, is this the same place this child goes when they are sick?	Yes, 1 visit
	□ Yes	Yes, 2 or more visits
	No	C20 If yes, DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive? Mark (X) ALL that apply.
C1	6 DURING THE PAST 2 YEARS, has this child received a vision screening from a care provider other than an eye	Check-up
	doctor? The screening could have occurred at a pediatrician's office, in a school, preschool/child care center,	
	or a community setting, using pictures, shapes, letters, or a camera like tool.	Instruction on tooth brushing and oral health care
	Yes No	□ X-Rays
	\mapsto If yes, was it recommended that this child see an	Fluoride treatment
	eye doctor or other eye care provider for an eye examination or additional vision services as a result of the vision screening? An eye doctor may	Sealant (plastic coatings on back teeth)
	be referred to as an optometrist or ophthalmologist.	Don't know
	☐ Yes ☐ No	

C	DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.	C27		es, which types of care were not red k (X) ALL that apply. Medical Care Dental Care	eived?	
	Yes			Dental Care		
	No, but this child needed to see a mental health professional			Vision Care		
	No, this child did not need to see a			Hearing Care		
	$\square mental health professional \rightarrow SKIP to question \bigcirc$			Mental Health Services		
C	2 How difficult was it to get the mental health treatment or counseling that this child needed?			Other, specify: 📈		
	Not difficult					
	Somewhat difficult	C28		any of the following reasons contri receiving needed health services?	bute to th	nis child
	Very difficult		Mar	k (X) Yes or No for EACH item.	Yes	No
	It was not possible to obtain care			This child was not eligible for the services		
C	any medication because of difficulties with their			The services this child needed were not available in your area		
	emotions, concentration, or behavior?		;	There were problems getting an appointment when this child needed one		
	No		d.	There were problems with getting gransportation or child care		
C	4 DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional?			The clinic or doctor's office wasn't open when this child needed care		
	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one			There were issues related to cost		
	rea of health care.	C29		RING THE PAST 12 MONTHS, how o trated in your efforts to get service		
	 No, but this child needed to see a specialist 			Never		
	No, this child did not need to see			Sometimes		
	a specialist → SKIP to question C26			Usually		
C	How difficult was it to get the specialist care that this child needed?			Always		
	Not difficult	Сзо		RING THE PAST 12 MONTHS, how n child visit a hospital emergency ro		es did
	Somewhat difficult			NOT include visits to urgent care center		
	Very difficult			None		
	□ It was not possible to obtain care			1 time		
C	6 DURING THE PAST 12 MONTHS, was there any time			2-3 times		
	when this child needed health care but it was not received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and			4 or more times		
	mental health services.	C31		RING THE PAST 12 MONTHS, was the nitted to the hospital to stay for at le		night?
	Yes			Yes		
	No → SKIP to question C29			No		

C3	 Has this child EVER had a special education or early intervention plan? Children receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP). Yes 		1	Do	D. Experi Child's Pr	Hea ovid	alth (lers	Care	
C3:	 No → SKIP to question C35 If yes, how old was this child at the time of the FIRST plan? years AND months 			this doc chile This	child's personal de tor or nurse is a hea d well and is familiar s can be a general de tor, a nurse practition Yes, one person	octor or Ith profe with this octor, a	nurse? ssional w s child's h pediatricia	A personal ho knows th ealth history an, a specia	nis 7.
C 34	Is this child CURRENTLY receiving services under one of these plans?				Yes, more than one No			ic child po	ad a
C3!		U			RING THE PAST 12 erral to see any doc Yes				
	their developmental needs? Special services can include therapies such as speech, occupational, physical or behavioral or other services received to meet developmental needs.	D	3	Hov	No \rightarrow SKIP to que v difficult was it to				
	 Yes No → SKIP to question C38 				Not difficult Somewhat difficult				
C3					Very difficult It was not possible	to get a	referral		
C 2	years AND months	D		hea	swer the following o Ith care visit IN TH to question D13 or	E PAST	12 MON		
C3	Is this child CURRENTLY receiving these special services?				RING THE PAST 12 d's doctors or othe				is
	└ Yes			_	O	Always	Usually	Sometimes	Never
	No				Spend enough time with this child?				
C3	EVER recommended that this child be evaluated for a				Listen carefully to you?				
	Fetal Alcohol Spectrum Disorder? <i>Examples of educators are teachers and school nurses.</i>				Show sensitivity to your family's values and customs?				
	Yes No				Provide the specific information you needed concerning this child?				
C3	 Don't know Has this child EVER received an evaluation for a Fetal 			e.	Help you feel like a partner in this child's care?				
	Alcohol Spectrum Disorder?								
	∐ Yes								
	No								
	Don't know								

