

# 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-LC4**

(02/10/2022) Draft #2



## 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
- ☐ Don't know

**2** What is this person's first name?

First Name

**3** What month and year was this person born?

<input type="text"/>	<input type="text"/>	Birth month	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	Birth Year
----------------------	----------------------	-------------	----------------------	----------------------	---	---	----------------------	----------------------	------------

**4** Is this person still living?

- ☐ Yes
- ☐ No → **SKIP to END OF SURVEY**

**5** What is this person'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 person 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 person'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 person 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 person move out of your home? If this person has moved out more than once, please report the most recent move out date.

<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	Year
----------------------	----------------------	-------	----------------------	----------------------	---	---	----------------------	----------------------	------

**10** Do you have regular contact with this person?

- ☐ Yes
- ☐ No



## A. This Person's Health

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

**A3** DURING THE PAST 12 MONTHS, did this person engage in any worrisome eating or weight-related behaviors? For example, binge eating, purging, using diet pills, or over-exercising.

- ☐ Yes
- ☐ No → **SKIP to question A6**
- ☐ Don't know → **SKIP to question A6**

**A4** DURING THE PAST 12 MONTHS, how concerned were you about these eating or weight-related behaviors?

- ☐ Very much
- ☐ Somewhat
- ☐ Not at all

**A5** DURING THE PAST 12 MONTHS, how concerned was this person about their weight, body shape, or body size?

- ☐ Very much
- ☐ Somewhat
- ☐ Not at all

**A6** Has a doctor or other health care provider EVER told you or this person that this person has hearing loss?

- ☐ Yes ☐ No ☐ Don't know
- ↳ If yes, is the hearing loss:
- ☐ Mild ☐ Moderate ☐ Severe ☐ Profound

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

**A7** Anxiety Problems?

- ☐ Yes ☐ No ☐ Don't know
- ↳ If yes, does this person CURRENTLY have the condition?
- ☐ Yes ☐ No ☐ Don't know

**A8** Depression?

- ☐ Yes ☐ No ☐ Don't know
- ↳ If yes, does this person CURRENTLY have the condition?
- ☐ Yes ☐ No ☐ Don't know

**A9** Behavioral or Conduct Problems?

- ☐ Yes ☐ No ☐ Don't know
- ↳ If yes, does this person CURRENTLY have the condition?
- ☐ Yes ☐ No ☐ Don't know

**A10** Has a doctor or other health care provider EVER told you or this person that this person has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).

- ☐ Yes
- ☐ No → **SKIP to question A16**
- ☐ Don't know → **SKIP to question A16**
- ↳ If yes, does this person CURRENTLY have the condition?
- ☐ Yes ☐ No ☐ Don't know



**A11** The COVID-19 pandemic began in March 2020. DURING THE PANDEMIC, did this person experience any disruptions to their medication or behavioral treatment for Autism, ASD, Asperger's Disorder, or PDD such as unavailable or inaccessible medication or treatment?

- ☐ This person did not need medication or behavioral treatment during the pandemic
- ☐ No, this person experienced no disruptions in their medication or behavioral treatment
- ☐ Yes, this person experienced a gap in their medication or behavioral treatment
- ☐ Yes, this person needed but never received medication or behavioral treatment
- ☐ Don't know

**A12** Is this person CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?

- ☐ Yes ☐ No ☐ Don't know

**A13** At any time DURING THE PAST 12 MONTHS, did this person receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an intervention that you or this person received to help with their behavior?

- ☐ Yes ☐ No ☐ Don't know

**A14** Has a doctor or other health care provider EVER told you or this person that this person has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD?

- ☐ Yes
- ☐ No → **SKIP to question A20**
- ☐ Don't know

→ If yes, does this person CURRENTLY have the condition?

- ☐ Yes ☐ No ☐ Don't know

**A15** The COVID-19 pandemic began in March 2020. DURING THE PANDEMIC, did this person experience any disruptions to their medication or behavioral treatment for Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder (ADD or ADHD), such as unavailable or inaccessible medication or treatment?

- ☐ This person did not need medication or behavioral treatment during the pandemic
- ☐ No, this person experienced no disruptions in their medication or behavioral treatment
- ☐ Yes, this person experienced a gap in their medication or behavioral treatment
- ☐ Yes, this person needed but never received medication or behavioral treatment
- ☐ Don't know

**A16** Is this person CURRENTLY taking medication for ADD or ADHD?

- ☐ Yes
- ☐ No
- ☐ Don't know

**A17** At any time DURING THE PAST 12 MONTHS, did this person receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this person received to help with their behavior?

