



Detailed Outline of Topics in the National Health Interview Survey (NHIS) Core Sample Child Questionnaire

This document presents the topics included in the NHIS sample child interview, including annual content and content that rotates on and off the questionnaire with a pre-established periodicity.

One "sample adult" aged 18 years or more and one "sample child" aged 17 years or less (if any children live in the household) is randomly selected from each household following a brief household roster that identifies the age, sex, Hispanic ethnicity, and race of everyone who usually lives or stays in the household. The roster section also asks questions about the highest educational attainment of all adults and whether any adults are currently active duty military. Only civilian adults are eligible to be the sample adult.

Questions are asked to identify the parents of all children in the household and the members of the sample adult's and sample child's family. For NHIS, a family is defined as two or more persons residing together who are related by birth, marriage, or adoption, as well as any unrelated children who are cared for by the family (such as foster children) and any unmarried cohabiting partners and their children. Family members include adults who are temporarily away at school if they are living in on-campus housing. Adults living alone are considered single person families.

Information about the sample adult is collected from the sample adult him/herself unless he/she is physically or mentally unable to do so, in which case a knowledgeable proxy is allowed to answer for the sample adult. Information about the sample child is collected from the sample child's parent or a knowledgeable adult. The respondent for the sample child may or may not also be the sample adult.

The order of the sample adult and sample child interviews varies by household depending on the availability of the respondents. When the sample adult and sample child are in the same family, content areas that refer to the family are captured only once, in whichever interview comes first.

ANNUAL CORE CONTENT FOR HOUSEHOLDS

Household roster

- Name or alias of all persons living in household
- Age, sex, Hispanic ethnicity, race, and usual residence for all persons
- Educational attainment for all adults
- Identification of parents (biological/step/adoptive) for each child in household
 - For children without parents in the household:*
 - Whether child is in foster care
 - If any children are in foster care:*
 - Identification of foster parents
- Identification of adults who are currently serving on active duty in the military

Selection of sample adult and sample child

One civilian adult and one child (if any) are randomly selected from each household

- Identification of all persons in sample adult's family
If sample child is not in sample adult's family:
 - Identification of all persons in sample child's family
- Identification of possible knowledgeable respondents for sample child interview

ANNUAL CORE CONTENT FOR SAMPLE CHILDREN

Demographic characteristics (VFY)

- Identification of knowledgeable respondent for sample child interview
If sample child respondent is not a parent of the sample child:
 - Relationship of respondent to child
- Verification of age, sex, Hispanic ethnicity, and race
If Hispanic, Asian, and/or Native Hawaiian or Pacific Islander:
 - Specific ancestry (e.g., Mexican, Puerto Rican, Chinese, Filipino, Chamorro, Samoan)
- Date of birth

Current health status (HIS)

- General health status: excellent, very good, good, fair, poor

Asthma (AST)

- Ever told by doctor or other health professional that child had asthma
If yes:
 - Still have asthma
 - (Past 12 months) Had an episode of asthma or an asthma attack
 - (Past 12 months) Had an ER or urgent care visit due to asthma

Diabetes (DIB)

- Ever told by doctor or other health professional that child had prediabetes
- (Other than prediabetes) Ever told by doctor or other health professional that child had diabetes

Developmental and learning disabilities (DLD)

- Ever told by doctor or other health professional that child had attention-deficit/hyperactivity disorder (ADHD) or attention-deficit disorder (ADD) (age 2-17)
If yes:
 - (Currently) Has attention-deficit/hyperactivity disorder (ADHD) or attention-deficit disorder (ADD)
- Ever told by doctor or other health professional that child had an intellectual disability
If yes:
 - (Currently) Has an intellectual disability
- Ever told by doctor or other health professional that child had autism spectrum disorder (age 2-17)
If yes:
 - (Currently) Has autism spectrum disorder

- (Not including ADHD, intellectual disability, and/or autism spectrum disorder) Ever told by doctor or other health professional that child had other developmental delay

If yes:

- o (Currently) Has this other developmental delay
- Ever told by school or health professional that child had a learning disability (age 2-17)

If yes:

- o (Currently) Has a learning disability

If sample child is 0-23 months, then skip to BSC section.