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DURING THE PAST 12 MONTHS, did you, another caregiver, or a health care provider need to make any decisions regarding this child's health care, such as whether to get prescriptions, referrals, or procedures?	011	DURING THE PAST 12 MONTHS, did this child's health care provider communicate with the child's school, child care provider, or special education program?
Yes		□ Yes
\square No → SKIP to question D7		No → SKIP to question D13
If yes, DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers		Did not need health care provider to communicate with these providers \rightarrow <i>SKIP to question</i> Dis
Always Usually Sometimes Never a. Discuss with you the range of options to Image: Comparison of the second s	D12	If yes, during this time, how satisfied were you with the health care provider's communication with the school, child care provider, or special education program?
consider for their health care or treatment?		□ Very satisfied
b. Make it easy for you to raise concerns or disagree with		Somewhat satisfied
recommendations for this child's health		Somewhat dissatisfied
care?		Very dissatisfied
c. Work with you to decide together which health care and treatment choices would	D13	Do any of this child's doctors or other health care providers treat only children?
be best for this child?		Yes
DURING THE PAST 12 MONTHS, did anyone help you arrange or coordinate this child's care among the different doctors or services that this child uses?		■ No → SKIP to question D15
Yes No	D1 4	If yes, have they talked with you about when this child will need to see doctors or other health care providers who treat adults?
 Did not see more than one health care provider in the PAST 12 MONTHS → SKIP to question D11 		YesNo
DURING THE PAST 12 MONTHS, have you felt that you could have used extra help arranging or coordinating this child's care among the different health care providers or services?	D15	
Yes		a. Make positive choices about
-		their health. For example, by
If yes, DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with arranging or		exercise, not using tobacco, alcohol or other drugs, or delaying sexual activity?
coordinating this child's health care?		b. Gain skills to manage their health and health care. For
		example, by understanding current health needs, knowing what to do
Sometimes		in a medical emergency, or taking medications they may need?
Never		c. Understand the changes in
DURING THE PAST 12 MONTHS, how satisfied were you with the communication between this child's doctors and other health care providers?		health care that happen at age 18. For example, by understanding changes in privacy,
Very satisfied		consent, access to information, or decision-making?
Somewhat satisfied		
Somewhat dissatisfied		
□ Very dissatisfied		
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	10	

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D5)

