

National Survey of Children's Health

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

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

Under the Privacy Act of 1974 (5 U.S.C. Section 552a), these records are maintained by the Census Bureau under SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame). Access to records maintained in the system is restricted to Census Bureau employees and certain individuals authorized by Title 13, U.S. Code (designated as Special Sworn Status individuals). These individuals are subject to the same confidentiality requirements as regular Census Bureau employees.

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

NSCH-LC1

(02/10/2022) Draft #4



Start Here

In 2018 or 2019, a parent or caregiver completed a survey that asked about the health and well-being of a child in this household. We now have some follow-up questions to ask about this child and the experiences they and your family have had since that last survey.

These questions and the rest of the survey should be completed by a parent or primary caregiver who is familiar with this child's health and health care. If possible, this survey should be completed by the same adult who completed the first survey in 2018 or 2019.

Your participation is important. Thank you.

1 Are you the household member that completed the National Survey of Children's Health about [NAME/THIS PERSON] in 2018/2019?

☐ Yes

☐ No

2 What is this child's first name?

First Name

3 What month and year was this child born?

Birth month

2 0

Birth Year

4 Is this child still living?

☐ Yes

☐ No → **SKIP to END OF SURVEY**

5 What is this child's sex?

☐ Male

☐ Female

NOTE: Answer BOTH question 6 about Hispanic origin and question 7 about race. For this survey, Hispanic origins are not races.

6 Is this child of Hispanic, Latino, or Spanish origin?

☐ No, not of Hispanic, Latino, or Spanish origin

☐ Yes, Mexican, Mexican American, Chicano

☐ Yes, Cuban

☐ Yes, Puerto Rican

☐ Yes, another Hispanic, Latino, or Spanish origin

7 What is this child's race? Mark (X) one or more boxes.

☐ White

☐ Black or African American

☐ American Indian or Alaska Native

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian

☐ Native Hawaiian

☐ Guamanian or Chamorro

☐ Samoan

☐ Other Pacific Islander

8 Where does this child live MOST OF THE TIME?

☐ With me → **SKIP to question A1**

☐ Campus/dorm room

☐ Military base

☐ Institutional setting (such as congregate care, residential treatment, group home, penal facility)

☐ Somewhere else another parent/guardian

☐ Somewhere else with roommates

☐ Somewhere else on their own

☐ Other, specify:

9 When did this child move out of your home? If this child has moved out more than once, please report the most recent move out date.

Month

2 0

Year

10 Do you have regular contact with this child or this child's primary caregiver?

☐ Yes

☐ No



A. This Child's Health

A1 In general, how would you describe this child's health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

A2 How would you describe the condition of this child's teeth?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

A3 Has a doctor or other health care provider EVER told you that this child has nearsightedness (also known as myopia)?

- ☐ Yes ☐ No

↳ If yes, when did a doctor or other health care provider tell you this child had nearsightedness?

- ☐ BEFORE March 2020 ☐ SINCE March 2020

A4 Has a doctor or other healthcare provider EVER told you that this child has permanent hearing loss?

- ☐ Yes ☐ No

↳ If yes, is the hearing loss:

- ☐ Mild ☐ Moderate ☐ Severe ☐ Profound

Has a doctor or other health care provider EVER told you that this child has...

A5 Anxiety Problems?

- ☐ Yes ☐ No

↳ If yes, does this child CURRENTLY have the condition?

- ☐ Yes ☐ No

Has a doctor, other health care provider, or educator EVER told you that this child has...

Examples of educators are teachers and school nurses.

A7 Behavioral or Conduct Problems?

- ☐ Yes ☐ No

↳ If yes, does this child CURRENTLY have the condition?

- ☐ Yes ☐ No

A8 Developmental Delay?

- ☐ Yes ☐ No

↳ If yes, does this child CURRENTLY have the condition?

- ☐ Yes ☐ No

A9 Intellectual Disability (formerly known as Mental Retardation)?

- ☐ Yes ☐ No

↳ If yes, does this child CURRENTLY have the condition?

- ☐ Yes ☐ No

A10 Speech or other language disorder?

- ☐ Yes ☐ No

↳ If yes, does this child CURRENTLY have the condition?

- ☐ Yes ☐ No

A11 Learning Disability?

- ☐ Yes ☐ No

↳ If yes, does this child CURRENTLY have the condition?

- ☐ Yes ☐ No

A12 Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).

- ☐ Yes ☐ No → **SKIP to question A16**

↳ If yes, does this child CURRENTLY have the condition?

- ☐ Yes ☐ No



A13 Is this child **CURRENTLY** taking medication for Autism, ASD, Asperger's Disorder or PDD?

- ☐ Yes
☐ No

A14 At any time **DURING THE PAST 12 MONTHS**, did this child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an intervention that you or this child received to help with their behavior?

- ☐ Yes
☐ No

A15 The COVID-19 pandemic began in March 2020. **DURING THE PANDEMIC**, did this child experience any gaps or delays to either their medication or behavioral treatment for Autism, ASD, Asperger's Disorder, or PDD?

- ☐ This child did not need medication or behavioral treatment during the pandemic
☐ No, this child experienced no gaps or delays in their medication or behavioral treatment
☐ Yes, this child experienced gaps or delays in their medication or behavioral treatment
☐ Yes, this child needed but never received either medication, behavioral treatment, or both

A16 Has a doctor or other health care provider **EVER** told you that this child has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD?

- ☐ Yes ☐ No → **SKIP to question A20**

↳ If yes, does this child **CURRENTLY** have the condition?

- ☐ Yes ☐ No

A17 Is this child **CURRENTLY** taking medication for ADD or ADHD?

- ☐ Yes
☐ No

A18 At any time **DURING THE PAST 12 MONTHS**, did this child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this child received to help with their behavior?

