Appendix D

2022 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 Census Bureau is required by law to protect your information. We are not permitted to publicly release your responses in a way that could identify your household. The Census Bureau is conducting this survey under the authority of Title 13, United States Code (U.S.C.), Section 8(b) (13 U.S.C. § 8(b)) and Section 501(a)(2) of the Social Security Act (42 U.S.C. § 701). Federal law protects your privacy and keeps your answers confidential under Title 13, U.S.C., Section 9 (13 U.S.C. § 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

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 (01/21/2022)



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

	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.
How	many children 0-17 years old usually live or stay at this address?
	Number of children living or staying at this address
Wha	t is the primary language spoken in the household?
	English
	Spanish
	Other Language, specify: 📈
	his house, apartment, or mobile home (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?
	wer the remaining questions for each of the children 0-17 years old who usually live or stay at this address.

		CHILI (Younge		1	7	7 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?		
		, oung	,			☐ Yes ☐ No		
1	Firs	t name, initials, or nicknam	e 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		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		
	VA/Is	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	vvn	at is this child's sex?						
		Male Female				☐ Yes ☐ No		
E	orig	TE: Answer BOTH questigin and question 5 abo	ut ra	ace.		If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?		
	For	this survey, Hispanic or	rigin	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	Spanish 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				YesNo→ If yes, is this child's limitation in abilities because of		
		Yes, another Hispanic, Latir	no, o	r Spanish origin		ANY medical, behavioral, or other health condition?		
5	Wha	at is this child's race? Mark	(X)	one or more boxes.		YesNo→ If yes, is this a condition that has lasted or		
		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	U	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?		
				Compon		☐ 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		wer the following question			11	Does this child have any kind of emotional,		
		st 4 years old. Otherwise, S v well does this child speak			"	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				Yes No		
	□ Not at all							



		CHILD 2 (Next youngest)			7 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?			
		(1000)	5	/		☐ Yes ☐ No		
1	1 First name, initials, or nickname of the next youngest child			the next youngest		→ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other healt condition?		
						☐ Yes ☐ No		
2		How old is this child? If the child is less than one month old, round age in months to 1.				→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?		
						☐ Yes ☐ No		
	L.	Years OR		Months	h	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 orio	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?		
		origin and question 5 about race. For this survey, Hispanic origins are not races.				☐ Yes ☐ No		
4	Is th	Is this 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	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		
	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.		YesNo→ If yes, is this a condition that has lasted or		
		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 Asian Indian		Native Hawaiian		Yes No		
		Chinese		Guamanian or Chamorro		→ If yes, is this because of ANY medical, behavioral, or other health condition?		
			П	Samoan		☐ Yes ☐ No		
	Ш	Filipino	Ξ			→ 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			1	Does this child have any kind of emotional,		
	least 4 years old. Otherwise, SKIP to question 7. How well does this child speak English?					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							



	CHILI (Next you		Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?		
			☐ Yes ☐ No		
	First name, initials, or nicknam child	ie of the next youngest			
			□ Vas □ Na		
2	How old is this child? If the child old, round age in months to 1.	ld is less than one month	Yes		
			☐ Yes ☐ No		
	Years OR	Months	B 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		Yes No		
Ę	NOTE: Answer BOTH quest origin and question 5 abo		→ If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?		
	For this survey, Hispanic or		☐ Yes ☐ No		
4	Is this child of Hispanic, Latino	o, or Spanish origin?			
	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 → If yes, is this a condition that has lasted or		
I	White	Korean	is expected to last 12 months or longer?		
	Black or African American	Vietnamese	☐ Yes ☐ No		
	American Indian or Alaska Native	Other Asian	Does this child need or get special therapy, such as physical, occupational, or speech therapy?		
	Alaska Ivalive	Native Hawaiian	☐ Yes ☐ No		
	Asian Indian Chinese	Guamanian or Chamorro	If yes, is this because of ANY medical, behavioral, or other health condition?		
1	Chinese		☐ Yes ☐ No		
	Filipino	Samoan			
	Japanese	Other Pacific Islander	Yes No		
6	least 4 years old. Otherwise, S	KIP to question 7.	Does this child have any kind of emotional, developmental, or behavioral problem for which they		
	How well does this child speal	English?	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? Yes No		
	☐ Not at all				

		CHILD 4 (Next youngest)				Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?		
		(1000)	5	/		Yes No		
1	1 First name, initials, or nickname of the next youngest child							
						☐ Yes ☐ No		
2		How old is this child? If the child is less than one month old, round age in months to 1.				If yes, is this a condition that has lasted or is expected to last 12 months or longer?		
						☐ Yes ☐ No		
	L.	Years OR		Months	h	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 ⁻	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	Is this child of Hispanic, Latino, or Spanish origin?						
		No, not of Hispanic, Latino,	or S	Spanish origin		☐ Yes ☐ No		
		Yes, Mexican, Mexican Ame	erica	n, Chicano		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.		YesNo→ If yes, is this a condition that has lasted or		
		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?		
				Samoan		☐ Yes ☐ No		
	Ш	Filipino		Samoan		If yes, is this a condition that has lasted or is expected to leaf 12 months on language.		
		Japanese		Other Pacific Islander		is expected to last 12 months or longer? Yes No		
6		wer the following question			1	Does this child have any kind of emotional,		
	least 4 years old. Otherwise, SKIP to question 7. How well does this child speak English?					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					165 <u></u> 140		

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
	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.





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NSCH-T1 (04/04/2022)



Start Here	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
	c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea
If the name listed above is not correct or does not correspond to a child living in this household, please call 1-800-845-8241 for assistance.	d. Repeated or chronic physical pain, including headaches or other back or body pain
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.	e. Using their hands
	f. Coordination or moving around
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
Variable and the state of the s	h. Bleeding gums
Your participation is important. Thank you.	i. Decayed teeth or cavities
	Does this child have any of the following? Yes No
A. This Child's Health	a. Deafness or problems with hearing
A. This office stream	b. Blindness or problems with seeing,
In general, how would you describe this child's health (the one named above)?	even when wearing glasses
Excellent	Has a doctor or other health care provider EVER told you that this child has
☐ Very good	A5 Allergies (such as food, drug, insect, seasonal, or other)?
Good	☐ Yes ☐ No
Fair	
Poor	☐ Yes ☐ No
How would you describe the condition of this child's	→ If yes, is it:
teeth?	☐ Mild ☐ Moderate ☐ Severe
This child does not have any teeth	A6 Asthma?
Excellent	☐ Yes ☐ No
☐ Very good	
Good	☐ Yes ☐ No
Fair	→ If yes, is it:
Poor	☐ Mild ☐ Moderate ☐ Severe



	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)?	A12	Frequent or severe headaches, including migraine?
			☐ Yes ☐ No
١	☐ Yes ☐ No ☐ If yes, is it:		If yes, does this child CURRENTLY have the condition?
١	☐ Mild ☐ Moderate ☐ Severe		☐ Yes ☐ No
A8	Cerebral Palsy?		☐ If yes, is it:
Ĭ	☐ Yes ☐ No		☐ Mild ☐ Moderate ☐ Severe
	→ If yes, is it:	A13	Tourette Syndrome?
	☐ Mild ☐ Moderate ☐ Severe		□ Yes □ No
A9			If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No		☐ Yes ☐ No
١	If yes, does this child CURRENTLY have the condition?		→ If yes, is it:
	☐ Yes ☐ No		☐ Mild ☐ Moderate ☐ Severe
	→ If yes, is it:	470	Anxiety Problems?
	☐ Mild ☐ Moderate ☐ Severe	ALP.	
A10	Epilepsy or Seizure Disorder?		YesNo→ If yes, does this child CURRENTLY have the
T	☐ Yes ☐ No		condition?
	→ If yes, does this child CURRENTLY have the		☐ Yes ☐ No
	condition?		☐ If yes, is it:
	☐ Yes ☐ No		☐ Mild ☐ Moderate ☐ Severe
	→ If yes, is it:		
	☐ Mild ☐ Moderate ☐ Severe	A15	Depression?
A11	Heart Condition?		☐ Yes ☐ No
AU I	Yes No		If yes, does this child CURRENTLY have the condition?
	→ If yes, was this child born with the condition?		☐ Yes ☐ No
	☐ Yes ☐ No		→ If yes, is it:
١	Does this child CURRENTLY have the condition?		☐ Mild ☐ Moderate ☐ Severe
	☐ Yes ☐ No	A16	Down Syndrome?
	→ If yes, is it:	T	☐ Yes ☐ No
	☐ Mild ☐ Moderate ☐ Severe		

ı	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.		
A1	7 Blood Disorders (such as Sickle Cell Disease,			
I		Behavioral or Conduct Problems? Service Servi		
ı	☐ Yes ☐ No ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	If yes, does this child CURRENTLY have the		
ı	☐ Mild ☐ Moderate ☐ Severe	condition?		
ı	Was this child diagnosed with:	☐ Yes ☐ No		
	Sickle Cell Disease?	→ If yes, is it:		
ı	Thalassemia?	☐ Mild ☐ Moderate ☐ Severe		
	Hemophilia?	Developmental Delay?		
ı	Other Blood Disorders? Yes No	☐ Yes ☐ No		
	Were any of these blood disorders identified	☐ If yes, does this child CURRENTLY have the condition?		
ı	through a blood test done shortly after birth? These tests are sometimes called newborn screening.	☐ Yes ☐ No		
ı	Yes No	→ If yes, is it:		
		☐ Mild ☐ Moderate ☐ Severe		
A1		Intellectual Dischility (formerly known as Montal		
	☐ Yes ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Intellectual Disability (formerly known as Mental Retardation)?		
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No		
ı	Was this condition identified through a blood	If yes, does this child CURRENTLY have the disability?		
ı	test done shortly after birth? These tests are sometimes called newborn screening.	Yes No		
	☐ Yes ☐ No	☐ If yes, is it:		
A1	9 Any other genetic or inherited condition?	☐ Mild ☐ Moderate ☐ Severe		
٦	□ Vaa □ Na	Succession of the allowed on the surface of the sur		
	☐ If yes, specify: ☐	Speech or other language disorder? Yes No		
ı		If yes, does this child CURRENTLY have the		
	ls it:	condition?		
ı	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No		
	Was this condition identified through a blood test done shortly after birth? These tests are	→ If yes, is it:		
ı	sometimes called newborn screening.	☐ Mild ☐ Moderate ☐ Severe		
	☐ Yes ☐ No	Learning Disability?		
A2	Fetal Alcohol Spectrum Disorder (FASD)?	☐ Yes ☐ No		
Ī	☐ Yes ☐ No	If yes, does this child CURRENTLY have the disability?		
		☐ Yes ☐ No		
		→ If yes, is it:		
		☐ Mild ☐ Moderate ☐ Severe		



A 2	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).		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?
١	☐ Yes ☐ No → SKIP to question A31		☐ Yes ☐ No → SKIP to question A34
	If yes, does this child CURRENTLY have the condition?		If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No		☐ Yes ☐ No
١	☐ If yes, is it:		☐ If yes, is it:
١	☐ Mild ☐ Moderate ☐ Severe		☐ Mild ☐ Moderate ☐ Severe
A2	How old was this child when a doctor or other health care provider FIRST told you that they had Autism, AS Asperger's Disorder or PDD?		Is this child CURRENTLY taking medication for ADD or ADHD? □ Yes □ No
	Age in years Don't know	A3	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
A2	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.		child received to help with their behavior?
		A3	Do you think this child has EVER had a concussion or brain injury? A concussion or brain injury is when a blow
	Primary Care Provider		or jolt to the head causes problems such as headaches,
	Specialist		dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, changes in mood
	☐ School Psychologist/Counselor		or behavior, or being knocked out.
	Other Psychologist (Non-School)		Yes No
	☐ Psychiatrist		If yes, did you seek medical care from a doctor or other health care provider?
	☐ Other, specify: ☑		☐ Yes ☐ No
			If yes, did a doctor or other health care provider tell you that your child had a concussion or brain injury?
	☐ Don't know		☐ Yes ☐ No
A2	Is this child CURRENTLY taking medication for Autism ASD, Asperger's Disorder or PDD?	i, A3	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?
	☐ Yes ☐ No		This child does not have any health conditions → SKIP to question B1 on page 6
A3	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for Autism, ASD,		Never
	Asperger's Disorder or PDD, such as training or an intervention that you or this child received to help with their behavior?		Sometimes
	Yes No		☐ Usually
	55		☐ 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



	B. This Child as an Infant	How old was this child when they were FIRST fed formula? Your best estimate is fine.
В	Was this child born more than 3 weeks before their due date?	This child has never been fed formula
١	Yes	OR At birth
١	□ No	OR
B	What month and year was this child born? Birth Month / 4-Digit Birth Year	days
	/ 20	OR weeks
B:	How much did they weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate	OR
	is fine.	months
١	pounds AND ounces OR	B How old was this child when they were FIRST fed
	kilograms AND grams	anything other than breast milk or formula? Include water, juice, cow's milk, sugar water, baby food, or anything else that your child might have been given. Your best estimate is fine.
B ₂	What was the age of the mother when this child was born? Your best estimate is fine.	This child has never been fed anything other than breast milk or formula OR
	Age in years	At birth
B	Was this child EVER breastfed or fed breast milk?	
١	Yes	OR days
١	No → SKIP to question B7	weeks
В	If yes, how old was this child when they COMPLETELY stopped breastfeeding or being fed breast milk?	OR
١	Your best estimate is fine. This child is still breastfeeding	months
١	OR	
١	days	
١	OR	
	weeks	
	OR	
	months	



_ 1		\perp		
١	C. Health Care Services	C7	nswer the following question only ast 9 months old. Otherwise skip	
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? Include health care visits done by video or phone. Yes		JRING THE PAST 12 MONTHS, disalth care provider have you or are a questionnaire about observation have about this child's develop social behaviors? Sometimes a child ask a parent aring a child's visit.	nother caregiver fill ions or concerns you oment, communication, hild's doctor or other
١	No → SKIP to question C4		Yes No	
G	If yes, DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.		 → If yes, AND this child is 9-23 N Did the questionnaire ask about or observations about: Mark (X) ALL that apply. ☐ How this child talks or mak ☐ How this child interacts with 	ut your concerns es speech sounds?
1	_ 0 115115		→ If yes, AND this child is 2-5 Ye	ars:
	☐ 1 visit ☐ 2 or more visits		Did the questionnaire ask about or observations about: Mark (X) ALL that apply.	
			Words and phrases this chi understands?	ld uses and
G	Thinking about the LAST TIME you took this child for a PREVENTIVE check-up, about how long was the doctor or health care provider who examined this child in the room with you? Your best estimate is fine.		How this child behaves and you and others?	I gets along with
	Less than 10 minutes	C8	there a place you or another care ke this child when they are sick o out their health?	
1	☐ 10-20 minutes			
١	☐ More than 20 minutes		Yes	
C.	Are you concerned about this child's weight?		No → SKIP to question C10 on	page 8
1	Yes, it's too high	C9	yes, where does this child USUAl ark (X) ONE box.	LY go first?
١	☐ Yes, it's too low		Doctor's Office	
١	□ No, I am not concerned		Hospital Emergency Room	
C			Hospital Outpatient Department	
١	that this child is overweight? Yes		Urgent Care Center	
١	□ No		Clinic or Health Center	
			Retail Store Clinic or "Minute Clin	nic"
C	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?		School (Nurse's Office, Athletic T	rainer's Office)
	Yes		Some other place	
	No			
	□ No			
- 1				