- ☐ Yes
- ☐ No
- ☐ Don't know

**A18** Thinking of this person today, how often would you say each of the following describes this person?

	Never	Some-times	Often	Don't know
a. Feels sad, unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feels hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is down on self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Worries a lot	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
f. Fidgety, unable to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Daydreams too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Distracted easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Has trouble concentrating	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
k. Fights with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Does not listen to rules	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
n. Teases others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Blames others for their troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Refuses to share	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

**A19** Has this person ever attempted suicide?

- ☐ Yes ☐ No ☐ Don't know



**A20** DURING THE PAST 12 MONTHS, how often have this person's health conditions or problems affected their ability to do things other people their age do?

- ☐ This person does not have any health conditions  
→ **SKIP to question A22**
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Don't know

**A21** To what extent do this person's health conditions or problems affect their ability to do things?

- ☐ Very little
- ☐ Somewhat
- ☐ A great deal
- ☐ Don't know

**A22** Does this person CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?

- ☐ Yes ☐ No

↳ If yes, is this person'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

**A23** Does this person need or use more medical care, mental health, or educational services than is usual for most persons of the same age?

- ☐ Yes ☐ No

↳ If yes, is this person'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

**A24** Is this person limited or prevented in any way in their ability to do the things most persons of the same age can do?

- ☐ Yes ☐ No

↳ If yes, is this person'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

**A25** Does this person 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

**A26** Does this person have any kind of emotional, developmental, or behavioral problem for which he or she needs 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 person see a doctor, nurse, or other health care professional for sick care, annual 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**
- ☐ Don't know → **SKIP to question B3**

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

- ☐ 0 visits
- ☐ 1 visit
- ☐ 2 or more visits
- ☐ Don't know

**B3** Is there a place this person **USUALLY** goes when they are sick or need advice about their health?

- ☐ Yes
- ☐ No → **SKIP to question B5**
- ☐ Don't know → **SKIP to question B5**

**B4** If yes, where does this person **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

**B5** DURING THE PAST 12 MONTHS, has this person 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 person needed to see a mental health professional
- ☐ No, this person did not need to see a mental health professional → **SKIP to question B7**
- ☐ Don't know → **SKIP to question B7**

**B6** How difficult was it to get the mental health treatment or counseling that this person needed?

- ☐ Not difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ It was not possible to obtain care
- ☐ Don't know

**B7** Has this person **EVER** had a special education or early intervention plan? *People receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) or 504 Plan.*

- ☐ Yes
- ☐ No, but this person needed a plan → **SKIP to question B10**
- ☐ No, this person did not need a plan → **SKIP to question B10**

**B8** If yes, in what month and year did the plan start?

Month  Year

**B9** The COVID-19 pandemic started in March 2020. Did this person have a special education or early intervention plan **DURING THE PANDEMIC**?

- ☐ Yes
- ☐ No, but this person needed a plan → **SKIP to question B11**
- ☐ No, this person did not need a plan → **SKIP to question B11**

**B10** Did the pandemic affect this person's special education or intervention services?

- ☐ No
- ☐ Yes, this person received limited or inconsistent services
- ☐ Yes, this person did not receive any services



**B11** SINCE MARCH 2020, has this person received speech therapy?

- ☐ Yes
- ☐ No, but this person needed speech therapy
- ☐ No, this person did not need speech therapy → **SKIP to question B14**
- ☐ Don't know → **SKIP to question B14**

**B12** SINCE MARCH 2020, has this person experienced gaps or delays in receiving speech therapy?

- ☐ Yes
- ☐ No → **SKIP to question B14**
- ☐ Don't know → **SKIP to question B14**

**B13** 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
- ☐ Don't know

**B14** SINCE MARCH 2020, has this person received health care related to the use of hearing devices such as hearing aids or cochlear implants?

- ☐ Yes
- ☐ No, but this person needed medical care related to the use of hearing devices → **SKIP to question B17**
- ☐ No, this person did not need medical care related to the use of hearing devices → **SKIP to question B17**
- ☐ Don't know → **SKIP to question B17**

**B15** SINCE MARCH 2020, has this person experienced any gaps or delays in receiving health care related to the use of hearing devices?