- ☐ Yes
☐ No

A19 The COVID-19 pandemic began in March 2020. **DURING THE PANDEMIC**, did this child experience any gaps or delays to either their medication or behavioral treatment for Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder (ADD or ADHD)?

- ☐ This child did not need medication or behavioral treatment during the pandemic
☐ No, this child experienced no gaps or delays in their medication or behavioral treatment
☐ Yes, this child experienced gaps or delays in their medication or behavioral treatment
☐ Yes, this child needed but never received either medication, behavioral treatment or both

A20 Thinking of this child today, how often would you say each of the following describes this child?

	Never	Sometimes	Often
a. Feels sad, unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feels hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is down on self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Worries a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Seems to be having less fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fidgety, unable to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Daydreams too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Distracted easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Has trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Acts as if driven by a motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Fights with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Does not listen to rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Does not understand other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Teases others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Blames others for their troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Refuses to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Takes things that do not belong to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



A21 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?

- ☐ This child does not have any health conditions
→ **SKIP to question A23**
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

A22 To what extent do this child's health conditions or problems affect their ability to do things?

- ☐ Very little
- ☐ Somewhat
- ☐ A great deal

A23 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?

- ☐ Yes ☐ No

↳ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?

- ☐ Yes ☐ No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- ☐ Yes ☐ No

A24 Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?

- ☐ Yes ☐ No

↳ If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?

- ☐ Yes ☐ No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- ☐ Yes ☐ No

A25 Is this child limited or prevented in any way in their ability to do the things most children of the same age can do?

- ☐ Yes ☐ No

↳ If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?

- ☐ Yes ☐ No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- ☐ Yes ☐ No

A26 Does this child need or get special therapy, such as physical, occupational, or speech therapy?

- ☐ Yes ☐ No

↳ If yes, is this because of ANY medical, behavioral, or other health condition?

- ☐ Yes ☐ No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- ☐ Yes ☐ No

A27 Does this child have any kind of emotional, developmental, or behavioral problem for which they need treatment or counseling?

- ☐ Yes ☐ No

↳ If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

- ☐ Yes ☐ No

B. Health Care Services

B1 DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care? Include health care visits done by video or phone.

- ☐ Yes

- ☐ No → **SKIP to question B3**

B2 If yes, DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.

- ☐ 0 visits

- ☐ 1 visit

- ☐ 2 or more visits



B3 Has a doctor or other health care provider ever told you that this child is overweight?

- ☐ Yes
- ☐ No

B4 SINCE MARCH 2020, has a doctor or other health care provider had you or another caregiver fill out a questionnaire about observations or concerns you may have about this child's development, communication, or social behaviors? Sometimes a child's doctor or other health care provider will ask a parent to do this at home or during a child's visit.

- ☐ Yes
- ☐ No → **SKIP to question B7**

B5 If yes, did the questionnaire ask about your concerns or observations about:
Mark (X) Yes or No for EACH item.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Words and phrases this child uses and understands? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How this child behaves and gets along with you and others? | <input type="checkbox"/> | <input type="checkbox"/> |

B6 What happened after you filled out the questionnaire?
Mark (X) Yes or No for EACH item.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. The provider discussed the questionnaire results with me. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. This child was referred for evaluation for services to help with concerns. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The provider discussed ways to support this child's development with me. | <input type="checkbox"/> | <input type="checkbox"/> |

B7 Is there a place you or another caregiver USUALLY take this child when they are sick or you need advice about their health?

- ☐ Yes
- ☐ No → **SKIP to question B9**

B8 If yes, where does this child USUALLY go first?
Mark (X) ONE box.

- ☐ Doctor's Office
- ☐ Hospital Emergency Room
- ☐ Hospital Outpatient Department
- ☐ Urgent Care Center
- ☐ Clinic or Health Center
- ☐ Retail Store Clinic or "Minute Clinic"
- ☐ School (Nurse's Office, Athletic Trainer's Office)
- ☐ Some other place

B9 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

B10 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? Mark (X) ALL that apply.

- ☐ No preventive visits in the past 12 months
- ☐ Yes, 1 visit
- ☐ Yes, 2 or more visits

B11 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, but this child needed to see a mental health professional
- ☐ No, this child did not need to see a mental health professional → **SKIP to question B13**



B12 How difficult was it to get the mental health treatment or counseling that this child needed?

- ☐ Not difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ It was not possible to obtain care

B13 Has this child **EVER** had a special education or early intervention plan? *Children receiving these services often have an Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP), or 504 Plan.*

- ☐ Yes
- ☐ No, but this child needed a plan
→ **SKIP to question B17**
- ☐ No, this child did not need a plan
→ **SKIP to question B17**

B14 If yes, in what month and year did the plan start?

Month Year

B15 The COVID-19 pandemic started in March 2020. Did this child have a special education or early intervention plan **DURING THE PANDEMIC**?

- ☐ Yes
- ☐ No, but this child needed a plan
→ **SKIP to question B17**
- ☐ No, this child did not need a plan
→ **SKIP to question B17**

B16 Did the pandemic affect this child's special education or intervention services?

- ☐ Yes
- ☐ Yes, this child received limited or inconsistent services
- ☐ Yes, this child did not receive any services

B17 Is this child **CURRENTLY** receiving special services to meet their developmental needs such as speech, occupational, or behavioral therapy?

- ☐ Yes
- ☐ No

B18 **SINCE MARCH 2020**, has this child received speech therapy?

- ☐ Yes
- ☐ No, but this child needed speech therapy
→ **SKIP to question B21**
- ☐ No, this child did not need speech therapy
→ **SKIP to question B21**

B19 **SINCE MARCH 2020**, has this child experienced any gaps or delays in receiving speech therapy?