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?	G1 5	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?
	YesNo → SKIP to question C12		No preventive visits in the past 12 months → SKIP to question C17
C 1	1 If yes, is this the same place this child goes when they		Yes, 1 visit
9	are sick?		Yes, 2 or more visits
	☐ Yes ☐ No	C16	If yes, DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive? Mark (X) ALL that apply.
21	Use this shild EVED reseived a vision corresping from		☐ Check-up
C1	2 Has this child EVER received a vision screening from a provider other than an eye doctor? The screening could have occurred at a pediatrician's office, in a school,		Cleaning
	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
	If yes, was it recommended that this child see an eye doctor or other eye care provider for an eye		☐ Fluoride treatment
	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
C1	may be referred to as an optometrist or ophthalmologist.	GT	DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.
	☐ Yes ☐ No ☐ No ☐ If yes, what care has this child received from the		☐ Yes
	eye doctor? Mark (X) ALL that apply.		No, but this child needed to see a mental health professional
	Received eye examination		No, this child did not need to see a mental health professional → SKIP to question C19
	Prescribed eyeglasses or contact lenses	C18	
	Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism		or counseling that this child needed?
	Some other care		☐ Not difficult
21	DUDING THE DAST 12 MONTHS did this shild ass a		☐ Somewhat difficult
C1	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? Mark (X) ALL that apply.		✓ Very difficult☐ It was not possible to obtain care
	Yes, saw a dentist	C19	DURING THE PAST 12 MONTHS, has this child taken
	Yes, saw other oral health care provider		any medication because of difficulties with their emotions, concentration, or behavior?
	□ No → SKIP to question C17		Yes
	7		□ No



C2(DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional? Specialists are doctors like surgeons, heart doctors, allergy	C2 5	Did any of the following reasons contribute to this child not receiving needed health services? Mark (X) Yes or No for EACH item.						
1	doctors, skin doctors, and others who specialize in one		Yes No						
	area of health care.		a. This child was not eligible for the services						
ı	Yes		b. The services this child needed were not available in your area						
	□ No, but this child needed to see a specialist		c. There were problems getting an						
ı	No, this child did not need to see a specialist → SKIP to question C22		appointment when this child needed one						
C2	How difficult was it to get the specialist care that this child needed?		d. There were problems with getting transportation or child care						
ı	☐ Not difficult		e. The clinic or doctor's office wasn't open when this child needed care						
ı	Somewhat difficult		f. There were issues related to cost						
ı	□ Very difficult		DURING THE PAST 12 MONTHS, how often were you						
	☐ It was not possible to obtain care	T	frustrated in your efforts to get services for this child?						
	DUDING THE DAOT 40 MONTHS and the shill are some		Never						
C2	2 DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? Alternative health care can include acupuncture, chiropractic care,		Sometimes						
	relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider,		Usually						
	while others can be done on your own.		Always						
	Yes								
ı	□ No	C27	DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room? Do NOT include visits to urgent care centers.						
C2	DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not		None						
	received? By health care, we mean medical care as well								
	as other kinds of care like dental care, vision care, and mental health services.		☐ 1 time						
	Yes		☐ 2-3 times						
ı	No → SKIP to question C26		4 or more times						
C24	If yes, which types of care were not received? Mark (X) ALL that apply.	C28	DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?						
	☐ Medical Care		Yes						
ı	Dental Care		□ No						
	☐ Vision Care								
	Hearing Care								
	Mental Health Services								
	☐ Other, specify:								



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. Experie Child's Pro		th C		S
C3	□ No → SKIP to question C32		nurs and a ge	you have one or mod's personal doctor e is a health profess, is familiar with this coneral doctor, a pedia e practitioner, or a pure yes, one person	or nurse ional who hild's hea trician, a	? A per knows Ith histo speciali	sonal docto this child w ry. This car st doctor, a	er or ell n be
C3	Is this child CURRENTLY receiving services under one of these plans? Yes			Yes, more than one				
1	□ No	02		RING THE PAST 12 I rral to see any doct				
C3	their developmental needs? Special services can include therapies such as speech, occupational, physical			Yes No → SKIP to ques	stion D4			
1	or behavioral or other services received to meet developmental needs.	03	How	difficult was it to g	jet referra	als?		
1	Yes			Not difficult				
	No → SKIP to question C35			Somewhat difficult				
C3	If yes, how old was this child when they began receiving these special services?			Very difficult				
	years AND months	04	Δns	It was not possible			this child l	had a
C3			hea	th care visit IN THE to question	PAST 1	2 MON1		
1	Yes			RING THE PAST 12 I				is
1	□ No				Always	Usually	Sometimes	Never
C3	Has a doctor, other health care provider, or educator			Spend enough time vith this child?				
	EVER recommended that this child be evaluated for a Fetal Alcohol Spectrum Disorder? Examples of educators are teachers and school nurses.)	isten carefully to ou?				
1	Yes)	Show sensitivity to your family's values and customs?				
	□ No □ Don't know		i r	Provide the specific information you needed concerning his child?				
C3	Has this child EVER received an evaluation for a Fetal Alcohol Spectrum Disorder?		ŗ	Help you feel like a partner in this child's care?				
	Yes							
	□ No							
	☐ Don't know							

D	DURING THE PAST any decisions to be such as whether to	e made regard	ding their hea	Ith care,	D10	yοι	RING THE PAST 12 MONTHS, how satisfied were with the communication between this child's stors and other health care providers?
	procedures?						Very satisfied
	☐ Yes						Somewhat satisfied
	No → SKIP to	question D7					Somewhat dissatisfied
D	of If yes, DURING THE this child's doctors	E PAST 12 MC or other hea	ONTHS, how o	often did ders			Very dissatisfied
	D: '''	Always	Usually Some	times Never	D11	DU	RING THE PAST 12 MONTHS, did this child's health
	a. Discuss with you the range of option to consider for the	ons				car	e provider communicate with the child's school, child e provider, or special education program?
	health care or treatment?						Yes
	b. Make it easy for to raise concerns						No → SKIP to question
	disagree with recommendation for this child's he care?	S					Did not need health care provider to communicate with these providers → SKIP to question E1 on page 12
	 Work with you to decide together which health care 				D12	hea	es, during this time, how satisfied were you with the lth care provider's communication with the school, d care provider, or special education program?
	and treatment choices would be						Very satisfied
	best for this child	l?					Somewhat satisfied
D	DURING THE PAST arrange or coording						Somewhat dissatisfied
	different doctors of	r services tha	t this child us	es?			Very dissatisfied
	Yes						
	□ No						
	Did not see mo care provider in MONTHS → SI	the PAST 12					
D	DURING THE PAST could have used ex this child's care an providers or service	ctra help arran	nging or coor	dinating			
	☐ Yes						
	□ No → SKIP to	question D10					
D	If yes, DURING THE did you get as muc arranging or coord	h help as yοι	u wanted with				
	Usually						
	Sometimes						
	Never						



	E. This Child's Health Insurance Coverage			E4	Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark (X) Yes or No for EACH item.					
ı								Yes No		
E		cov	RING THE PAST 12 MONTHS, was this vered by ANY kind of health insurance					Insurance through a current or former employer or union		
ı	•	COV	verage plan?					Insurance purchased directly from an insurance company		
ı			Yes, this child was covered all 12 months → SKIP to question				C.	Medicaid, Medical Assistance, or any kind of government		
ı			Yes, but this child had a gap in covera-	ge				assistance plan for those with low incomes or a disability		
ı			No				d.	TRICARE or other military health care		
B	2	nd	icate whether any of the following is a	reason th	his		e.	Indian Health Service		
			ld was not covered by health insuranc RING THE PAST 12 MONTHS:	e at any t Yes			f.	Other, specify: ☐ ☐		
ı	á		Change in employer or employment status		No					
ı	ı	o.	Cancellation due to overdue premiums			E5	,	w often does this child's health insurance offer		
ı	(Dropped coverage because it was unaffordable				ber	nefits or cover services that meet this child's needs?		
ı	(d.	Dropped coverage because benefits were inadequate					Always Usually		
ı	•	Э.	Dropped coverage because choice					Sometimes		
ı			of health care providers was inadequate					Never		
ı	1		Problems with application or renewal process							
ı	9	g.	Other, specify: \nearrow			E6		w often does this child's health insurance allow then see the health care providers they need?	n	
ı								Always		
		- 4	his shild CURRENTLY severed by ANY	/ kind of				Usually		
٦			his child CURRENTLY covered by AN alth insurance or health coverage plan					Sometimes		
ı			Yes					Never		
			No → SKIP to question F1 on page	13		17	bel hea	inking specifically about this child's mental or havioral health needs, how often does this child's alth insurance offer benefits or cover services that set these needs?		
ı								Always		
ı								Usually		
ı								Sometimes		
								Never		
								This child does not use mental or behavioral health services		
1										



F. Providing for This

		F. Providing for This Child's Health			F5	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 banda or giving medication and therapies when needed.			
F		Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending		ling			This child does not need health care provided at home on a weekly basis		
	t	Acc his	ounts (FSA), how much money did yo child's medical, health, dental, and vi	u pay for sion care	_			Less than 1 hour per week	
	I	heal	RING THE PAST 12 MONTHS? Do not in th insurance premiums or costs that were eimbursed by insurance or another source	e or will				1-4 hours per week	
	^		\$0 (No medical or health-related					5-10 hours per week	
			expenses) → SKIP to question F4					11 or more hours per week	
			\$1-\$249			F6	IN A	N AVERAGE WEEK, how many hours do you or	
			\$250-\$499 \$500-\$999				othe heal	r family members spend arranging or coordinating th or medical care for this child, such as making pintments or locating services?	
			\$1,000-\$5,000					This child does not need health care coordinated on a weekly basis	
			More than \$5,000					Less than 1 hour per week	
F	2 1	How	v often are these costs reasonable?					1-4 hours per week	
			Always					5-10 hours per week	
			Usually					11 or more hours per week	
			Sometimes						
			Never						
F	- 1	orok	RING THE PAST 12 MONTHS, did your plems paying for any of this child's mo lth care bills?	family ha	ive				
			Yes						
			No						
F			RING THE PAST 12 MONTHS, have you	ı or other					
				Yes	No				
	6	8	Left a job or taken a leave of absence because of this child's nealth or health conditions?						
	ŀ	k	Cut down on the hours you work pecause of this child's health or nealth conditions?						
	(C	Avoided changing jobs because of concerns about maintaining health nsurance for this child?						
-1									



	G. This Child's Learning			G2	Is this	child 3 years old or older?	
	Answer the following question only if the least 1 year old. Otherwise skip to					Yes	
G	Is this child able to do the following Mark (X) Yes or No for EACH item.			G 3		No → SKIP to question G29 on page 17 nis child started school? Include any formal	
	Yes N		No		home	schooling.	
	b. Use 2 words together, such as "car go"?					'es, preschool 'es, kindergarten	
	c. Use 3 words together in a sentence, such as, "Mommy come now."?				□ Y	es, first grade	
	d. Ask questions like "who," "what," "when," "where"?					No	
	e. Ask questions like "why" and "how"?			G 4	sound	often can this child recognize the beginning I of a word? For example, can this child tell you e word "ball" starts with the "buh" sound?	
	f. Tell a story with a beginning, middle, and end?					Always	
	g. Understand the meaning of the word "no"?					Most of the time	
	h. Follow a verbal direction without hand gestures, such as "Wash your hands."?					About half the time	
	i. Point to things in a book when asked?	oint to things in a book when				Never	
	j. Follow 2-step directions, such as "Get your shoes and put them in the basket."?			G5	start v	often can this child come up with words that with the same sound? For example, can this child up with "sock" and "sun?"	
	k. Understand words such as "in," "on," and "under"?				A	Always	
	on, and ander :					Most of the time	
						About half the time	
						Sometimes	
						Never	
				G6		often can this child explain things they have seen ne so that you know what happened?	
						Always	
						Most of the time	
						About half the time	
						Sometimes	
						lever	



G	How som	often can this child write their first name, even if e of the letters aren't quite right or are backwards?	(11)	has	often can this child tell which group of objects more? For example, can this child tell you a group even blocks has more than a group of four blocks?
١		Always			Always
١		Most of the time			Most of the time
١		About half the time			About half the time
١		Sometimes			Sometimes
١		Never			Never
G	for a	often can this child focus on a task you give them t least a few minutes? For example, can this child son simple chores?	G12		ked to count objects, how high can this child nt correctly?
١		Always			This child cannot count
١		Most of the time			Up to five
١		About half the time			Up to ten
١		Sometimes			Up to 20
		Never			Up to 30 or more
G		often can this child read one-digit numbers? example, can this child read the numbers 2 or 8?	GI3	Abo reco	ut how many letters of the alphabet can this child gnize?
		Always			All of them
١		Most of the time			Most of them
١		About half the time			About half of them
١		Sometimes			Some of them
		Never			None of them
G1	For e	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?	G14		well can this child come up with words that rhyme? example, can this child come up with "cat" and "mat?"
١		Always			This child cannot rhyme
١		Most of the time			Not well
١		About half the time			Somewhat well
١		Sometimes			Very well
١		Never			
١					
1					

G1	5	How	often can this child recognize and name their emotions?	G19	How	v often does this child get easily distracted?
						Always
			Always			Most of the time
ı			Most of the time			About half the time
ı		Ш	About half the time			Sometimes
ı			Sometimes			Never
ı			Never			
G1	6	How to er	often does this child have difficulty when asked nd one activity and start a new activity?	G20		v often does this child show concern when they see ers who are hurt or unhappy?
ı			Always			Always
ı			Most of the time			Most of the time
ı			About half the time			About half the time
ı						Sometimes
ı			Sometimes			Never
ı			Never			
G1	7	How	often does this child play well with other children?	G21)	How	v often does this child have trouble calming vn?
ı			Always			Always
ı			Most of the time			Most of the time
ı			About half the time			About half the time
ı			Sometimes			Sometimes
ı			Never			Never
G1	8	How	often does this child lose their temper?	G22		v often does this child have difficulty waiting for r turn?
ı			Always			Always
			Most of the time			Most of the time
			About half the time			About half the time
ı			Sometimes			
ı			Never		H	Sometimes
ı					Ш	Never
ı						
ı						
1						



