Appendix D

2021 National Survey of Children's Health Screener and Topical Questionnaires



National Survey of Children's Health

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









The 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.

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

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

NSCH-S1 (01/26/2021)



Start Here

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

OR complete this form and mail it back as soon as possible.

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

If your household has children 0 - 17 years old, the questions on this form should be answered by an adult who is familiar with their health and health care. If your household does not have any children, please answer question 1 below AND return the questionnaire.

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

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

Para completar el cuestionario en español, llame al 1-800-845-8241. Para recibir ayuda con el Dispositivo Telefónico para Personas Sordas (TDD, por sus siglas en inglés), llame de forma gratuita al 1-800-582-8330.

In Your Home

0	Are	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	Hov	v many children 0-17 years old usually live or stay at this address?
		Number of children living or staying at this address
3	Wha	at is the primary language spoken in the household?
		English
		Spanish
		Other Language, specify: 📈
4		his house, apartment, or mobile home k (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?
6	Ans	swer the remaining questions for each of the children 0-17 years old who usually live or stay at this address.
	Stai	rt with the YOUNGEST CHILD, who we will call "Child 1" and continue with the next youngest until you have wered the questions for all children who usually live or stay at this address.



		CHILI (Younge		Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
				☐ Yes ☐ No
C	Firs	t name, initials, or nickname	e of the youngest child	If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
E		v old is this child? If the child round age in months to 1.	d is less than one month	Yes □ No If yes, is this a condition that has lasted or is expected to last 12 months or longer?
				☐ Yes ☐ No
		Years OR	Months	Does this child need or use more medical care, mental health, or educational services than is usual for most
3	Wha	at is this child's sex?		children of the same age?
Ì		Male Female		☐ Yes ☐ No
6		TE: Answer BOTH questi		If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?
		this survey, Hispanic or		☐ Yes ☐ No
4	ls th	his child of Hispanic, Latino	, or Spanish origin?	If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		No, not of Hispanic, Latino,	or Spanish origin	☐ Yes ☐ No
		Yes, Mexican, Mexican Ame	erican, Chicano	9 Is this child limited or prevented in any way in their ability to do the things most children of the same age
		Yes, Puerto Rican		can do?
		Yes, Cuban		YesNo→ If yes, is this child's limitation in abilities because o
		Yes, another Hispanic, Latin	no, or Spanish origin	ANY medical, behavioral, or other health condition?
E	Wha	at is this child's race? Mark	(X) one or more boxes.	→ If yes, is this a condition that has lasted or
		White	Korean	is expected to last 12 months or longer?
		Black or African American	Vietnamese	☐ Yes ☐ No
		American Indian or Alaska Native	Other Asian	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
			Native Hawaiian	☐ Yes ☐ No
		Asian Indian Chinese	Guamanian or Chamorro	If yes, is this because of ANY medical, behavioral, or other health condition?
			Samoan	☐ Yes ☐ No
		Filipino Japanese	Other Pacific Islande	If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		oupunooo		☐ Yes ☐ No
e	leas	swer the following question at 4 years old. Otherwise, Sh w well does this child speak	KIP to question 7.	Does this child have any kind of emotional, developmental, or behavioral problem for which they need treatment or counseling?
			.9	
		Very well Well		YesNo→ If yes, has their emotional, developmental, or
		Not well		behavioral problem lasted or is it expected to last 12 months or longer?
		Not at all		☐ Yes ☐ No

		CHILI (Next your			Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
					☐ Yes ☐ No
1	Firs	t name, initials, or nicknam d	e of	the next youngest	If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
					☐ Yes ☐ No
2		v old is this child? If the chil round age in months to 1.	d is	less than one month	
					☐ Yes ☐ No
		Years OR		Months	Does this child need or use more medical care, mental health, or educational services than is usual for most
(3	Wha	at is this child's sex?			children of the same age?
1		Male Female			☐ Yes ☐ No
€		TE: Answer BOTH questi			→ If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?
1		this survey, Hispanic or			☐ Yes ☐ No
4	Is th	nis child of Hispanic, Latino	, or	Spanish origin?	If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		No, not of Hispanic, Latino,	or S	Spanish origin	☐ Yes ☐ No
		Yes, Mexican, Mexican Ame	erica	nn, Chicano	9 Is this child limited or prevented in any way in their ability to do the things most children of the same age
		Yes, Puerto Rican			can do?
		Yes, Cuban			☐ Yes ☐ No ☐ If yes, is this child's limitation in abilities because of
		Yes, another Hispanic, Latin	10, 0	or Spanish origin	ANY medical, behavioral, or other health condition?
5	Wha	at is this child's race? Mark	(X)	one or more boxes.	☐ Yes☐ No☐ If yes, is this a condition that has lasted or
		White		Korean	is expected to last 12 months or longer?
		Black or African American		Vietnamese	☐ Yes ☐ No
		American Indian or Alaska Native		Other Asian	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
		Alaska Ivalive		Native Hawaiian	☐ Yes ☐ No
		Asian Indian Chinese		Guamanian or Chamorro	If yes, is this because of ANY medical, behavioral, or other health condition?
		Crimese			☐ Yes ☐ No
		Filipino	Ш	Samoan	→ If yes, is this a condition that has lasted or
		Japanese		Other Pacific Islander	is expected to last 12 months or longer? Yes No
6		wer the following question at 4 years old. Otherwise, SI			Does this child have any kind of emotional,
		well does this child speak			developmental, or behavioral problem for which they need treatment or counseling?
		Very well			☐ Yes ☐ No
		Well			
		Not well			Yes No
		Not at all			



			CHILI (Next you			7	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
			(IVOXE YOU)	igc	31/		☐ Yes ☐ No
1		Firs chile	t name, initials, or nicknam d	e o	f the next youngest		
							☐ Yes ☐ No
2			old is this child? If the child round age in months to 1.	ld is	less than one month		
							☐ Yes ☐ No
			Years OR		Months	8	Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?
E	•	wha	at is this child's sex?				
			Male Female				☐ Yes ☐ No
€)	NO ⁻	TE: Answer BOTH questigin and question 5 abo	ion ut r	4 about Hispanic ace.		If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?
			this survey, Hispanic or				☐ Yes ☐ No
4		ls th	nis child of Hispanic, Latino				If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		Ш	No, not of Hispanic, Latino,	or S	Spanish origin		☐ Yes ☐ No
			Yes, Mexican, Mexican Ame	erica	an, Chicano	9	Is this child limited or prevented in any way in their ability to do the things most children of the same age
		Ш	Yes, Puerto Rican				can do?
			Yes, Cuban				☐ Yes ☐ No
			Yes, another Hispanic, Latin	10, 0	or Spanish origin		If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
5		Wha	at is this child's race? Mark	(X)	one or more boxes.		Yes No
٦							
			White		Korean		
			Black or African American		Vietnamese		☐ Yes ☐ No
			American Indian or Alaska Native		Other Asian	10	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
			Asian Indian	Ш	Native Hawaiian		Yes No
			Chinese		Guamanian or Chamorro		If yes, is this because of ANY medical, behavioral, or other health condition? ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■
			Filipino		Samoan		☐ Yes ☐ No
			Japanese		Other Pacific Islander		If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		_					☐ Yes ☐ No
6			wer the following question t 4 years old. Otherwise, Sl			11	
			well does this child speak				developmental, or behavioral problem for which they need treatment or counseling?
			Very well				☐ Yes ☐ No
			Well				
			Not well				Yes No
			Not at all				