- ☐ Yes
- ☐ No → **SKIP to question B21**

B20 About how long was the longest gap or delay in speech therapy? *Your best estimate is fine.*

- ☐ Less than 1 month
- ☐ 1 month
- ☐ 2-3 months
- ☐ 4-6 months
- ☐ More than 6 months

B21 **SINCE MARCH 2020**, has this child received health care related to the use of hearing devices such as hearing aids or cochlear implants?

- ☐ Yes
- ☐ No, but this child needed health care related to the use of hearing devices → **SKIP to question B24**
- ☐ No, this child did not need health care related to the use of hearing devices → **SKIP to question B24**

B22 **SINCE MARCH 2020**, has this child experienced any gaps or delays in receiving health care related to the use of hearing devices?

- ☐ Yes
- ☐ No → **SKIP to question B24**

B23 About how long was the longest gap or delay in health care related to the use of hearing devices? *Your best estimate is fine.*

- ☐ Less than 1 month
- ☐ 1 month
- ☐ 2-3 months
- ☐ 4-6 months
- ☐ More than 6 months



B24 SINCE MARCH 2020, has this child received language instruction including sign language and cued speech?

☐ Yes

☐ No, but this child needed these types of language instruction → **SKIP to question B27**

☐ No, this child did not need these types of language instruction → **SKIP to question B27**

B25 SINCE MARCH 2020, has this child experienced any gaps or delays in these types of language instruction?

☐ Yes

☐ No

B26 About how long was the longest gap or delay in language instruction? *Your best estimate is fine.*

☐ Less than 1 month

☐ 1 month

☐ 2-3 months

☐ 4-6 months

☐ More than 6 months

B27 Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?

☐ Yes

☐ No → **SKIP to question C1**

B28 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.

	Yes	No
a. Insurance through a current or former employer or union	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance purchased directly from an insurance company	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>
d. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>
e. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>
f. Other, specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. This Child's Schooling And Activities

C1 SINCE MARCH 2020, has this child EVER received care for at least 10 hours per week from someone other than their parent or guardian? *This could be a day care, preschool, Head Start program, family child care home, au pair, babysitter, or relative.*

☐ Yes

☐ No → **SKIP to question C5**

C2 SINCE MARCH 2020, have you or anyone else in your family been able to make alternative child care arrangements for this child when their regular day care or other child care arrangement was closed or unavailable? *Alternative arrangements mean that care was provided by a different day care, preschool, Head Start program, family child care home, au pair, babysitter, or any relative other than the child's parent or guardian that is different from the USUAL care arrangement.*

☐ Yes

☐ No

☐ Alternative child care was not needed

C3 SINCE MARCH 2020, has there ever been a time when you were concerned about the quality of this child's regular or alternative child care arrangements?

☐ Yes

☐ No

C4 Does this child CURRENTLY receive care for at least 10 hours per week from someone other than their parent or guardian? *This could be a day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter, or relative.*

☐ Yes

☐ No

C5 Has this child started school? *Include any formal home schooling.*

☐ Yes, preschool

☐ Yes, kindergarten

☐ Yes, first grade

☐ No



C6 How often can this child recognize the beginning sound of a word? *For example, can this child tell you that the word "ball" starts with the "buh" sound?*

- ☐ Always
- ☐ Most of the time
- ☐ About half the time
- ☐ Sometimes
- ☐ Never

C7 About how many letters of the alphabet can this child recognize?

- ☐ All of them
- ☐ Most of them
- ☐ About half of them
- ☐ Some of them
- ☐ None of them

C8 Can this child rhyme words?

- ☐ Yes
- ☐ No

C9 How often can this child explain things they have seen or done so that you get a very good idea what happened?

- ☐ Always
- ☐ Most of the time
- ☐ About half the time
- ☐ Sometimes
- ☐ Never

C10 How often can this child write their first name, even if some of the letters aren't quite right or are backwards?

- ☐ Always
- ☐ Most of the time
- ☐ About half the time
- ☐ Sometimes
- ☐ Never

C11 How high can this child count?

- ☐ This child cannot count
- ☐ Up to five
- ☐ Up to ten
- ☐ Up to 20
- ☐ Up to 50
- ☐ Up to 100 or more

C12 How often can this child identify basic shapes such as a triangle, circle, or square?

- ☐ Always
- ☐ Most of the time
- ☐ About half the time
- ☐ Sometimes
- ☐ Never

C13 Can this child identify the colors red, yellow, blue, and green by name?

- ☐ Yes, all of them
- ☐ Yes, some of them
- ☐ No, none of them

C14 How often is this child easily distracted?

- ☐ Always
- ☐ Most of the time
- ☐ About half the time
- ☐ Sometimes
- ☐ Never

C15 How often does this child keep working at something until they are finished?

- ☐ Always
- ☐ Most of the time
- ☐ About half the time
- ☐ Sometimes
- ☐ Never



C16 When this child is paying attention, how often can they follow instruction to complete a simple task?

- ☐ Always
- ☐ Most of the time
- ☐ About half the time
- ☐ Sometimes
- ☐ Never

C17 How does this child usually hold a pencil?

- ☐ Uses fingers to hold the pencil
- ☐ Grips the pencil in their fist
- ☐ This child cannot hold a pencil

C18 How often does this child play well with others?

- ☐ Always
- ☐ Most of the time
- ☐ About half the time
- ☐ Sometimes
- ☐ Never

C19 How often does this child become angry or anxious when going from one activity to another?

- ☐ Always
- ☐ Most of the time
- ☐ About half the time
- ☐ Sometimes
- ☐ Never

C20 How often does this child show concern when others are hurt or unhappy?

- ☐ Always
- ☐ Most of the time
- ☐ About half the time
- ☐ Sometimes
- ☐ Never

C21 When excited or all wound up, how often can this child calm down quickly?

- ☐ Always
- ☐ Most of the time
- ☐ About half the time
- ☐ Sometimes
- ☐ Never

C22 How often does this child lose control of their temper when things do not go their way?

