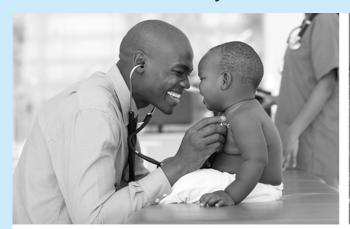


# **National Survey of Children's Health**

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









The U.S. Census Bureau is required by law to protect your information and is not permitted to publicly release your responses in a way that could identify you or your household. The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. Federal law protects your privacy and keeps your answers confidential under 13 U.S.C. Section 9. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Any information you provide will be shared for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

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

**NSCH-S1** (06/07/2017) Draft 1



### **Start Here**

Thank you for helping us learn about the health and well-being of America's children.

If your household has children 0 - 17 years old, please have an adult who is familiar with their health and health care answer all of the questions that apply.

If your household does not have any children, please answer question 1 below AND return the questionnaire.

If you need help or have questions about completing this form, please call 1-800-845-8241. The telephone call is free.

For Telephone Device for the Deaf (TDD) assistance, please call: 1-800-582-8330. The telephone call is free.

Si necesita ayuda o tiene preguntas sobre cómo completar este formulario, llame al 1-800-845-8241. La llamada es gratuita.

Para recibir ayuda relacionada con el Dispositivo Telefónico para Personas Sordas (TDD), llame al 1-800-582-8330. La llamada es gratuita.

### **In Your Home**

1	A	\re	there any children 0-17 years old who usually live or stay at this address?
	[		Yes
	[		No – STOP HERE after marking "No" and return this survey to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.
2	Н	low	many children 0-17 years old usually live or stay at this address?
			Number of children living or staying at this address
=	V	Vha	t is the primary language spoken in the household?
	[		English
	[		Spanish
	[		Other Language, specify:
			swer the remaining questions for each of the children 0-17 years old who usually live or stay

Start with the YOUNGEST CHILD, who we call "Child 1" and continue with the next youngest until you have answered the questions for all children who usually live or stay at this address.



		CHILD 1 (Youngest)			1	7	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
1		(Toungou)					☐ Yes ☐ No
1	F	First name, initials, or nickname of the youngest child					☐ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
3	•	orig	TE: Answer BOTH quest in and question 3 abou panic origins are not rac	ut ra			<ul> <li>Yes</li> <li>No</li> <li>If yes, is this a condition that has lasted or is expected to last 12 months or longer?</li> </ul>
2			is child of Hispanic, Lating		Spanish origin?		
			<b>No</b> , not of Hispanic, Latino,			8	Does this child need or use more medical care, mental
		П	Van Mariana Mariana Ara	!	on Ohioana	T	health, or educational services than is usual for most children of the same age?
			Yes, Mexican, Mexican Am	erica	in, Chicano		Yes No
			Yes, Puerto Rican				☐ res ☐ NO ☐ Ho res ☐ Ho res ☐ NO ☐ Ho res ☐ Ho
			Yes, Cuban				health, or educational services because of ANY medical, behavioral, or other health condition?
			Yes, another Hispanic, Latin	no, c	r Spanish origin		☐ Yes ☐ No
3	V	Nha	t is this child's race? Mark	(X)	one or more boxes.		☐ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
			White		Vietnamese		Yes No
			Black or African American		Other Asian	9	Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
			American Indian or Alaska Native		Native Hawaiian		can do?
			Asian Indian		Guamanian or Chamorro		☐ If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
			Chinese		Samoan		Yes No
			Filipino		Other Pacific Islander		→ If yes, is this a condition that has lasted or
			Japanese		Some other race		is expected to last 12 months or longer?  Yes  No
		П	Korean				
4			old is this child? If the chi	ild is	less than one month	10	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
	C	ola,	round age in months to 1.				Yes No
			Years OR		Months		If yes, is this because of ANY medical, behavioral, or other health condition?
	L						☐ Yes ☐ No
5	V	Nha	t is this child's sex?				→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
			Male Female				☐ Yes ☐ No
6	5	If this child is YOUNGER THAN 4 YEARS OLD, please SKIP to question 7.				1	Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?
		How well does this child speak English?  Very well					Yes No
		□ Well					☐ If yes, has his or her emotional, developmental, or
		□ Not well					behavioral problem lasted or is it expected to last 12 months or longer?
	□ Not at all						☐ Yes ☐ No



