

# 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 and is not permitted to publicly release your responses in a way that could identify you or your 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, United States Code, 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. Federal law protects your privacy and keeps your answers confidential under 13 U.S.C. Section 9. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Access to records maintained in the system is restricted to Census Bureau employees and certain individuals authorized by Title 13, U.S. Code (designated as Special Sworn Status individuals). These individuals are subject to the same confidentiality requirements as regular Census Bureau employees identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and SORN 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.

**NSCH-S1** (06/24/2020) Draft 1



#### **Start Here**

Respond online today at: <a href="https://respond.census.gov/nsch">https://respond.census.gov/nsch</a>

**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.

Si necesita ayuda o tiene preguntas sobre cómo completar este formulario, llame al 1-800-845-8241. La llamada es gratuita. Para recibir ayuda relacionada con el Dispositivo Telefónico para Personas Sordas (TDD), llame al 1-800-582-8330. La llamada es gratuita.

## **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	Wha	at is the primary language spoken in the household?
		English
		Spanish
		Other Language, specify: $ otin  all $
4		his house, apartment, or mobile home k (X) ONE box.
		Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
		Owned by you or someone in this household free and clear (without a mortgage or loan)?
		Rented?
		Occupied without payment of rent?
6	Ans	wer the remaining questions for each of the children 0-17 years old who usually live or stay at this address.
		t with the YOUNGEST CHILD, who we will call "Child 1" and continue with the next youngest until you have wered the questions for all children who usually live or stay at this address.



	CHILD 1 (Youngest)					Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
		Trounge	,,,,			☐ Yes ☐ No
1	Firs	t name, initials, or nicknam	e o	f 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		v old is this child? If the chil round age in months to 1.	d is	less than one month		
						☐ 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	Wha	at is this child's sex?				
		Male Female				Yes No
E	NO <sup>-</sup>	TE: Answer BOTH questi	on ut r	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?
		this survey, Hispanic or				☐ Yes ☐ No
4	Is th	nis child of Hispanic, Latino	, or	Spanish origin?		If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		No, not of Hispanic, Latino,	or S	Spanish origin		☐ Yes ☐ No
		Yes, Mexican, Mexican Ame	erica	an, Chicano	9	Is this child limited or prevented in any way in their ability to do the things most children of the same age
	Ш	Yes, Puerto Rican				can do?
		Yes, Cuban				Yes No
		Yes, another Hispanic, Latin	10, 0	or Spanish origin		If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
5	Wha	at is this child's race? Mark	(X)	one or more boxes.		Yes No
Ĭ		White		Korean		
		Black or		Vietnamese		☐ Yes ☐ No
		African American  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 Chinese		Guamanian or Chamorro		If yes, is this because of ANY medical, behavioral, or other health condition?
				Samoan		☐ Yes ☐ No
		Filipino				If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		Japanese		Other Pacific Islander		Yes No
6		wer the following question at 4 years old. Otherwise, SI			1	
		v well does this child speak				developmental, or behavioral problem for which they need treatment or counseling?
		Very well				☐ Yes ☐ No
		Well				
		Not well				
		Not at all				☐ Yes ☐ No



		CHILI (Next you			7	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
		(rom you	.90			☐ Yes ☐ No
1	First	t name, initials, or nicknam d	e of	f the next youngest		
						☐ Yes ☐ No
2	_	old is this child? If the chil round age in months to 1.	d 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	wna	at is this child's sex?				
		Male Female				<ul><li>Yes</li><li>No</li><li>→ If yes, is this child's need for medical care, mental</li></ul>
E	NO <sup>-</sup>	TE: Answer BOTH questi	on ut r	4 about Hispanic		health, or educational services because of ANY medical, behavioral, or other health condition?
		this survey, Hispanic or				☐ Yes ☐ No
4	Is th	nis child of Hispanic, Latino				If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		No, not of Hispanic, Latino,	or S	Spanish origin		☐ Yes ☐ No
		Yes, Mexican, Mexican Ame	erica	an, 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, Latin	10, 0	or Spanish origin		If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
5	Wha	at is this child's race? Mark	(X)	one or more boxes.		<ul><li>☐ Yes</li><li>☐ No</li><li>☐ He is a condition that has lasted or</li></ul>
		White		Korean		is expected to last 12 months or longer?
		Black or African American		Vietnamese	10	Yes No
		American Indian or		Other Asian	Ψ	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
		Alaska Native		Native Hawaiian		☐ Yes ☐ No
		Asian Indian		Guamanian or Chamorro		If yes, is this because of ANY medical, behavioral, or other health condition?
		Chinese		<b>C</b>		☐ Yes ☐ No
		Filipino	Ш	Samoan		→ If yes, is this a condition that has lasted or
		Japanese		Other Pacific Islander		is expected to last 12 months or longer?  Yes No
6	Ans	wer the following question	onl	y if this child is at		Does this shild have any kind of amational
		t 4 years old. Otherwise, SI well does this child speak			W	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