- ☐ Always
- ☐ Most of the time
- ☐ About half the time
- ☐ Sometimes
- ☐ Never

C23 Compared to other children their age, how often is this child able to sit still?

- ☐ Always
- ☐ Most of the time
- ☐ About half the time
- ☐ Sometimes
- ☐ Never

C24 Compared to other children their age, how much difficulty does this child have making or keeping friends?

- ☐ No difficulty
- ☐ A little difficulty
- ☐ A lot of difficulty



- C25** How well do the following statements describe this child?
- | | Very well | Somewhat well | Not at all well |
|--|--------------------------|--------------------------|--------------------------|
| a. This child feels accepted by other children their age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. This child talks to their friends about things that are important to them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- C26** How often...
- | | Always | Usually | Sometimes | Never |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Is this child affectionate and tender with you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does this child bounce back quickly when things do not go their way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does this child show interest and curiosity in learning new things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does this child smile and laugh? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D. About You And This Child

- D1** DURING THE PAST 12 MONTHS, how often did this child have problems falling or staying asleep?

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Never

- D2** ON MOST WEEKDAYS, about how much time does this child spend in front of a TV, computer, cell phone or other electronic device watching programs, playing games, accessing the internet or using social media? *Do not include time spent doing schoolwork.*

- ☐ 1 hour or less
- ☐ 2-3 hours
- ☐ 4-6 hours
- ☐ 7-8 hours
- ☐ More than 8 hours
- ☐ Don't know

- D3** DURING THE PAST WEEK, how many days did you or other family members read to this child?

- ☐ 0 days
- ☐ 1-3 days
- ☐ 4-6 days
- ☐ Every day

- D4** DURING THE PAST WEEK, how many days did you or other family members tell stories or sing songs to this child?

- ☐ 0 days
- ☐ 1-3 days
- ☐ 4-6 days
- ☐ Every day

- D5** DURING THE PAST 12 MONTHS, how much time did you spend with this child doing something they enjoy?

- ☐ Almost every day
- ☐ A few times a week
- ☐ About once a week
- ☐ About once a month
- ☐ Less than once a month
- ☐ Never

- D6** How well do you think you are handling the day-to-day demands of parenting or raising children?

- ☐ Very well
- ☐ Somewhat well
- ☐ Not very well
- ☐ Not well at all


- D7** DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?

- ☐ Yes
- ☐ No



E. About Your Family And Household

E1 What is the primary language spoken in this household?

- ☐ English
- ☐ Spanish
- ☐ Other Language, specify: 

E2 When your family faces problems, how often are you likely to do each of the following?

	All of the time	Most of the time	Some of the time	None of the time
a. Talk together about what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work together to solve our problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Know we have strengths to draw on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stay hopeful even in difficult times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E3 How much difficulty does this child have in relationships with their family members and extended relatives?

- ☐ No difficulty
- ☐ A little difficulty
- ☐ A lot of difficulty

E4 Is the house, apartment, or mobile home where you live... Mark (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?

E5 DURING THE PAST 12 MONTHS, was there a time when you were not able to pay the mortgage or rent on time?

- ☐ Yes
- ☐ No

E6 SINCE THIS CHILD WAS BORN, have they ever been homeless or lived in a shelter? *Include living in a shelter, motel, temporary or transitional living situation, scattered site housing, or no steady place to sleep at night.*

- ☐ Yes
- ☐ No → **SKIP to question E8**

E7 DURING THE PAST 12 MONTHS, has this child been homeless or lived in a shelter?

- ☐ Yes
- ☐ No

E8 SINCE THIS CHILD WAS BORN, how often has it been very hard to cover the basics, like food and housing, on your family's income?

- ☐ Never → **SKIP to question E10**
- ☐ Rarely
- ☐ Somewhat often
- ☐ Very often

E9 DURING THE PAST 12 MONTHS, how often has it been very hard to cover the basics, like food and housing, on your family's income?

- ☐ Never
- ☐ Rarely
- ☐ Somewhat often
- ☐ Very often

E10 Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS?

- ☐ 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
- ☐ Sometimes we could not afford enough to eat
- ☐ Often we could not afford enough to eat



E11 At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive...
Mark (X) Yes or No for EACH item.

	Yes	No
a. Cash assistance from a government welfare program?	<input type="checkbox"/>	<input type="checkbox"/>
b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?	<input type="checkbox"/>	<input type="checkbox"/>
c. Free or reduced-cost breakfasts or lunches at school?	<input type="checkbox"/>	<input type="checkbox"/>
d. School meal debit/Electronic Bank Transfer (EBT) cards?	<input type="checkbox"/>	<input type="checkbox"/>
e. Benefits from the Women, Infants, and Children (WIC) Program?	<input type="checkbox"/>	<input type="checkbox"/>
f. Unemployment Insurance (UI)?	<input type="checkbox"/>	<input type="checkbox"/>

E12 At any time DURING THE PAST 12 MONTHS, did this child live anywhere other than with you?

☐ Yes

☐ No → **SKIP to question E16**

E13 Answer questions **E13–E15** about the place or places this child has lived DURING THE PAST 12 MONTHS when they were not living with you.

DURING THE PAST 12 MONTHS, was there a time when an adult in this child's other household(s) was not able to pay the mortgage or rent on time?

☐ Yes

☐ No

☐ Don't know

E14 DURING THE PAST 12 MONTHS, how often has it been very hard to cover the basics in this child's other household(s), like food and housing, on the family's income?

☐ Never

☐ Rarely

☐ Somewhat often

☐ Very often

☐ Don't know

E15 Which of these statements best describes the ability of this child's other household(s) to afford the food they need DURING THE PAST 12 MONTHS?