Vision (VIS)

- Use of eyeglasses [or contact lenses if age 5-17] (age 2-17)
- Level of difficulty seeing (even with glasses [or contact lenses if age 5-17]) (age 2-17)

Hearing (HEA)

- Use of hearing aid (age 2-17)
- Level of difficulty hearing sounds like people's voices or music (even with hearing aid) (age 2-17)

Mobility (MOB)

- Uses equipment or receives help for walking (age 2-17)

If yes:

- o Without equipment or assistance, level of difficulty walking (age 2-4)
- o When using equipment or assistance, level of difficulty walking (age 2-4)
- o Without equipment or assistance, level of difficulty walking 100 yards (age 5-17)
- o Without equipment or assistance, level of difficulty walking one-third mile (age 5-17)
- o When using equipment or assistance, level of difficulty walking 100 yards (age 5-17)
- o When using equipment or assistance, level of difficulty walking one-third mile (age 5-17)

If no:

- o Compared with children of same age, level of difficulty walking (age 2-4)
- o Compared with children of same age, level of difficulty walking 100 yards (age 5-17)
- o Compared with children of same age, level of difficulty walking one-third mile (age 5-17)

Self-Care and Upper Body (UPP)

- Compared with children of same age, level of difficulty picking up small objects (age 2-4)
- Level of difficulty with self-care such as eating or dressing (age 5-17)

Communication (COM)

- Level of difficulty understanding parent/guardian (age 2-4)
- When speaking, level of difficulty being understood by parent/guardian (age 2-4)
- When speaking, level of difficulty being understood by people inside household (age 5-17)
- When speaking, level of difficulty being understood by people outside household (age 5-17)

Cognition (COG)

- Compared with children of same age, level of difficulty learning things (age 2-17)
- Compared with children of same age, level of difficulty remembering things (age 5-17)

Anxiety (ANX)

- Frequency of seeming very anxious, nervous, or worried (age 5-17)

Depression (DEP)

- Frequency of seeming very sad or depressed (age 5-17)

Behavior (BEH)

- Compared with children of same age, level of difficulty playing (age 2-4)
- Compared with children of same age, frequency of kicking, biting, or hitting others (age 2-4)
- Compared with children of same age, level of difficulty controlling behavior (age 5-17)
- Level of difficulty concentrating on activity s/he enjoys (age 5-17)
- Level of difficulty accepting changes in routine (age 5-17)
- Level of difficulty making friends (age 5-17)

Social/emotional screening for very young children (BSC) (0-23 months)

See <http://www.theswyc.org> for more information on the Baby Pediatric Symptom Checklist

- Has a hard time being with new people
- Has a hard time in new places
- Has a hard time with change
- Minds being held by other people
- Cries a lot
- Has a hard time calming down
- Fussy or irritable
- Hard to comfort
- Hard to keep on a schedule or routine
- Hard to put to sleep
- Has trouble staying asleep
- Family member(s) has/have a hard time getting enough sleep because of child

Schooling (SCH)

- (Past 12 months) Number of school days missed due to illness/injury/disability (age 5-17)
- Ever had special education or early intervention plan

If yes:

- o (Currently) Has special education or early intervention plan

If yes:

- Are services received to help with emotions, concentration, behavior, or mental health?

Current health insurance coverage (INS)

- Any health insurance coverage or health care plan?