		CHILI (Next you			7	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
		(13010)	J	/		☐ Yes ☐ No
Œ	Firs	st name, initials, or nicknam d	e of	the next youngest		→ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
						☐ Yes ☐ No
2		v old is this child? If the child round age in months to 1.	ld is	less than one month		→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
						☐ Yes ☐ No
		Years OR		Months	8	Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?
E	wn	at is this child's sex?				
		Male Female				☐ Yes ☐ No
E	ori	TE: Answer BOTH questigin and question 5 abo	ut ra	ace.		If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition? ■
	Fo	this survey, Hispanic or	igin	s are not races.		☐ Yes ☐ No
4	ls t	his child of Hispanic, Latino				
		No, not of Hispanic, Latino,	or S	panish origin		Yes No
		Yes, Mexican, Mexican Ame	erica	n, Chicano	9	Is this child limited or prevented in any way in their ability to do the things most children of the same age
	Ш	Yes, Puerto Rican				can do?
		Yes, Cuban				☐ Yes☐ No☐ If yes, is this child's limitation in abilities because of
		Yes, another Hispanic, Latir	no, o	r Spanish origin		ANY medical, behavioral, or other health condition?
E	Wh	at is this child's race? Mark	(X)	one or more boxes.		YesNoIf yes, is this a condition that has lasted or
		White		Korean		is expected to last 12 months or longer?
		Black or African American		Vietnamese	10	Yes No
		American Indian or Alaska Native		Other Asian	V	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
				Native Hawaiian		☐ Yes ☐ No
		Asian Indian Chinese		Guamanian or Chamorro		If yes, is this because of ANY medical, behavioral, or other health condition?
						☐ Yes ☐ No
		Filipino	Ш	Samoan		→ If yes, is this a condition that has lasted or
		Japanese		Other Pacific Islander		is expected to last 12 months or longer? Yes No
6		swer the following question st 4 years old. Otherwise, S			1	Does this child have any kind of emotional, developmental, or behavioral problem for which they
	Hov	w well does this child speak	Eng	glish?		need treatment or counseling?
		Very well				Yes No
		Well				If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?
		Not well				Yes No
		Not at all				

or nickname for eac	an four children 0-17 years old who usually live or stay at this address, list the first name, initials, the child as well as their age and sex. ation for children already included for Child 1 through Child 4.
CHILD 5 (Next youngest) ▶	First name, initials, or nickname
	Age Years OR Months Sex Male Female
CHILD 6 (Next youngest) ▶	First name, initials, or nickname
	Age Years OR Months Sex Male Female
CHILD 7 (Next youngest) ▶	First name, initials, or nickname
, ,	Age Years OR Months Sex Male Female
CHILD 8 (Next youngest) ▶	First name, initials, or nickname
	Age Years OR Months Sex Male Female
CHILD 9 (Next youngest) ▶	First name, initials, or nickname
	Age Years OR Months Sex Male Female
CHILD 10 (Next youngest) ▶	First name, initials, or nickname
,	Age Years OR Months Sex Male Female

Mailing Instructions

Thank you for your participation.

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

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

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

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

We estimate that completing the National Survey of Children's Health will take 5 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Commerce, Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.





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NSCH-T1 (02/26/2021)



		Start Here	A3	FREQUENT or CHRONIC difficulty with any of the
	Rece	ently, you completed a survey that asked about the		following? Yes No
	child	dren usually living or staying at this address. The you for taking the time to complete that survey.		a. Breathing or other respiratory problems (such as wheezing or shortness of breath)
	We	now have some follow-up questions to ask about:		b. Eating or swallowing because of a health condition
				c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea
	corr	e name listed above is not correct or does not espond to a child living in this household, please 1-800-845-8241 for assistance.		d. Repeated or chronic physical pain, including headaches or other back or body pain
	effo	nave selected only one child per household in an t to minimize the amount of time you will need to plete the follow-up questions.		e. Using their hands
				f. Coordination or moving around
	care	survey should be completed by a parent or adult giver who lives in this household and who is liar with this child's health and health care.		g. Toothaches
	Vari	wanticipation is important. Thoule you		h. Bleeding gums
	You	r participation is important. Thank you.		i. Decayed teeth or cavities
			A4	Does this child have any of the following? Yes No
		A. This Child's Health		a. Deafness or problems with hearing
		7ti Tillo Ollifa o Hoaitii		b. Blindness or problems with seeing,
)		eneral, how would you describe this child's health one named above)?		even when wearing glasses
		Excellent		Has a doctor or other health care provider EVER told you that this child has
		Very good	A5	Allergies (including food, drug, insect, or other)?
		Good		☐ Yes ☐ No
		Fair		
		Poor		☐ Yes ☐ No
				→ If yes, is it:
2)	How	would you describe the condition of this child's 1?		☐ Mild ☐ Moderate ☐ Severe
		This child does not have any teeth	A6	Arthritis?
		Excellent		☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the
		Very good		condition?
		Good		☐ Yes ☐ No ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	Ш	Fair		☐ Mild ☐ Moderate ☐ Severe
		Poor		



	Has a doctor or other health care provider EVER told you that this child has	Has a doctor or other health care provider EVER told you that this child has
AZ		12 Frequent or severe headaches, including migraine?
T	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, does this child CURRENTLY have the condition?	
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	→ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A8	Cerebral Palsy?	13 Tourette Syndrome?
I	☐ Yes ☐ No	☐ Yes ☐ No
	If yes, does this child CURRENTLY have the condition?	
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	☐ If yes, is it:
1	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A9	Diabetes?	14 Anxiety Problems?
٦	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, does this child CURRENTLY have the condition?	
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	→ If yes, is it:
1	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A1	Epilepsy or Seizure Disorder?	15 Depression?
A	Yes No	Yes No
1	☐ If yes, does this child CURRENTLY have the	
1	condition?	condition?
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	☐ If yes, is it:
1	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A1	Heart Condition?	16 Down Syndrome?
T	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, was this child born with the condition?	
	☐ Yes ☐ No	
1	Does this child CURRENTLY have the condition?	
1	☐ Yes ☐ No	
	→ If yes, is it:	
	☐ Mild ☐ Moderate ☐ Severe	

	Has a doctor or other health care provider EVER told you that this child has	Has a doctor, other health care provider, or educator EVER told you that this child has Examples of educators are teachers and school nurses.
A1	Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?	·
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it:	If yes, does this child CURRENTLY have the
	☐ Mild ☐ Moderate ☐ Severe	condition?
	Was this child diagnosed with:	☐ Yes ☐ No
	Sickle Cell Disease? ☐ Yes ☐ No	→ If yes, is it:
	Thalassemia?	☐ Mild ☐ Moderate ☐ Severe
	Hemophilia?	
	Other Blood	☐ Yes ☐ No
	Disorders? Were any of these blood disorders identified	If yes, does this child CURRENTLY have the condition?
	through a blood test done shortly after birth? These tests are sometimes called newborn screening.	☐ Yes ☐ No
	Yes No	☐ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe
A 1	8 Cystic Fibrosis?	Intellectual Disability (formerly known as Mental
	☐ Yes ☐ No ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Retardation)?
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No
	Was this condition identified through a blood	If yes, does this child CURRENTLY have the disability?
	test done shortly after birth? These tests are sometimes called newborn screening.	☐ Yes ☐ No
	□ Yes □ No	→ If yes, is it:
A 1	9 Other genetic or inherited condition?	☐ Mild ☐ Moderate ☐ Severe
Ì	☐ Yes ☐ No	Speech or other language disorder?
	☐ If yes, specify: ☐	☐ Yes ☐ No
		If yes, does this child CURRENTLY have the condition?
	ls it:	
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No ☐ If yes, is it:
	Was this condition identified through a blood test done shortly after birth? These tests are	☐ Mild ☐ Moderate ☐ Severe
	sometimes called newborn screening.	
	☐ Yes ☐ No	4 Learning Disability? ☐ Yes ☐ No
		If yes, does this child CURRENTLY have the
		disability?
		Yes No
		→ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe



A2	Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).	A3	Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD?
ı	☐ Yes ☐ No → SKIP to question A30		☐ Yes ☐ No → SKIP to question (A33)
	If yes, does this child CURRENTLY have the condition?		☐ If yes, does this child CURRENTLY have the condition?
١	☐ Yes ☐ No		☐ Yes ☐ No
١	☐ If yes, is it:		→ If yes, is it:
١	☐ Mild ☐ Moderate ☐ Severe		☐ Mild ☐ Moderate ☐ Severe
A2	How old was this child when a doctor or other health care provider FIRST told you that they had Autism, ASD Asperger's Disorder or PDD?		Is this child CURRENTLY taking medication for ADD or ADHD? □ Yes □ No
	Age in years Don't know	A3	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this
A2	the FIRST to tell you that this child had Autism, ASD, Asperger's Disorder or PDD?		child received to help with their behavior?
١	Mark (X) ONE box.	A3	Do you think this child has EVER had a concussion or brain injury? A concussion or brain injury is when a blow
١	☐ Primary Care Provider		or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering
١	Specialist		or concentrating, vomiting, blurred vision, changes in mood or behavior, or being knocked out.
١	School Psychologist/Counselor		Yes No
١	Other Psychologist (Non-School)		If yes, did you seek medical care from a doctor or
١	Psychiatrist		other health care provider?
١	Other, specify:		☐ Yes ☐ No
			If yes, did a doctor or other health care provider tell you that your child had a concussion or brain injury?
١	☐ Don't know		☐ Yes ☐ No
A2	Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?	A3	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their age do?
١	☐ Yes ☐ No		This child does not have any health conditions → SKIP to question B1 on page 6
A2	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for Autism, ASD,		□ Never
	Asperger's Disorder or PDD, such as training or an intervention that you or this child received to help		Sometimes
ı	with their behavior?		☐ Usually
	Yes No		☐ Always
		A	To what extent do this child's health conditions or problems affect their ability to do things?
			☐ Very little
			Somewhat
			☐ A great deal



	B. This Child as an Infant	How old was this child when they were FIRST fed formula? Your best estimate is fine.
В	Was this child born more than 3 weeks before their due date?	This child has never been fed formula OR
	Yes	☐ At birth
	□ No	OR
B2	What month and year was this child born? Birth Month / 4-Digit Birth Year	days
	/ 20	OR
		weeks
B	How much did they weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine.	OR
	pounds AND ounces	months
		How old was this child when they were FIRST fed anything other than breast milk or formula? <i>Include</i>
	kilograms AND grams	water, juice, cow's milk, sugar water, baby food, or anything else that your child might have been given. Your best estimate is fine.
B4	What was the age of the mother when this child was born? Your best estimate is fine.	This child has never been fed anything other than breast milk or formula OR
	Age in years	☐ At birth
B:	Was this child EVER breastfed or fed breast milk?	OR
	☐ Yes	days
	□ No → SKIP to question B7	OR
В	If yes, how old was this child when they COMPLETELY stopped breastfeeding or being fed breast milk? Your best estimate is fine.	OR weeks
	This child is still breastfeeding	months
	OR	
	days	
	OR	
	weeks	
	OR	
	months	

_		\perp		
	C. Health Care Services	C7		the following question only if this child is at nonths old. Otherwise skip to question cs.
C	DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care? Include health care visits done by video or phone. Yes		health ca out a que may have or social health car	THE PAST 12 MONTHS, did a doctor or other are provider have you or another caregiver fill estionnaire about observations or concerns you e about this child's development, communication behaviors? Sometimes a child's doctor or other re provider will ask a parent to do this at home or child's visit.
	No → SKIP to question C4		Yes	
C	If yes, DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.		Did or o	es, AND this child is 9-23 Months: the questionnaire ask about your concerns observations about: k (X) ALL that apply. How this child talks or makes speech sounds? How this child interacts with you and others?
-	_ 0 115115		☐ If ye	es, AND this child is 2-5 Years:
	☐ 1 visit ☐ 2 or more visits		Did or o	the questionnaire ask about your concerns observations about: k (X) ALL that apply.
				Words and phrases this child uses and understands?
C	Thinking about the LAST TIME you took this child for a PREVENTIVE check-up, about how long was the doctor or health care provider who examined this child in the room with you? Your best estimate is fine.			How this child behaves and gets along with you and others?
	Less than 10 minutes	C8	take this	a place you or another caregiver USUALLY child when they are sick or you need advice eir health?
-	☐ 10-20 minutes			
	☐ More than 20 minutes		Yes	
C	Are you concerned about this child's weight?		□ No -	→ SKIP to question C10 on page 8
	☐ Yes, it's too high	C9		here does this child USUALLY go first? ONE box.
	Yes, it's too low		Doct	tor's Office
	□ No, I am not concerned		☐ Hosp	pital Emergency Room
C			☐ Hosp	pital Outpatient Department
	that this child is overweight? Yes		Urge	ent Care Center
	□ No		Clinic	ic or Health Center
			Reta	ail Store Clinic or "Minute Clinic"
C	DURING THE PAST 12 MONTHS, did this child's doctors or other health care providers ask if you have concerns about this child's learning, development, or behavior?			ool (Nurse's Office, Athletic Trainer's Office)
	Yes		30111	ne other place
	□ Na			
	□ No			
- 1				



G	Is there a place that this child USUALLY goes when they need routine preventive care, such as a physical examination or well-child check-up? ☐ Yes ☐ No → SKIP to question ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	C15	If yes, DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for PREVENTIVE dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments? No preventive visits in the past 12 months → SKIP to question Yes, 1 visit
G	If yes, is this the same place this child goes when they are sick? Yes No	C16	Yes, 2 or more visits If yes, DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive? Mark (X) ALL that apply.
G	Has this child EVER received a vision screening from a provider other than an eye doctor? The screening could have occurred at a pediatrician's office, in a school, preschool/child care center, or a community setting, using pictures, shapes, letters, or a camera like tool. Yes No		 □ Check-up □ Cleaning □ Instruction on tooth brushing and oral health care □ X-Rays
	If yes, was it recommended that this child see an eye doctor or other eye care provider for an eye examination or additional vision services as a result of the vision screening? An eye doctor may be referred to as an optometrist or ophthalmologist. □ Yes □ No	GIZ	☐ Fluoride treatment ☐ Sealant (plastic coatings on back teeth) ☐ Don't know DURING THE PAST 12 MONTHS, has this child
Ct	Has this child EVER seen an eye doctor? An eye doctor may be referred to as an optometrist or ophthalmologist. Yes No If yes, what care has this child received from the eye doctor? Mark (X) ALL that apply. Received eye examination Prescribed eyeglasses or contact lenses	C18	received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. Yes No, but this child needed to see a mental health professional No, this child did not need to see a mental health professional → SKIP to question ←19 How difficult was it to get the mental health treatment
	□ Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism□ Some other care		or counseling that this child needed? Not difficult Somewhat difficult
Ct	DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for any kind of dental or oral health care? Mark (X) ALL that apply. Yes, saw a dentist Yes, saw other oral health care provider No → SKIP to question C17	C19	 □ Very difficult □ It was not possible to obtain care DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with their emotions, concentration, or behavior? □ Yes □ No



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



C 2	Has this child EVER had a special education or early intervention plan? Children receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP). Yes			D. Experie Child's Pro		th C		5
C3	□ No → SKIP to question ©32		nurse and a ge	You have one or mod's personal doctor e is a health profess is familiar with this coneral doctor, a pedia e practitioner, or a person	or nurse ional who hild's hea atrician, a	? A per knows Ith histo speciali	sonal docto this child w ry. This car st doctor, a	r or ell
C3	Is this child CURRENTLY receiving services under one of these plans?			Yes, more than one No	e person			
	☐ Yes ☐ No	2		ING THE PAST 12 ral to see any doct				
C3	Has this child EVER received special services to meet their developmental needs such as speech, occupational, or behavioral therapy?			Yes No → SKIP to ques	stion D4)		
	Yes	3	How	difficult was it to g	get referr	als?		
C3	If yes, how old was this child when they began receiving these special services?			Somewhat difficult				
	years AND months			Very difficult It was not possible	to get a r	eferral		
C3		24	heal	wer the following q th care visit IN THE to question E1 on	PAST 1	2 MON1		
	Yes			ING THE PAST 12 I's doctors or other				is
	□ No				Always	Usually	Sometimes	Never
				Spend enough time vith this child?				
				isten carefully to ou?				
			У	Show sensitivity to our family's values nd customs?				
			ir n	Provide the specific nformation you eeded concerning his child?				
			р	lelp you feel like a artner in this hild's care?				