D6

D7

D8

D9

D10

				260341	08
D16	Did you and this child receive a summary of your child's medical history (for example, medical conditions allergies, medications, immunizations)?	E 3	typ Mar	nis child CURRENTLY covered by ar es of health insurance or health cover k (X) Yes or No for EACH item.	
	□ Yes			Insurance through a current or former employer or union	
	No			Insurance purchased directly from an insurance company	
D17	Have this child's doctors or other health care providers worked with you and this child to create a plan of care to meet their health goals and needs?		с.	Medicaid, Medical Assistance, or any kind of government assistance plan for those with ow incomes or a disability	
	Yes		d.	TRICARE or other military	
	\square No → SKIP to question D 20			health care Indian Health Service	
D18	If yes, do you and this child have access to this plan of care?				
	□ Yes		f.	Other, specify: 📈	
	No				
D19	Does this plan of care address transition to doctors and other health care providers who treat adults?	E 4	Hov ben	v often does this child's health insur efits or cover services that meet this	
	Yes			Always	
	No			Usually	
	□ No, this child already sees providers who treat adults			Sometimes	
D20	Eligibility for health insurance often changes in young adulthood. Do you know how this child will be insured as they become an adult?	E5		Never v often does this child's health insu	
	Yes → SKIP to question E1			n to see the health care providers th Always	ley need?
				Usually	
021	If no, has anyone discussed with you how to obtain or keep some type of health insurance coverage as this child becomes an adult?			Sometimes	
	□ Yes			Never	
	□ No			F. Providing for Child's Healt	
	E. This Child's Health Insurance Coverage	F1		uding co-pays and amounts reimbuings Accounts (HSA) and Flexible S	rsed from Health
E 1			(FS med PAS prei	A), how much money did you pay fo dical, health, dental, and vision care T 12 MONTHS? Do not include health niums or costs that were or will be reir	DURING THE
	Yes, this child was covered all 12 months → <i>SKIP to question</i>			rance or another source. \$0 (No medical or health-related expenses) → <i>SKIP to question</i> F 4	on nage 12
	Yes, but this child had a gap in coverage			\$1-\$249	on page 12
	□ No \rightarrow SKIP to question F1				
2	Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?			\$250-\$499 \$500-\$999	
	□ Yes			\$1,000-\$5,000	
	No → SKIP to question F1			More than \$5,000	
Ν	ISCH-T3	11			

NSCH-T3	NS	C⊦	I-T	3
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E	How often are these costs reasonable?	G. This Child's Schooling
	Always	and Activities
		DURING THE PAST 12 MONTHS, about how many days
	□ Sometimes	did this child miss school because of illness or injury? Include days missed from any formal home schooling.
	□ Never	□ No missed school days
E	DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills?	1-3 days4-6 days
	□ Yes	□ 7-10 days
	No	□ 11 or more days
F4	DURING THE PAST 12 MONTHS, have you or other	□ This child was not enrolled in school \rightarrow <i>SKIP to</i>
٦	family members Yes No	question G3
	a. Left a job or taken a leave of absence because of this child's health or health conditions?	DURING THE PAST 12 MONTHS, how many times has this child's school contacted you or another adult in your household about any problems they are having
	b. Cut down on the hours you work because of this child's health or health conditions?	with school?
	c. Avoided changing jobs because of concerns about maintaining health	□ 1 time
	insurance for this child?	□ 2 or more times
E	other family members spend providing health care at home for this child? Care might include changing bandages, or giving medication and therapies when	Across all subjects, what grades did this child get during the 2023-2024 school year?
	needed.	Mostly A's
	on a weekly basis	□ Mostly A's and B's
	Less than 1 hour per week	□ Mostly B's and C's
	□ 1-4 hours per week	□ Mostly C's and D's
	5-10 hours per week	Mostly D's or lower
	11 or more hours per week	☐ This child's school does not give these grades
F	IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making appointments or locating services?	A SINCE STARTING KINDERGARTEN, has this child repeated any grades?
	This child does not need health care coordinated on a weekly basis	
	Less than 1 hour per week	
	□ 1-4 hours per week	
	5-10 hours per week	
	□ 11 or more hours per week	