- ☐ Yes
- ☐ No → **SKIP to question B17**
- ☐ Don't know → **SKIP to question B17**

**B16** 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
- ☐ Don't know

**B17** SINCE MARCH 2020, has this person received language instruction including sign language and cued speech?

- ☐ Yes
- ☐ No, but this person needed these types of language instruction → **SKIP to question B20**
- ☐ No, this person did not need these types of language instruction → **SKIP to question B20**
- ☐ Don't know → **SKIP to question B20**

**B18** SINCE MARCH 2020, has this person experienced any gaps or delays in these types of language instruction?

- ☐ Yes
- ☐ No → **SKIP to question B20**
- ☐ Don't know → **SKIP to question B20**

**B19** 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
- ☐ Don't know



**B20** SINCE TURNING 18, has this person received care from a doctor or other health care provider who treats ONLY children?

- ☐ Yes
- ☐ No
- ☐ Don't know

**B21** SINCE TURNING 18, has this person made the transfer to a primary care provider who treats adults?

- ☐ Yes → **SKIP to question B25**
- ☐ No
- ☐ Don't know
- ☐ This person already saw a primary care provider who treats adults before they turned 18 → **SKIP to question B28**

**B22** Has a doctor or other health care provider talked with you or this person about WHEN they will need to see a primary care provider who treat adults?

- ☐ Yes
- ☐ No
- ☐ Don't know

**B23** Has a doctor or other health care provider talked with you or this person about the process of transferring to adult care?

- ☐ Yes
- ☐ No
- ☐ Don't know

**B24** Have any of this person's doctors or other health care providers helped with finding a new primary care provider who treats adults? *Examples of assistance include suggesting names of adult providers, making introductions, or sending a letter to the new provider.*

- ☐ Yes
- ☐ No
- ☐ Don't know

**B25** How satisfied were you with the health care providers' help to transfer this person to adult health care?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know

**B26** How confident were you that this person was prepared to move to a primary care provider who treats adults?

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Not at all confident
- ☐ Don't know

**B27** Did you or this person receive a summary of their medical history (for example, medical conditions, allergies, medications, immunizations)?

- ☐ Yes
- ☐ No
- ☐ Don't know

**B28** SINCE TURNING 18, has this person needed to see a mental health professional?

- ☐ Yes
- ☐ No → **SKIP to question B30**
- ☐ Don't know → **SKIP to question B30**

**B29** Did this person's doctors or other health care providers help with finding mental health professionals who care for adults? *Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.*

- ☐ Yes
- ☐ No
- ☐ Don't know





**B30** SINCE TURNING 18, has this person needed to see a specialist other than a mental health professional? *Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.*

- ☐ Yes
- ☐ No → **SKIP to question B32**
- ☐ Don't know → **SKIP to question B32**

**B31** Did this person's doctors or other health care providers help with finding specialists who care for adults (other than mental health professionals)?

- ☐ Yes
- ☐ No
- ☐ Don't know

**B32** Does this person have any disabilities or special health care needs that require you to stay involved in their health care?

- ☐ Yes
- ☐ No → **SKIP to question B36**

**B33** DURING THE PAST 12 MONTHS, how satisfied were you with the information the adult doctors or other health care providers gave this person about state programs or disability-related organizations? *Examples include Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or Family-to-Family Support.*

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ This person (or I) did not need information about state programs or disability-related organizations

**B34** DURING THE PAST 12 MONTHS, how satisfied were you with the communication between this person's doctors and other health care providers?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ This person did not see more than one health care provider in the past 12 months

**B35** DURING THE PAST 12 MONTHS, how satisfied were you with the explanations this person's doctors or other health care providers gave about which providers are responsible for different parts of their care?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ This person did not see more than one health care provider in the past 12 months
- ☐ This person did not need an explanation
- ☐ This person did not get an explanation

**B36** Is this person CURRENTLY covered by ANY kind of health insurance or health coverage plan?

- ☐ Yes → **SKIP to question B38**
- ☐ No
- ☐ Don't know → **SKIP to question B39**


**B37** Indicate whether any of the following is a reason this person is currently not covered by health insurance:

	Yes	No	Don't know
a. Change in employer or employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cancellation due to overdue premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dropped coverage because it was unaffordable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Dropped coverage because benefits were inadequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Dropped coverage because choice of health care providers was inadequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Problems with application or renewal process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other, specify: ➤	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Answer question B38 only if you answered Yes to question B36. Otherwise, **SKIP** to question B39.

**B38** Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans?

	Yes	No	Don't know
a. Insurance through a current or former employer or union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance purchased directly from an insurance company	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
d. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other, specify: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B39** Eligibility for health insurance often changes in adulthood. Do you or this person know how they will be insured as they get older?