☐ They could always afford to eat good nutritious meals

☐ They could always afford enough to eat but not always the kinds of food they should eat

☐ Sometimes they could not afford enough to eat

☐ Often they could not afford enough to eat

☐ Don't know

E16 The next questions are about events that may have happened during this child's life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer.

To the best of your knowledge, has this child EVER experienced any of the following?

Mark (X) Yes or No for EACH item.

	Yes	No
a. Parent or guardian divorced or separated	<input type="checkbox"/>	<input type="checkbox"/>
b. Parent or guardian died	<input type="checkbox"/>	<input type="checkbox"/>
c. Parent or guardian served time in jail	<input type="checkbox"/>	<input type="checkbox"/>
d. Saw or heard parents or adults slap, hit, kick, punch one another in the home	<input type="checkbox"/>	<input type="checkbox"/>
e. Was a victim of violence or witnessed violence in their neighborhood	<input type="checkbox"/>	<input type="checkbox"/>
f. Lived with anyone who was mentally ill, suicidal, or severely depressed	<input type="checkbox"/>	<input type="checkbox"/>
g. Lived with anyone who had a problem with alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>
h. Treated or judged unfairly because of their race or ethnic group	<input type="checkbox"/>	<input type="checkbox"/>
i. Treated or judged unfairly because of a health condition or disability	<input type="checkbox"/>	<input type="checkbox"/>



F. Child's Caregivers

Complete these questions for UP TO TWO ADULTS who are this child's parents or primary caregivers. Please only include adults who are currently active in this child's life.

About You

F1 How are you related to this child?

- ☐ Biological or Adoptive Parent
- ☐ Step-parent
- ☐ Grandparent
- ☐ Foster Parent
- ☐ Other: Relative
- ☐ Other: Non-Relative

F2 Have you been this child's parent or primary caregiver since this child's birth?

- ☐ Yes
- ☐ No

↳ If no, for how long have you been this child's parent or primary caregiver?

Years

Months

F3 What is your sex?

- ☐ Male
- ☐ Female

F4 What is your age?

Age in years

F5 Where were you born?

- ☐ In the United States → **SKIP to question F7**
- ☐ Outside of the United States

F6 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

F7 What is the highest grade or level of school you have completed? Mark (X) ONE box.

- ☐ 8th grade or less
- ☐ 9th-12th grade; No diploma
- ☐ High school graduate or GED completed
- ☐ Completed a vocational, trade, or business school program
- ☐ Some college credit, but no degree
- ☐ Associate Degree (AA, AS)
- ☐ Bachelor's Degree (BA, BS, AB)
- ☐ Master's Degree (MA, MS, MSW, MBA)
- ☐ Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

F8 What is your marital status?

- ☐ Married
- ☐ Not married, but living with a partner
- ☐ Never married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

F9 Has there been a change in your marital status SINCE 2018?

- ☐ Yes
- ☐ No

F10 In general, how is your physical health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor



F11 In general, how is your mental or emotional health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

F12 Which of the following best describes your current employment status? Mark (X) ONE box.

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Working WITHOUT pay
- ☐ Not employed but looking for work
- ☐ Not employed and not looking for work
- ☐ Retired

F13 Have you ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.

- ☐ Never served in the military
- ☐ Only on active duty for training in the Reserves or National Guard
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

F14 Does this child have another parent or primary caregiver who is active in their life?

- ☐ Yes
- ☐ No → **SKIP to question G1**

Other Parent or Primary Caregiver

F15 How is this other caregiver currently related to you? Mark (X) ONE box.

- ☐ Spouse or partner
- ☐ Previous spouse or partner
- ☐ Parent (include adoptive or foster parent)
- ☐ Grandparent
- ☐ In-law (include parent or grandparent)
- ☐ Other: Relative
- ☐ Other: Non-Relative

F16 Does this caregiver live with you?

- ☐ Yes
- ☐ No

F17 How is this caregiver related to this child?

- ☐ Biological or Adoptive Parent
- ☐ Step-parent
- ☐ Grandparent
- ☐ Foster Parent
- ☐ Other: Relative
- ☐ Other: Non-Relative

F18 Has this caregiver been this child's parent or primary caregiver since this child's birth?

- ☐ Yes
- ☐ No

↳ If no, for how long have they been this child's parent or primary caregiver?

Years Months

F19 What is this caregiver's sex?

- ☐ Male
- ☐ Female



F20 What is this caregiver's age?

Age in years

☐ Don't know

F21 Where was this caregiver born?

☐ In the United States → **SKIP to question F23**

☐ Outside of the United States

☐ Don't know → **SKIP to question F23**

F22 When did this caregiver come to live in the United States? Indicate the 4-digit year in which they came to live in the United States.

4-Digit Year

☐ Don't know

F23 What is the highest grade or level of school this caregiver has completed? Mark (X) ONE box.

☐ 8th grade or less

☐ 9th-12th grade; No diploma

☐ High school graduate or GED completed

☐ Completed a vocational, trade, or business school program

☐ Some college credit, but no degree

☐ Associate Degree (AA, AS)

☐ Bachelor's Degree (BA, BS, AB)

☐ Master's Degree (MA, MS, MSW, MBA)

☐ Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

☐ Don't know

F24 What is this caregiver's marital status?

☐ Married

☐ Not married, but living with a partner

☐ Never married

☐ Divorced

☐ Separated

☐ Widowed

☐ Don't know

F25 In general, how is this caregiver's physical health?

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

☐ Don't know

F26 In general, how is this caregiver's mental or emotional health?

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

☐ Don't know

F27 Which of the following best describes this caregiver's current employment status?

☐ Employed full-time

☐ Employed part-time

☐ Working WITHOUT pay

☐ Not employed but looking for work

☐ Not employed and not looking for work

☐ Retired

☐ Don't know

F28 Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.