D!		any suc	RING THE PAST 12 MONTHS, did this child need y decisions to be made regarding their health care, ch as whether to get prescriptions, referrals, or	Di		you	RING THE PAST 12 MONTHS, how satisfied were with the communication between this child's tors and other health care providers?
		pro	ocedures?				Very satisfied
		H	Yes				Somewhat satisfied
		Ш	No → SKIP to question D7				Somewhat dissatisfied
D	9	If y	res, DURING THE PAST 12 MONTHS, how often did s child's doctors or other health care providers				Very dissatisfied
			Always Usually Sometimes Never	D1		DITE	RING THE PAST 12 MONTHS, did this child's health
		a.	Discuss with you the range of options			care	provider communicate with the child's school, child provider, or special education program?
			to consider for their health care or				Yes
			treatment?				No → SKIP to question E1 on page 12
		b.	Make it easy for you to raise concerns or				Did not need health care provider
			disagree with recommendations for this child's health care?				to communicate with these providers → SKIP to question E1 on page 12
		c.	Work with you to decide together	D1	12	heal	s, during this time, how satisfied were you with the th care provider's communication with the school, d care provider, or special education program?
			which health care and treatment				Very satisfied
			choices would be best for this child?				Somewhat satisfied
D			RING THE PAST 12 MONTHS, did anyone help you				Somewhat dissatisfied
			ange or coordinate this child's care among the ferent doctors or services that this child uses?				Very dissatisfied
			Yes				
			No				
			Did not see more than one health care provider in the PAST 12 MONTHS → SKIP to question D11				
D		cou this	RING THE PAST 12 MONTHS, have you felt that you uld have used extra help arranging or coordinating s child's care among the different health care oviders or services?				
			Yes				
			No → SKIP to question D10				
D		did	ves, DURING THE PAST 12 MONTHS, how often I you get as much help as you wanted with anging or coordinating this child's health care?				
			Usually				
			Sometimes				
			Never				



	Ī	E. This Child's He Insurance Cover		Ø	ty	pes	is child CURRENTLY covered by any sof health insurance or health cover (X) Yes or No for EACH item.			
		modranos sovor	ago						Yes	No
E	DI	URING THE PAST 12 MONTHS, was thi	s child EV	ER		a.		surance through a current or ormer employer or union		
		overage plan?	or mount			b.		surance purchased directly om an insurance company		
		Yes, this child was covered all 12 months → SKIP to question	4			c.	0	ledicaid, Medical Assistance, r any kind of government		
		Yes, but this child had a gap in covera	age				lo	ssistance plan for those with w incomes or a disability		
		No				d.		RICARE or other military ealth care		
E		dicate whether any of the following is a nild was not covered by health insuran				e.	Ir	dian Health Service		
		URING THE PAST 12 MONTHS:	Yes	No		f.	0	ther, specify: 📈		
	a.	Change in employer or employment status								
	b.	Cancellation due to overdue premiums			E			often does this child's health insura		
	c.	Dropped coverage because it was unaffordable				be		fits or cover services that meet this	child's n	eeds?
	d.	Dropped coverage because benefits						Always Usually		
	e.	were inadequate Dropped coverage because choice						Sometimes		
		of health care providers was inadequate						Never		
	f.	Problems with application or renewal process				ш		often does this child's health insura	noo allaw	u tham
	g.	Other, specify: \nearrow			E			e the health care providers they need		v tileili
							4	Always		
E	ls	this child CURRENTLY covered by AN	IY kind of				4	Usually		
		ealth insurance or health coverage plan						Sometimes		
		Yes						Never		
		No → SKIP to question F1 on page	e 13		E	be he	ha alt	king specifically about this child's moving specifically about this child's moving should be seen the service of these needs?	this child	
								Always		
							밐	Usually		
							4	Sometimes		
								Never		
								This child does not use mental or beha health services	vioral	



F. Providing for This

		F. Providing for T Child's Health	his	F 5	othe hom	N AVERAGE WEEK, how many hou or family members spend providing ne for this child? Care might include of iving medication and therapies when n	health car changing b	e at
F	Includi Health	ing co-pays and amounts reimburse Savings Accounts (HSA) and Flexik	ed from ole Spending			This child does not need health care on a weekly basis	provided a	t home
	Accou this ch	nts (FSA), how much money did you nild's medical, health, dental, and vis	u pay for sion care			Less than 1 hour per week		
	health	IG THE PAST 12 MONTHS? Do not in insurance premiums or costs that were abursed by insurance or another sourc	or will			1-4 hours per week		
	- S(0 (No medical or health-related	С.			5-10 hours per week		
		xpenses) → SKIP to question F4				11 or more hours per week		
		1-\$249		F6		N AVERAGE WEEK, how many hou		
		250-\$499			hea	er family members spend arranging Ith or medical care for this child, su- ointments or locating services?		
		500-\$999				This child does not need health care	coordinate	d
		1,000-\$5,000 lore than \$5,000				on a weekly basis Less than 1 hour per week		
		ften are these costs reasonable?				1-4 hours per week		
		lways				5-10 hours per week		
		sually				11 or more hours per week		
		ometimes				G. This Child's Le	arnin	
	□ N	ever						
F	3 DURIN	G THE PAST 12 MONTHS, did your	family have			wer the following question only if that It 1 year old. Otherwise skip to G25 o		
	proble health	ms paying for any of this child's me care bills?	edical or	G1	/	his child able to do the following k (X) Yes or No for EACH item.	Van	NI.
	□ Y	es				Say at least one word, such as "hi" or "dog"?	Yes	No
	□N	0			b.	Jse 2 words together, such as		
Ē		G THE PAST 12 MONTHS, have you members	or other			car go"? Jse 3 words together in a sentence,		
	a. Left	t a job or taken a leave of	Yes No	1		such as, "Mommy come now."? Ask questions like "who," "what,"		
		sence because of this child's alth or health conditions?				when," "where"?		
	bed	down on the hours you work cause of this child's health or]		Ask questions like "why" and "how"? Fell a story with a beginning,		
		alth conditions?			ı	middle, and end?		Ш
	con	ncerns about maintaining health urance for this child?			١	Understand the meaning of the word "no"?		
ı					I	Follow a verbal direction without nand gestures, such as "Wash your nands."?		
						Point to things in a book when asked?		
					j.			



