Attachment 1: ACS Disability & NHIS questions to be cognitively tested

Form Approved OMB No. 0920-0222 Exp. Date: 08/31/2021

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ACS Questions

Interviewer Instructions: The ACS Instrument is self-administered. Please hand the instrument to the participant and have them complete it. After they have completed the instrument, probe on its questions with particular attention on the disability questions for any of the participant's children with disabilities (response of "Yes"). Once finished probing on the ACS questions, please continue with the NHIS questions, which are interviewer administered.

OMB No. 0607-0810 OMB No. 0607-0936

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration



THE American Community Survey

This booklet shows the content of the American Community Survey questionnaire.

Start Here

Respond online today at: https://respond.census.gov/acs

Complete this form and mail it back as soon as possible.

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



If you need help or have questions about completing this form, please call 1-800-354-7271. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1–800–582–8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-877-833-5625. Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: https://respond.census.gov/acs

For more information about the American Community Survey, visit our website at: http://www.census.gov/acs

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FORM ACS-1 (INFO)(2019)

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Cambodian, and so on. Z So on. Z Last Name (Please print) First Name	No, not of Hispanic, Latino, or S Yes, Mexican, Mexican Am., Chie Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Argentinean, Colombian, Dominand so on. What is Person 5's race? Mark (White Black or African Am. American Indian J Asian Indian J Chinese K Filipino V Other Asian – Print race,	panish origin Spanish origin – Print origin, for example, ican, Nicaraguan, Salvadoran, Spaniard, X) one or more boxes. A — Print name of enrolled or principal tribe. Spaniare — Native Hawaiian Grean — Guamanian or Chamorro Getnamese — Samoan Other Pacific Islander –	Sex	Age (in years) First Name Age (in years)	
	No, not of Hispanic, Latino, or S Yes, Mexican, Mexican Am., Chie Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Argentinean, Colombian, Dominand so on. What is Person 5's race? Mark (White Black or African Am. American Indian or Alaska Native Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Latina, Thai, Pakistani,	Spanish origin — Print origin, for example, ican, Nicaraguan, Salvadoran, Spaniard, X) one or more boxes. A — Print name of enrolled or principal tribe. Sapanese	Sex	Age (in years) First Name Age (in years)	
Some other race – Print race.	No, not of Hispanic, Latino, or S Yes, Mexican, Mexican Am., Chie Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Argentinean, Colombian, Dominand so on. What is Person 5's race? Mark (White Black or African Am. American Indian or Alaska Native Asian Indian Chinese Filipino Other Asian – Print race, for example, Hmong, Latina, Thai, Pakistani,	panish origin Spanish origin – Print origin, for example, ican, Nicaraguan, Salvadoran, Spaniard, X) one or more boxes. A — Print name of enrolled or principal tribe. Guamanian or Chamorro Guamanian or Chamorro Gietnamese Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Sex	Age (in years) First Name Age (in years) First Name	
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- Answer questions 1a-b if this person is 2 years old or older.
 Otherwise SKIP to the questions for Person 2 on next page.
- ① a. Does this person have difficulty seeing, even if wearing glasses? Would you say:
 - ☐ No, no difficulty
 - ☐ Yes, some difficulty
 - ☐ Yes, a lot of difficulty
 - ☐ Cannot do at all
 - b. Does this person have difficulty hearing, even if using a hearing aid? Would you say:
 - [] No, no difficulty
 - [] Yes, some difficulty
 - ☐ Yes, a lot of difficulty
 - ☐ Cannot do at all
- (B) Answer questions 2a if this person is 5 years old or older. Otherwise SKIP to the questions for Person 2 on next page.
 - ② a. Does this person have difficulty walking or climbing steps [stairs]? Would you say:
 - □ No, no difficulty
 - (3) Yes, some difficulty
 - Yes, a lot of difficulty
 - ☐ Cannot do at all
 - b. Does this person have difficulty remembering or concentrating? Would you say:
 - ☐ No, no difficulty
 - ☐ Yes, some difficulty
 - 11 Yes, a lot of difficulty
 - [] Cannot do at all

- c. Does this person have difficulty with self-care such as washing all over or dressing? Would you say:
 - ☐ No, no difficulty
 - Yes, some difficulty
 - 13 Yes, a lot of difficulty
 - [] Cannot do at all
- d. Using their usual language, does this person have difficulty communicating, for example understanding or being understood?
 Would you say:
 - □ No, no difficulty
 - Yes, some difficulty
 - Yes, a lot of difficulty
 - ☐ Cannot do at all
- Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, END ACS Questionnaire.