☐ Never served in the military

☐ Only on active duty for training in the Reserves or National Guard

☐ Now on active duty

☐ On active duty in the past, but not now

☐ Don't know



G. COVID-19 Pandemic

The questions in this section ask about this child's and your family's experiences during the COVID-19 pandemic, which began in March 2020.

G1 How disruptive was the COVID-19 pandemic for your family?

- ☐ Not disruptive at all
- ☐ Slightly disruptive
- ☐ Somewhat disruptive
- ☐ Very disruptive
- ☐ Extremely disruptive

G2 Please think back to the MOST disruptive time for your family during the COVID-19 pandemic. When was that? Mark (X) ONE box.

- ☐ My family did not experience any disruptions
- ☐ March - June 2020
- ☐ July - December 2020
- ☐ January - June 2021
- ☐ July - December 2021
- ☐ January - June 2022
- ☐ July - December 2022
- ☐ January - June 2023

G3 DURING THE PANDEMIC, how worried were you? Please think about any worry related to the COVID-19 virus as well as worry related to any of the disruptions your family experienced, including social distancing, remote school, or changes to employment, etc.

- ☐ Not at all worried
- ☐ Somewhat worried
- ☐ Very worried
- ☐ Extremely worried

G4 DURING THE PANDEMIC, how worried was this child? Please think about any worry related to the COVID-19 virus as well as worry related to any of the disruptions they experienced, including social distancing, remote school, or changes to caregivers' employment, etc.

- ☐ Not at all worried
- ☐ Somewhat worried
- ☐ Very worried
- ☐ Extremely worried

G5 IN AN AVERAGE WEEK DURING THE PANDEMIC, how often did this child play or interact in-person with children outside of their household? Include friends, neighbors, or classmates.

- ☐ Every day
- ☐ More than once a week
- ☐ Once a week
- ☐ Less than once a week
- ☐ Never

G6 Has this child ever tested positive for COVID-19 or been told by a doctor or other health care provider they had COVID-19?

- ☐ Yes
- ☐ No → SKIP to question **G10**

G7 How long did this child's symptoms last?

- ☐ This child did not experience any symptoms → SKIP to question **G10**
- ☐ Less than 1 week
- ☐ 1-2 weeks
- ☐ 3-4 weeks
- ☐ 5-8 weeks
- ☐ More than 8 weeks

G8 To what extent did this child's symptoms affect their ability to do things?

- ☐ Not at all
- ☐ Very little
- ☐ Somewhat
- ☐ A great deal



G9 Was this child hospitalized for COVID-19?

- ☐ Yes
- ☐ No

G10 Which of the following best describes this child's COVID-19 vaccination status?

- ☐ They have received all recommended doses including any boosters
- ☐ They have not received all recommended doses
- ☐ They have an exemption for a medical or religious reason
- ☐ They are ineligible because of age

G11 Have you ever tested positive for COVID-19 or been told by a doctor or other health care provider you had COVID-19?

- ☐ Yes
- ☐ No → **SKIP to question G14**

G12 Did you experience any symptoms?

- ☐ Yes
- ☐ No → **SKIP to question G14**

G13 How long did your symptoms affect your ability to care for this child?

- ☐ My symptoms did not affect my ability to care for this child
- ☐ Less than 1 week
- ☐ 1-2 weeks
- ☐ 3-4 weeks
- ☐ 5-8 weeks
- ☐ More than 8 weeks

G14 Which of the following best describes your COVID-19 vaccination status?

- ☐ I have received all recommended doses including any boosters
- ☐ I have not received all recommended doses
- ☐ I have an exemption for a medical or religious reason

Answer questions **G15–G18** if this child has another parent or primary caregiver who is active in the child's life. Otherwise **SKIP to question G19**.

G15 Has this child's other caregiver ever tested positive for COVID-19 or been told by a doctor or other health care provider they had COVID-19?

- ☐ Yes
- ☐ No → **SKIP to question G18**
- ☐ Don't know → **SKIP to question G18**

G16 Did this caregiver experience any symptoms?

- ☐ Yes
- ☐ No → **SKIP to question G18**
- ☐ Don't know → **SKIP to question G18**

G17 How long did this caregiver's symptoms affect their ability to care for this child?

- ☐ This caregiver's symptoms did not affect their ability to care for this child
- ☐ Less than 1 week
- ☐ 1-2 weeks
- ☐ 3-4 weeks
- ☐ 5-8 weeks
- ☐ More than 8 weeks
- ☐ Don't know → **SKIP to question G18**

G18 Which of the following best describes this caregiver's COVID-19 vaccination status?

- ☐ They have received all recommended doses including any boosters
- ☐ They have not received all recommended doses
- ☐ They have an exemption for a medical or religious reason
- ☐ Don't know

G19 Were you or any of this child's other parents or primary caregivers hospitalized for a COVID-19 infection or because of complications from a COVID-19 infection?

- ☐ Yes
- ☐ No

G20 Did any of this child's parents or primary caregivers die from a COVID-19 infection or because of complications from a COVID-19 infection?

- ☐ Yes
- ☐ No



G21 DURING THE PANDEMIC, did this child's behavior EVER leave you concerned about their mental or emotional health?

☐ Yes

☐ No → **SKIP to question G23**

G22 If yes, did this child seem to...
Mark (X) Yes or No for EACH item.

	Yes	No
a. Feel anxious?	<input type="checkbox"/>	<input type="checkbox"/>
b. Feel depressed?	<input type="checkbox"/>	<input type="checkbox"/>
c. Struggle with eating?	<input type="checkbox"/>	<input type="checkbox"/>
d. Struggle to stay focused?	<input type="checkbox"/>	<input type="checkbox"/>
e. Show unusual anger or outbursts?	<input type="checkbox"/>	<input type="checkbox"/>

G23 DURING THE PANDEMIC, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations, or any other kind of medical care? Include health care visits done by video or phone.