G	•	Is th	is child 3 years old or older?	G8	Can	this child rhyme words?
١			Yes			Yes
١			No → SKIP to question G25 on page 16			No
G			this child started school? Include any formal e schooling.	G9	How or de	often can this child explain things they have seen one so that you get a very good idea what happened?
١			Yes, preschool			Always
١			Yes, kindergarten			Most of the time
١			Yes, first grade			About half the time
١			No			Sometimes
G ₂)	Are	you concerned about how this child is learning to hings for themselves?			Never
				310		often can this child write their first name, even if e of the letters aren't quite right or are backwards?
١			Yes, somewhat concerned			Always
١			Yes, very concerned			Most of the time
G	•	How	confident are you that this child is ready to be in			About half the time
١			Completely confident			Sometimes
١			Mostly confident			Never
١				31)	How	high can this child count?
١			Not at all confident			This child cannot count
G	•	Ном	often can this child recognize the beginning			Up to five
	7	soui	the word "ball" starts with the "buh" sound?			Up to ten
١			Always		Н	Up to 20
١			Most of the time		Н	Up to 50
١			About half the time		Ш	Up to 100 or more
١			Sometimes	312		often can this child identify basic shapes such as angle, circle, or square?
١			Never			Always
G)	Abo	ut how many letters of the alphabet can this child			Most of the time
١		reco	gnize? All of them			About half the time
١			Most of them			Sometimes
			About half of them			Never
			Some of them			
			None of them			

G1	Can and	this child identify the colors red, yellow, blue, green by name?	G19		often does this child become angry or anxious n going from one activity to another?
١		Yes, all of them			Always
١		Yes, some of them			Most of the time
١		No, none of them			About half the time
G1	4 How	often is this child easily distracted?			Sometimes
Ī		Always			Never
		Most of the time	G20		often does this child show concern when others hurt or unhappy?
١		About half the time			Always
١		Sometimes		П	Most of the time
1		Never			About half the time
G1		often does this child keep working at something			
١	unti	I they are finished? Always			Sometimes
١		Most of the time			Never
1			G21		en excited or all wound up, how often can this child n down quickly?
1		About half the time			Always
1	H	Sometimes			Most of the time
		Never			About half the time
G1		en this child is paying attention, how often can they ow instructions to complete a simple task?			Sometimes
1		Always			Never
١		Most of the time	G22		often does this child lose control of their temper
1		About half the time	T	whe	n things do not go their way?
١		Sometimes			Always
1		Never			Most of the time
G1	How	does this child usually hold a pencil?		Ш	About half the time
I		Uses fingers to hold the pencil			Sometimes
1		Grips the pencil in their fist			Never
١		This child cannot hold a pencil	G23		npared to other children their age, how much culty does this child have making or keeping
G1	8 How	often does this child play well with others?			ids?
1		Always			No difficulty
		Most of the time			A little difficulty
		About half the time			A lot of difficulty
		Sometimes			
		Never			
-1					



Gʻ		ompared to other chil is child able to sit sti		eir age, h	ow often is	s	H5	did 1	ING THE PAST WEEK, how many hours of sleep this child get during an average day (count both ttime sleep and naps)?
		Always							Less than 7 hours
		Most of the time							7 hours
		About half the time							8 hours
		Sometimes							9 hours
		Never							10 hours
G2	25 Ho	ow often	Almana	Harrathy	Comodimo	Name			11 hours
	a.	Is this child affectionate and tender with you?	Always		Sometimes	Never			12 or more hours
	b.	Does this child bounce back quickly when things					H6	12 M In w	wer the next question only if this child is LESS THAN MONTHS OLD. Otherwise, SKIP to question H7. hich position do you most often lay this baby down leep now?
		do not go their way?							(X) ONE box.
	C.	Does this child show interest and							On their side
		curiosity in learning new things?							On their back
	d.	Does this child smile and laugh?							On their stomach
		H. About	You Child		d This		H7	child	tING THE PAST WEEK, how many times did this d drink sugary drinks such as soda, fruit drinks, ts drinks, or sweet tea? Do not include 100% fruit
H	1 W	as this child born in	the Unite	ed State	s?				This child did not drink sugary drinks
		Yes → SKIP to que	estion H	3					1-3 times during the past week
		No							4-6 times during the past week
H		no, how long has this	s child b	een livir	g in the				1 time per day
	Ur	inted States?]					2 times per day
	L	years AND		month					3 or more times per day
Œ	3 Ho	ow many times has the nee they were born? Number of times		moved	to a new a	ddress	НВ	child froze	ting the Past Week, how many times did this deat vegetables? Include any that were fresh, en, or canned. Do not include French fries, fried toes, or potato chips.
H	4 Hc	ow often does this ch	nild go to	bed at	about the s	same			This child did not eat vegetables
	tin	ne on weeknights?							1-3 times during the past week
		Always							4-6 times during the past week
		Usually							1 time per day
		Sometimes							2 times per day
		Rarely							3 or more times per day



Hg	DURING THE PAST WEEK, how many times did this child eat fruit? Include any that were fresh, frozen, canned, or dried. Do not include juice.	H13	DURING THE PAST WEEK, how many days did you or other family members read to this child?
١	☐ This child did not eat fruit		□ 0 days
١	1-3 times during the past week		☐ 1-3 days
١	4-6 times during the past week		☐ 4-6 days
۱	1 time per day		Every day
	2 times per day	H14	DURING THE PAST WEEK, how many days did you or other family members tell stories or sing songs to this child?
١	3 or more times per day		□ 0 days
	Answer the following questions only if this child is at least 3 years old. Otherwise skip to H12.		1-3 days
H10	ON MOST WEEKDAYS, how much time does this child spend playing outdoors? Include time spent		☐ 4-6 days
	playing in your yard or neighborhood, outside at school or child care, in a park, playground or other outdoor recreation area. Your best estimate is fine.		☐ Every day
	Less than 1 hour per day	H15	How well do you think you are handling the day-to-day demands of raising children?
١	☐ 1 hour per day		☐ Very well
۱	2 hours per day		☐ Somewhat well
١	☐ 3 hours per day		□ Not very well
١	4 or more hours per day		□ Not well at all
HT	ON AN AVERAGE WEEKEND DAY, how much time does this child spend playing outdoors? Include time spent playing in your yard or neighborhood, in a park, playground or other outdoor recreation area. Your best estimate is fine.	H16	Never Rarely Sometimes Usually Always a. That this child
١	Less than 1 hour per day		is much harder
١	☐ 1 hour per day		b. That this child does things
	2 hours per day		that really bother you a lot?
۱	3 hours per day		c. Angry with this child?
	4 or more hours per day	H17	DURING THE PAST 12 MONTHS, was there someone
HIZ	ON MOST WEEKDAYS, about how much time did this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media? Do not include time spent doing schoolwork.		that you could turn to for day-to-day emotional support with parenting or raising children? Yes
	Less than 1 hour		No → SKIP to question H19 on page 18
	☐ 1 hour		
	2 hours		
	☐ 3 hours		
	4 or more hours		