- Answer questions 1a-b if this person is 2 years old or older.
 Otherwise SKIP to the questions for Person 3 on next page.
- 1 a. Does this person have difficulty seeing, even if wearing glasses? Would you say:
 - ☐ No, no difficulty
 - ☐ Yes, some difficulty
 - ☐ Yes, a lot of difficulty
 - ☐ Cannot do at all
 - b. Does this person have difficulty hearing, even if using a hearing aid? Would you say:
 - ☐ No, no difficulty
 - [] Yes, some difficulty
 - 13 Yes, a lot of difficulty
 - Cannot do at all
- B Answer questions 2a if this person is 5 years old or older. Otherwise SKIP to the questions for Person 3 on next page.
- ② a. Does this person have difficulty walking or climbing steps [stairs]? Would you say:
 - □ No, no difficulty
 - D Yes, some difficulty
 - ☐ Yes, a lot of difficulty
 - ☐ Cannot do at all
 - b. Does this person have difficulty remembering or concentrating? Would you say:
 - □ No, no difficulty
 - Yes, some difficulty
 - ☐ Yes, a lot of difficulty
 - Cannot do at all

- c. Does this person have difficulty with self-care such as washing all over or dressing? Would you say:
 - ☐ No, no difficulty
 - ☐ Yes, some difficulty
 - ☐ Yes, a lot of difficulty
 - [] Cannot do at all
- d. Using their usual language, does this person have difficulty communicating, for example understanding or being understood?
 Would you say:
 - ☐ No, no difficulty
 - 11 Yes, some difficulty
 - Il Yes, a lot of difficulty
 - [] Cannot do at all
- Continue with the questions for Person 3 on the next page. If no one is listed as Person 3 on page 2, END ACS Questionnaire.

- Answer questions 1a-b if this person is 2 years old or older.
 Otherwise SKIP to the questions for Person 4 on next page.
 - ① a. Does this person have difficulty seeing, even if wearing glasses? Would you say:

No, no difficulty

- Yes, some difficulty
- ☐ Yes, a lot of difficulty
- Cannot do at all
- b. Does this person have difficulty hearing, even if using a hearing aid? Would you say:

☐ No, no difficulty

- ☐ Yes, some difficulty
- ☐ Yes, a lot of difficulty
- Cannot do at all
- B Answer questions 2a if this person is 5 years old or older. Otherwise SKIP to the questions for Person 4 on next page.
 - ② a. Does this person have difficulty walking or climbing steps [stairs]? Would you say:

No, no difficulty

- ☐ Yes, some difficulty
- ☐ Yes, a lot of difficulty
- ☐ Cannot do at all
- b. Does this person have difficulty remembering or concentrating? Would you say:
 - ☐ No, no difficulty
 - ☐ Yes, some difficulty
 - Yes, a lot of difficulty
 - ☐ Cannot do at all

c. Does this person have difficulty with self-care such as washing all over or dressing? Would you say:

☐ No, no difficulty

- Yes, some difficulty
- ☐ Yes, a lot of difficulty
- Cannot do at all
- d. Using their usual language, does this person have difficulty communicating, for example understanding or being understood?
 Would you say:

☐ No, no difficulty

- Yes, some difficulty
- [] Yes, a lot of difficulty
- Cannot do at all
- Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 2, END ACS Questionnaire.