☐ Yes

☐ No → **SKIP to question G27**

G24 If yes, DURING THE PANDEMIC, 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.

☐ 0 visits

☐ 1 visit

☐ 2 visits

☐ 3 visits

☐ 4 visits

☐ 5 or more visits

G25 DURING THE PANDEMIC, was there a place you or another caregiver USUALLY took this child when they were sick or you needed advice about their health?

☐ Yes

☐ No → **SKIP to question G27**

G26 If yes, where did this child USUALLY go first DURING THE PANDEMIC? Mark (X) ONE box.

☐ Doctor's Office

☐ Hospital Emergency Room

☐ Hospital Outpatient Department

☐ Urgent Care Center

☐ Clinic or Health Center

☐ Retail Store Clinic or "Minute Clinic"

☐ School (Nurse's Office, Athletic Trainer's Office)

☐ Some other place

G27 DURING THE PANDEMIC, did this child receive any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

☐ Yes

☐ No, but this child needed to see a mental health professional

☐ No, this child did not need to see a mental health professional → **SKIP to question G29**

G28 How difficult was it to get the mental health treatment or counseling that this child needed?

☐ Not difficult

☐ Somewhat difficult

☐ Very difficult

☐ It was not possible to obtain care

G29 DURING THE PANDEMIC, was there any time when this child needed health care but it was not received or was delayed by at least 3 months? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.

☐ Yes

☐ No → **SKIP to question G33**



G30 If yes, which types of care were not received or were delayed by at least 3 months DURING THE PANDEMIC?
Mark (X) ALL that apply.

- ☐ Medical Care
- ☐ Dental Care
- ☐ Vision Care
- ☐ Hearing Care
- ☐ Mental Health Services
- ☐ Other, specify

G31 Did any of the following reasons contribute to this child not receiving or delaying needed health services DURING THE PANDEMIC?
Mark (X) Yes or No for EACH item.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. This child was not eligible for the services | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The services this child needed were not available in their area | <input type="checkbox"/> | <input type="checkbox"/> |
| c. There were problems getting an appointment when this child needed one | <input type="checkbox"/> | <input type="checkbox"/> |
| d. There were problems with getting transportation or child care | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The clinic or doctor's office wasn't open when this child needed care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. There were issues related to cost | <input type="checkbox"/> | <input type="checkbox"/> |
| g. There were issues related to insurance coverage | <input type="checkbox"/> | <input type="checkbox"/> |
| h. There were concerns about exposure to COVID-19 by going to the clinic or doctor's office | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Someone in this child's household had COVID-19 or was exposed to COVID-19 | <input type="checkbox"/> | <input type="checkbox"/> |

G32 Which of the following statements best describes how this child's health was impacted by not receiving or delaying health care DURING THE PANDEMIC?

- ☐ There was no impact on this child's health
- ☐ There was mild or minimal impact on this child's health
- ☐ There was moderate impact on this child's health
- ☐ There was significant or severe impact on this child's health

G33 DURING THE PANDEMIC, how often did you feel overwhelmed with the weekly demands of providing medical and/or therapeutic care for this child?

- ☐ This child did not need medical and/or therapeutic care provided on a weekly basis
- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Never

G34 DURING THE PANDEMIC, was this child covered by ANY kind of health insurance or health coverage plan?

- ☐ Yes, this child was covered during the entire pandemic
- ☐ Yes, but this child had a gap in coverage during the pandemic
- ☐ No

G35 IN AN AVERAGE WEEK DURING THE PANDEMIC, how many days did you or other family members read to this child?

- ☐ 0 days
- ☐ 1-3 days
- ☐ 4-6 days
- ☐ Every day

G36 IN AN AVERAGE WEEK DURING THE PANDEMIC, how many days did you or other family members tell stories or sing songs to this child?

- ☐ 0 days
- ☐ 1-3 days
- ☐ 4-6 days
- ☐ Every day



G37 ON MOST WEEKDAYS DURING THE PANDEMIC, about how much time did this child spend in front of a TV, computer, cell phone, or other electronic device watching programs, playing games, accessing the internet, or using social media? Do not include time spent doing schoolwork.

- ☐ 1 hour or less
- ☐ 2-3 hours
- ☐ 4-6 hours
- ☐ 7-8 hours
- ☐ More than 8 hours
- ☐ Don't know

G38 DURING THE PANDEMIC, how much time did you spend with this child doing something they enjoy?

- ☐ Almost every day
- ☐ A few times a week
- ☐ About once a week
- ☐ About once a month
- ☐ Less than once a month
- ☐ Never

G39 DURING THE PANDEMIC, how well do you think you handled the day-to-day demands of parenting or raising children?

- ☐ Very well
- ☐ Somewhat well
- ☐ Not very well
- ☐ Not well at all

G40 DURING THE PANDEMIC, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?

- ☐ Yes
- ☐ No

G41 DURING THE PANDEMIC, how often did the following happen...

	Not at all	A few times a week	Very often
a. Parents or caregivers insulted, swore, shouted, or yelled at each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Parents or caregivers said mean things, shouted, yelled, or screamed at this child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Parents or caregivers were not able to pay attention to this child's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G42 DURING THE PANDEMIC, was your mental or emotional health better, worse, or about the same as it was before the pandemic began?

- ☐ Better → SKIP to question **G45**
- ☐ About the same → SKIP to question **G45**
- ☐ Worse

G43 DURING THE PANDEMIC, did you experience an increase in feeling nervous, anxious, on edge, or worried?

- ☐ Yes
- ☐ No

G44 DURING THE PANDEMIC, did you experience an increase in feeling down, depressed, or hopeless?

- ☐ Yes
- ☐ No

G45 DURING THE PANDEMIC, did you or another parent or primary caregiver experience any of the following changes in employment? Mark (X) Yes or No for EACH item.