- ☐ Yes
- ☐ No
- ☐ Don't know

## C. This Person's Schooling And Activities

**C1** What is the highest level of education this person has completed?

- ☐ 8th grade or less
- ☐ 9th-12th grade; No diploma
- ☐ High school graduate or GED completed
- ☐ Completed a vocational, trade, or business school program
- ☐ Associate degree (AA, AS)
- ☐ Bachelor's degree (BA, BS, AB)
- ☐ Don't know

**C2** SINCE 2018, has this person repeated any grades?

- ☐ Yes
- ☐ No

**C3** Across all subjects, what grades did this person get during the 2022-2023 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
- ☐ This person's school did not give these grades
- ☐ Don't know
- ☐ This person was not enrolled in school during the 2022/23 school year

**C4** Is this person currently enrolled in any type of school?

- ☐ Yes
- ☐ No → **SKIP to question C6**

**C5** Which of the following types of school is this person currently enrolled in?

- ☐ High school
- ☐ Vocational, occupational, or technical certificate program
- ☐ 2-year or community college (Associate degree program)
- ☐ 4-year college or higher (Bachelor's, Master's, PhD, or professional program)

**C6** Which of the following describe this person's **CURRENT** employment situation? Mark (X) *ALL* that apply.

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Unpaid internship, job training program, or volunteer work
- ☐ Not employed and looking for work
- ☐ Not employed and NOT looking for work
- ☐ Don't know



**C7** DURING THE PAST 12 MONTHS, has this person experienced difficulty finding paid work?

- ☐ This person has not looked for paid work during the past 12 months
- ☐ Yes
- ☐ No
- ☐ Don't know

**C8** Has this person 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

**C9** DURING THE PAST 12 MONTHS, do you think the time this person spent in front of a TV, computer, cell phone, or other electronic device...

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Interfered with getting good sleep, exercising, eating healthy, or other things important for their health? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Jeopardized an important educational or job opportunity?  | <input type="checkbox"/> | <input type="checkbox"/> |

**C10** Compared to other people their age, how much difficulty does this person have making or keeping friends?

- ☐ No difficulty
- ☐ A little difficulty
- ☐ A lot of difficulty
- ☐ Don't know

**C11** How well do the following statements describe this person?

- |   | Very well                | Somewhat well            | Not at all well          | Don't know               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. This person feels accepted by other people their age                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. This person talks to their friends about things that are important to them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C12** How often does this person pursue the goals they set for themselves?

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Never
- ☐ Don't know

**C13** How well can you and this person share ideas or talk about things that really matter?

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

**C14** Does this person currently have any of the following?

- |   | Yes                      | No                       | Don't know               |
|---|--------------------------|--------------------------|--------------------------|
| a. Valid driver's license or learner's permit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. State-issued ID card                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Checking/savings account                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Social Security card                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C15** Is this person married or living with a partner?

- ☐ Yes
- ☐ No

**C16** Does this person have any children of their own?

- ☐ Yes
- ☐ No



## D. About You And This Person

**D1** What is the primary language you speak with this person?

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

**D2** 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"/>

**D3** Compared to other people their age, how much difficulty does this person have in relationships with their family members?

- ☐ No difficulty
- ☐ A little difficulty
- ☐ A lot of difficulty
- ☐ Don't know

**D4** 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?

**D5** DURING THE PAST 12 MONTHS, was there a time when you were not able to pay the mortgage or rent on time?

- ☐ Yes
- ☐ No

**D6** SINCE THIS PERSON 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 D8**
- ☐ Don't know → **SKIP to question D8**

**D7** DURING THE PAST 12 MONTHS, has this person been homeless or lived in a shelter?

- ☐ Yes
- ☐ No
- ☐ Don't know

**D8** SINCE THIS PERSON 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 D10**
- ☐ Rarely
- ☐ Somewhat often
- ☐ Very often

**D9** 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

**D10** 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



**D11** At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive...

	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"/>

**D12** At any time DURING THE PAST 12 MONTHS, did this person live anywhere other than with you?

☐ Yes

☐ No → **SKIP to question D17**

**D13** Answer Questions D13–D16 about the place or places this person has lived DURING THE PAST 12 MONTHS when they were not living with you.

DURING THE PAST 12 MONTHS, was there a time when this person was not able to pay their mortgage or rent on time?

☐ Yes

☐ No

☐ Don't know

☐ This person did not need to pay mortgage or rent

**D14** While they were not living with you DURING THE PAST 12 MONTHS, how often has it been very hard for this person to cover the basics, like food and housing, on their income?