	CHIL (Next you		Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
1	First name, initials, or nickname	ne of the next youngest	<ul> <li>Yes</li> <li>No</li> <li>If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?</li> </ul>
E	NOTE: Answer BOTH ques origin and question 3 abo	ut race. For this survey,	Yes □ No □ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
2	Is this child of Hispanic, Latin	o, or Spanish origin?	☐ Yes ☐ No
	No, not of Hispanic, Latino	, or Spanish origin	Does this child need or use more medical care, mental health, or educational services than is usual for most
	Yes, Mexican, Mexican Am	nerican, Chicano	children of the same age?
	Yes, Puerto Rican		☐ res ☐ NO ☐ Ho
	Yes, Cuban		health, or educational services because of ANY medical, behavioral, or other health condition?
	Yes, another Hispanic, Lat	ino, or Spanish origin	☐ Yes ☐ No
3	What is this child's race? Mark	k (X) one or more boxes.	→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
	White	Vietnamese	☐ Yes ☐ No
	Black or African American	Other Asian	9 Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
	American Indian or Alaska Native	Native Hawaiian	can do?
	Asian Indian	Guamanian or Chamorro	<ul> <li>✓ Yes</li> <li>✓ No</li> <li>✓ If yes, is this child's limitation in abilities because of</li> </ul>
	Chinese	Samoan	ANY medical, behavioral, or other health condition?
		Other Pacific Islander	Yes  No  No  No  No  No  No  No  No  No  N
	Filipino		is expected to last 12 months or longer?
	Japanese	Some other race	☐ Yes ☐ No
4	How old is this child? If the child, round age in months to 1.	nild is less than one month	Does this child need or get special therapy, such as physical, occupational, or speech therapy?  Pes No
	Years OR	Months	<ul> <li>If yes, is this because of ANY medical, behavioral, or other health condition?</li> <li>☐ Yes</li> <li>☐ No</li> </ul>
5	What is this child's sex?		→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
	☐ Male ☐ Female	)	☐ Yes ☐ No
6	If this child is YOUNGER THA SKIP to question 7.		Does this child have any kind of emotional, developmental, or behavioral problem for which he or
	How well does this child spea	k English?	she needs treatment or counseling?
	☐ Very well		☐ Yes ☐ No
	Well		☐ If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last
	□ Not well		12 months or longer?  Yes No
	□ Not at all		163 100



		CHILD 3 (Next youngest)				7	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
1		First name, initials, or nickname of the next youngest child					<ul> <li>Yes</li> <li>No</li> <li>If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?</li> </ul>
•		NOTE: Answer BOTH question 2 about Hispanic origin and question 3 about race. For this survey Hispanic origins are not races.					<ul> <li>Yes</li> <li>No</li> <li>→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?</li> </ul>
2		ls th	is child of Hispanic, Latino	o, or	Spanish origin?		☐ Yes ☐ No
			No, not of Hispanic, Latino,	or S	Spanish origin	8	Does this child need or use more medical care, mental health, or educational services than is usual for most
ı			Yes, Mexican, Mexican Am	erica	n, Chicano		children of the same age?
ı			Yes, Puerto Rican				☐ Yes ☐ No
			Yes, Cuban				If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?
ı			Yes, another Hispanic, Latir	10, 0	or Spanish origin		☐ Yes ☐ No
3		Wha	nt is this child's race? Mark				→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
ı			White		Vietnamese		☐ Yes ☐ No
			Black or African American		Other Asian	9	Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
ı			American Indian or		Native Hawaiian		can do?
ı			Alaska Native		Guamanian or		☐ Yes ☐ No
ı			Asian Indian		Chamorro		If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
ı			Chinese		Samoan		☐ Yes ☐ No
ı			Filipino		Other Pacific Islander		
			Japanese		Some other race		Yes No
4			Korean  old is this child? If the chiround age in months to 1.	ild is	less than one month	10	Does this child need or get special therapy, such as physical, occupational, or speech therapy?  Yes No
			Years OR		Months		<ul> <li>If yes, is this because of ANY medical, behavioral, or other health condition?</li> <li>☐ Yes</li> <li>☐ No</li> </ul>
5		Wha	nt is this child's sex?				If yes, is this a condition that has lasted or is expected to last 12 months or longer?
			Male Female				☐ Yes ☐ No
6	SKIP to question 7.					0	Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?
		How well does this child speak English?			ynaii:		
	☐ Very well						<ul><li>✓ Yes</li><li>✓ No</li><li>✓ If yes, has his or her emotional, developmental, or</li></ul>
		Well					behavioral problem lasted or is it expected to last 12 months or longer?
		Not well					☐ Yes ☐ No
-1		ш	Not at all				