- Answer questions 1a-b if this person is 2 years old or older.
 Otherwise SKIP to the questions for Person 5 on next page.
- 1 a. Does this person have difficulty seeing, even if wearing glasses? Would you say:
 - ☐ No, no difficulty
 - ☐ Yes, some difficulty
 - ☐ Yes, a lot of difficulty
 - ☐ Cannot do at all
 - b. Does this person have difficulty hearing, even if using a hearing aid? Would you say:
 - □ No, no difficulty
 - ☐ Yes, some difficulty
 - ☐ Yes, a lot of difficulty
 - ☐ Cannot do at all
- B Answer questions 2a if this person is 5 years old or older. Otherwise SKIP to the questions for Person 5 on next page.
- ② a. Does this person have difficulty walking or climbing steps [stairs]? Would you say:
 - □ No, no difficulty

 - ☐ Yes, a lot of difficulty
 - ☐ Cannot do at all
 - b. Does this person have difficulty remembering or concentrating? Would you say:
 - □ No, no difficulty
 - ☐ Yes, some difficulty
 - ☐ Yes, a lot of difficulty
 - ☐ Cannot do at all

- c. Does this person have difficulty with self-care such as washing all over or dressing? Would you say:
 - No, no difficulty
 - ☐ Yes, some difficulty
 - 11 Yes, a lot of difficulty
 - □ Cannot do at alf
- d. Using their usual language, does this person have difficulty communicating, for example understanding or being understood?
 Would you say:
 - No, no difficulty
 - [1] Yes, some difficulty
 - 11 Yes, a lot of difficulty
 - [] Cannot do at all
- Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 2, END ACS Questionnaire.

- Answer questions Ia-b if this person is 2 years old or older.
 Otherwise, END ACS
 Questionnaire.
- ① a. Does this person have difficulty seeing, even if wearing glasses? Would you say:
 - ☐ No, no difficulty
 - Yes, some difficulty
 - Yes, a lot of difficulty
 - ☐ Cannot do at all
 - b. Does this person have difficulty hearing, even if using a hearing aid? Would you say:
 - ☐ No, no difficulty
 - Yes, some difficulty
 - ☐ Yes, a lot of difficulty
 - ☐ Cannot do at all
- B Answer questions 2a if this person is 5 years old or older. Otherwise, END ACS Questionnaire.
- ② a. Does this person have difficulty walking or climbing steps [stairs]? Would you say:
 - ☐ No, no difficulty
 - [] Yes, some difficulty
 - Yes, a lot of difficulty
 - ☐ Cannot do at all
 - b. Does this person have difficulty remembering or concentrating? Would you say:
 - ☐ No, no difficulty
 - Harman Yes, some difficulty
 - ☐ Yes, a lot of difficulty
 - ☐ Cannot do at all

- c. Does this person have difficulty with self-care such as washing all over or dressing? Would you say:
 - ☐ No, no difficulty
 - ☐ Yes, some difficulty
 - [] Yes, a lot of difficulty
 - ☐ Cannot do at all
- d. Using their usual language, does this person have difficulty communicating, for example understanding or being understood?
 Would you say:
 - [] No, no difficulty
 - [] Yes, some difficulty
 - [] Yes, a lot of difficulty
 - Cannot do at all

END ACS Questionnaire.

NHIS Questions

CHILD SLEEP

SLEEP1. In a typical week during the school year, how often does [CHILD'S NAME] wake up well-rested? Would you say every day, most days, some days, few days, or no days? Would you say never, some days, most days, or every day?

Never
Some days
Most days
Every day
Refused
Don't know

SLEEP2. In a typical week during the school year, how often does [CHILD'S NAME] have difficulty getting out of bed in the morning? Would you say never, some days, most days, or every day?

Never Some days Most days Every day Refused Don't know

SLEEP3. In a typical week during the school year, how often does [CHILD'S NAME] complain about being tired during the day? Would you say never, some days, most days, or every day?

Some days Most days Every day Refused Don't know

Never

SLEEP4. In a typical week during the school year, how often does [CHILD'S NAME] nap or fall asleep during the day, such as in school, watching TV, or riding in a car? Would you say never, some days, most days, or every day?