		CHILI (Next your			7						need or use medicine than vitamins?	
						Yes			No			
1	Firs	t name, initials, or nicknam d	e of	the next youngest		bec	es, is to ause dition	of ANY	nild's / med	need lical,	d for prescription medi behavioral, or other h	cine ealth
2	_	v old is this child? If the chill round age in months to 1.	d is	less than one month		<b>-</b>					lition that has lasted on 2 months or longer?	r
		Years OR		Months	8	Does this	Child	Yes I need	or us	□ se m	No ore medical care, men	tal
	\\\\	et is this shild's sav2					r educ	cationa	al ser	vices	than is usual for mos	
3	wna	at is this child's sex?				Yes			No			
		Male Female						thic of		naar	d for medical care, mer	stol.
€	NO <sup>-</sup>	TE: Answer BOTH questi	on t	4 about Hispanic		heal	lth, or	educa	ationa	al se	rvices because of ANY ther health condition?	itai
		this survey, Hispanic or					Yes			No		
4	ls th	nis child of Hispanic, Latino	, or	Spanish origin?		<b>L</b>					lition that has lasted of 2 months or longer?	r
	Ш	No, not of Hispanic, Latino,	or S	panish origin				Yes			No	
		Yes, Mexican, Mexican Ame	erica	n, Chicano	9	ability to					ed in any way in their hildren of the same ag	е
	Ш	Yes, Puerto Rican				can do?						
		Yes, Cuban				Yes			No			
		Yes, another Hispanic, Latin	0, 0	r Spanish origin			' med			oral,	ation in abilities becau or other health condit	
5	Wha	at is this child's race? Mark	(X)	one or more boxes.			Yes	o io th		No	lition that has lasted o	
		White		Korean		_,		pecte			2 months or longer?	
		Black or African American		Vietnamese				Yes			No	
		American Indian or Alaska Native		Other Asian	10						ecial therapy, such as ech therapy?	
				Native Hawaiian		Yes			No			
		Asian Indian Chinese		Guamanian or Chamorro				this be nealth			ANY medical, behavior	ral,
		Filipino		Samoan			Yes			No		
		Japanese		Other Pacific Islander		7	is ex	pecte	nis a d d to la	cond ast 1	lition that has lasted of 2 months or longer?	r
6		wer the following question at 4 years old. Otherwise, Sk			1						No of emotional, problem for which they	,
	How	well does this child speak	Eng	glish?		need trea						
		Very well				☐ Yes	s had		No	tions	ıl, developmental, or	
		Well				beh	aviora		lem I	aste	d or is it expected to la	st
		Not well					Yes			No		
		Not at all										



		CHILI (Next you			7	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
						☐ Yes ☐ No
•	Firs	st name, initials, or nicknam ld	e of	the next youngest		
						☐ Yes ☐ No
2		v old is this child? If the child round age in months to 1.	ld is	less than one month		☐ Fes ☐ NO ☐ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
						☐ Yes ☐ No
	N/b	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?
Ç	vvn	at is this child's sex?				
		Male Female				☐ Yes ☐ No
E	ori	TE: Answer BOTH questigin and question 5 abo	ut ra	ace.		
	Foi	this survey, Hispanic or	igin	s are not races.		☐ Yes ☐ No
4	ls t	his child of Hispanic, Latino				If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		No, not of Hispanic, Latino,	or S	panish origin		☐ Yes ☐ No
		Yes, Mexican, Mexican Ame	erica	n, 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				<ul><li>☐ Yes</li><li>☐ No</li><li>☐ If yes, is this child's limitation in abilities because of</li></ul>
		Yes, another Hispanic, Latir	no, o	r Spanish origin		ANY medical, behavioral, or other health condition?
E	Wh	at is this child's race? Mark	(X)	one or more boxes.		<ul><li>☐ Yes</li><li>☐ No</li><li>☐ If yes, is this a condition that has lasted or</li></ul>
		White		Korean		is expected to last 12 months or longer?
		Black or African American		Vietnamese	10	☐ Yes ☐ No
		American Indian or Alaska Native		Other Asian	W	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
				Native Hawaiian		☐ Yes ☐ No
		Asian Indian Chinese		Guamanian or Chamorro		If yes, is this because of ANY medical, behavioral, or other health condition?
				0		☐ Yes ☐ No
	Ш	Filipino		Samoan		→ If yes, is this a condition that has lasted or
		Japanese		Other Pacific Islander		is expected to last 12 months or longer?  Yes No
6		swer the following question st 4 years old. Otherwise, S			1	developmental, or behavioral problem for which they
	Hov	w well does this child speak	En	glish?		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
1		. tot at an				

or nickname for eac	an four children 0-17 years old who usually live or stay at this address, list the first name, initials, the child as well as their age and sex.  ation for children already included for Child 1 through Child 4.
CHILD 5 (Next youngest) ▶	First name, initials, or nickname
	Age Years OR Months Sex Male Female
CHILD 6 (Next youngest) ▶	First name, initials, or nickname
, , <u></u>	Age Years OR Months Sex Male Female
CHILD 7 (Next youngest) ▶	First name, initials, or nickname
	Age Years OR Months Sex Male Female
CHILD 8 (Next youngest) ▶	First name, initials, or nickname
	Age Years OR Months Sex Male Female
CHILD 9 (Next youngest) ▶	First name, initials, or nickname
	Age Years OR Months Sex Male Female
CHILD 10 (Next youngest) ▶	First name, initials, or nickname
	Age Years OR Months Sex Male 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 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 U.S. Department of Commerce, Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@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.