☐ Never

☐ Rarely

☐ Somewhat often

☐ Very often

☐ Don't know

☐ This person did not need to cover the basics on their income

**D15** Which of these statements best describes this person's household's ability to afford the food they needed when they were not living with you 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

**D16** At any time when they were not living with you DURING THE PAST 12 MONTHS, even for one month, did this person or their dependents receive...

	Yes	No	Don't know
a. Cash assistance from a government welfare program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Free or reduced-cost breakfasts or lunches at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. School meal debit/Electronic Benefit Transfer (EBT) cards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Benefits from the Women, Infants, and Children (WIC) Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Unemployment Insurance (UI)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**D17**

The next questions are about events that may have happened during this person'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 person **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 their sexual orientation or gender identity	<input type="checkbox"/>	<input type="checkbox"/>
j. Treated or judged unfairly because of a health condition or disability	<input type="checkbox"/>	<input type="checkbox"/>

## E. This Person's Parents or Previous Primary Caregivers

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

## About You

**E1**

How are you related to this person?

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

**E2**

For how many years were you this person's parent or primary caregiver before they turned 18 years old?

- ☐ Since this person's birth
- Number of years

**E3**

What is your sex?

- ☐ Male
- ☐ Female

**E4**

What is your age?

- Age in years

**E5**

Where were you born?

- ☐ In the United States → **SKIP to question E7**
- ☐ Outside of the United States

**E6**

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



**E7** 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)

**E8** What is your marital status?

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

**E9** Has there been a change in your marital status SINCE 2018?

- ☐ Yes
- ☐ No

**E10** In general, how is your physical health?

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

**E11** In general, how is your mental or emotional health?

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

**E12** Which of the following best describes your 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

**E13** 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

## Other Parent or Previous Primary Caregiver

**E14** Does this person have another parent or previous primary caregiver who is active in their life?

- ☐ Yes
- ☐ No → **SKIP to question F1**

**E15** What is this other parent or previous primary caregiver's current relationship 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



**E16** Does this other parent or previous primary caregiver live with you?

- ☐ Yes
- ☐ No

**E17** How is this parent or previous primary caregiver related to this person?

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

**E18** For how many years was this parent or previous primary caregiver active in this person's life before this person turned 18 years old?

- ☐ Since this person's birth

Number of years

**E19** What is this parent or previous primary caregiver's sex?

- ☐ Male
- ☐ Female

**E20** What is this parent or previous primary caregiver's age?

Age in years

- ☐ Don't know

**E21** Where was this parent or previous primary caregiver born?

- ☐ In the United States → **SKIP to question E23**
- ☐ Outside of the United States
- ☐ Don't know

**E22** When did this parent or previous primary 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

**E23** What is the highest grade or level of school this parent or previous primary 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

**E24** What is this parent or previous primary caregiver's marital status?

- ☐ Married
- ☐ Not married, but living with a partner
- ☐ Never married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Don't know

**E25** In general, how is this parent or previous primary caregiver's physical health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know





**E26** In general, how is this parent or previous primary caregiver's mental or emotional health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

**E27** Which of the following best describes this parent or previous primary 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
- ☐ Don't know

**E28** Has this parent or previous primary 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

## F. COVID-19 Pandemic

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

**F1** How disruptive was the COVID-19 pandemic for your family?

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

**F2** Please think back to the MOST disruptive or challenging time(s) for your family during the COVID-19 pandemic which began in March 2020. 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

**F3** DURING THE PANDEMIC, how worried were you about the changes your family experienced? *Changes could include needing to social distance, attend school remotely, changes related to employment, etc.*

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

**F4** DURING THE PANDEMIC, how worried was this person about the changes they experienced related to employment? *Changes could include needing to social distance, attend school remotely, changes related to caregivers' employment, etc.*

- ☐ Not at all worried
- ☐ Somewhat worried
- ☐ Very worried
- ☐ Extremely worried
- ☐ Don't know

**F5** IN AN AVERAGE WEEK DURING THE PANDEMIC, how often did this person interact in-person with people 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
- ☐ Don't Know



**F6** IN AN AVERAGE WEEK DURING THE PANDEMIC, how often did this person talk to their friend(s) on the phone, by text message or email, or on social media?