Never Some days Most days Every day Refused Don't know

SLEEP5. In a typical week during the school year, on nights [CHILD'S NAME] had school the next day, how often did he/she go to bed at the same time? Would you say never, some days, most days, or every day?
Never
Some days
Most days
Every day
Refused

SLEEP6. In a typical week during the school year, on school days, how often did [CHILD'S NAME] wake up at the same time? Would you say never, some days, most days, or every day?

Never Some days Most days Every day Refused

Don't know

Don't know

CHILD SCREEN TIME

SCREENTIME1. "In a typical week during the school year, how often does [CHILD'S NAME] spend at least 60 minutes a day in front of a TV, computer, cellphone or other electronic device watching programs, playing games, or accessing the internet or using social media? Would you say never, some days, most days, or every day? Read-if-necessary: Do not include time spent doing schoolwork.

Never Some days Most days Every day Refused Don't know

CHILD PHYSICAL EDUCATION

PHYSED1. In the past 12 months, did [CHILD'S NAME] take a Physical Education, PE, or gym class?

Yes No

Don't know

Refused

WALK1. In a typical week during the school year, how often does [CHILD'S NAME] walk for at least 10 minutes at a time? Would you say never, some days, most days, or every day?

Never

Some days

Most days

Every day

Refused

Don't know

BIKE1. In a typical week during the school year, how often does [CHILD'S NAME] bike for at least 10 minutes at a time? Would you say never, some days, most days, or every day?

Never

Some days

Most days

Every day

Refused

Don't know

STRENGTH1. In a typical week during the school year, how often does [CHILD'S NAME] lift weights or use weights while they play or exercise? Would you say never, some days, most days, or every day?

Never

Some days

Most days

Every day

Refused

Don't know

CHILD INJURY

INJURY_INTRO: The next set of questions asks about injuries. People can be injured accidentally, or on purpose. They may hurt themselves or others may cause them to be hurt.

INJURY1. DURING THE PAST 3 MONTHS, did [CHILD'S NAME] have an accident or an injury where any part of his/her body was hurt?

- 1. Yes
- 2. No.
- 7. Don't know
- 9. Refused

Skip Instructions: If Yes: go to INJURY2

If No, DK, or Refused: End Questionnaire

INJURY2. Did any of these injuries limit [CHILD'S NAME]'s usual activities for at least 24 hours after the injury occurred?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

INJURY3. Did any of these injuries cause [CHILD'S NAME] to miss at least one day of [FILL (if age 5-17): school; (if age 3-4): school or daycare; (if age 0-2): daycare]?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

Skip Instructions: If Yes to INJURY2 or INJURY3 and Child's age is 3 or older: go to INJURY4.

If Yes to INJURY2 or INJURY3 and Child's age <3; go to INJURY7 If No, DK, or Refused to INJURY2 and INJUR3: End Questionnaire.

INJURY4. [age 3-17] Please think only about the injuries that occurred IN THE PAST 3 MONTHS that caused [child's name] to miss at least one day of [FILL (if age 5-17): school; (if age 3-4): school or daycare], or that made it difficult for him/her to do things that he/she usually does for one day or more.

Did any of these injuries occur while [CHILD'S NAME] was playing sports or exercising, including walking, biking, or running, playing baseball, basketball, football or doing any other physical activity? Read if necessary: Include recreational sports such as skating, skiing, tennis, golf, bowling, or fishing.

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

INJURY5. [age 3-17] Did any of these injuries occur while [CHILD'S NAME] was doing household activities, such as housework, cooking, chores, or yardwork?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

INJURY6. [If age 3-17] Did any of these injuries occur while [CHILD'S NAME] was engaged in leisure activities, such as playing, hanging out with friends, doing a hobby, or just relaxing?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

INJURY7. The next two questions are about where [CHILD'S NAME] was when s/he was injured. Please continue to only consider those injuries that happened IN THE PAST 3 MONTHS that caused him/her to miss at least one day of [FILL (if age 5-17): school; (if age 3-4): school or daycare; (if age 0-2): daycare], or that made it difficult for him/her to do things that he/she usually does for one day or more.