	CHIL (Next you		7 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
			☐ Yes ☐ No
	First name, initials, or nickname child	ne of the next youngest	If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
J			☐ Yes ☐ No
E	NOTE: Answer BOTH quest origin and question 3 about Hispanic origins are not race	ut race. For this survey,	If yes, is this a condition that has lasted or is expected to last 12 months or longer?
2	Is this child of Hispanic, Latin	o, or Spanish origin?	☐ Yes ☐ No
Ĭ	No, not of Hispanic, Latino	, or Spanish origin	Does this child need or use more medical care, mental health, or educational services than is usual for most
	Yes, Mexican, Mexican Am	nerican, Chicano	children of the same age?
	Yes, Puerto Rican		Yes No
	Yes, Cuban		→ 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, another Hispanic, Lati	ino, or Spanish origin	☐ Yes ☐ No
3			
	White	Vietnamese	☐ Yes ☐ No
	Black or African American	Other Asian	9 Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
	American Indian or	Native Hawaiian	can do?
	Alaska Native	Guamanian or	☐ Yes ☐ No
	Asian Indian	Chamorro	→ If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
	Chinese	Samoan	
		Other Pacific Islander	Yes
	Filipino		is expected to last 12 months or longer?
	Japanese	Some other race	☐ Yes ☐ No
4	How old is this child? If the chold, round age in months to 1.	ild is less than one month	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
	ora, round ago in monaro to 1.		If yes, is this because of ANY medical, behavioral,
	Years OR	Months	or other health condition?
5	What is this child's sex?		If yes, is this a condition that has lasted or
	☐ Male ☐ Female		is expected to last 12 months or longer?  Yes No
6	If this child is YOUNGER THAN SKIP to question 7.	N 4 YEARS OLD, please	Does this child have any kind of emotional, developmental, or behavioral problem for which he or
	How well does this child speal	k English?	she needs treatment or counseling?
	☐ Very well		☐ Yes ☐ No
	Well		
	□ Not well		Yes No
	□ Not at all		103

or nickname for eac	If there are more than four children 0-17 years old who usually live or stay at this address, list the first name, initials, or nickname for each child as well as their age and sex.  Do not repeat information for children already included for Child 1 through Child 4.										
Child 5 (Next youngest) ▶	First name, initials, or nickname										
	Age Years OR Months Sex Male Female										
Child 6	First name, initials, or nickname										
(Next youngest) ▶	Age Years OR Months Sex Male Female										
Child 7	First name, initials, or nickname										
(Next youngest) ▶	Age Years OR Months Sex Male Female										
Child 8	First name, initials, or nickname										
(Next youngest) ▶	Age Years OR Months Sex Male Female										
Child 9	First name, initials, or nickname										
(Next youngest) ▶	Age Years OR Months Sex Male Female										
Child 10	First name, initials, or nickname										
(Next youngest) ▶	Age Years OR Months Sex Male Female										

## **Mailing Instructions**

#### Thank you for your participation.

On behalf of the U.S. Department of Health and Human Services, we would like to thank you for the time and effort you have spent sharing information about your household and the children of this household.

Your answers are important to us and will help researchers, policymakers and family advocates to better understand the health and health care needs of children in our diverse population.

- Make sure you have:
  - Listed all first names, initials, or nicknames of children 0-17 years old in the household
  - · Answered all questions for each child reported
- Place the completed questionnaire in the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

U.S. Census Bureau ATTN: DCB 60-A 1201 E. 10th Street Jeffersonville, IN 47132-0001

You may also call 1-800-845-8241 to request a replacement envelope.