G2		How whe	often does this child keep working at a task even n it is hard for them?	G27		w well can this chil uth?	d draw a	face wit	h eyes and	
١			Always			This child cannot of	draw a fa	ce with e	yes and mo	uth
١			Most of the time			Not well				
١			About half the time			Somewhat well				
١			Sometimes			Very well				
١			Never							
				G28	boo	w well can this child ly, arms, and legs?	d draw a	person	with a head	l,
G2			often does this child share toys or games with r children?			This child cannot of body, arms, and le		erson with	a head,	
١			Always			Not well				
١			Most of the time			Somewhat well				
١			About half the time			Very well				
١			Sometimes							
١			Never	G29		w often	Always	Usually	Sometimes	Never
G2	a 1	How	well can this child bounce a ball for several			Is this child affectionate and				
			onds?			tender with you? Does this child				
١			This child cannot bounce a ball			bounce back quickly when things			Ш	Ш
١			Not well			do not go their way?	•			
١			Somewhat well			Does this child show interest and				
١			Very well			curiosity in learning new things?				
G2	5 I	How	well can this child draw a circle?			Does this child smile and laugh?				
١			This child cannot draw a circle							
١			Not well							
١			Somewhat well							
١			Very well							
١										
١										
١										
١										
١										



		H. About You and This Child	H6		wer the next question only if this child is LESS THAN MONTHS OLD. Otherwise, SKIP to question H7.
Н	Was	s this child born in the United States?		to s	hich position do you most often lay this baby down leep now? ((X) ONE box.
		Yes → SKIP to question H3			On their side
		No			On their back
					On their stomach
H		o, how long has this child been living in the sed States?			Cit tion stomath
		years AND months	(17)	drin	RING THE PAST WEEK, how many times did this child k sugary drinks such as soda, fruit drinks, sports ks, or sweet tea? Do not include 100% fruit juice.
Н	Hov	v many times has this child moved to a new address			This child did not drink sugary drinks
"		se they were born?			1-3 times during the past week
		Number of times			4-6 times during the past week
					1 time per day
Н		often does this child go to bed at about the same on weeknights?			2 times per day
		Always			3 or more times per day
		Usually			
		Sometimes	H8	child	RING THE PAST WEEK, how many times did this deat vegetables? Include any that were fresh,
		Rarely			en, or canned. Do not include French fries, fried toes, or potato chips.
		Never			This child did not eat vegetables
					1-3 times during the past week
H	DUF	RING THE PAST WEEK, how many hours of sleep this child get during an average day (count both			4-6 times during the past week
	nigl	ttime sleep and naps)?			1 time per day
		Less than 7 hours			2 times per day
		7 hours			3 or more times per day
		8 hours			
		9 hours			
		10 hours			
		11 hours			
		12 or more hours			



HS		chile	ting the Past Week, how many times did this deat fruit? Include any that were fresh, frozen, ned, or dried. Do not include juice.	H112	child other	MOST WEEKDAYS, about how much time did this spend in front of a TV, computer, cellphone or relectronic device watching programs, playing es, accessing the internet or using social media?
ı			This child did not eat fruit			ot include time spent doing schoolwork.
ı			1-3 times during the past week			Less than 1 hour
ı			4-6 times during the past week			1 hour
ı			1 time per day			2 hours
ı			2 times per day			3 hours
ı			3 or more times per day			4 or more hours
			wer the following questions only if this child is at t 3 years old. Otherwise skip to H12.	HIS	DURI other	ING THE PAST WEEK, how many days did you or r family members read to this child?
1			MOST WEEKDAYS, how much time does this dispendiple playing outdoors? Include time spent			0 days
ı	ľ	olayı	ing in your yard or neighborhood, outside at school nild care, in a park, playground or other outdoor			1-3 days
ı			eation area. Your best estimate is fine.			4-6 days
ı			Less than 1 hour per day			Every day
ı			1 hour per day			
ı			2 hours per day	H14	other	ING THE PAST WEEK, how many days did you or r family members tell stories or sing songs to this
ı			3 hours per day		child	
ı			4 or more hours per day			0 days
1	h d	ON.	AN AVERAGE WEEKEND DAY, how much time			1-3 days
٦		does	s this child spend playing outdoors? Include time at playing in your yard or neighborhood, in a park,			4-6 days
ı	F	olay	ground or other outdoor recreation area. Your best nate is fine.			Every day
ı			Less than 1 hour per day	HIE		well do you think you are handling the day-to-day ands of raising children?
ı			1 hour per day			Very well
ı			2 hours per day			Somewhat well
ı			3 hours per day			Not very well
ı			4 or more hours per day			Not well at all
ı						THE WORLD COMMENT
ı						



Œ	6	DU	RING THE PAS				_		H19		es this child receive care for at least 10 hours per ek from someone other than their parent or guardian?
	i		That this child is much harder to care for than most children their age?	Never	Rarely S	ometimes	Usually	Always	S	This	s could be a day care center, preschool, Head Start gram, family child care home, nanny, au pair, babysitter elative. Yes No
		b.	That this child does things that really bother you a lot?						H20	the cha	RING THE PAST 12 MONTHS, did you or anyone in family have to quit a job, not take a job, or greatly nge your job because of problems with child care this child?
		C.	Angry with this child?								Yes
HI		tha	RING THE PAS t you could tur h parenting or	n to fo	r day-to-	day emot	e some ional si	one upport			No
			Yes								
			No → SKIP to	o questi	ion H19						
H1	8	lf y	es, did you red	eive en	notional	support f	rom Yes	No			
	i	a.	Spouse or dom	estic pa	rtner?						
		b.	Other family me	ember o	r close fri	end?					
		c.	Health care pro	vider?							
		d.	Place of worshi	p or reli	gious lea	der?					
		e.	Support or adve to specific healt			ed					
		f.	Peer support gr	roup?							
	!	g.	Counselor or ot professional?	ther mer	ntal health	1					
		h.	Other person, s	specify:	₹						



	I. About Your Family and Household	16	Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS?
đ	DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal together?		☐ We could always afford to eat good nutritious meals.☐ We could always afford enough to eat but not always the kinds of food we should eat.
	□ 0 days □ 1-3 days		Sometimes we could not afford enough to eat. Often we could not afford enough to eat.
	☐ 4-6 days ☐ Every day	17	At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive Yes No
12	Does anyone living in your household use cigarettes, cigars, or pipe tobacco?		a. Cash assistance from a government welfare program?
	☐ Yes		b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?
	No → SKIP to question 14		c. Free or reduced-cost breakfasts or lunches at school?
13	If yes, does anyone smoke inside your home?		d. School meal debit/Electronic Benefits Transfer (EBT) cards?
	Yes		e. Benefits from the Women, Infants, and Children (WIC) Program?
14	 No Does anyone vape or use e-cigarettes inside your home? ☐ Yes ☐ No 	18	Does this child receive SSI, that is, Supplemental Security Income? SSI is different from Social Security. Yes No If yes, is this for a disability they have? No
15	SINCE THIS CHILD WAS BORN, how often has it been very hard to cover the basics, like food or housing, on your family's income?		
	Never		
	☐ Rarely ☐ Somewhat often		
	☐ Very often		
ı			



19	DURING THE PAST 12 MONTHS, was there a time when you were not able to pay the mortgage or rent on time?	13	ln :	your neighborhood,	is/are the	ere	Yes	No
	☐ Yes		a.	Sidewalks or walking	paths?			
	□ No		b.	A park or playground	l?			
	□ Don't know		c.	A recreation center, of				
			d.	center, or boys' and a		<i>f</i>		
(10	DURING THE PAST 12 MONTHS, how often were you worried or stressed about being evicted, foreclosed on, or having your housing condemned?			Litter or garbage on to or sidewalk?				
	□ Always		f.	Poorly kept or rundov	wn housir	ng?		
	Usually		g.	Vandalism such as b windows or graffiti?	roken			
	Sometimes							
	Rarely			what extent do you out your neighborho				ts
	Never				Definitely agree	Somewhat agree	Somewhat disagree	Definitely disagree
Œ	DURING THE PAST 12 MONTHS, how many places has		a.	People in this neighborhood help each other out				
	this child lived? Number of places		b.	We watch out for each other's children in this				
Œ	SINCE THIS CHILD WAS BORN, have they ever been homeless or lived in a shelter? Include living in a shelter,		c.	neighborhood This child is safe in our neighborhood				
	motel, temporary or transitional living situation, scattered site housing, or having no steady place to sleep at night.		d.	When we encounter difficulties, we know where to go for help				
	Yes			in our community				
	□ No							
	☐ Don't know							

1	The next questions are about events that happened during this child's life. These thappen in any family, but some people muncomfortable with these questions. You any questions you do not want to answe	hings ca nay feel may ski	n	DURING THE PAST 12 MONTHS, has this child had any health care visits by video or phone? Pes No				
	To the best of your knowledge, has this of experienced any of the following?	child EVE Yes	ER No	If yes, were any of this child's health care visits by video or phone because of the coronavirus pandemic?				
	Parent or guardian divorced or separated	Tes		Yes No				
	b. Parent or guardian died							
	c. Parent or guardian served time in jail or prison			DURING THE PAST 12 MONTHS, did this child miss, delay or skip any PREVENTIVE check-ups because of the coronavirus pandemic?				
	 d. Saw or heard parents or adults slap, hit, kick, punch one another in the home 			Yes				
	e. Was a victim of violence or witnessed violence in their neighborhood			□ No				
	f. Lived with anyone who was mentally ill, suicidal, or severely depressed			DURING THE PAST 12 MONTHS, has this child's regular daycare or other childcare arrangement been closed or unavailable at any time because of the coronavirus pandemic?				
	g. Lived with anyone who had a problem with alcohol or drugs			Yes				
	h. Treated or judged unfairly because of their race or ethnic group			□ No				
	i. Treated or judged unfairly because of a health condition or disability							
1	When your family faces problems, how o likely to do each of the following?	ften are <u>y</u>	you					
	All of Most of the time the time							
	a. Talk together about what to do							
	b. Work together to solve our problems							
	c. Know we have strengths to draw on							
	d. Stay hopeful even in difficult times							



J. Child's Caregivers What is the highest grade or level of school you have completed? Mark (X) ONE box. **About You** 8th grade or less How are you related to this child? 9th-12th grade; No diploma Biological or Adoptive Parent High School Graduate or GED Completed Step-parent Completed a vocational, trade, or business school program Grandparent Some College Credit, but no Degree Foster Parent Associate Degree (AA, AS) Other: Relative Bachelor's Degree (BA, BS, AB) Other: Non-Relative Master's Degree (MA, MS, MSW, MBA) What is your sex? Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD) Male What is your marital status? Female Married What is your age? Not married, but living with a partner **Never Married** Age in years Divorced Where were you born? Separated In the United States → SKIP to question J6 Widowed Outside of the United States In general, how is your physical health? When did you come to live in the United States? Excellent Indicate the 4-digit year in which you came to live in the United States. Very good 4-Digit Year Good Fair Poor



Jg	In g	eneral, how is your mental or emotional health?	Τ	Other Parent or Caregiver in the Household
		Excellent		in the Household
		Very good	J 14	4 How is this other caregiver related to this child?
		Good		Biological or Adoptive Parent
		Fair		Step-parent
		Poor		Grandparent
				☐ Foster Parent
J10	emp	ch of the following best describes your current ployment status? k (X) ONE box.		Other: Relative Other: Non-Relative
		Employed full-time		Other. Non-Relative
		Employed part-time	J15	5 What is this caregiver's sex?
		Working WITHOUT pay		☐ Male
		Not employed but looking for work		Female
		Not employed and not looking for work		
			J 16	6 What is this caregiver's age?
11	U.S.	e you ever served on active duty in the . Armed Forces, Reserves, or the National Guard? k (X) ONE box.		Age in years
		Never served in the military → SKIP to question J13	117	Where was this caregiver born?
		Only on active duty for training in the Reserves or National Guard → SKIP to question	Ĭ	☐ In the United States → SKIP to question on page 26
		Now on active duty		Outside of the United States
		On active duty in the past, but not now		
JI:	Wer	re you deployed at any time during this child's life?	118	When did this caregiver come to live in the United States? Indicate the 4-digit year in which this caregiver came to live in the United States.
		Yes		4-Digit Year
ı		No		1 Digit Total
Œ		s this child have another parent or adult caregiver blives in this household?		
		Yes → Complete questions J14 - J25 for this other parent or adult caregiver		
		No → SKIP to question (1) on page 26		



J1		What is the highest grade or level of school this caregiver has completed? Mark (X) ONE box.			Which of the following best describes this caregiver's current employment status? Mark (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)		s this caregiver ever served on active duty in the				
			Bachelor's Degree (BA, BS, AB)		6. Armed Forces, Reserves, or the National Guard? rk (X) ONE box.				
			Master's Degree (MA, MS, MSW, MBA)		Never served in the military → SKIP to question K1				
			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)		Only on active duty for training in the Reserves or National Guard → SKIP to question				
J2	0	Wha	t is this caregiver's marital status?		Now on active duty				
			Married		On active duty in the past, but not now				
			Not married, but living with a partner		s this caregiver deployed at any time during this				
			Never Married	chi	ld's life?				
			Divorced		Yes				
			Separated		No				
			Widowed	ŀ	K. Household Information				
J2	D	In g	eneral, how is this caregiver's physical health?	1 Ho	w many people are living or staying at this address?				
			Excellent	Inc	lude everyone who usually lives or stays at this address. NOT include anyone who is living somewhere else for				
			Very good	mo	re than two months, such as a college student living away someone in the Armed Forces on deployment.				
			Good						
			Fair		Number of people				
			Poor		w many of these people in your household are family mbers? Family is defined as anyone related to this child				
J2		In go	eneral, how is this caregiver's mental or emotional th?		blood, marriage, adoption, or through foster care. Number of people				
			Excellent		Number of people				
			Very good						
			Good						
			Fair						
			Poor						



К3 Income in 2021 Mark (X) the "Yes" box for EACH type of income this child's family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark (X) the "No" box to show types of income NOT received. a. Wages, salary, commissions, bonuses, or tips for all jobs. Yes → .00 TOTAL AMOUNT No in the last calendar year b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships. Loss Yes → .00 TOTAL AMOUNT No in the last calendar year Interest, dividends, net rental income, royalty income, or income from estates and trusts. Yes → Loss .00 **TOTAL AMOUNT** No in the last calendar year d. Social Security or Railroad Retirement; retirement, survivor, or disability pensions. Yes → \$.00 TOTAL AMOUNT No in the last calendar year e. Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office. Yes → .00 TOTAL AMOUNT No in the last calendar year f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. Yes → .00 TOTAL AMOUNT No in the last calendar year

The following question is about your 2021 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.