If yes:

- o Type of health insurance

If no insurance coverage reported:

- o Confirm no Medicaid

- Covered by separate plan for dental services?
- Covered by separate plan for vision services?
- Covered by separate plan for prescriptions?
- Confirm no insurance or confirm all types of insurance coverage recorded

Specifics about current insurance coverage

If enrolled in Medicare:

- o Enrollment in Part A, Part B, or both

If enrolled in Part B or both:

- Medicare Advantage enrollment
- Medicare managed care arrangement such as an HMO

If enrolled in Advantage or managed care:

- Name of Advantage or Medicare HMO plan (*open-ended*)
- Advantage or Medicare HMO plan pay for any dental care
- Advantage or Medicare HMO plan pay for any routine vision care

- o Part D enrollment

If enrolled in Medicaid:

- o Name of plan (*open-ended*)
- o Was plan obtained through healthcare.gov or Marketplace?
- o Does child or a family member pay a premium for this plan?
- o Is there a deductible?

If yes:

- Is it a high deductible health plan?

If enrolled in a private plan:

(Repeated for each private plan in which sample child is enrolled)

(If sample adult questionnaire is complete, child and adult are in same family, and sample adult was enrolled in a private plan, ask if child is covered by same plan as adult. If so, this section will generally be skipped. But, if private plan is the same and the sample adult was not the policyholder, ask whether child is the policyholder before skipping.)

- o Name of plan (*open-ended*)
- o Any additional private plans?

If yes:

- Name of second plan (*open-ended*)

The private plan questions will be repeated for second plan

- o Is child the policyholder?

If yes:

- Does the plan cover anyone else?

- o How plan was obtained (employer, union, association, direct purchase, etc.)

If plan was purchased directly or obtained through state/local government or community program:

- Was plan obtained through healthcare.gov or Marketplace?

- o Who pays for plan? (child/family, employer, person outside household, government program, etc.)

If child/family in household pays for the plan:

- Out-of-pocket premium amount

- o Is there a deductible?

If yes:

- Is it a high-deductible health plan?

If yes:

- Does it include a health savings account?

- o Does it include prescription drug coverage?
- o Does it include dental coverage?
- o Does it include vision coverage?

If enrolled in CHIP, state-sponsored, and/or other government plan:

(Repeated for each type of CHIP, state-sponsored, and/or other government plan in which sample child is enrolled)

- o Name of plan (*open-ended*)
- o Was the plan obtained through healthcare.gov or Marketplace?
- o Does child/family member pay a premium?
- o Is there a deductible?

If yes:

- Is it a high-deductible health plan?

If military health care:

- o Type of plan (TRICARE or CHAMP-VA)

Health insurance continuity

If currently uninsured:

- o Length of time since last insured

If less than 12 months:

- (Past 12 months) Number of months without health insurance

If uninsured less than 3 years:

- What were the reason(s) child is no longer enrolled? Was it because...
 - Policyholder retired, lost a job, or changed employers
 - Missed a deadline to sign up
 - Ineligible for coverage because of age or leaving school
 - Cost increases
 - No longer eligible for Medicaid, CHIP, or other public coverage
- o What are the reason(s) for not having health insurance? Was it because...
 - Coverage is unaffordable
 - Do not need or want coverage
 - Ineligible for coverage
 - Signing up is too difficult or confusing
 - Cannot find a plan that meets needs
 - Applied for coverage that has not started yet
 - Other reason (*open-ended*)

If currently insured:

- o (Past 12 months) Any time without health insurance

If yes:

- (Past 12 months) Number of months without health insurance

Financial burden of medical care (PAY)

Skip first question and follow-up if sample adult questionnaire is complete and if child and adult are in same family

- (Past 12 months) Anyone in family have problems paying or unable to pay medical bills
 - If yes:*
 - o (Currently) Anyone in family have medical bills unable to pay at all
- Level of worry about ability to pay medical bills if child is sick or injured

Health care utilization and access (UTZ)