G	5		THE PAST 12 MONTHS, did this o	child	G			RING THE PAST 12				
		a . A spo	nts team or did they take sports		lo	L	Do I	d bullied, picked on not include siblings o nged throughout the	r dating pa	artners.	If the freque	ency
			ns after school or on weekends?					Never (in the past 1			gnoot noque	
			lubs or organizations after I or on weekends?					1-2 times (in the pa		,		
		lesso	ther organized activities or ns, such as music, dance, age, or other arts?					1-2 times per month		,		
		d. Any t	ype of community service or		-			1-2 times per week				
			teer work at school, place of ip, or in the community?					Almost every day				
		jobs a	aid work, including regular as well as babysitting, cutting , or other occasional work?		G		chil Do i	RING THE PAST 12 d bully others, pick not include siblings o	on them, r dating pa	or excl	ude them? If the freque	ency
G	6	DURING attend ev	THE PAST 12 MONTHS, how ofte vents or activities that this child p	n did you articipated i	in?	C	changed throughout the year, report the highest frequency.					
		Alw						Never (in the past 1		,		
		🗌 Usu	ally					1-2 times (in the pa		iths)		
		□ Son	netimes					1-2 times per month				
		Rar	ely					1-2 times per week				
		Nev	er					Almost every day				
		DUDING	THE DAST WEEK on how mony	dava did	G		How	v often does this ch		Usually	Sometimes	Never
G		this child	THE PAST WEEK, on how many d exercise, play a sport, or partici activity for at least 60 minutes?	pate in		a	(Show interest and curiosity in learning new things?				
		🗌 0 da	ays			ł		Work to finish tasks hey start?				
		1-3	days			c	c. S	Stay calm and in control when faced				
		4-6	days				١	with a challenge?				
		Eve	ry day			(Care about doing well in school?				
G	8	Compare	ed to other children their age, how does this child have making or k	/ much reeping frien	nds?	e		Do all required nomework?				
			difficulty	looping mon		f	. /	Argue too much?				
		□ A lit	tle difficulty						Vau		Thie	
			t of difficulty					H. About	Child		Inis	
					G		Nas	s this child born in t				
								Yes → SKIP to que	estion H3	on pag	ge 14	
								No				
					H			o, how long has this es?	s child be	en livin	g in the Un	ited
								years AND		months		
								years AND		monuts		
	N	SCH-T3			1	3						

How many times has this child moved to a new address since they were born?	ON MOST WEEKDAYS, about how much time did this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media? Do not include time spent doing schoolwork.
How often does this child go to bed at about the same time on weeknights?	 Less than 1 hour 1 hour 2 hours
 Usually Sometimes Rarely 	 3 hours 4 or more hours How well can you and this child share ideas or talk
 Never DURING THE PAST WEEK, how many hours of sleep did this child get on most weeknights? Less than 6 hours 	about things that really matter? Very well Somewhat well Not very well
 6 hours 7 hours 8 hours 9 hours 	 Not well at all H9 How well do you think you are handling the day-to-day demands of raising children? Very well
 10 hours 11 or more hours DURING THE PAST WEEK, how many times did this chill drink ougens drinks auch as and a fruit drinks aparts. 	Id Somewhat well Somewhat well Not very well Not well at all
drink sugary drinks such as soda, fruit drinks, sports drinks, or sweet tea? Do not include 100% fruit juice.	H10 DURING THE PAST MONTH, how often have you felt
 This child did not drink sugary drinks 1-3 times during the past week 4-6 times during the past week 	Never Rarely Sometimes Usually Alway a. That this child is much harder to care for than most children their age? Image: Children their age
 1 time per day 2 times per day 3 or more times per day 	b. That this child does things that really bother you a lot?
	c. Angry with this child?
	 DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support with parenting or raising children? Yes No
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	I. About Your Family and Household	7 At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive
G	DURING THE PAST WEEK, on how many days did all the	a. Cash assistance from a government welfare program?
	family members who live in the household eat a meal together?	b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?
	□ 0 days	c. Free or reduced-cost breakfasts or lunches at school?
	□ 1-3 days	d. School meal debit/Electronic Benefits Transfer (EBT) cards?
	└ 4-6 days	e. Benefits from the Women, Infants, and Children (WIC) Program?
	└┘ Every day	8 Does this child receive SSI, that is, Supplemental
	Does anyone living in your household use cigarettes, cigars, or pipe tobacco?	Security Income? SSI is different from Social Security.
	☐ Yes	□ Yes □ No
	$\square \text{ No} \rightarrow SKIP \text{ to question} \qquad \textbf{14}$	If yes, is this for a disability they have?
13	If yes, does anyone smoke inside your home?	Yes No
	□ Yes	9 DURING THE PAST 12 MONTHS, was there a time when you were not able to pay the mortgage or rent on time?
	□ No	□ Yes
Ľ	Does anyone vape or use e-cigarettes inside your home?	□ No
	□ Yes	Don't know
	□ No	DURING THE PAST 12 MONTHS, how often were you worried or stressed about being evicted, foreclosed on,
Ŀ	very hard to cover the basics, like food or housing,	or having your housing condemned?
	on your family's income?	☐ Always
	Never	
	Rarely	Sometimes
	 Somewhat often Very often 	Rarely
		DURING THE PAST 12 MONTHS, how many times has
16	Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS?	this child moved to a new address?
	We could always afford to eat good nutritious meals.	0 times
	We could always afford enough to eat but not always	□ 1 time
	└ the kinds of food we should eat.	2 or more times
	Sometimes we could not afford enough to eat.	
	Often we could not afford enough to eat.	