- ☐ Every day
- ☐ More than once a week
- ☐ Once a week
- ☐ Less than once a week
- ☐ Never
- ☐ Don't know

**F7** Has this person 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 F10**
- ☐ Don't know → **SKIP to question F10**

**F8** How long did this person's symptoms last?

- ☐ This person did not have symptoms → **SKIP to question F10**
- ☐ Less than 1 week
- ☐ 1-2 weeks
- ☐ 3-4 weeks
- ☐ 5-8 weeks
- ☐ More than 8 weeks
- ☐ Don't know

**F9** Was this person ever hospitalized for COVID-19?

- ☐ Yes
- ☐ No
- ☐ Don't know

**F10** Which of the following best describes this person'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

**F11** SINCE MARCH 2020, have any roommates, housemates, or other people sharing this person's living space ever test positive for COVID-19?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ This person lived alone during the pandemic
- ☐ This person only lived at home with me during the pandemic

**F12** Were you or any of this person's other parents or previous primary caregivers hospitalized for a COVID-19 infection or because of complications from a COVID-19 infection?

- ☐ Yes
- ☐ No
- ☐ Don't know

**F13** Did any of this person's parents or previous primary caregivers die from a COVID-19 infection or because of complications from a COVID-19 infection?

- ☐ Yes
- ☐ No
- ☐ Don't know

**F14** DURING THE PANDEMIC, did this person engage in any worrisome eating or weight-related behaviors? For example, binge eating, purging, using diet pills, or over-exercising.

- ☐ Yes
- ☐ No → **SKIP to question F16**
- ☐ Don't know → **SKIP to question F16**

**F15** DURING THE PANDEMIC, how concerned were you about these eating or weight-related behaviors?

- ☐ Very much
- ☐ Somewhat
- ☐ Not at all

**F16** DURING THE PANDEMIC, how concerned was this person about their weight, body shape, or body size?

- ☐ Very much
- ☐ Somewhat
- ☐ Not at all



**F17** DURING THE PANDEMIC, did this person's behavior EVER leave you concerned about their mental and emotional health?

- ☐ Yes
- ☐ No → **SKIP to question F19**

**F18** If yes, did this person 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"/>

**F19** DURING THE PANDEMIC, did this person see a doctor, nurse, or other health care professional for any 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 F22**
- ☐ Don't know → **SKIP to question F22**

**F20** DURING THE PANDEMIC, was there a place this person USUALLY went when they were sick or needed advice about their health?

- ☐ Yes
- ☐ No → **SKIP to question F22**
- ☐ Don't know → **SKIP to question F22**

**F21** If yes, where did this person 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
- ☐ Don't know

**F22** DURING THE PANDEMIC, did this person 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 person needed to see a mental health professional
- ☐ No, this person did not need to see a mental health professional → **SKIP to question F24**

**F23** How difficult was it to get the mental health treatment or counseling that this person needed?

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

**F24** DURING THE PANDEMIC, was there any time when this person 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 F27**
- ☐ Don't know → **SKIP to question F27**

**F25** Did any of the following reasons contribute to this person not receiving or delaying needed health services DURING THE PANDEMIC?

Mark (X) Yes or No for EACH item.

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



**F26** Which of the following statements best describes how this person's health was impacted by not receiving or delaying health care DURING THE PANDEMIC?

- ☐ There was no impact on this person's health.
- ☐ There was mild or minimal impact on this person's health.
- ☐ There was moderate impact on this person's health.
- ☐ There was significant or severe impact on this person's health.
- ☐ Don't know

**F27** DURING THE PANDEMIC, how often did you feel overwhelmed with the weekly demands of providing medical and/or therapeutic care for this person?

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

**F28** DURING THE PANDEMIC, was this person EVER covered by ANY kind of health insurance or health coverage plan?

- ☐ Yes, this person was covered during the entire pandemic
- ☐ Yes, but this person had a gap in coverage during the pandemic
- ☐ No
- ☐ Don't know

**F29** Across all subjects in school, what grades did this person get BEFORE MARCH 2020?

- ☐ 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
- ☐ This child's school did not give these grades

**F30** DURING THE PANDEMIC, was this person enrolled in high school?

- ☐ Yes
- ☐ No → **SKIP to question F38**

**F31** At any time SINCE MARCH 2020, did this person's high school(s) close completely because of COVID-19?

- ☐ Yes
- ☐ No → **SKIP to question F33**
- ☐ Not applicable → **SKIP to question F33**

**F32** For how long was this person's high school(s) closed completely? Your best estimate is fine. Consider all school closures together when providing your estimate.

- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-12 months
- ☐ More than a year
- ☐ Don't know

**F33** At any time SINCE MARCH 2020, did this person's high school(s) shift to distance learning only because of COVID-19?

- ☐ Yes
- ☐ No → **SKIP to question F35**
- ☐ Not applicable → **SKIP to question F35**

**F34** How long did this person's high school(s) take place by distance learning only? Your best estimate is fine. Consider all periods of only distance learning together when providing your estimate.

- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-12 months
- ☐ More than a year
- ☐ Don't know



**F35** At any time **SINCE MARCH 2020**, did this person's high school(s) shift to a combination of distance learning and in-person learning because of COVID-19?

- ☐ Yes
- ☐ No → **SKIP to question F37**
- ☐ Not applicable → **SKIP to question F37**

**F36** How long did this person's high school(s) take place by a combination of distance learning and in-person learning? *Your best estimate is fine. Consider all periods of combined distance learning and in-person learning together when providing your estimate.*

- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-12 months
- ☐ More than a year
- ☐ Don't know

**F37** Answer question F37 only if this person experienced distance learning **SINCE MARCH 2020**. Otherwise **SKIP to question F38**.

**DURING DISTANCE LEARNING**, did your family experience any of the following challenges? Mark (X) **ONE** for **EACH** item.

	A lot	A little	Not at all
a. Unreliable or unavailable digital device (e.g., desktop, laptop, tablet, chromebook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Unreliable or unavailable internet connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Difficulty accessing learning materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Unclear instructions or expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Distractions at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Language barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F38** At any time **SINCE MARCH 2020**, did this person unenroll from school and switch to homeschooling?

- ☐ Yes
- ☐ No → **SKIP to question F40**
- ☐ Not applicable → **SKIP to question F40**

**F39** How long was this person homeschooled? *Your best estimate is fine. Consider all periods of homeschooling together when providing your estimate.*

- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-12 months
- ☐ More than a year
- ☐ Don't know

**F40** At any time **DURING THE PANDEMIC**, was this person enrolled in any of the following types of school? Mark (X) **ALL** that apply.

- ☐ Yes, Vocational, occupational, or technical certificate program
- ☐ Yes, 2-year or community college (Associate degree program)
- ☐ Yes, 4-year college or higher (Bachelor's, Master's, PhD, or professional program)
- ☐ None of these → **SKIP to question F43**

**F41** How long did this person experience the following modes of instruction in their higher education or certificate program? Mark (X) **ONE** for **EACH** item.

	Never	Less than 1 semester	1 semester	2 semesters	3 semesters	Don't know
a. ONLY in-person classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ONLY distance learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Combination of in-person classes and distance learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**F42** While this person's classes were entirely virtual, did they experience any of the following challenges?  
Mark (X) ONE for EACH item.

	A lot	A little	Not at all	Don't know
a. Unreliable or unavailable digital device (e.g., desktop, laptop, tablet, chrome book)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Unreliable or unavailable internet connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Difficulty accessing learning materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Unclear instructions or expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Distractions at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Language barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F43** DURING THE PANDEMIC, did this person's school(s) provide counseling or other activities to help students with social or emotional needs?

☐ Yes

☐ No

☐ Don't know

**F44** BECAUSE OF THE PANDEMIC, did this person...

	Yes	No	Don't know
a. Decide to pursue higher education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Drop out of higher education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Decide NOT to pursue higher education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Postpone enrolling in higher education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Take a break from higher education (e.g., a gap semester or gap year)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F45** BECAUSE OF THE PANDEMIC, did this person change their plans to serve in the military?

☐ Yes, they decided to pursue military service

☐ Yes, they decided NOT to pursue military service

☐ No

☐ Don't know

**F46** DURING THE PANDEMIC, what was this person's employment situation most of the time?

☐ Employed full-time

☐ Employed part-time

☐ Unpaid internship, job training program, or volunteer work

☐ Not employed and looking for work

☐ Not employed and NOT looking for work

☐ Don't know

**F47** DURING THE PANDEMIC, did this person experience any of the following changes in employment?  
Mark (X) ONE for EACH item.

	Yes	No	Don't know
a. Move to remote work/telework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Decreased hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Decreased pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Furloughed (temporary job loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Loss of job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Decreased job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Increased hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Left workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**F48 DURING THE PANDEMIC, was this person 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
- ☐ Don't know

**F49 IN AN AVERAGE WEEK DURING THE PANDEMIC, how many DAYS PER WEEK did this person exercise, play a sport, or participate in physical activity, such as running or swimming, for at least 60 minutes?** *Your best estimate is fine.*

- ☐ 0 days
- ☐ 1-3 days
- ☐ 4-6 days
- ☐ Every day
- ☐ Don't know

**F50 DURING THE PANDEMIC, how often was this person bullied, picked on, or excluded by their peers? Include cyberbullying. If the frequency changed throughout the year, report the highest frequency.**