	\$.00		Loss
- 1	,	,	Į.	

TOTAL AMOUNT in the last calendar year

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 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 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.





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 Census Bureau is required by law to protect your information. We are not permitted to publicly release your responses in a way that could identify your household. The Census Bureau is conducting this survey under the authority of Title 13, United States Code (U.S.C.), Section 8(b) (13 U.S.C. § 8(b)) and Section 501(a)(2) of the Social Security Act (42 U.S.C. § 701). Federal law protects your privacy and keeps your answers confidential under Title 13, U.S.C., Section 9 (13 U.S.C. § 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

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-T2 (04/04/2022)



		Start Here	A3	FR	IRING THE PAST 12 MONTHS, has this EQUENT or CHRONIC difficulty with a		
	Pocont	y, you completed a survey that asked about the		fol	lowing?	Vaa	No
	childrei Thank y	n usually living or staying at this address. you for taking the time to complete that survey.		a.	Breathing or other respiratory problems (such as wheezing or shortness of breath)	Yes	No
	We nov	v have some follow-up questions to ask about:		b.	Eating or swallowing because of a health condition		
	If the n	ame listed above is not correct or does not		c.	Digesting food, including stomach/intestinal problems, constipation, or diarrhea		
	corresp	ond to a child living in this household, please 00-845-8241 for assistance.		d.	Repeated or chronic physical pain, including headaches or other back or body pain		
	effort to	e selected only one child per household in an one minimize the amount of time you will need to te the follow-up questions.		e.	Toothaches		
	The sui	vey should be completed by a parent or adult		f.	3 3		
		er who lives in this household and who is with this child's health and health care.			Decayed teeth or cavities		
	Your pa	articipation is important. Thank you.	A4	Do	es this child have any of the following	g? Yes	No
				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		
		ral, how would you describe this child's health e named above)?			Difficulty dressing or bathing		
	Ex	cellent			Deafness or problems with hearing Blindness or problems with seeing,		
	□ Ve	ry good			even when wearing glasses		
	☐ Go	ood			s a doctor or other health care provid u that this child has	er EVER	told
	□ Fa	ir	A5	All	ergies (such as food, drug, insect, se	asonal, c	or other)?
	Po	or			Yes □ No → If yes, does this child CURRENTLY	have the	9
2	How wo teeth?	ould you describe the condition of this child's			condition?		
	□ Ex	cellent			→ If yes, is it:		
	□ Ve	ry good		A -	☐ Mild ☐ Moderate	□ Se	evere
		ood :-	Ab	As	thma? Yes No		
	☐ Po			L	If yes, does this child CURRENTLY condition?	have the	9
					☐ Yes ☐ No ☐ H yes, is it:		
					☐ Mild ☐ Moderate	☐ Se	evere



	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
AZ	Autoimmune disease (such as Type 1 Diabetes, Celiac, or Juvenile Idiopathic Arthritis)?	A12	Frequent or severe headaches, including migraine?
			☐ Yes ☐ No
۱	☐ Yes ☐ No ☐ No ☐ Hi yes, is it:		
١	☐ Mild ☐ Moderate ☐ Severe		☐ Yes ☐ No
A	Cerebral Palsy?		☐ If yes, is it: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
I	☐ Yes ☐ No		☐ Mild ☐ Moderate ☐ Severe
	→ If yes, is it:	A13	Tourette Syndrome?
	☐ Mild ☐ Moderate ☐ Severe		☐ Yes ☐ No
AS	Type 2 Diabetes?		→ If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No		☐ Yes ☐ No
١	☐ If yes, does this child CURRENTLY have the condition?		→ If yes, is it:
۱	☐ Yes ☐ No		☐ Mild ☐ Moderate ☐ Severe
	If yes, is it:	A14	Anxiety Problems?
	☐ Mild ☐ Moderate ☐ Severe		☐ Yes ☐ No
A1	Epilepsy or Seizure Disorder?		→ If yes, does this child CURRENTLY have the condition?
I	☐ Yes ☐ No		☐ Yes ☐ No
	→ If yes, does this child CURRENTLY have the		☐ If yes, is it:
	condition?		☐ Mild ☐ Moderate ☐ Severe
	☐ Yes ☐ No		
	→ If yes, is it:	A15	Depression?
	☐ Mild ☐ Moderate ☐ Severe		✓ Yes✓ No✓ If yes, does this child CURRENTLY have the
A1			condition?
	☐ Yes ☐ No		☐ Yes ☐ No
	→ If yes, was this child born with the condition?		→ If yes, is it:
١	☐ Yes ☐ No		☐ Mild ☐ Moderate ☐ Severe
	Does this child CURRENTLY have the condition?	A16	Down Syndrome?
	☐ Yes ☐ No		☐ Yes ☐ No
	→ If yes, is it:		
	☐ Mild ☐ Moderate ☐ Severe		

٠.		
	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
A 1	7 Blood Disorders (such as Sickle Cell Disease,	Examples of educators are teachers and school nurses. 21 Behavioral or Conduct Problems?
	Thalassemia, or Hemophilia)?	Yes No
	☐ res ☐ No ☐ If yes, is it:	☐ If yes, does this child CURRENTLY have the
	☐ Mild ☐ Moderate ☐ Severe	condition?
	Was this child diagnosed with:	☐ Yes ☐ No
	Sickle Cell Disease? ☐ Yes ☐ No	→ If yes, is it:
	Thalassemia?	☐ Mild ☐ Moderate ☐ Severe
	Hemophilia?	Developmental Delay?
	Other Blood	☐ 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?	☐ Yes ☐ No
	These tests are sometimes called newborn screening.	☐ If yes, is it:
	☐ Yes ☐ No	☐ Mild ☐ Moderate ☐ Severe
A1	8 Cystic Fibrosis?	23 Intellectual Disability (formerly known as Mental
	☐ Yes ☐ No ☐ ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Retardation)?
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No
	Was this condition identified through a blood	
	test done shortly after birth? These tests are sometimes called newborn screening.	☐ Yes ☐ No
	☐ Yes ☐ No	⊢ If yes, is it:
A 1	9 Any other genetic or inherited condition?	☐ Mild ☐ Moderate ☐ Severe
	☐ Yes ☐ No A.	Speech or other language disorder?
	If yes, specify:	☐ Yes ☐ No
		If yes, does this child CURRENTLY have the
	Is it:	condition?
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No ☐ If yes, is it:
	Was this condition identified through a blood test done shortly after birth? These tests are	☐ Mild ☐ Moderate ☐ Severe
	sometimes called newborn screening.	
	Yes No	Learning Disability? Yes No
A2	Fetal Alcohol Spectrum Disorder (FASD)?	If yes, does this child CURRENTLY have the
	☐ Yes ☐ No	disability?
		☐ Yes ☐ No
		☐ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe
1		



42	you Disc	a doctor or other health care provider EVER told that this child has Autism or Autism Spectrum order (ASD)? Include diagnoses of Asperger's Disorder ervasive Developmental Disorder (PDD).	A31	you that this child has Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder, that is, ADD or ADHD?
ı		Yes □ No → SKIP to question A31		☐ Yes ☐ No → SKIP to question A34
	L,	If yes, does this child CURRENTLY have the condition?		If yes, does this child CURRENTLY have the condition?
ı		☐ Yes ☐ No		☐ Yes ☐ No
ı		→ If yes, is it:		☐ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe		☐ Mild ☐ Moderate ☐ Severe
42	care	old was this child when a doctor or other health provider FIRST told you that they had Autism, ASD, erger's Disorder or PDD?	A32	Is this child CURRENTLY taking medication for ADD or ADHD? Yes No
		Age in years Don't know	A33	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?
12	the Asp	It type of doctor or other health care provider was FIRST to tell you that this child had Autism, ASD, erger's Disorder or PDD?		☐ Yes ☐ No
		Primary Care Provider	A34	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,
		Specialist		dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, changes in mood
ı		School Psychologist/Counselor		or behavior, or being knocked out.
ı		Other Psychologist (Non-School)		☐ Yes ☐ No ☐ If yes, did you seek medical care from a doctor or
ı		Psychiatrist		other health care provider?
ı	П	Other, specify:		□ Yes □ No
				→ If yes, did a doctor or other health care provider tell you that your child had a concussion or brain injury?
ı		Don't know		☐ Yes ☐ No
42		nis child CURRENTLY taking medication for Autism, o, Asperger's Disorder or PDD?	A35	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?
ı		Yes No		This child does not have any health conditions → SKIP to question B1 on page 6
43		ny time DURING THE PAST 12 MONTHS, did this		□ Never
	Asp inte	d receive behavioral treatment for Autism, ASD, erger's Disorder or PDD, such as training or an rvention that you or this child received to help		Sometimes
ı	with	their behavior?		Usually
		Yes No		Always
			A36	To what extent do this child's health conditions or problems affect their ability to do things?
				□ Very little
				Somewhat
				☐ A great deal



	B. This Child as an Infant		C. Health Care Services
Bi	Was this child born more than 3 weeks before their due date? Yes	G	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.
ı	□ No		Yes
B2	What month and year was this child born?		No → SKIP to question C4
BS	Birth Month / 4-Digit Birth Year 2 0 How much did they weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best	G	If yes, DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.
ı	estimate is fine.		□ 0 visits
	pounds AND ounces		☐ 1 visit
ı	OR		2 or more visits
ı	kilograms AND grams	CE	Thinking about the LAST TIME you took this child for
B4			a PREVENTIVE check-up, about how long was the doctor or health care provider who examined this child in the room with you? Your best estimate is fine.
T	born? Your best estimate is fine.		Less than 10 minutes
ı	Age in years		10-20 minutes
ı			☐ More than 20 minutes
ı		C ₂	What is this child's CURRENT height? Your best estimate is fine
ı			feet AND inches
ı			OR
ı			meters AND centimeters
ı		CE	How much does this child CURRENTLY weigh? Your best estimate is fine.
ı			pounds
ı			OR
ı			kilograms
		Cf	Are you concerned about this child's weight?
			Yes, it's too high
			Yes, it's too low
			☐ No, I am not concerned



C.		Has	a doctor or other health care provide that this child is overweight?	er ever told	d	GI2	If M	yes ark	s, where does this child USUALLY go first? (X) ONE box.
			Yes						Doctor's Office
			No						Hospital Emergency Room
C	3	DU	RING THE PAST 12 MONTHS, did this	child enga	age in				Hospital Outpatient Department
			of the following? ok (X) Yes or No for EACH item.	Van	Na				Urgent Care Center
			Skipping meals or fasting (Do NOT	Yes	No				Clinic or Health Center
			include skipping meals or fasting for religious reasons)						Retail Store Clinic or "Minute Clinic"
		b.	Having low interest in food						School (Nurse's Office, Athletic Trainer's Office)
		c.	Extremely picky eating						Some other place
		d.	Binge eating			C13	le le	th	ere a place that this child USUALLY goes when
		e.	Purging or vomiting after eating				th	еу	need routine preventive care, such as a physical nination or well-child check-up?
			Using diet pills, laxatives, or diuretics (water pills) to lose or maintain weight without a doctor's orders						Yes
			Over-exercising						No → SKIP to question C15
			Not eating due to fear of vomiting or choking			CI4			s, is this the same place this child goes when they sick?
C:	9	Ans	swer question co only if you marked	"Yes" for	at				Yes
			st one item in question cs . Otherwise estion c10 .	skip to					No
	For question ©, consider only the behaviors you				GIE	vision screening from a care provider other than an eye doctor? The screening could have occurred at a			
		you	very much	haviors?			or	a (atrician's office, in a school, preschool/child care center, community setting, using pictures, shapes, letters, or a era like tool.
			Somewhat						Yes No
			Not at all				l	→	If yes, was it recommended that this child see an eye doctor or other eye care provider for an eye
C1	0		RING THE PAST 12 MONTHS, how con s child about their weight, body shape,						examination or additional vision services as a result of the vision screening? An eye doctor may be referred to as an optometrist or ophthalmologist.
			Very much						☐ Yes ☐ No
			Somewhat						
			Not at all						
C 1	D	tak	here a place you or another caregiver this child when they are sick or you out their health?						
			Yes						
			No → SKIP to question C13						



9	eye	RING THE PAST 2 YEARS, has this child seen an doctor? An eye doctor may be referred to as an ometrist or ophthalmologist. Yes No	C	20	received health p	THE PAST 12 MONTHS, has this child any treatment or counseling from a mental rofessional? Mental health professionals include ists, psychologists, psychiatric nurses, and clinical orkers.
ı	Ц	If yes, what care has this child received from the			Yes	
ı		eye doctor? Mark (X) ALL that apply.				but this child needed to see a mental health essional
ı		☐ Received eye examination			□ No,	this child did not need to see a natal health professional → SKIP to question (C22)
ı		☐ Prescribed eyeglasses or contact lenses			mei	tial fieditif professional 7 Star to question 622
ı		Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism	C	21)	How diff or couns	icult was it to get the mental health treatment seling that this child needed?
ı		☐ Some other care			□ Not	difficult
					Son	newhat difficult
C1	den	RING THE PAST 12 MONTHS, did this child see a tist or other oral health care provider for any kind			□ Ver	y difficult
ı		lental or oral health care? rk (X) ALL that apply.			☐ It w	as not possible to obtain care
ı		Yes, saw a dentist	C	22		THE PAST 12 MONTHS, has this child taken
ı		Yes, saw other oral health care provider			any med emotions	ication because of difficulties with their s, concentration, or behavior?
ı		No → SKIP to question ©20			Yes	
C1	see	es, DURING THE PAST 12 MONTHS, did this child a dentist or other oral health care provider for			□ No	
ı		EVENTIVE dental care, such as check-ups, dental anings, dental sealants, or fluoride treatments?	C	C23		THE PAST 12 MONTHS, did this child see a st other than a mental health professional?
ı		No preventive visits in the past 12 months → SKIP to question €20			Specialis doctors,	ts are doctors like surgeons, heart doctors, allergy skin doctors, and others who specialize in one ealth care.
ı		Yes, 1 visit			area or ri	eaun care.
ı		Yes, 2 or more visits			☐ Yes	
C1	lf v	es, DURING THE PAST 12 MONTHS, what			□ No,	but this child needed to see a specialist
	PRE	EVENTIVE dental service(s) did this child receive? k (X) ALL that apply.				this child did not need to see pecialist → SKIP to question C25
ı		Check-up	C	24	How diff	icult was it to get the specialist care that this eded?
ı		Cleaning			□ Not	difficult
ı		Instruction on tooth brushing and oral health care			Son	newhat difficult
ı		X-Rays			□ Ver	y difficult
ı		Fluoride treatment				
		Sealant (plastic coatings on back teeth)			L IL W	as not possible to obtain care
		Don't know	C	25	type of a health ca relaxation Some the	THE PAST 12 MONTHS, did this child use any alternative health care or treatment? Alternative re can include acupuncture, chiropractic care, in therapies, herbal supplements, and others. erapies involve seeing a health care provider, ers can be done on your own.
					Yes	
					□ No	