a. S	Yes No Don't know						-			t to answe		
a. S								the best of your known the best of your known of the best of your known of the best of the			child EV Yes	ER No
a. S	DOILT KHOW							Parent or guardian d	ivorced c	or		
a. S								separated Parent or guardian d	ied			Ē
	our neighborhood, i	is/are the	re	Vac	No		c.	Parent or guardian s		ne in		
	Sidewalks or walking	naths?		Yes	No			jail or prison Saw or heard parent	e or adul	te elan		
	-						u.	hit, kick, punch one a	another i	n the		
	A park or playground?					home e. Was a victim of violence or				_		
C. <i>A</i>	A recreation center, c center, or boys' and g	girls' club?						witnessed violence ir neighborhood				
d. /	A library or bookmobi	le?					f.	Lived with anyone w				
	Litter or garbage on t	he street						ill, suicidal, or severe Lived with anyone w				
	or sidewalk?							with alcohol or drugs		problem		
	Poorly kept or rundow	-	g?				h.	Treated or judged un of their race or ethnic		cause		C
	Vandalism such as br windows or graffiti?	roken				i		Treated or judged un of their sexual orient identity				٦
abo a. F	what extent do you a out your neighborhoo E People in this	od or con	nmunity	/? Somewhat disagree	Definitely disagree		-	Treated or judged ur of a health condition en your family face	or disabi	ility		٥
											often are	you
	neighborhood help each other out							ely to do each of the	followii All of	ng? Most of	Some of	Non
e b. \ e	each other out We watch out for each other's						like a.	ely to do each of the	followii All of	ng?	Some of	Non
e b. \ e	each other out We watch out for						like a.	Talk together about what to do Work together to	followii All of	ng? Most of	Some of	Non
b. \ 6 0 r c. 7	each other out We watch out for each other's children in this neighborhood This child is safe in our						like a. b.	Talk together about what to do	e followin All of the time	ng? Most of	Some of	Non
 b. \ 6 7 c. 1 s r d. \ 	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we						like a. b. c.	Talk together about what to do Work together to solve our problems Know we have strengths to draw on Stay hopeful even	e followin All of the time	ng? Most of	Some of	Nor
6 b. \ 6 7 c. 1 5 7 d. \ 6 6 6	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood					18	like a. b. c. d.	Talk together about what to do Work together to solve our problems Know we have strengths to draw on	e followin All of the time	ng? Most of the time	Some of the time	Nor the

	J. This Child's Caregivers	J6	Wha	t is your marital status?
	About Vou			Married
	About You			Not married, but living with a partner
J	How are you related to this child?			Never Married
	Biological or Adoptive Parent			Divorced
	Step-parent			Separated
	Grandparent			Widowed
	Foster Parent	J7	In ge	eneral, how is your physical health?
	Other: Relative			Excellent
	Other: Non-Relative			Very good
J2	What is your sex?			Good
T	□ Male			Fair
	□ Female			Poor
J3	What is your age?			
Ť		J8	n ge	eneral, how is your mental or emotional health?
	Age in years			Excellent
J4	Where were you born?			Very good
	In the United States			Good
	Outside of the United States			Fair
J5	What is the highest grade or level of school you have			Poor
T	completed? Mark (X) ONE box.	J9	Whie	ch of the following best describes your current loyment status?
	8th grade or less			(X) ONE box.
	9th-12th grade; No diploma			Employed full-time
	High School Graduate or GED Completed			Employed part-time
	Completed a vocational, trade, or business school			Working WITHOUT pay
	program			Not employed but looking for work
	Some College Credit, but no Degree			Not employed and not looking for work
	Associate Degree (AA, AS)			Retired
	Bachelor's Degree (BA, BS, AB)			
	Master's Degree (MA, MS, MSW, MBA)			
	Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			