4	8	lf y	yes, did you receive emotional support	from Yes	No	13) If ye	es, does anyone smoke inside your h	ome?									
		a.	Spouse or domestic partner?					Yes										
		b.	Other family member or close friend?					No										
		c.	Health care provider?			14		CE THIS CHILD WAS BORN, how ofte										
		d.	Place of worship or religious leader?			Ī		very hard to cover the basics, like food or housing, on your family's income?										
		e.	Support or advocacy group related to specific health condition?					Never										
		f.	Peer support group?					Rarely										
		g.	Counselor or other mental health		П			Somewhat often										
		h.	professional? Other person, specify: ✓					Very often										
						15	hou	ich of these statements best describe sehold's ability to afford the food you RING THE PAST 12 MONTHS?										
H1		we	es this child receive care for at least 10 ek from someone other than their pare	nt or gua	rdian?			We could always afford to eat good nu	tritious m	eals.								
		pro	is could be a day care center, preschool, ogram, family child care home, nanny, au prelative.					We could always afford enough to eat the kinds of food we should eat.	but not a	lways								
			Yes				Sometimes we could not afford enough	to eat.										
			No					Often we could not afford enough to e	at.									
H2	0	DU	IRING THE PAST 12 MONTHS, did you e family have to quit a job, not take a jo	or anyone	16		any time DURING THE PAST 12 MONT month, did anyone in your family red		n for									
		cha	ange your job because of problems wit	h child ca	are		а	Cash assistance from a government	Yes	No								
			Yes															
			163					welfare program?										
			No				b.	weitare program? Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?										
			No				b. c.	Food Stamps or Supplemental Nutrition										
				y and	d		b. c. d.	Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? Free or reduced-cost breakfasts or										
			I. About Your Famil Household			0	b. c. d.	Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? Free or reduced-cost breakfasts or lunches at school? Benefits from the Women, Infants,		□ □ □ No								
C		DU the	I. About Your Famil	days did	all	0	b. c. d. ln y	Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? Free or reduced-cost breakfasts or lunches at school? Benefits from the Women, Infants, and Children (WIC) Program?		No								
C		DU the	I. About Your Famil Household RING THE PAST WEEK, on how many a family members who live in the house	days did	all	17	b. c. d. ln y	Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? Free or reduced-cost breakfasts or lunches at school? Benefits from the Women, Infants, and Children (WIC) Program? Four neighborhood, is/are there	Yes	No								
•		DU the	I. About Your Famil Household RING THE PAST WEEK, on how many e family members who live in the house eal together?	days did	all	17	b. c. d. ;	Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? Free or reduced-cost breakfasts or lunches at school? Benefits from the Women, Infants, and Children (WIC) Program? Four neighborhood, is/are there Sidewalks or walking paths?	Yes									
C		DU the	I. About Your Famil Household RING THE PAST WEEK, on how many e family members who live in the house eal together? O days	days did	all	•	b. d. d. d. d. d. d. d.	Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? Free or reduced-cost breakfasts or lunches at school? Benefits from the Women, Infants, and Children (WIC) Program? Four neighborhood, is/are there Sidewalks or walking paths? A park or playground? A recreation center, community	Yes									
C		DU the	I. About Your Famil Household RING THE PAST WEEK, on how many e family members who live in the house eal together? O days 1-3 days	days did	all	•	b. d. d. d. d. d. d. d.	Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? Free or reduced-cost breakfasts or lunches at school? Benefits from the Women, Infants, and Children (WIC) Program? Four neighborhood, is/are there Sidewalks or walking paths? A park or playground? A recreation center, community center, or boys' and girls' club?										
C	2	DU the me	I. About Your Famil Household RING THE PAST WEEK, on how many e family members who live in the house eal together? O days 1-3 days 4-6 days Every day ses anyone living in your household use	days did ehold eat	all a	•	b. d. d. d. d. d. d. d.	Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? Free or reduced-cost breakfasts or lunches at school? Benefits from the Women, Infants, and Children (WIC) Program? Four neighborhood, is/are there Sidewalks or walking paths? A park or playground? A recreation center, community center, or boys' and girls' club? A library or bookmobile? Litter or garbage on the street	Yes									
Œ	2	DU the me	I. About Your Famil Household RING THE PAST WEEK, on how many e family members who live in the house eal together? O days 1-3 days 4-6 days Every day es anyone living in your household use gars, or pipe tobacco?	days did ehold eat	all a	17	b. d. d. d. d. d. d. d.	Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? Free or reduced-cost breakfasts or lunches at school? Benefits from the Women, Infants, and Children (WIC) Program? Four neighborhood, is/are there Sidewalks or walking paths? A park or playground? A recreation center, community center, or boys' and girls' club? A library or bookmobile? Litter or garbage on the street or sidewalk? Poorly kept or rundown housing? Vandalism such as broken	Yes	No								
C	2	DU the me	I. About Your Famil Household RING THE PAST WEEK, on how many e family members who live in the house eal together? O days 1-3 days 4-6 days Every day ses anyone living in your household use	days did ehold eat	all a	17	b. d. d. d. d. d. d. d.	Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? Free or reduced-cost breakfasts or lunches at school? Benefits from the Women, Infants, and Children (WIC) Program? Four neighborhood, is/are there Sidewalks or walking paths? A park or playground? A recreation center, community center, or boys' and girls' club? A library or bookmobile? Litter or garbage on the street or sidewalk? Poorly kept or rundown housing?	Yes	No								



IE		what extent do you				ts (D						ONTHS,			d had	
	ab	out your neighborho	Definitely	Somewhat	Somewhat					care v		_	video or	phon	e?		
		D 1 : #:	agree	agree	disagree	disagree			Yes	L		No					
	a.	People in this neighborhood help each other out							by vic	, were deo or emic?	any phor	of th	nis child ecause d	's hea of the	Ith car corona	e visits avirus	;
	b.	We watch out for each other's children in this neighborhood					12	DUD		Yes	QT 1	_ N	No ONTHS,	did th	is shile	1 mice	
	c.	This child is safe in our neighborhood						delay the c	or sk orona		PRE	I	NTIVE cl				
	d.	When we encounter difficulties, we know where to go for help in							Yes No	UE DA	OT 44		NITHE	la a a 41e	انطم ما	-ll	
		our community				•	13)						ONTHS, e arrang				
IS	ha ha un	ne next questions are appened during this component in any family, he comfortable with the ay questions you do	child's lif but some ese ques	fe. These e people i tions. Yo	things ca may feel u may ski	n		unav pand		e at an			ecause o				
		the best of your kno				=R			No								
		perienced any of the			Cilia Evi	-10			110								
	a.	Parent or guardian d separated	ivorced c	or	Yes	No											
	h	Parent or guardian d	ied														
		Parent or guardian so jail or prison		ne in													
	d.	Saw or heard parents hit, kick, punch one a home	s or adul another ir	ts slap, n the													
	e.	Was a victim of viole witnessed violence in neighborhood															
	f.	Lived with anyone wlill, suicidal, or severe	ho was n ely depres	nentally ssed													
		Lived with anyone wl with alcohol or drugs	;	•													
		Treated or judged un of their race or ethnic	c group														
	i.	Treated or judged un of a health condition															
(I		hen your family faces ely to do each of the	following	ng?		-											
			All of the time		Some of the time												
	a.	Talk together about what to do															
	b.	Work together to solve our problems															
		Know we have strengths to draw on															
	d.	Stay hopeful even in difficult times															

J. Child's Caregivers What is your marital status? Married **About You** Not married, but living with a partner How are you related to this child? **Never Married** Biological or Adoptive Parent Divorced Step-parent Separated Grandparent Widowed Foster Parent In general, how is your physical health? Other: Relative Excellent Other: Non-Relative Very good What is your sex? Good Male Fair Female Poor What is your age? In general, how is your mental or emotional health? Age in years Excellent Where were you born? Very good In the United States → SKIP to question J6 Good Outside of the United States Fair When did you come to live in the United States? Indicate the 4-digit year in which you came to live in the Poor United States. Which of the following best describes your current 4-Digit Year employment status? Mark (X) ONE box. What is the highest grade or level of school you have Employed full-time completed? Mark (X) ONE box. Employed part-time 8th grade or less Working WITHOUT pay 9th-12th grade; No diploma Not employed but looking for work High School Graduate or GED Completed Not employed and not looking for work 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)



J1	Have you ever served on active duty in the	1	Whe	re was this caregiver born?
٦	U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.	W		
١	Never served in the			In the United States → SKIP to question J19
١	military → SKIP to question J13		Ш	Outside of the United States
ı	Only on active duty for training in the Reserves or National Guard → SKIP to question	J18	State	n did this caregiver come to live in the United se? Indicate the 4-digit year in which this caregiver
١	Now on active duty		came	e to live in the United States.
	On active duty in the past, but not now			4-Digit Year
J1	Were you deployed at any time during this child's life?	J19	What	is the highest grade or level of school this
١	Yes			giver has completed? (X) ONE box.
١	□ No			8th grade or less
JI	Does this child have another parent or adult caregiver who lives in this household?			9th-12th grade; No diploma
١	Yes → Complete questions J14 - J25 for this other			High School Graduate or GED Completed
١	□ parent or adult caregiver □ No → SKIP to question K1 on page 22			Completed a vocational, trade, or business school program
١				Some College Credit, but no Degree
١	Other Parent or Caregiver in the Household			Associate Degree (AA, AS)
	iii tiio riedoorioid			Bachelor's Degree (BA, BS, AB)
J1	How is this other caregiver related to this child?			Master's Degree (MA, MS, MSW, MBA)
١	☐ Biological or Adoptive Parent			Doctorate (PhD, EdD) or Professional Degree
١	☐ Step-parent			(MD, DDS, DVM, JD)
١	Grandparent	J20	What	is this caregiver's marital status?
١	☐ Foster Parent			Married
١	Other: Relative			Not married, but living with a partner
١	Other: Non-Relative			Never Married
J1	What is this caregiver's sex?			Divorced
٦	☐ Male			Separated
١	Female			Widowed
		J21) In ge	neral, how is this caregiver's physical health?
J1	What is this caregiver's age?	7		Excellent
١	Age in years			
١			Ш	Very good
				Good
				Fair
				Poor