C2	DURING THE PAST 12 MONTHS, was there any when this child needed health care but it was n received? By health care, we mean medical care as other kinds of care like dental care, vision care, mental health services. ☐ Yes ☐ No → SKIP to question C29	ot as well	C30	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
C2				4 or more times
ı	Mark (X) ALL that apply. Medical Care		C31	DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?
	Dental Care			□ Yes
	☐ Vision Care			□ No
	Hearing Care		C32	Has this child EVER had a special education or early intervention plan? Children receiving these services often
	Mental Health Services			have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).
	Other, specify: 🔀			Yes
20	Did any of the fallowing passage contribute to the	deie ebild		No → SKIP to question C35
C2	not receiving needed health services? Mark (X) Yes or No for EACH item.		C33	If yes, how old was this child at the time of the FIRST plan?
ı	a. This child was not eligible for the services	No		years AND months
	b. The services this child needed were not available in your area		C34	Is this child CURRENTLY receiving services under
	c. There were problems getting an appointment when this child needed one			one of these plans?
	d. There were problems with getting transportation or child care			No
	e. The clinic or doctor's office wasn't open when this child needed care		C35	Has this child EVER received special services to meet their developmental needs? Special services can include
	f. There were issues related to cost			therapies such as speech, occupational, physical or behavioral or other services received to meet
C2	DURING THE PAST 12 MONTHS, how often wer frustrated in your efforts to get services for this			developmental needs. Yes
	Never			No → SKIP to question €38 on page 10
	Sometimes		C36	
	Usually			receiving these special services?
	Always			years AND months
			C37	Is this child CURRENTLY receiving these special services?
				☐ Yes
				□ No



C3	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.		D. Experience with This Child's Health Care Providers
C	 Yes No Don't know Has this child EVER received an evaluation for a Fetal Alcohol Spectrum Disorder? Yes No Don't know Don't know	D2 D3	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 Yes, more than one person No DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services? Yes No → SKIP to question Not difficult was it to get referrals? Not difficult Somewhat difficult Very difficult It was not possible to get a referral



D	any decisions to be made regarding their health care, such as whether to get prescriptions, referrals, or	01	yo	IRING THE PAST 12 MONTHS, how satisfied were u with the communication between this child's ctors and other health care providers?
	procedures?			Very satisfied
	Yes			Somewhat satisfied
	No → SKIP to question D7			Somewhat dissatisfied
D	If yes, DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers			Very dissatisfied
	Always Usually Sometimes Never	D1	DI DI	IRING THE PAST 12 MONTHS, did this child's health
	a. Discuss with you the range of options to consider for their health		ca	re provider communicate with the child's school, child re provider, or special education program?
	care or treatment? b. Make it easy for you			Yes
	to raise concerns or disagree with			No → SKIP to question E1 on page 12
	recommendations for this child's health care?			Did not need health care provider to communicate with these providers → SKIP to question e1 on page 12
	c. Work with you to decide together which health care and	D1	he	yes, during this time, how satisfied were you with the alth care provider's communication with the school, ild care provider, or special education program?
	treatment choices would be best for this child?			Very satisfied
D	DURING THE PAST 12 MONTHS, did anyone help you			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 → SKIP to question			
D	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?			
	Yes			
	No → SKIP to question 010			
D	If yes, DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with arranging or coordinating this child's health care?			
	Usually			
	Sometimes			
	Never			



E. This Child's He			E4	type	nis child CURRENTLY covered by any es of health insurance or health cover k (X) Yes or No for EACH item.		
						Yes	No
DURING THE PAST 12 MONTHS, was this covered by ANY kind of health insurance	s child EV or health	ER			nsurance through a current or former employer or union		
coverage plan? Yes, this child was covered					nsurance purchased directly rom an insurance company		
☐ all 12 months → SKIP to question					Medicaid, Medical Assistance, or any kind of government		
Yes, but this child had a gap in covera	ige			á	assistance plan for those with ow incomes or a disability		
│				d.	FRICARE or other military		
Indicate whether any of the following is a child was not covered by health insurance		his		·	nealth care ndian Health Service		
time DURING THE PAST 12 MONTHS:	Yes	No		G. 1	Halait Ficaliti Gervice		
a. Change in employer or employment status				f. (Other, specify: 📝		Ш
b. Cancellation due to overdue premiums							
c. Dropped coverage because it was unaffordable			E 5		often does this child's health insural of the cover services that meet this		
 d. Dropped coverage because benefits were inadequate 					Always		
Dropped coverage because choice of health care providers was					Usually		
inadequate ·					Sometimes		
 f. Problems with application or renewal process 					Never		
g. Other, specify:			E 6		often does this child's health insura		
			T	ther	n to see the health care providers the	y need?	
<u> </u>					Always		
Is this child CURRENTLY covered by AN' health insurance or health coverage plan	Y kind of ?				Usually		
Yes					Sometimes		
No → SKIP to question F1 on page	13				Never		
			(37)	beh hea	nking specifically about this child's mavioral health needs, how often does the insurance offer benefits or cover set these needs? Always	this child	
					Usually		
					Sometimes		
					Never		
					This child does not use mental or behave health services	avioral	



F. Providing for This

		F. Providing for T Child's Health		F5	othe hom	N AVERAGE WEEK, how many hours do you or r family members spend providing health care at e for this child? Care might include changing bandages, ving medication and therapies when needed.
ð	Savi (FSA	uding co-pays and amounts reimburs ings Accounts (HSA) and Flexible Sp A), how much money did you pay for	ending Accou this child's	h nts		This child does not need health care provided at home on a weekly basis
	PAS	lical, health, dental, and vision care D T 12 MONTHS? Do not include health in The niums or costs that were or will be reimle	insurance			Less than 1 hour per week
		rance or another source.	oursea by		Ш	1-4 hours per week
		\$0 (No medical or health-related expenses) → SKIP to question F4				5-10 hours per week
		\$1-\$249				11 or more hours per week
		\$250-\$499		F6	IN A	N AVERAGE WEEK, how many hours do you or r family members spend arranging or coordinating
		\$500-\$999			heal	th or medical care for this child, such as making bintments or locating services?
		\$1,000-\$5,000				This child does not need health care coordinated on a weekly basis
		More than \$5,000				Less than 1 hour per week
2	How	often are these costs reasonable?				1-4 hours per week
		Always				5-10 hours per week
		Usually				11 or more hours per week
		Sometimes				
		Never				
3	prob	olems paying for any of this child's m	r family have nedical or			
		Yes				
		No				
4						
	á	absence because of this child's	Yes No			
	k	pecause of this child's health or				
	(concerns about maintaining health				
	3	DUF probheal DUF fami a. L c. A	How often are these costs reasonable? Always Usually Sometimes Never DURING THE PAST 12 MONTHS, did your problems paying for any of this child's mealth care bills? Yes No	How often are these costs reasonable? Always Usually Sometimes Never DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills? Yes No DURING THE PAST 12 MONTHS, have you or other family members Yes No Left a job or taken a leave of absence because of this child's health or health conditions? b. Cut down on the hours you work because of this child's health or health conditions? c. Avoided changing jobs because of concerns about maintaining health	How often are these costs reasonable? Always Usually Sometimes Never DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills? Yes No DURING THE PAST 12 MONTHS, have you or other family members Yes No a. Left a job or taken a leave of absence because of this child's health or health conditions? b. Cut down on the hours you work because of this child's health or health conditions? c. Avoided changing jobs because of concerns about maintaining health	How often are these costs reasonable? Always Usually Sometimes Never DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills? Yes No DURING THE PAST 12 MONTHS, have you or other family members Yes No a. Left a job or taken a leave of absence because of this child's health or health conditions? b. Cut down on the hours you work because of this child's health or health conditions? c. Avoided changing jobs because of concerns about maintaining health



G	did this child miss school because of illness or injury? Include days missed from any formal home schooling. No missed school days 1-3 days 4-6 days 7-10 days 11 or more days		 a. A b. A c. A d. A v. V e. A j. 	A sports team or did they take sports lessons after school or on weekends? Any clubs or organizations after school or on weekends? Any other organized activities or essons, such as music, dance, anguage, or other arts? Any type of community service or rolunteer work at school, place of worship, or in the community? Any paid work, including regular obs as well as babysitting, cutting grass, or other occasional work?	s child Yes	No
G	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?	G6		RING THE PAST 12 MONTHS, how of and events or activities that this child		
	None			Usually Sometimes		
	☐ 2 or more times			Rarely		
G	Across all subjects, what grades did this child get during the 2021-2022 school year? Mostly A's Mostly A's and B's Mostly B's and C's Mostly C's and D's Mostly D's or lower	G7	this phys	RING THE PAST WEEK, on how man child exercise, play a sport, or partisical activity for at least 60 minutes? 0 days 1-3 days 4-6 days Every day	icipate in ?	
G	This child's school does not give these grades SINCE STARTING KINDERGARTEN, has this child repeated any grades? Yes No	63		npared to other children their age, houlty does this child have making onds? No difficulty A little difficulty A lot of difficulty		



G	DURING THE PAST 12 M child bullied, picked on, Do not include siblings. If throughout the year, report	or excluded by the frequency ca	<mark>/ other children</mark> ' hanged	?	H. About You and This Child
١	Never (in the past 12	2 months)		(11)	Was this child born in the United States?
1	1-2 times (in the pas	t 12 months)			☐ Yes → SKIP to question H3
١	1-2 times per month				□ No
١	1-2 times per week			H2	
1	☐ Almost every day				States?
G1	DURING THE PAST 12 M child bully others, pick of Do not include siblings. If throughout the year, report	on them, or exc the frequency c	clude them? hanged	НЗ	years AND months How many times has this child moved to a new address since they were born?
1	Never (in the past 12	2 months)			Number of times
1	1-2 times (in the pas	t 12 months)			Number of times
١	1-2 times per month			H4	How often does this child go to bed at about the same time on weeknights?
١	1-2 times per week				Always
١	☐ Almost every day				Usually
G 1	1 How often does this chil	ld			Sometimes
Ī	a. Show interest and		Sometimes Nev		Rarely
١	curiosity in learning new things?				Never
١	b. Work to finish tasks they start?			H5	
١	c. Stay calm and in control when faced				did this child get on most weeknights? Less than 6 hours
١	with a challenge? d. Care about doing well in school?				6 hours
١	e. Do all required				7 hours
١	homework? f. Argue too much?			- 1	8 hours
1	,				9 hours
١					□ 10 hours
1					☐ 11 or more hours
١					



Œ	(chile othe gam	MOST WEEKD d spend in from er electronic do nes, accessing not include time	nt of a evice w the int	TV, compatching ternet or	outer, ce program using so	ellphone is, playin ocial med	or ig	tha	RING THE PAST 12 MONTHS, was the tryou could turn to for day-to-day emoth parenting or raising children?	re somed	one upport
			Less than 1 h		J					No → SKIP to question 11 on page	17	
			1 hour							1 NO 4 SKIP to question 11 on page	17	
		П	2 hours					H	1 If y	res, did you receive emotional support		
			3 hours						•	Spouse or domestic partner?	Yes	No
			4 or more hou	ırs						Other family member or close friend?		
H			well can you ut things that			share ide	eas or ta	lk		Health care provider?		
			Very well							Place of worship or religious leader? Support or advocacy group related		Ш
			Somewhat we	.II					e.	to specific health condition?		
		H		;II						Peer support group?		
			Not very well						g.	Counselor or other mental health professional?		
		Ш	Not well at all						h.	Other person, specify: \nearrow		
H			well do you to			ndling t	he day-to	o-day				
	ľ			g cillia	ien:							
			Very well									
			Somewhat we	ell								
			Not very well									
			Not well at all									
H		DUF	RING THE PAS	T MON	TH, how	often ha	ave you t	felt				
	í	a. 7	Γhat this child	Never		ometimes	s Usually	Always				
		f c	s much narder to care for than most children heir age?									
	1	t t	That this child does things hat really oother you a lot?									
			Angry with his child?									