- Time since last seen doctor or health professional (age 0-17)
If not never:
 - Child have a chance to speak with doctor privately, without you or other caregiver at their last medical visit (age 12-17)
 - Was this a well baby/child visit, physical, or general purpose check-up
If no:
 - Time since last well baby/child visit, physical, or general purpose check-up
- Has a usual place for care when sick
If yes or more than one place:
 - Type of place (or place visited most often)
- (Past 12 months) Number of retail clinic visits
- (Past 12 months) Number of urgent care center visits
- (Past 12 months) Number of hospital ER visits
- (Past 12 months) Any overnight hospital stay (age 1-17)
- (Past 12 months) Delayed getting medical care because of cost
- (Past 12 months) Did not get medical care because of cost

Telehealth (TLH)

- (Past 12 months) Virtual medical appointment

Mental health care (MHC) (age 2-17)

- (Past 12 months) Any prescription medication taken to help with emotions, concentration, behavior, or mental health
- (Past 12 months) Received counseling or therapy from a mental health professional
- (Past 12 months) Any counseling or therapy delayed due to cost
- (Past 12 months) Any counseling or therapy child needed but didn't get due to cost

Prescription medications (PMD)

- (Past 12 months) Took any prescribed medication
If yes:
 - (Past 12 months) Delayed filling a prescription to save money
- (Past 12 months) Any medication needed that child didn't get due to cost

Immunizations (IMM)

- (Past 12 months) Flu vaccination
If yes:
 - (Past 12 months) Number of vaccinations
 - (Past 12 months) Month and year of up to two most recent flu vaccinations

Parental demographics (PAR)

For each residential biological/adoptive/step parent in the family:

- Specific type of parent (biological, adoptive, step, other)

For each residential biological/adoptive/step/foster parent in the family:

- Is parent now married, living with someone as an unmarried couple, or neither? *(if not already known from sample adult interview)*

If married:

- Does spouse live here

If yes:

- Identification of parents' spouse
- Confirmation of sex of each parents' spouse

If no:

- Is parent and spouse legally separated

If living with partner:

- Confirmation of sex of each parents' partner
- Was each parent ever married

If yes:

- Legal marital status of each parent (married, widowed, divorced, separated)

If neither:

- Was parent ever married

If yes:

- Legal marital status of each parent (widowed, divorced, separated)

For each residential biological/adoptive/step/foster parent in the family:

- Was parent born in the United States or a US territory? (if not already known from sample adult interview)

Nativity and acculturation (NAT)

- Was child born in the United States or a US territory?

If yes:

- State or US territory of birth

If no:

- What year did child come to the United States to stay?
- US citizenship

If yes:

- Born abroad to an American parent, born abroad and adopted by an American parent, or naturalized

Employment of all adult family members (FEM)

Skip section if sample adult questionnaire is complete and if child and adult are in same family

Ask for each adult family member:

- (Currently) Work for pay at a job or business

If yes:

- Usually work 35 hours or more per week in total in all jobs/businesses?

Family income and source(s) of income (INC)

Skip section if sample adult questionnaire is complete and if child and adult are in same family

(Last calendar year) Did you or any family members living here receive:

- Income from wages, salaries, commissions, bonuses, tips, or self-employment?
- Income from interest, dividends, rent, royalties, or income from estates or trusts?
- Social Security or Railroad Retirement?
- Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)?

If yes:

- Was it SSI, SSDI, or both?
- Was this a disability benefit?

If more than one person in the family:

- Who in the family received SSI and/or SSDI?