- ☐ Never
- ☐ 1-2 times per year
- ☐ 1-2 times per month
- ☐ 1-2 times per week
- ☐ Almost every day
- ☐ Don't know

**F51 ON MOST WEEKDAYS DURING THE PANDEMIC, about how much time did this person spend in front of a TV, computer, cell phone, or other electronic device FOR SCHOOL-RELATED REASONS?**

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

**F52 DURING THE PANDEMIC, ON MOST WEEKDAYS, about how much time did this person 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.*

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

**F53 DURING THE PANDEMIC, did you think this person's time spent in front of a TV, computer, cell phone or other electronic device...**

- |  | Yes                      | No                       | Don't know               |
|--|--------------------------|--------------------------|--------------------------|
| a. Interfered with getting good sleep, exercising, eating healthy, or other things important for their health? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Jeopardized an important educational or job opportunity?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**F54 DURING THE PANDEMIC, how much time did you spend with this person doing something they enjoy?**

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

**F55 DURING THE PANDEMIC, did this person start or increase using substances to help them cope with stress or emotions?** *Substance use includes alcohol, legal or illegal drugs, or prescription drugs that are taken in a way not recommended by your doctor.*

- ☐ Yes
- ☐ No
- ☐ Don't know





**F56 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

**F57 DURING THE PANDEMIC, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?**

- ☐ Yes
- ☐ No

**F58 DURING THE PANDEMIC, how often did the following happen...**

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

**F59 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 F62**
- ☐ About the same → **SKIP to question F62**
- ☐ Worse

**F60 DURING THE PANDEMIC, did you experience an increase in feeling nervous, anxious, on edge, or worried?**

- ☐ Yes
- ☐ No

**F61 DURING THE PANDEMIC, did you experience an increase in feeling down, depressed, or hopeless?**

- ☐ Yes
- ☐ No

**F62 DURING THE PANDEMIC, did you or another parent or previous 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"/> |

**F63 DURING THE PANDEMIC, were you or another parent or previous caregiver 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

**F64 DURING THE PANDEMIC, was there a time when you were not able to pay your mortgage or rent on time?**

- ☐ Yes
- ☐ No

**F65 DURING THE PANDEMIC, was this person 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
- ☐ Don't know





**F66** DURING THE PANDEMIC, was your family threatened with eviction or foreclosure? Include verbal warnings or any official notices you received.

- ☐ Yes
- ☐ No

**F67** 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

**F68** 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

**F69** 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 F71**
- ☐ 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

**F70** 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

**F71** 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

**F72** At any time DURING THE PANDEMIC, even for one month, did anyone in your family receive...

	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"/>
h. Child Tax Credit payment?	<input type="checkbox"/>	<input type="checkbox"/>

**F73** At any time DURING THE PANDEMIC, did this person live anywhere else other than with you?

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

**F74** Answer Questions F73–F77 about the place or places where this person lived DURING THE PANDEMIC when they were not living with you.

DURING THE PANDEMIC, was there a time when this person was not able to pay their mortgage or rent on time?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ This person did not need to pay mortgage or rent



**F75** When this person was not living with you DURING THE PANDEMIC, was this person threatened with eviction or foreclosure? Include verbal warnings or any official notices you received.

- ☐ Yes
- ☐ No
- ☐ Don't know

**F76** When this person was not living with you DURING THE PANDEMIC, was this person 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

**F77** When this person was not living with you DURING THE PANDEMIC, how often was it very hard for this person to cover the basics, like food and housing, on their income?

- ☐ Never
- ☐ Rarely
- ☐ Somewhat often
- ☐ Very often
- ☐ This person did not need to cover the basics on their income

**F78** Which of these statements best describes this person's household's ability to afford the food they needed when they were not living with you 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

**F79** At any time DURING THE PANDEMIC, even for one month, did this person or their dependents receive... Mark (X) Yes or No for EACH item.

	Yes	No	Don't know
a. Cash assistance from a government welfare program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Free or reduced-cost breakfasts or lunches at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. School meal debit/Electronic Bank Transfer (EBT) cards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Benefits from the Women, Infants, and Children (WIC) Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Unemployment Insurance (UI)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Stimulus (economic impact) payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Child Tax Credit payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## G. Household Information

**G1** 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

**G2** How many of these people in your household are family members? Family is defined as anyone related to this person by blood, marriage, adoption, or through foster care.

Number of people

**G3** How many children 0-17 years old usually live or stay at this address?

Number of children living or staying at this address

**G4** Income in the last calendar year.

Mark (X) the "Yes" box for each type of income this person'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





## 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 person 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](mailto: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.