J10	Have you ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.	J 17	What is the highest grade or level of school this caregiver has completed? Mark (X) ONE box.
	■ Never served in the military → SKIP to question J12		8th grade or less
	Only on active duty for training in the Reserves or		9th-12th grade; No diploma
	National Guard → SKIP to question (112)		High School Graduate or GED Completed
	Now on active duty		Completed a vocational, trade, or business school program
	On active duty in the past, but not now		Some College Credit, but no Degree
J11	Were you deployed at any time during this child's life?		Associate Degree (AA, AS)
	Yes .		Bachelor's Degree (BA, BS, AB)
	□ No		Master's Degree (MA, MS, MSW, MBA)
J12	Does this child have another parent or adult caregiver who lives in this household?		Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
	Yes → Complete questions J13 - J23 for this other parent or adult caregiver	J18	What is this caregiver's marital status?
	No → SKIP to question (K1) on page 19		Married
			□ Not married, but living with a partner
	Other Parent or Caregiver in the Household		Never Married
			Divorced
J13	,		Separated
	Biological or Adoptive Parent		Uidowed
	Step-parent		
		J19	In general, how is this caregiver's physical health?
	☐ Foster Parent		
	Other: Relative		Very good
	Other: Non-Relative		Good
J14	What is this caregiver's sex?		Eair
T	Male		Poor
	Female	J20	In general, how is this caregiver's mental or emotional health?
J15	What is this caregiver's age?		Excellent
T	Age in years		□ Very good
			Good
J16			□ Fair
	In the United States		Poor
	Outside of the United States		
٢	ISCH-T3	18	

J2	 Which of the following best describes this caregiver's current employment status? Mark (X) ONE box. Employed full-time 	 Income in 2023 Mark (X) the "Yes" box for EACH type of income this child's family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark (X) the "No" box to show types of income NOT received. a. Wages, salary, commissions, bonuses, or tips for
	 Employed part-time Working WITHOUT pay 	all jobs. \square Yes \rightarrow \$.00
	Not employed but looking for work	No TOTAL AMOUNT in the last calendar year
	□ Not employed and not looking for work	 Self-employment income from own nonfarm businesses or farm business, including
	Retired	proprietorships and partnerships.
J22	Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? <i>Mark (X) ONE box.</i>	Yes → \$, , , , , , , , , , , , 00 □ Loss No TOTAL AMOUNT in the last calendar year
	Never served in the military \rightarrow <i>SKIP to question</i> K1	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
	Only on active duty for training in the Reserves or National Guard \rightarrow SKIP to question (K1)	$\Box \text{ Yes} \rightarrow \$, 000, 000 \Box \text{ Loss}$
	Now on active duty	No TOTAL AMOUNT in the last calendar year
	On active duty in the past, but not now	d. Social Security or Railroad Retirement; retirement, survivor, or disability pensions.
J2:	Was this caregiver deployed at any time during this child's life?	□ Yes → \$,000,000 .00
	□ Yes	No TOTAL AMOUNT in the last calendar year
	No	e. Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office.
	K. Household Information	□ Yes → \$,000,000.00
K1	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 awa or someone in the Armed Forces on deployment.	f. Any other sources of income received regularly
	Number of people	□ Yes → \$,000,000 .00
		No TOTAL AMOUNT in the last calendar year
K2	How many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.	The following question is about your 2023 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 businesses, farm or rent, and any other money income received.
		TOTAL AMOUNT
L	NSCH-T3	in the last calendar year
		19

Mailing Instructions

Thank you for your participation.

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

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

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

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

We estimate that completing the second part of the National Survey of Children's Health will take 35 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 0607-0990" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.