- Any public assistance or welfare payments?
- Retirement, survivor, or disability pensions?
- Other income, such as VA payments, unemployment, child support, or alimony
- (Last calendar year) Family income

If unknown or refused:

- Cascading questions to categorize income relative to federal poverty thresholds

Family participation in food-related programs (FOO)

Skip section if sample adult questionnaire is complete and if child and adult are in same family

- (Past 12 months) Anyone in family receive SNAP/food stamp benefits

If family includes females 12-55 or children 0-5:

- o (Past 12 months) Anyone in family receive food through the WIC program

If family includes children 5-17:

- o (Past 12 months) Any children in the family receive free or reduced-cost lunches at school

Housing (HOU)

Skip second question and follow-up if sample adult questionnaire is complete and if child and adult are in same family

- Length of time child has lived in this house/apartment (ages 1-17)
- Owned, rented, or occupied by some other arrangement

If rented:

- o Paying lower rent because a government program is paying part of the cost

Recontact information (REC)

- Child's full name

Telephone use (TEL)

- Is there a working telephone in child's home that is not a cell phone? *(if not already known from sample adult interview)*
- Does child live with anyone who has a working cell phone? *(if not already known from sample adult interview)*

Linkage with vital statistics and health-related records of other government agencies (LNK)

- Linkage intro, providing explanation for why personal identifiers are being sought
- Last 4 digits of social security number

If no SSN or SSN number refused or unknown:

- o Consent to link without SSN

ROTATING CORE CONTENT: UTILIZATION OF SERVICES

Years: 2025, 2026, 2028, 2029

Dental care (DNC) (age 1-17)

- Time since most recent dental exam or cleaning
- (Past 12 months) Any dental care delayed because of cost
- (Past 12 months) Any dental care child needed but didn't get due to cost

Other care received (PTC)

- (Past 12 months) Received an eye exam from an eye specialist
- (Past 12 months) Received physical, speech, rehabilitative, or occupational therapy
- (Past 12 months) Received care at home from nurse or other health professional

ROTATING CORE CONTENT: STRESSFUL LIFE EVENTS

Years: 2025, 2027, 2029

Adverse childhood experiences (SLE)

- Ever victim of violence or witness any violence in neighborhood
- Ever been separated from parent or guardian who served time in jail, prison, or detention center
- Ever live with anyone who was mentally ill or severely depressed
- Ever live with anyone who had a problem with alcohol or drugs

ROTATING CORE CONTENT: MENTAL HEALTH ASSESSMENT

Years: 2025, 2028

Strengths and Difficulties Questionnaire (SDQ) (age 4-17)

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- (Past six months) Considerate of other people's feelings
- (Past six months) Restless, overactive, cannot stay still for long
- (Past six months) Often complains of headaches, stomach-aches or sickness
- (Past six months) Shares readily with other (children/youth)
- (Past six months) Often loses (his/her) temper
- (Past six months) Rather solitary, prefers to play alone (age 4-10)
Would rather be alone than with other youth (age 11-17)
- (Past six months) Generally well behaved, usually does what adults request
- (Past six months) Has many worries or often seems worried
- (Past six months) Helpful if someone is hurt, upset or feeling ill
- (Past six months) Constantly fidgeting or squirming
- (Past six months) Has at least one good friend
- (Past six months) Often fights with other (children/youth) or bullies them
- (Past six months) Often unhappy, depressed or tearful
- (Past six months) Generally liked by other (children/youth)
- (Past six months) Easily distracted, (his/her) concentration wanders
- (Past six months) Nervous (or clingy) in new situations, (he/she) easily loses confidence
- (Past six months) Kind to younger children
- (Past six months) Often lies or cheats
- (Past six months) Picked on or bullied by other (children/youth)
- (Past six months) Often offers to help others, such as parents, teachers, and other children
- (Past six months) Thinks things out before acting
- (Past six months) Steals from home, school or elsewhere
- (Past six months) Gets along better with adults than with other (children/youth)
- (Past six months) Has many fears, easily scared
- (Past six months) Good attention span, sees (chores or homework/work) through to the end
- (Currently) Does child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

If yes:

- ☐ How long have these difficulties been present?
- ☐ Do the difficulties upset or distress child?
- ☐ Do the difficulties interfere with ... home life?
- ☐ Do the difficulties interfere with ... friendships?
- ☐ Do the difficulties interfere with ... classroom learning?
- ☐ Do the difficulties interfere with ... leisure activities?
- ☐ Do the difficulties put a burden on family as a whole?