		I. About Your Family and Household		At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive
				a. Cash assistance from a government
U		DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal		welfare program?
١		together?		b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?
١		O days		c. Free or reduced-cost breakfasts or lunches at school?
١		☐ 1-3 days		d. School meal debit/Electronic Benefits
١		4-6 days		Transfer (EBT) cards? e. Benefits from the Women, Infants,
١		□ Every day		and Children (WIC) Program?
[2	•	Does anyone living in your household use cigarettes, cigars, or pipe tobacco?		Does this child receive SSI, that is, Supplemental Security Income? SSI is different from Social Security.
١		☐ Yes		☐ Yes ☐ No
١		No → SKIP to question [4]		☐ If yes, is this for a disability they have?
Iŝ	•	If yes, does anyone smoke inside your home?		☐ Yes ☐ No
٦		Yes		DURING THE PAST 12 MONTHS, was there a time when
١		□ No		you were not able to pay the mortgage or rent on time?
				☐ Yes
4	•	Does anyone vape or use e-cigarettes inside your home?		□ No
١		☐ Yes		☐ Don't know
		□ No	Y	DURING THE PAST 12 MONTHS, how often were you worried or stressed about being evicted, foreclosed on,
ΙΞ		SINCE THIS CHILD WAS BORN, how often has it been very hard to cover the basics, like food or housing,		or having your housing condemned?
١		on your family's income?		Always
١		Never		Usually
١		Rarely		Sometimes
١		Somewhat often		Rarely
١		☐ Very often		Never
16	•	Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS?		this child lived?
١		☐ We could always afford to eat good nutritious meals.		Number of places
		We could always afford enough to eat but not always the kinds of food we should eat.		homeless or lived in a shelter? Include living in a shelter, motel, temporary or transitional living situation, scattered site
		Sometimes we could not afford enough to eat.		housing, or having no steady place to sleep at night.
		Often we could not afford enough to eat.		☐ Yes
				□ No
				☐ Don't know



1		ı your neighborhood		iere	Yes	No	Œ	h	ne next questions are abou appened during this child's appen in any family, but so	life. These	things ca	
ı		. Sidewalks or walkin							ncomfortable with these quay questions you do not w			ip
ı		. A park or playgroun			Ш				the best of your knowled perienced any of the follow		child EV	ER
ı	C.	 A recreation center, center, or boys' and 							Parent or guardian divorce		Yes	No
ı	d.	. A library or bookmo	bile?						separated		Ш	
ı	e.	Litter or garbage on	the stree	t					Parent or guardian died	imo in		Ш
ı		or sidewalk?						G.	Parent or guardian served jail or prison	iiie iii		
ı	f.	, ,		ng?		Ш		d.	Saw or heard parents or a hit, kick, punch one another			
ı	g.	 Vandalism such as windows or graffiti? 	broken					•	home Was a victim of violence o			
1		o what extent do you bout your neighborh				ıts		e.	witnessed violence in their neighborhood			
ı		, ,			Somewhat disagree	Definite disagre		f.	Lived with anyone who wa ill, suicidal, or severely dep			
ı	a.	. People in this neighborhood help						g.	Lived with anyone who had with alcohol or drugs	a problem		
ı		each other out						h.	Treated or judged unfairly of their race or ethnic grou			
	b.	We watch out for each other's children in this neighborhood						i.	Treated or judged unfairly of their sexual orientation of identity	ecause		
	C.	. This child is safe in our neighborhood						j.	Treated or judged unfairly of a health condition or dis	ecause ability		
ı	d.	. When we encounter					Œ		hen your family faces prol cely to do each of the follo		often are	you
ı		difficulties, we know where to							All o the tin	Most of e the time	Some of the time	None of the time
ı		go for help in our community						a.	Talk together about what to do			
ı	e.	. This child is safe at school						b.	Work together to solve our problems			
1		ther than you or oth						C.	Know we have strengths to draw on			
1	O	east one other adult in a community who known an rely on for advice	lows this	child wel	ool, neigh Il and who	borhoo they	d,	d.	Stay hopeful even in difficult times			
ı	Г	Yes	or guida									
ı		□ No										
ı		INO										
ı												
ı												
1												



Œ	DURING THE PAST 12 MONTHS, has this child had any health care visits by video or phone?	J. Child's Caregivers
ı	☐ Yes ☐ No	About You
	If yes, were any of this child's health care visits by video or phone because of the coronavirus pandemic?	How are you related to this child?
	☐ Yes ☐ No	Biological or Adoptive Parent Step-parent
Œ	DURING THE PAST 12 MONTHS, did this child miss, delay or skip any PREVENTIVE check-ups because of the coronavirus pandemic?	☐ Grandparent ☐ Foster Parent
ı	Yes	Other: Relative
	□ No	Other: Non-Relative
120		J2 What is your sex?
ı	child's regular childcare arrangements been closed or unavailable at any time because of the coronavirus pandemic? Please include before school care, after school	☐ Male
ı	care, and all other forms of childcare that were unavailable.	Female
ı	Yes	J3 What is your age?
	□ No	Age in years
ı		J4 Where were you born?
ı		☐ In the United States → SKIP to question on page 20
		Outside of the United States
		When did you come to live in the United States? Indicate the 4-digit year in which you came to live in the United States.
		4-Digit Year
ı		
ı		
ı		
ı		
ı		
ı		
П		

J6	com	pleted?	9 In general, how is your mental or emotional health?	
	Mari	(X) ONE box.	Excellent	
		8th grade or less	☐ Very good	
		9th-12th grade; No diploma	Good	
		High School Graduate or GED Completed	☐ Fair	
		Completed a vocational, trade, or business school program	Poor	
		Some College Credit, but no Degree	Which of the following best describes your current	
ı		Associate Degree (AA, AS)	employment status? Mark (X) ONE box.	
		Bachelor's Degree (BA, BS, AB)	☐ Employed full-time	
		Master's Degree (MA, MS, MSW, MBA)	☐ Employed part-time	
ı		Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)	☐ Working WITHOUT pay	
J7	Wha	t is your marital status?	☐ Not employed but looking for work	
Ī		Married	☐ Not employed and not looking for work	
ı		Not married, but living with a partner	Have you ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard?	
		Never Married	Mark (X) ONE box.	
		Divorced	Never served in the military → SKIP to question	
ı		Separated	Only on active duty for training in the Reserves or National Guard → SKIP to question (13)	
		Widowed	□ Now on active duty	
J8	In g	eneral, how is your physical health?	On active duty in the past, but not now	
		Excellent	Were you deployed at any time during this child's life?	
		Very good	Yes	
ı		Good	□ No	
		Fair	3 Does this child have another parent or adult caregiver	
		Poor	who lives in this household?	
ı			Yes → Complete questions J14 - J25 for this other parent or adult caregiver	
ı			No → SKIP to question K1 on page 22	
ı				



in the Household caregiver has completed? Mark (X) ONE box.	
How is this other caregiver related to this child?	
☐ Biological or Adoptive Parent ☐ 9th-12th grade; No dipl	oma
☐ Step-parent ☐ High School Graduate	or GED Completed
Grandparent Completed a vocationa program	, trade, or business school
Foster Parent Some College Credit, b	ut no Degree
Other: Relative Associate Degree (AA,	AS)
Other: Non-Relative Bachelor's Degree (BA	BS, AB)
J15 What is this caregiver's sex? ☐ Master's Degree (MA, I	MS, MSW, MBA)
Male Doctorate (PhD, EdD) o	r Professional Degree
Female (MD, DDS, DVM, JD)	
What is this caregiver's may 116 What is this caregiver's may 120	rital status?
Married	
Age in years Not married, but living	vith a partner
Where was this caregiver born?	
☐ In the United States → SKIP to question ☐ ☐ Divorced	
☐ Outside of the United States ☐ Separated	
☐ Widowed	
When did this caregiver come to live in the United States? Indicate the 4-digit year in which this caregiver came to live in the United States. J21 In general, how is this care	giver's physical health?
4-Digit Year Excellent	
□ Very good	
Good	
☐ Fair	
Poor	



J2	In general, how is this caregiver's mental or emotional health?	K. Household Information
١	Excellent	How many people are living or staying at this address?
١	☐ Very good	Include everyone who usually lives or stays at this address. Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away
١	Good	or someone in the Armed Forces on deployment.
ı	☐ Fair	Number of people
١	Poor	K2 How many of these people in your household are family
J2	Which of the following best describes this caregiver's current employment status? Mark (X) ONE box.	members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.
١	☐ Employed full-time	Number of people
١	☐ Employed part-time	
ı	☐ Working WITHOUT pay	
١	Not employed but looking for work	
ı	☐ Not employed and not looking for work	
J24	Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.	
١	 Never served in the military → SKIP to question 	
	Only on active duty for training in the Reserves or National Guard → SKIP to question (K1)	
١	Now on active duty	
ı	On active duty in the past, but not now	
J2	Was this caregiver deployed at any time during this child's life?	
ı	Yes	
١	□ No	
١		
١		
١		
١		



К3 Income in 2021 Mark (X) the "Yes" box for EACH type of income this child's family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark (X) the "No" box to show types of income NOT received. a. Wages, salary, commissions, bonuses, or tips for all jobs. Yes → .00 TOTAL AMOUNT No in the last calendar year b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships. Loss Yes → .00 TOTAL AMOUNT No in the last calendar year Interest, dividends, net rental income, royalty income, or income from estates and trusts. Yes → Loss .00 **TOTAL AMOUNT** No in the last calendar year d. Social Security or Railroad Retirement; retirement, survivor, or disability pensions. Yes → .00 TOTAL AMOUNT No in the last calendar year e. Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office. Yes → .00 TOTAL AMOUNT No in the last calendar year f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. Yes → .00 TOTAL AMOUNT No in the last calendar year

The following question is about your 2021 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.

\$.00 □ Los	, , , , , , , , , , , , , , , , , , , ,
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TOTAL AMOUNT in the last calendar year

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 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 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.





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 Census Bureau is required by law to protect your information. We are not permitted to publicly release your responses in a way that could identify your household. The Census Bureau is conducting this survey under the authority of Title 13, United States Code (U.S.C.), Section 8(b) (13 U.S.C. § 8(b)) and Section 501(a)(2) of the Social Security Act (42 U.S.C. § 701). Federal law protects your privacy and keeps your answers confidential under Title 13, U.S.C., Section 9 (13 U.S.C. § 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

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-T3 (04/04/2022)



Start Here	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?	
children usually living or staying at this address. Thank you for taking the time to complete that survey.	a. Breathing or other respiratory	
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 name listed above is not correct or does not correspond to a child living in this household, please call 1-800-845-8241 for assistance.	d. Repeated or chronic physical pain, including headaches or other back or body pain	
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.	e. Toothaches	
	f. Bleeding gums	
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. Decayed teeth or cavities	
Your participation is important. Thank you.	A4 Does this child have any of the following? Yes No	
Tour 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 □	
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	Has a doctor or other health care provider EVER told you that this child has	
Poor	A5 Allergies (such as food, drug, insect, seasonal, or other	.)?
How would you describe the condition of this child's	Yes No	, -
teeth?		
Excellent	condition?	
☐ Very good	☐ Yes ☐ No ☐ If yes, is it:	
Good	☐ Mild ☐ Moderate ☐ Severe	
Fair	A6 Asthma?	
Poor	☐ Yes ☐ No	
	☐ If yes, does this child CURRENTLY have the condition?	
	☐ 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 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)?	A12	Frequent or severe headaches, including migraine?
	☐ Yes ☐ No		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
	→ If yes, is it:	A13	Tourette Syndrome?
	☐ Mild ☐ Moderate ☐ Severe	I	☐ Yes ☐ No
A9	Type 2 Diabetes?		If yes, does this child CURRENTLY have the condition?
	☐ Yes ☐ No		☐ Yes ☐ No
	If yes, does this child CURRENTLY have the condition?		→ If yes, is it:
	☐ Yes ☐ No		☐ Mild ☐ Moderate ☐ Severe
	→ If yes, is it:	A14	Anxiety Problems?
	☐ Mild ☐ Moderate ☐ Severe		☐ Yes ☐ No
A10	Epilepsy or Seizure Disorder?		→ If yes, does this child CURRENTLY have the condition?
T	☐ Yes ☐ No		☐ Yes ☐ No
	☐ If yes, does this child CURRENTLY have the		☐ If yes, is it:
	condition?		☐ Mild ☐ Moderate ☐ Severe
	☐ Yes ☐ No ☐ If yes, is it:	ATE	Depression?
	☐ Mild ☐ Moderate ☐ Severe	AIS	Yes No
A11			condition?
	☐ Yes ☐ No		☐ Yes ☐ No
	If yes, was this child born with the condition?		→ If yes, is it:
	☐ Yes ☐ No		☐ Mild ☐ Moderate ☐ Severe
	Does this child CURRENTLY have the condition?	A16	Down Syndrome?
	☐ 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.
A1	Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?	·
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, is it:	If yes, does this child CURRENTLY have the condition?
	☐ Mild ☐ Moderate ☐ Severe	
	Was this child diagnosed with:	☐ Yes ☐ No ☐ If yes, is it:
	Sickle Cell Disease?	→ If yes, is it:
	Thalassemia?	
	Hemophilia?	
	Other Blood Disorders? Yes No	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the
	Were any of these blood disorders identified	condition?
	through a blood test done shortly after birth? These tests are sometimes called newborn screening.	☐ Yes ☐ No
	Yes No	☐ If yes, is it:
Λ.	8 Cystic Fibrosis?	☐ Mild ☐ Moderate ☐ Severe
3	Yes No	
	→ If yes, is it:	Retardation)?
	☐ Mild ☐ Moderate ☐ Severe	If yes, does this child CURRENTLY have the
	Was this condition identified through a blood test done shortly after birth? These tests are	disability?
	sometimes called newborn screening.	☐ Yes ☐ No
	☐ Yes ☐ No	☐ If yes, is it:
A	9 Any other genetic or inherited condition?	☐ Mild ☐ Moderate ☐ Severe
	☐ Yes ☐ No	4 Speech or other language disorder?
	→ If yes, specify:	☐ Yes ☐ No
		If yes, does this child CURRENTLY have the condition?
	ls it:	Yes No
	Mild Moderate Severe	☐ If yes, is it:
	Was this condition identified through a blood test done shortly after birth? These tests are	☐ Mild ☐ Moderate ☐ Severe
	sometimes called newborn screening.	Learning Disability?
	LI TES LI NO	Yes No
A2	Fetal Alcohol Spectrum Disorder (FASD)?	☐ If yes, does this child CURRENTLY have the
	☐ Yes ☐ No	disability?
		☐ Yes ☐ No
		☐ If yes, is it: ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
		☐ Mild ☐ Moderate ☐ Severe



A2	you Disc	a doctor or other health care provider EVER told that this child has Autism or Autism Spectrum order (ASD)? Include diagnoses of Asperger's Disorder dervasive Developmental Disorder (PDD).	A31	ou that this ch Attention-Deficit ADHD?	nild has A t/Hyperac	alth care provider EVER told ttention Deficit Disorder or tivity Disorder, that is, ADD or
ı	Ш	Yes		└ Yes		SKIP to question A34
ı	L-)	If yes, does this child CURRENTLY have the condition?		condition?		Id CURRENTLY have the
ı		☐ Yes ☐ No		Yes		No
ı		☐ If yes, is it:		☐ If yes	, is it:	
ı		☐ Mild ☐ Moderate ☐ Severe			Mild	☐ Moderate ☐ Severe
A2	care	or old was this child when a doctor or other health provider FIRST told you that they had Autism, ASD erger's Disorder or PDD?	Y	s this child CUI ADHD? Yes	RRENTLY No	taking medication for ADD or
		Age in years Don't know	A33	child receive be such as training	havioral f	E PAST 12 MONTHS, did this treatment for ADD or ADHD, tervention that you or this th their behavior?
A2	the Asp	at type of doctor or other health care provider was FIRST to tell you that this child had Autism, ASD, erger's Disorder or PDD? k (X) ONE box.		Yes	□ No	
ı		Primary Care Provider	A34	orain injury? A	concussio	as EVER had a concussion or n or brain injury is when a blow problems such as headaches,
ı		Specialist		or concentrating,	vomiting,	confused, difficulty remembering blurred vision, changes in mood
ı		School Psychologist/Counselor		or behavior, or be ☐ Yes	eing knoc No	ked out.
ı		Other Psychologist (Non-School)				medical care from a doctor or
ı		Psychiatrist		other healt		
ı		Other, specify:		Yes		No
				provid	der tell yo	octor or other health care ou that your child had a brain injury?
ı		Don't know			Yes	No
A2	Is th	nis child CURRENTLY taking medication for Autism, 0, Asperger's Disorder or PDD?	A35	hild's health co	onditions	ONTHS, how often have this or problems affected their children their age do?
ı		Yes No		This child d health cond		ave any SKIP to question B1 on page 6
АЗ		ny time DURING THE PAST 12 MONTHS, did this d receive behavioral treatment for Autism, ASD,		Never		_
ı	Asp inte	erger's Disorder or PDD, such as training or an rvention that you or this child received to help		Sometimes		
ı	with	their behavior?		Usually		
		165 LIVU		Always		
			A36			hild's health conditions or lity to do things?
				☐ Very little		
				Somewhat		
				A great dea	al	