Did any injury occur while [CHILD'S NAME] was at his/her home? Read if necessary: Include the yards, garage, basement, and other places on the home property.

- 1. Yes
- 2. No.
- 7. Don't know

9. Refused

INJURY8. Did any injury occur while [CHILD'S NAME] was at [FILL (if age 5-17): school; (if age 3-4): school or a daycare center; (if age 0-2): a daycare center]?

Read if necessary: Include classrooms, playgrounds, sports fields, swimming pools, parking lots and other places on school or daycare property.

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

INJURY9. The next questions are about two ways that [CHILD'S NAME] might have been injured.

Did [CHILD'S NAME] have any injury as a result of a fall or falling?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

Skip Instructions: If Yes to INJURY7: go to INJURY10

Else If Yes to INJURY8; go to INJURY11

Else; go to INJURY12

INJURY10. Did any fall occur while [CHILD'S NAME] was at his/her HOME?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

INJURY11. Did any fall occur while [CHILD'S NAME] was at [FILL (if age 5-17); school; (if age 3-4); school or daycare; (if age 0-2); daycare]?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

INJURY12. Did [CHILD'S NAME] have any injury as a result of being in a motor vehicle crash or being hit by a motor vehicle, while not in a vehicle, such as while walking or biking?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

INJURY13. Was [CHILD'S NAME] a [if age>=6: a driver,] passenger, bicyclist, a pedestrian, or doing something else when this occurred?

(MARK ALL THAT APPLY)

- 1. Driver
- 2. Passenger
- 3. Bicyclist
- 4. Pedestrian
- 5. Something else
- 7. Don't know
- 9. Refused

INJURY14. Did any of [CHILD'S NAME's] injuries result in broken bones?

- 1, Yes
- 2. No
- 7. Don't know
- 9. Refused

INJURY15. Did any of [CHILD'S NAME's] injuries require stitches or staples?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

INJURY16. Were any of [CHILD'S NAME's] injuries a sprain or strain?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

INJURY17. The next questions are about the impact of [CHILD'S NAME]'s injuries. Please continue to only consider those injuries that happened IN THE PAST 3 MONTHS that caused him/her to miss at least one day of [FILL (if age 5-17): school; (if age 3-4): school or daycare; (if age 0-2): daycare], or that made it difficult for him/her to do things that he/she usually does for one day or more.

DURING THE PAST 3 MONTHS, how many days of [FILL (if age 5-17): school; (if age 3-4): school daycare; (if age 0-2): daycare], did [child's name] miss because of injuries?	or
Number of days	

Skip Instructions: If 0: go to INJURY19

If 1-90; go to INJURY18

INJURY18. Do you expect [CHILD'S NAME] to miss any more days of [FILL (if age 5-17 4): school or daycare; (if age 0-2): daycare], because of injuries that occurred DURING THE MONTHS?	
1. Yes 2. No 7. Don't know 9. Refused	
INJURY19. Did [CHILD'S NAME] see a doctor or other health professional about any of t	hese injuries?
1. Yes 2. No 7. Don't know 9. Refused	
Skip Instructions: If Yes: go to INJURY20. If No, DK, or Refused; go to INJURY22	
INJURY20. Did [CHILD'S NAME] go to an emergency room for any of these injuries?	
1. Yes 2. No 7. Don't know 9. Refused	
INJURY21. Was [CHILD'S NAME] hospitalized overnight for any of these injuries?	
1. Yes 2. No 7. Don't know 9. Refused	
INJURY22. In his/her lifetime, has [CHILD'S NAME] ever had a significant head injury or	concussion?
1. Yes 2. No 7. Don't know 9. Refused	
Skip Instruction: If yes: go to INJURY23 If no: End Questionnaire	
INJURY23. How many times has [child's name] have a significant head injury or concussion	on?
Enter number of times	

3-

INJURY24. Did [CHILD'S NAME] have a significant head injury or concussion in the past three months?

- 1. Yes 2. No
- 7. Don't know 9. Refused