ROTATING CORE CONTENT: HEALTH-RELATED BEHAVIORS

Years: 2024, 2026, 2028, 2030

Body measurements (BMI) (age 10-17)

- Parent-reported height
- Parent-reported weight

Physical activity (PHY) (age 6-17)

- (Past 12 months) Whether child played on sports teams, took sports lesson in school/community
- (Past 12 months) Whether child took PE or gym class
- (Typical school week) How often physically active for a total of at least 60 minutes per day
- (Typical school week) How often does exercises to strengthen or tone muscles
- (Typical school week) How often walks for at least 10 minutes
- (Typical school week) How often rides a bike for at least 10 minutes

Neighborhood characteristics (NHC) (age 6-17)

- Roads, sidewalks, paths or trails where child can walk or ride bicycle
- Parks or playgrounds that are close enough for child to walk or bike to
- Does traffic make it unsafe for child to walk or bike, even with an adult?
- Does crime make it unsafe for child to walk or bike, even with an adult?

Sleep (SLP) (age 2-17)

- (Typical school week) How often child wakes up well-rested
- (Typical school week) How often child has difficulty getting out of bed in morning
- (Typical school week) How often child complains about being tired
- (Typical school week) How often child falls asleep during day
- (Typical school week) How often child goes to bed at same time
- (Typical school week) How often child wakes up at the same time

Screen time (SRC) (age 2-17)

- (Most weekdays) Does child spend more than 2 hours a day in front of a TV, computer, cellphone, or other electronic device

ROTATING CORE CONTENT: ROTATING CONDITIONS

Years: 2024, 2027, 2030

Allergies (ALG)

- Get symptoms such as sneezing, runny nose, or itchy or watery eyes due to hay fever, seasonal or year-round allergies
 - If yes:*
 - Ever told by doctor or other health professional that child had hay fever, seasonal or year-round allergies
- Have an allergy to one or more foods
 - If yes:*
 - Ever told by doctor or other health professional that child had an allergy to one or more foods
 - If yes:*
- Get an itchy rash due to eczema or atopic dermatitis
 - Ever told by doctor or other health professional that child had eczema or atopic dermatitis

ROTATING CORE CONTENT: INJURIES

Years: 2024, 2026, 2027, 2029, 2030

Injuries (INJ)

- (Past 3 months) Any accident or injury where any part of child's body was hurt
 - If yes:*
 - o Any injuries serious enough to limit activities for 24 hours
 - If yes:*
 - (Past 3 months) Number of significant injuries
 - (Past 3 months) Any injury while child was at home
 - If no or if yes and had more than one injury:*
 - (Past 3 months) Any injury while child was at daycare or school
 - If age 3-17:*
 - (Past 3 months) Any injury while child was playing sports or exercising
 - (Past 3 months) Any injury result of fall or falling
 - If yes, had at least 2 injuries, and any injury while home*
 - Any fall occur at home
 - If yes, had at least 2 injuries and any injury while at daycare or school*
 - Any fall occur at school
 - Any injury a result of a collision involving a motor vehicle
 - If yes:*
 - Was child a driver, passenger, bicyclist, pedestrian, or doing something else when this occurred?
 - (Past 3 months) Saw doctor or health professional about any of these injuries
 - If yes and been to ER in past 12 months:*
 - (Past 3 months) Any ER visit because of an injury
 - If yes and hospitalized overnight in past 12 months:*
 - (Past 3 months) Any overnight hospitalization because of an injury
 - If yes:*
 - (Past 3 months) Any broken bones as a result of any injury
 - (Past 3 months) Any stitches or staples because of any injury
 - Number of days of daycare or school missed because of injuries
 - If missed 1-90 days:*
 - Is child expected to miss more days of school or daycare because of injuries that occurred during the past 3 months?