	B. This Child as an Infant		C. Health Care Services
B	Was this child born more than 3 weeks before their due date? Yes	G	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.
١	□ No		Yes
B	What month and year was this child born? Birth Month / 4-Digit Birth Year		No → SKIP to question C5
	July 1 2 0	C2	If yes, at their LAST medical care visit, did this child have a chance to speak with a doctor or other health care provider privately, without you or another caregiver in the room?
B:	How much did they weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine.		Yes
			□ No
	ounces OR kilograms AND grams	3	If yes, DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.
B ₄	What was the age of the mother when this child was born? Your best estimate is fine.		□ 0 visits
١	Series seek seekmate is time.		☐ 1 visit
١	Age in years		2 or more visits
		C 4	Thinking about the LAST TIME you took this child for a PREVENTIVE check-up, about how long was the doctor or health care provider who examined this child in the room with you? Your best estimate is fine.
١			Less than 10 minutes
١			☐ 10-20 minutes
			More than 20 minutes
		C5	What is this child's CURRENT height? Your best estimate is fine. feet AND inches OR
			meters AND centimeters
		C6	How much does this child CURRENTLY weigh? Your best estimate is fine.
			pounds
			OR
1			kilograms

C		Are	you concerned about this child's weig	ght?		G12	t	ake	ere a place you or another caregiver USUALLY this child when they are sick or you need advice ut their health?
			Yes, it's too low						Yes
			No, I am not concerned						No → SKIP to question C14
C	3	Has a doctor or other health care provider ever told you that this child is overweight?				CIE			s, where does this child USUALLY go first?
			Yes						Doctor's Office
			No						Hospital Emergency Room
C	9		RING THE PAST 12 MONTHS, did this	child	engage in				Hospital Outpatient Department
			of the following? rk (X) Yes or No for EACH item.	Yes	No				Urgent Care Center
		a.	Skipping meals or fasting (Do NOT include skipping meals or fasting for						Clinic or Health Center
			religious reasons)						Retail Store Clinic or "Minute Clinic"
		b.	Having low interest in food						School (Nurse's Office, Athletic Trainer's Office)
		c.	Extremely picky eating						Some other place
		d.	Binge eating			C14) I	s th	nere a place that this child USUALLY goes when
			Purging or vomiting after eating						need routine preventive care, such as a physical mination or well-child check-up?
		f.	Using diet pills, laxatives, or diuretics (water pills) to lose or maintain weight without a doctor's orders						Yes
		g.	Over-exercising						No → SKIP to question C16
		h.	Not eating due to fear of vomiting or choking			CIE			es, is this the same place this child goes when they sick?
C1	0		swer question (10) only if you marked '						Yes
	least one item in question co. Otherwise skip to question c11.							No	
		For question C10, consider only the behaviors you marked "Yes" to in question C9. DURING THE PAST 12 MONTHS, how concerned were you about this child engaging in these behaviors? Very much Somewhat				C16	V C C	risio doct pedia or a	ting the past 2 years, has this child received a conscreening from a care provider other than an eye cor? The screening could have occurred at a catrician's office, in a school, preschool/child care center, community setting, using pictures, shapes, letters, or a cera like tool.
		□ Not at all						$ \mathrel{\vdash} $	If yes, was it recommended that this child see an
C1	DURING THE PAST 12 MONTHS, how concerned was this child about their weight, body shape, or body size?						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 be referred to as an optometrist or ophthalmologist.		
	☐ Very much								□ Yes □ No
			Somewhat						
			Not at all						



9	eye	RING THE PAST 2 YEARS, has this child seen an doctor? An eye doctor may be referred to as an emetrist or ophthalmologist. Yes No	C	21	receiv health psych	NG THE PAST 12 MONTHS, has this child yed any treatment or counseling from a mental norfessional? Mental health professionals include iatrists, psychologists, psychiatric nurses, and clinical workers.
ı	Ц	If yes, what care has this child received from the				Yes
ı		eye doctor? Mark (X) ALL that apply.				No, but this child needed to see a mental health professional
ı		☐ Received eye examination				No, this child did not need to see a mental health professional → SKIP to question c23
ı		☐ Prescribed eyeglasses or contact lenses				
ı		Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism	C	22	or co	difficult was it to get the mental health treatment unseling that this child needed?
ı		☐ Some other care				Not difficult
	, pui	DINC THE DACT 42 MONTHS did this shill see a				Somewhat difficult
C1	den	RING THE PAST 12 MONTHS, did this child see a tist or other oral health care provider for any kind lental or oral health care?				Very difficult
ı		k (X) ALL that apply.				t was not possible to obtain care
ı	Ш	Yes, saw a dentist	C	23		NG THE PAST 12 MONTHS, has this child taken
ı		Yes, saw other oral health care provider			any n emoti	nedication because of difficulties with their ons, concentration, or behavior?
ı		No → SKIP to question C21				Yes
C1	see PRI	es, DURING THE PAST 12 MONTHS, did this child a dentist or other oral health care provider for EVENTIVE dental care, such as check-ups, dental anings, dental sealants, or fluoride treatments?	C	24	DURII	No NG THE PAST 12 MONTHS, did this child see a alist other than a mental health professional?
		No preventive visits in the past 12 months → SKIP to question C21			Special doctor	alists are doctors like surgeons, heart doctors, allergy rs, skin doctors, and others who specialize in one of health care.
ı		Yes, 1 visit				Yes
ı		Yes, 2 or more visits				No, but this child needed to see a specialist
C2	PRE	es, DURING THE PAST 12 MONTHS, what EVENTIVE dental service(s) did this child receive? k (X) ALL that apply.				No, this child did not need to see a specialist → SKIP to question
ı		Check-up	C	25		difficult was it to get the specialist care that this needed?
ı		Cleaning				Not difficult
ı		Instruction on tooth brushing and oral health care				Somewhat difficult
ı		X-Rays				Very difficult
ı		Fluoride treatment				
ı		Sealant (plastic coatings on back teeth)				t was not possible to obtain care
		Don't know	Œ	26	health relaxa Some	NG THE PAST 12 MONTHS, did this child use any of alternative health care or treatment? Alternative a care can include acupuncture, chiropractic care, ation therapies, herbal supplements, and others. therapies involve seeing a health care provider, others can be done on your own.
						Yes
						No



C2	DURING THE PAST 12 MONTHS, was there when this child needed health care but it is received? By health care, we mean medical as other kinds of care like dental care, vision mental health services. Yes	vas not care as well	C31	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
١	No → SKIP to question C30			2-3 times
C2	If yes, which types of care were not receive Mark (X) ALL that apply.	ed?		4 or more times
١	Medical Care		C32	DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?
١	☐ Dental Care			Yes
١	☐ Vision Care			□ No
١	Hearing Care		C33	Has this child EVER had a special education or early
١	Mental Health Services		Ĭ	intervention plan? Children receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).
١	Other, specify: 🔀			
١				☐ Ne > OK/D to amount on ♠
C2	Did any of the following reasons contribut not receiving needed health services? Mark (X) Yes or No for EACH item.	e to this child	C34	If yes, how old was this child at the time of the FIRST plan?
	This child was not eligible for the services	Yes No		years AND months
١	 The services this child needed were not available in your area 		C35	Is this child CURRENTLY receiving services under
	c. There were problems getting an appointment when this child needed one			one of these plans?
	 d. There were problems with getting transportation or child care 			□ No
	The clinic or doctor's office wasn't open when this child needed care		C36	Has this child EVER received special services to meet their developmental needs? Special services can include
١	f. There were issues related to cost			therapies such as speech, occupational, physical or behavioral or other services received to meet
C3	DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child? Never Sometimes Usually			developmental needs. Yes
١				No → SKIP to question C39 on page 10
١			C37	If yes, how old was this child when they began
				receiving these special services?
	Always			years AND months
			C38	Is this child CURRENTLY receiving these special services?
				☐ Yes ☐ No



Do you have one or more persons you think of as statis child's personal doctor or nurse? A personal doctor or nurse? A personal doctor or nurse is a health professional who knows this child shall be stable to the ageneral doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant. Yes No Don't know	3	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.	D. Experience with This Child's Health Care Providers
e. Help you feel like a partner in this child's care?	5244	Don't know Has this child EVER received an evaluation for a Fetal Alcohol Spectrum Disorder? Yes No	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 Yes, more than one person No DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services? Yes No → SKIP to question



D	a s	ny ucl	RING THE PAST 12 MONTHS, did this child need decisions to be made regarding their health care, as whether to get prescriptions, referrals, or	01	У	ou '	ING THE PAST 12 MONTHS, how satisfied were with the communication between this child's ors and other health care providers?
	р	roc	cedures?				Very satisfied
	,		Yes				Somewhat satisfied
	L		No → SKIP to question D7				Somewhat dissatisfied
D			s, DURING THE PAST 12 MONTHS, how often did child's doctors or other health care providers				Very dissatisfied
	а	r	Always Usually Sometimes Never Discuss with you the ange of options to consider for their health care or treatment?	01	C	are	ING THE PAST 12 MONTHS, did this child's health provider communicate with the child's school, child provider, or special education program?
	b		Make it easy for you				Yes
		C	o raise concerns or U U U U U U U U U U U U U U U U U U				No → SKIP to question D13 Did not need health care provider to communicate with
		f	or this child's health care?				these providers → SKIP to question D13
	С	٠. ١	Vork with you to lecide together which lealth care and	D12	h	neal	s, during this time, how satisfied were you with the th care provider's communication with the school, I care provider, or special education program?
			reatment choices would be best for this child?				Very satisfied
D			RING THE PAST 12 MONTHS, did anyone help you				Somewhat satisfied
1			nge or coordinate this child's care among the rent doctors or services that this child uses?				Somewhat dissatisfied
	[Yes				Very dissatisfied
	[No	01			any of this child's doctors or other health care
	[Did not see more than one health care provider in the PAST 12 MONTHS → SKIP to question		F	rov	iders treat only children?
D	D	UF	RING THE PAST 12 MONTHS, have you felt that you				Yes No → SKIP to question D15 on page 12
	c th	oul	d have used extra help arranging or coordinating child's care among the different health care				
	р	rov	riders or services?	U	٧	vill ı	s, have they talked with you about when this child need to see doctors or other health care providers treat adults?
	Į.		Yes		٧		Yes
	L		No → SKIP to question D10				No
D	d	lid :	s, DURING THE PAST 12 MONTHS, how often you get as much help as you wanted with nging or coordinating this child's health care?				
١	[Usually				
			Sometimes				
			Never				
1							



D1		s this child's doctor or other health tively worked with this child to:	care pro	vider Don't	D19	Does this plan of care address transition to doctors and other health care providers who treat adults?
	a.	Make positive choices about their health. For example, by eating healthy, getting regular exercise, not using tobacco, alcohol or other drugs, or delaying sexual activity?	Yes N			☐ Yes☐ No☐ No, this child already sees providers who treat adults
	b.	Gain skills to manage their health and health care. For example, by understanding current health needs, knowing what to do in a medical emergency, or taking medications they may need?			D20	Eligibility for health insurance often changes in young adulthood. Do you know how this child will be insured as they become an adult? ☐ Yes → SKIP to question ☐ on page 13
	C.	Understand the changes in health care that happen at age 18. For example, by understanding changes in privacy, consent, access to information, or decision-making?			D21	If no, has anyone discussed with you how to obtain or keep some type of health insurance coverage as this child becomes an adult?
Đ1	ch	d you and this child receive a summild's medical history (for example, n	nedical co		,	Yes
	all	ergies, medications, immunizations)	?			□ No
		No				
D1	wo	ve this child's doctors or other heal orked with you and this child to crea meet their health goals and needs?				
		Yes				
	L	No → SKIP to question D20				
D1		ves, do you and this child have accere?	ess to thi	s plan of		
		Yes				
		No				

E. This Child's He Insurance Covera			E	type	ais child CURRENTLY covered by any as of health insurance or health coverage (X) Yes or No for EACH item.		
DURING THE PAST 12 MONTHS, was this		ED			nsurance through a current or	Yes	No
covered by ANY kind of health insurance coverage plan?				f	ormer employer or union		
Yes, this child was covered					nsurance purchased directly rom an insurance company		
☐ Yes, but this child had a gap in coverage				6	Medicaid, Medical Assistance, or any kind of government assistance plan for those with		
□ No					ow incomes or a disability FRICARE or other military		
Indicate whether any of the following is a		nis			nealth care	Ш	Ш
child was not covered by health insurance time DURING THE PAST 12 MONTHS:	-	Na		e. I	ndian Health Service		
a. Change in employer or employment	Yes	No		f. (Other, specify: 📈		
status b. Cancellation due to overdue							
premiums							
c. Dropped coverage because it was unaffordable			E		often does this child's health insural efits or cover services that meet this		
 d. Dropped coverage because benefits were inadequate 					Always		
Dropped coverage because choice of health care providers was					Usually		
inadequate					Sometimes		
 f. Problems with application or renewal process 					Never		
g. Other, specify: 📈			E6	How	often does this child's health insural	nce allo	w
					n to see the health care providers the		
					Always		
Is this child CURRENTLY covered by ANY health insurance or health coverage plan					Usually		
Yes					Sometimes		
No → SKIP to question F1 on page	14				Never		
				beh heal	aking specifically about this child's meavioral health needs, how often does the insurance offer benefits or cover set these needs? Always Usually Sometimes Never This child does not use mental or beha health services	this chil ervices	



IN AN AVERAGE WEEK, how many hours do you or other family members spend providing health care at

F. Providing for This Child's Health

ı		Ciliu 5 Healti					le for this child? Care might include changing bandages, ving medication and therapies when needed.
F	Savi (FS) med PAS pren	uding co-pays and amounts reimburings Accounts (HSA) and Flexible SpA), how much money did you pay folical, health, dental, and vision care or 12 MONTHS? Do not include health iniums or costs that were or will be reingrance or another source.	pending Acce r this child's DURING THE insurance	ounts			This child does not need health care provided at home on a weekly basis Less than 1 hour per week 1-4 hours per week
		\$0 (No medical or health-related expenses) → SKIP to question F4					5-10 hours per week
		\$1-\$249					11 or more hours per week
١		\$250-\$499					N AVERAGE WEEK, how many hours do you or
		\$500-\$999			he	al	r family members spend arranging or coordinating th or medical care for this child, such as making pintments or locating services?
١		\$1,000-\$5,000					This child does not need health care coordinated on a weekly basis
١		More than \$5,000					Less than 1 hour per week
F	How	often are these costs reasonable?					1-4 hours per week
١		Always					5-10 hours per week
١		Usually					11 or more hours per week
١		Sometimes					
١		Never					
F	prob	RING THE PAST 12 MONTHS, did you blems paying for any of this child's i th care bills?		e			
١		Yes					
١		No					
F		RING THE PAST 12 MONTHS, have y		No			
	á	Left a job or taken a leave of absence because of this child's nealth or health conditions?					
	k	Cut down on the hours you work pecause of this child's health or nealth conditions?					
	(Avoided changing jobs because of concerns about maintaining health nsurance for this child?					