	Yes	No
a. Move to remote work/telework	<input type="checkbox"/>	<input type="checkbox"/>
b. Decreased hours	<input type="checkbox"/>	<input type="checkbox"/>
c. Decreased pay	<input type="checkbox"/>	<input type="checkbox"/>
d. Furloughed (temporary job loss)	<input type="checkbox"/>	<input type="checkbox"/>
e. Loss of job	<input type="checkbox"/>	<input type="checkbox"/>
f. Decreased job security	<input type="checkbox"/>	<input type="checkbox"/>
g. Increased hours	<input type="checkbox"/>	<input type="checkbox"/>
h. Left workforce	<input type="checkbox"/>	<input type="checkbox"/>



G46 Answer question **G46** if you marked yes to any of the items in **G45**. Otherwise **SKIP** to question **G47**.

Did any of these changes occur because of problems with child care for this child?

- ☐ Yes
☐ No

G47 DURING THE PANDEMIC, were you or another parent or primary caregiver EVER considered an essential worker? *Essential workers are those workers who provide services or conduct operations deemed essential to the ongoing critical functions in the community, including work related to health care, infrastructure, food, and other essential products.*

- ☐ Yes
☐ No

G48 DURING THE PANDEMIC, was there a time when you were not able to pay the mortgage or rent on time?

- ☐ Yes
☐ No

G49 DURING THE PANDEMIC, was this child ever homeless or living in a shelter? *Include living in a shelter, motel, temporary or transitional living situation, scattered site housing, or no steady place to sleep at night.*

- ☐ Yes
☐ No

G50 DURING THE PANDEMIC, was your family threatened with eviction or foreclosure? *Include verbal warnings or any official notices you received.*

- ☐ Yes
☐ No

G51 DURING THE PANDEMIC, was your family evicted from your home or was your home foreclosed on? *A landlord not renewing the lease should not be counted as an eviction.*

- ☐ Yes
☐ No

G52 DURING THE PANDEMIC, how often was it very hard to cover the basics, like food and housing, on your family's income?

- ☐ Never
☐ Rarely
☐ Somewhat often
☐ Very often

G53 Which of these statements best describes your household's ability to afford the food you needed DURING THE PANDEMIC?

- ☐ We could always afford to eat good nutritious meals → **SKIP to question G55**
☐ We could always afford enough to eat but not always the kinds of food we should eat
☐ Sometimes we could not afford enough to eat
☐ Often we could not afford enough to eat

G54 How long did your household experience difficulty affording the food you needed DURING THE PANDEMIC?

- ☐ Less than 1 month
☐ 1 month
☐ 2-3 months
☐ 4-6 months
☐ More than 6 months

G55 How did your household's ability to afford the food you needed DURING THE PANDEMIC compare to THE YEAR BEFORE the pandemic (2019)?

- ☐ It was harder to afford food during the pandemic
☐ There was no difference
☐ It was easier to afford food during the pandemic

G56 At any time DURING THE PANDEMIC, even for one month, did anyone in your family receive...
Mark (X) Yes or No for EACH item.

	Yes	No
a. Cash assistance from a government welfare program?	<input type="checkbox"/>	<input type="checkbox"/>
b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?	<input type="checkbox"/>	<input type="checkbox"/>
c. Free or reduced-cost breakfasts or lunches at school?	<input type="checkbox"/>	<input type="checkbox"/>
d. School meal debit/Electronic Bank Transfer (EBT) cards?	<input type="checkbox"/>	<input type="checkbox"/>
e. Benefits from the Women, Infants, and Children (WIC) Program?	<input type="checkbox"/>	<input type="checkbox"/>
f. Unemployment Insurance (UI)?	<input type="checkbox"/>	<input type="checkbox"/>
g. Stimulus (economic impact) payments?	<input type="checkbox"/>	<input type="checkbox"/>
f. Child Tax Credit payment?	<input type="checkbox"/>	<input type="checkbox"/>



G57 At any time DURING THE PANDEMIC, did this child live anywhere else other than with you?

☐ Yes

☐ No → **SKIP to question G55**

Answer questions G58–G62 about the place or places this child has lived DURING THE PANDEMIC when they were not living with you.

G58 DURING THE PANDEMIC, was there a time when an adult in this child's other household(s) was not able to pay the mortgage or rent on time?

☐ Yes

☐ No

☐ Don't know

G59 DURING THE PANDEMIC, was the family or families with whom the child lived threatened with eviction or foreclosure? Include verbal warnings or any official notices they received.

☐ Yes

☐ No

☐ Don't know

G60 DURING THE PANDEMIC, was the family or families with whom the child lived evicted from their home or was their home foreclosed on? A landlord not renewing the lease should not be counted as an eviction.

☐ Yes

☐ No

☐ Don't know

G61 DURING THE PANDEMIC, how often was it very hard to cover the basics in this child's other household(s), like food and housing, on the family's income?

☐ Never

☐ Rarely

☐ Somewhat often

☐ Very often

☐ Don't know

G62 Which of these statements best describes the ability of this child's other household(s) to afford the food they needed DURING THE PANDEMIC?

☐ They could always afford to eat good nutritious meals

☐ They could always afford enough to eat but not always the kinds of food they should eat

☐ Sometimes they could not afford enough to eat

☐ Often they could not afford enough to eat

☐ Don't know

H. Household Information

H1 How many people are living or staying at this address?

Include everyone who usually lives or stays at this address. Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people

H2 How many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.

Number of people

H3 How many children 0-17 years old usually live or stay at this address?

Number of children living or staying at this address

H4 Income in the last calendar year.

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

☐ No TOTAL AMOUNT in the last calendar year

b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships.

☐ Yes → \$.00

☐ No TOTAL AMOUNT in the last calendar year

☐ Loss





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.