	G. This Child's Schooling and Activities	G5	parti	ING THE PAST 12 MONTHS, did the cipate in	Yes	No
G	DURING THE PAST 12 MONTHS, about how many days did this child miss school because of illness or injury? Include days missed from any formal home schooling.		S	ports lessons after school or n weekends?		
	No missed school days			ny clubs or organizations after chool or on weekends?		
	1-3 days		le	Any other organized activities or essons, such as music, dance, anguage, or other arts?		
	□ 4-6 days□ 7-10 days		٧	ony type of community service or olunteer work at school, place of worship, or in the community?		
	11 or more days		e. A	Any paid work, including regular obs as well as babysitting, cutting grass, or other occasional work?		
G	☐ This child was not enrolled in school DURING THE PAST 12 MONTHS, how many times has	G	DUR	ING THE PAST 12 MONTHS, how on devents or activities that this chil		
J	this child's school contacted you or another adult in your household about any problems they are having with school?			Always		
	None			Usually		
	1 time			Sometimes		
	2 or more times			Rarely		
				Never		
G	during the 2021-2022 school year?	G7	this	ING THE PAST WEEK, on how man child exercise, play a sport, or part sical activity for at least 60 minutes	ticipate in	d
	☐ Mostly A's		pilys	0 days		
	☐ Mostly A's and B's			1-3 days		
	Mostly B's and C's			4-6 days		
	Mostly C's and D's			Every day		
	Mostly D's or lower	G8	Com	pared to other children their age, h	aow much	
	☐ This child's school does not give these grades	G ₀		culty does this child have making o		
G	SINCE STARTING KINDERGARTEN, has this child repeated any grades?			No difficulty		
	Yes			A little difficulty		
	□ No			A lot of difficulty		



G	DURING THE PAST 12 N child bullied, picked on, Do not include siblings or changed throughout the y	or excluded by dating partners.	other child If the freque	Iren? ency		H. About You and This Child
	☐ Never (in the past 1	2 months)		H) W	Vas this child born in the United States?
	1-2 times (in the pas	st 12 months)				Yes → SKIP to question H3
	☐ 1-2 times per month					No
	☐ 1-2 times per week			H		no, how long has this child been living in the United
	☐ Almost every day				S	nates :
G1	DURING THE PAST 12 M				L	years AND months
	child bully others, pick of Do not include siblings or changed throughout the y	dating partners.	If the freque	ency H		low many times has this child moved to a new address ince they were born?
	☐ Never (in the past 1	2 months)				Number of times
	1-2 times (in the pas	st 12 months)				low often does this shild as to had at shout the same
	1-2 times per month			4		low often does this child go to bed at about the same me on weeknights?
	1-2 times per week				[Always
	☐ Almost every day				[Usually
G1			Samatimas	Never		Sometimes
	Show interest and curiosity in learning	Always Usually	Sometimes	Nevel	[Rarely
	new things?					Never
	b. Work to finish tasks they start?			L (5 D	OURING THE PAST WEEK, how many hours of sleep id this child get on most weeknights?
	c. Stay calm and in control when faced with a challenge?				[Less than 6 hours
	d. Care about doing well in school?				[6 hours
	e. Do all required homework?				[7 hours
	f. Argue too much?					8 hours
						9 hours
]	10 hours
						11 or more hours



H	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.	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
	Less than 1 hour	No → SKIP to question 11 on page 18
	1 hour	
	2 hours	If yes, did you receive emotional support from
	3 hours	a. Spouse or domestic partner?
	4 or more hours	
	4 or more nours	
H	How well can you and this child share ideas or talk about things that really matter?	c. Health care provider?
	□ Very well	d. Place of worship or religious leader?e. Support or advocacy group related
		to specific health condition?
	☐ Somewhat well	f. Peer support group?
	Not very well	g. Counselor or other mental health professional?
	Not well at all	h. Other person, specify: □ □ □
Œ	How well do you think you are handling the day-to-day	
	demands of raising children?	
	☐ Very well	
	☐ Somewhat well	
	Not very well	
	Not well at all	
H	DURING THE PAST MONTH, how often have you felt	
1	Never Rarely Sometimes Usually Always a. That this child	
	is much harder to care for than most children their age?	
	b. That this child does things that really bother you a lot?	
	c. Angry with this child?	
-1		

		I. About Your Family and Household		At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive
				a. Cash assistance from a government
U		DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal		welfare program?
١		together?		b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?
١		☐ 0 days	-	c. Free or reduced-cost breakfasts or lunches at school?
١		☐ 1-3 days	(d. School meal debit/Electronic Benefits Transfer (EBT) cards?
١		4-6 days		e. Benefits from the Women, Infants,
١		□ Every day		and Children (WIC) Program?
[2	•	Does anyone living in your household use cigarettes, cigars, or pipe tobacco?		Does this child receive SSI, that is, Supplemental Security Income? SSI is different from Social Security.
١		☐ Yes		☐ Yes ☐ No
١		No → SKIP to question 14		If yes, is this for a disability they have?
I3	•	If yes, does anyone smoke inside your home?		☐ Yes ☐ No
		Yes		DURING THE PAST 12 MONTHS, was there a time when
١		□ No		you were not able to pay the mortgage or rent on time? Yes
		B		
14	7	Does anyone vape or use e-cigarettes inside your home?		□ No
١		Yes		☐ Don't know
		□ No		DURING THE PAST 12 MONTHS, how often were you worried or stressed about being evicted, foreclosed on,
I)	SINCE THIS CHILD WAS BORN, how often has it been very hard to cover the basics, like food or housing,	'	or having your housing condemned?
١		on your family's income?		L Always
١		Never		Usually
١		Rarely		Sometimes
١		☐ Somewhat often		Rarely
١		☐ Very often		Never
Ie	•	Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS?		this child lived?
١		☐ We could always afford to eat good nutritious meals.		Number of places
		We could always afford enough to eat but not always the kinds of food we should eat.		homeless or lived in a shelter? Include living in a shelter, motel, temporary or transitional living situation, scattered site
		Sometimes we could not afford enough to eat.		housing, or having no steady place to sleep at night.
		Often we could not afford enough to eat.		☐ Yes
				□ No
				Don't know



1	3 In	your neighborhood,	is/are the	re	Yes	No	116		e next questions a ppened during this				
ı	a.	Sidewalks or walking	paths?					ha un	ppen in any family, comfortable with th	but som	e people stions. Yo	may feel u may sk	
ı	b.	A park or playground	l?						y questions you do the best of your k				ÆR
ı	c.	A recreation center,							perienced any of th			Yes	No
ı	ч	center, or boys' and A library or bookmob		?				a.	Parent or guardian separated	divorced	or		
ı		·						b.	Parent or guardian	died			
ı	e.	Litter or garbage on or sidewalk?	ine sireei					c.	Parent or guardian jail or prison	served tir	ne in		
ı	f.	Poorly kept or rundow	wn housin	g?				d.	Saw or heard parer hit, kick, punch one				
ı	g.	Vandalism such as b windows or graffiti?	roken						home		iii tiic		
1	To	o what extent do you bout your neighborho	agree wit	h these	statement	s		е.	Was a victim of viol witnessed violence neighborhood				
ı				•	Somewhat	Definitel disagre		f.	Lived with anyone will, suicidal, or seven				
ı	a.	People in this neighborhood help						g.	Lived with anyone with alcohol or drug		a problem		
ı	h	each other out We watch out for						h.	Treated or judged u		cause		
	Б.	each other's children in this neighborhood				Ш		i.	Treated or judged upof their sexual orier identity				
ı	C.	This child is safe in our						j.	Treated or judged u	nfairly be	cause oility		
ı	d	neighborhood When we					1	W	nen your family fac ely to do each of th	es proble	ems, how	often are	you
ı	u.	encounter						IIK	ery to do each of the	All of	Most of		
ı		difficulties, we know where to go for help in						a.	Talk together about what to do	the time	the time	the time	the time
ı	0	our community This child is safe						b.	Work together to				
ı	е.	at school						c.	solve our problems Know we have				
1		ther than you or othe ast one other					4	Ч	strengths to draw o Stay hopeful even	1 🗀			
ı	or	community who known rely on for advice	ws this c	hild wel					in difficult times			Ш	
ı		Yes					[18]		RING THE PAST 12 y health care visits				ad
ı		No							Yes 🗆 I	lo			
								L	If yes, were any by video or phorpandemic?				
									Yes	No			
							119	de	RING THE PAST 1: lay or skip any PRI coronavirus pand	VENTIV			
									Yes				
									No				



J. Child's Caregivers What is the highest grade or level of school you have completed? Mark (X) ONE box. **About You** 8th grade or less How are you related to this child? 9th-12th grade; No diploma Biological or Adoptive Parent High School Graduate or GED Completed Step-parent Completed a vocational, trade, or business school program Grandparent Some College Credit, but no Degree Foster Parent Associate Degree (AA, AS) Other: Relative Bachelor's Degree (BA, BS, AB) Other: Non-Relative Master's Degree (MA, MS, MSW, MBA) What is your sex? Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD) Male What is your marital status? Female Married What is your age? Not married, but living with a partner Age in years **Never Married** Where were you born? Divorced In the United States → SKIP to question J6 Separated Widowed Outside of the United States In general, how is your physical health? When did you come to live in the United States? Indicate the 4-digit year in which you came to live in the United States. Excellent Very good 4-Digit Year Good Fair Poor



Ja	In g	eneral, how is your mental or emotional health?		Other Parent or Caregiver in the Household
ı		Excellent		
ı		Very good	14) Ho	w is this other caregiver related to this child?
ı		Good		Biological or Adoptive Parent
ı		Fair		Step-parent
ı		Poor		Grandparent
				Foster Parent
J1	emp	ch of the following best describes your current bloyment status?		Other: Relative
ı	Mari	k (X) ONE box.		Other: Non-Relative
ı		Employed full-time		
ı		Employed part-time	15) Wh	at is this caregiver's sex?
ı		Working WITHOUT pay		Male
ı		Not employed but looking for work		Female
ı		Not employed and not looking for work	16 Wh	nat is this caregiver's age?
J	U.S.	e you ever served on active duty in the Armed Forces, Reserves, or the National Guard?		Age in years
ı		Never served in the military → SKIP to question J13	17 Wh	ere was this caregiver born?
		Only on active duty for training in the Reserves or National Guard → SKIP to question		In the United States → SKIP to question on page 22
ı		Now on active duty		Outside of the United States
		On active duty in the past, but not now		ten did this caregiver come to live in the United tes? Indicate the 4-digit year in which this caregiver
J1	Wer	e you deployed at any time during this child's life?	car	me to live in the United States.
ı		Yes		4-Digit Year
ı		No		
JI		s this child have another parent or adult caregiver blives in this household?		
		Yes → Complete questions J14 - J25 for this other parent or adult caregiver		
		No → SKIP to question (1) on page 22		
ı				



J1	care	at is the highest grade or level of school this egiver has completed? k (X) ONE box.		curr	ch of the following best describes this caregiver's ent employment status?
		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)	24	Has	this caregiver ever served on active duty in the
		Bachelor's Degree (BA, BS, AB)		U.S.	Armed Forces, Reserves, or the National Guard?
		Master's Degree (MA, MS, MSW, MBA)			Never served in the military → SKIP to question K1
		Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			Only on active duty for training in the Reserves or National Guard → SKIP to question
J2	Wha	at is this caregiver's marital status?			Now on active duty
		Married			On active duty in the past, but not now
		Not married, but living with a partner	25 1	Wac.	this caregiver deployed at any time during this
		Never Married			d's life?
		Divorced			Yes
		Separated			No
		Widowed	١,		
J2	In g	eneral, how is this caregiver's physical health?			. Household Information
		Excellent		Inclu	many people are living or staying at this address? Ide everyone who usually lives or stays at this address.
		Very good	1	more	NOT include anyone who is living somewhere else for than two months, such as a college student living away become in the Armed Forces on deployment.
		Good		01 30	oneone in the Annea Forces on deployment.
		Fair		U	Number of people
		Poor		men	many of these people in your household are family hers? Family is defined as anyone related to this child
J2		eneral, how is this caregiver's mental or emotional lth?		by b	lood, marriage, adoption, or through foster care.
		Excellent			Number of people
		Very good			
		Good			
		Fair			
		Poor			



К3 Income in 2021 Mark (X) the "Yes" box for EACH type of income this child's family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark (X) the "No" box to show types of income NOT received. a. Wages, salary, commissions, bonuses, or tips for all jobs. Yes → .00 TOTAL AMOUNT No in the last calendar year b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships. Loss Yes → .00 TOTAL AMOUNT No in the last calendar year Interest, dividends, net rental income, royalty income, or income from estates and trusts. Yes → Loss .00 **TOTAL AMOUNT** No in the last calendar year d. Social Security or Railroad Retirement; retirement, survivor, or disability pensions. Yes → .00 TOTAL AMOUNT No in the last calendar year e. Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office. Yes → .00 TOTAL AMOUNT No in the last calendar year f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. Yes → .00 TOTAL AMOUNT No in the last calendar year

The following question is about your 2021 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.

\$.00		Loss
--------	--	------

TOTAL AMOUNT in the last calendar year

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 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 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.