J22	In general, how is this caregiver's mental or emotional health?	K. Household Information
	Excellent	How many people are living or staying at this address? Include everyone who usually lives or stays at this address.
	☐ Very good	Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away
	Good	or someone in the Armed Forces on deployment.
	☐ Fair	Number of people
	Poor	How many of these people in your household are family
J2:	Which of the following best describes this caregiver's current employment status? Mark (X) ONE box.	members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.
	☐ Employed full-time	Number of people
	☐ Employed part-time	
	☐ Working WITHOUT pay	
	Not employed but looking for work	
	☐ Not employed and not looking for work	
J24	Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.	
	Never served in the military → SKIP to question K1	
	☐ Only on active duty for training in the Reserves or National Guard → SKIP to question K1	
	Now on active duty	
	On active duty in the past, but not now	
J2	Was this caregiver deployed at any time during this child's life?	
	Yes	
	□ No	

К3 Income in 2020 Mark (X) the "Yes" box for EACH type of income this child's family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark (X) the "No" box to show types of income NOT received. a. Wages, salary, commissions, bonuses, or tips for all jobs. Yes → .00 TOTAL AMOUNT No in the last calendar year b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships. Loss Yes → .00 TOTAL AMOUNT No in the last calendar year Interest, dividends, net rental income, royalty income, or income from estates and trusts. Yes → Loss .00 **TOTAL AMOUNT** No in the last calendar year d. Social Security or Railroad Retirement; retirement, survivor, or disability pensions. Yes → .00 TOTAL AMOUNT No in the last calendar year e. Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office. Yes → .00 TOTAL AMOUNT No in the last calendar year f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. Yes → .00 TOTAL AMOUNT No in the last calendar year

The following question is about your 2020 income. Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount before taxes? Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth. Also, include income from interest, dividends, net income from businesses, farm or rent, and any other money income received.



TOTAL AMOUNT in the last calendar year

Mailing Instructions

Thank you for your participation.

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

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

Place the completed questionnaire in the postage-paid return envelope. If the envelope has been misplaced, mail the questionnaire to:

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

We estimate that completing the National Survey of Children's Health will take 36 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Commerce, Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.





National Survey of Children's Health

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







The 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.

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

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

NSCH-T2 (02/26/2021)



	Start Here		DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the	
R	ecently, you completed a survey that asked about the		following? Yes N	lo
C T	hildren usually living or staying at this address. hank you for taking the time to complete that survey.	;	a. Breathing or other respiratory problems (such as wheezing or shortness of breath)	
V	le now have some follow-up questions to ask about:		b. Eating or swallowing because of a health condition	
1.5	the name listed shows is not connect an door not		c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea	
C	the name listed above is not correct or does not orrespond to a child living in this household, please all 1-800-845-8241 for assistance.		d. Repeated or chronic physical pain, including headaches or other back or body pain	
e	/e have selected only one child per household in an fort to minimize the amount of time you will need to omplete the follow-up questions.		e. Toothaches	
т	he survey should be completed by a parent or adult		f. Bleeding gums	
	aregiver who lives in this household and who is miliar with this child's health and health care.		g. Decayed teeth or cavities	
Y	our participation is important. Thank you.	A4	Does this child have any of the following? Yes N	lo
		,	a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition	
L	A. This Child's Health		b. Serious difficulty walking or climbing stairs	
	general, how would you describe this child's health he one named above)?		c. Difficulty dressing or bathing	
[Excellent		d. Deafness or problems with hearing	4
[Very good		e. Blindness or problems with seeing, even when wearing glasses	
[Good		Has a doctor or other health care provider EVER told you that this child has	
[Fair		Allergies (including food, drug, insect, or other)?	
	Poor		Yes No	
How would you describe the condition of this child's teeth?			 If yes, does this child CURRENTLY have the condition? ☐ Yes ☐ No 	
[Excellent		→ If yes, is it:	
[Very good		☐ Mild ☐ Moderate ☐ Severe	
[Good	A6	Arthritis?	
[Fair		Yes✓ No✓ If yes, does this child CURRENTLY have the	
	Poor		condition?	
			☐ Yes ☐ No ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
			☐ Mild ☐ Moderate ☐ Severe	



	Has a doctor or other health care provider EVER told	Has a doctor or other health care provider EVER told
Az	you that this child has Asthma?	you that this child has A12 Frequent or severe headaches, including migraine?
۳	☐ Yes ☐ No	Yes No
	☐ If yes, does this child CURRENTLY have the condition?	
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	→ If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe	□ Mild □ Moderate □ Severe
Aε	Cerebral Palsy?	A13 Tourette Syndrome?
I	□ Yes □ No	☐ Yes ☐ No
		If yes, does this child CURRENTLY have the condition?
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	☐ If yes, is it:
1	☐ Mild ☐ Moderate ☐ Severe	□ Mild □ Moderate □ Severe
Ag	Diabetes?	A14 Anxiety Problems?
T	☐ Yes ☐ No	☐ Yes ☐ No
	If yes, does this child CURRENTLY have the condition?	
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	→ If yes, is it:
1	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A1	Epilepsy or Seizure Disorder?	A15 Depression?
T	☐ Yes ☐ No	☐ Yes ☐ No
	If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	☐ If yes, is it:
١	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A1	Heart Condition?	A16 Down Syndrome?
T	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, was this child born with the condition?	
1	☐ Yes ☐ No	
1	Does this child CURRENTLY have the condition?	
1	☐ Yes ☐ No	
1	→ If yes, is it:	
	☐ Mild ☐ Moderate ☐ Severe	

	Has a doctor or other health care provider EVER told you that this child has	Has a doctor, other health care provider, or educator EVER told you that this child has Examples of educators are teachers and school nurses.
A 1	7 Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?	20 Behavioral or Conduct Problems?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ If yes, is it:	If yes, does this child CURRENTLY have the
	☐ Mild ☐ Moderate ☐ Severe	condition?
	Was this child diagnosed with:	☐ Yes ☐ No
	Sickle Cell Disease? ☐ Yes ☐ No	→ If yes, is it:
	Thalassemia? ☐ Yes ☐ No	☐ Mild ☐ Moderate ☐ Severe
	Hemophilia?	
	Other Blood	☐ Yes ☐ No
	Disorders? Were any of these blood disorders identified	If yes, does this child CURRENTLY have the condition?
	through a blood test done shortly after birth? These tests are sometimes called newborn screening.	☐ Yes ☐ No
	Yes No	☐→ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe
1	8 Cystic Fibrosis?	22 Intellectual Disability (formerly known as Mental
	☐ Yes ☐ No ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Retardation)?
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No
	Was this condition identified through a blood	If yes, does this child CURRENTLY have the disability?
	test done shortly after birth? These tests are sometimes called newborn screening.	☐ Yes ☐ No
	☐ Yes ☐ No	→ If yes, is it:
41	9 Other genetic or inherited condition?	☐ Mild ☐ Moderate ☐ Severe
	☐ Yes ☐ No A2	23 Speech or other language disorder?
	If yes, specify:	☐ Yes ☐ No
		If yes, does this child CURRENTLY have the
	ls it:	condition?
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No
	Was this condition identified through a blood test done shortly after birth? These tests are	→ If yes, is it:
	sometimes called newborn screening.	☐ Mild ☐ Moderate ☐ Severe
	☐ Yes ☐ No	Learning Disability?
		☐ Yes ☐ No
		If yes, does this child CURRENTLY have the disability?
		☐ Yes ☐ No
		☐→ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe



A2	Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).		Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD?
١	☐ Yes ☐ No → SKIP to question A30		☐ Yes ☐ No → SKIP to question A33
١	If yes, does this child CURRENTLY have the condition?		If yes, does this child CURRENTLY have the condition?
١	☐ Yes ☐ No		☐ Yes ☐ No
١	→ If yes, is it:		→ If yes, is it:
١	☐ Mild ☐ Moderate ☐ Severe		☐ Mild ☐ Moderate ☐ Severe
A2	How old was this child when a doctor or other health care provider FIRST told you that they had Autism, ASD, Asperger's Disorder or PDD?	A	Is this child CURRENTLY taking medication for ADD or ADHD?
	Age in years Don't know	A	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD,
A2	What type of doctor or other health care provider was the FIRST to tell you that this child had Autism, ASD, Asperger's Disorder or PDD? Mark (X) ONE box.		such as training or an intervention that you or this child received to help with their behavior? Yes No
	☐ Primary Care Provider	A	Do you think this child has EVER had a concussion or brain injury? A concussion or brain injury is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering
	☐ Specialist ☐ School Psychologist/Counselor		or concentrating, vomiting, blurred vision, changes in mood or behavior, or being knocked out.
١			☐ Yes ☐ No
١	Other Psychologist (Non-School)		If yes, did you seek medical care from a doctor or other health care provider?
١	☐ Psychiatrist		☐ Yes ☐ No
	☐ Other, specify:		If yes, did a doctor or other health care provider tell you that your child had a concussion or brain injury?
١	☐ Don't know		☐ Yes ☐ No
A2	Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?		DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their age do?
	☐ Yes ☐ No		This child does not have any health conditions → SKIP to question B1 on page 6
A2			Never
1	child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an		Sometimes
١	intervention that you or this child received to help with their behavior?		☐ Usually
	☐ Yes ☐ No		Always
		A	To what extent do this child's health conditions or problems affect their ability to do things?
			☐ Very little
			Somewhat
			☐ A great deal



	B. This Child as an Infant	C4	Wha Your	t is this child's CURRENT height? best estimate is fine.
В	Was this child born more than 3 weeks before their due date?			feet AND inches
١	Yes		OR	
	□ No			meters AND centimeters
B2		C5	How	much does this child CURRENTLY weigh?
	Birth Month / 4-Digit Birth Year		Your	best estimate is fine.
				pounds
B	How much did they weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine.			kilograms
١	pounds AND ounces	C6	Aro	you concerned about this child's weight?
١	OR			·
١				Yes, it's too high
١	kilograms AND grams			Yes, it's too low
B4	What was the age of the mother when this child was born? Your best estimate is fine.		Ш	No, I am not concerned
١		C7	Has you	a doctor or other health care provider ever told that this child is overweight?
١	Age in years			Yes
	C. Health Care Services			No
C	DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care? Include health care visits done by video or phone.		take	ere a place you or another caregiver USUALLY this child when they are sick or you need advice it their health?
١	Yes		Ш	Yes
١	No → SKIP to question C4			No → SKIP to question c10 on page 7
C				s, where does this child USUALLY go first? (X) ONE box.
١	professional to receive a PREVENTIVE check-up? A preventive check-up is when this child was not sick or injured,			Doctor's Office
١	such as an annual or sports physical, or well-child visit.			Hospital Emergency Room
	□ 0 visits			Hospital Outpatient Department
١	☐ 1 visit			Urgent Care Center
	2 or more visits			Clinic or Health Center
C	Thinking about the LAST TIME you took this child for a PREVENTIVE check-up, about how long was the			Retail Store Clinic or "Minute Clinic"
	doctor or health care provider who examined this child in the room with you? Your best estimate is fine.			School (Nurse's Office, Athletic Trainer's Office)
	Less than 10 minutes			
	10-20 minutes			Some other place
	☐ More than 20 minutes			



G10	Is there a place that this child USUALLY goes when they need routine preventive care, such as a physical examination or well-child check-up?	C15	see PRE	es, DURING THE PAST 12 MONTHS, did this child a dentist or other oral health care provider for EVENTIVE dental care, such as check-ups, dental nings, dental sealants, or fluoride treatments?
	Yes		П	No preventive visits in
	No → SKIP to question C12			the past 12 months → SKIP to question C17 Yes, 1 visit
CI	If yes, is this the same place this child goes when they are sick?			Yes, 2 or more visits
	□ Yes	C16	PŘE	es, DURING THE PAST 12 MONTHS, what EVENTIVE dental service(s) did this child receive?
				Check-up
C12	DURING THE PAST 2 YEARS, has this child received a vision screening from a care provider other than an eye			·
	doctor? The screening could have occurred at a pediatrician's office, in a school, preschool/child care center,			Cleaning
	or a community setting, using pictures, shapes, letters, or a camera like tool.		H	Instruction on tooth brushing and oral health care
	☐ Yes ☐ No		H	X-Rays
	☐ If yes, was it recommended that this child see an		Ш	Fluoride treatment
	eye doctor or other eye care provider for an eye examination or additional vision services as a			Sealant (plastic coatings on back teeth)
	result of the vision screening? An eye doctor may be referred to as an optometrist or ophthalmologist.			Don't know
C1s	Yes No DURING THE PAST 2 YEARS, has this child seen an eye doctor? An eye doctor may be referred to as an	G	rece heal psyc	RING THE PAST 12 MONTHS, has this child eived any treatment or counseling from a mental th professional? Mental health professionals include chiatrists, psychologists, psychiatric nurses, and clinical al workers.
	optometrist or ophthalmologist.			Yes
	□ Yes □ No			No, but this child needed to see a mental health
	If yes, what care has this child received from the eye doctor?		Ш	professional
	Mark (X) ALL that apply.			No, this child did not need to see a mental health professional → SKIP to question C19
	Received eye examination	C18	How or c	difficult was it to get the mental health treatment ounseling that this child needed?
	Prescribed eyeglasses or contact lenses			Not difficult
	Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism			Somewhat difficult
	Some other care			Very difficult
C14				It was not possible to obtain care
T	dentist or other oral health care provider for any kind of dental or oral health care?			
	Mark (X) ALL that apply.	C19	any	RING THE PAST 12 MONTHS, has this child taken medication because of difficulties with their
	☐ Yes, saw a dentist		EIIIO	tions, concentration, or behavior?
	Yes, saw other oral health care provider		Н	Yes
	No → SKIP to question C17			No



C2	DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional? Specialists are doctors like surgeons, heart doctors, allergy	C25	not receiving needed health services? Mark (X) Yes or No for EACH item.
	doctors, skin doctors, and others who specialize in one area of health care.		a. This child was not eligible for the
	Yes		b. The services this child needed were
	No, but this child needed to see a specialist		There were problems getting an
	No, this child did not need to see a specialist → SKIP to question C22		appointment when this child needed one
C2	How difficult was it to get the specialist care that this child needed?		d. There were problems with getting transportation or child care
	☐ Not difficult		e. The clinic or doctor's office wasn't open when this child needed care
	☐ Somewhat difficult		f. There were issues related to cost
	☐ Very difficult	C26	DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?
	☐ It was not possible to obtain care		Never
C2	type of alternative health care or treatment? Alternative		Sometimes
	health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider,		Usually
	while others can be done on your own.		Always
	Yes	C27	
	□ No		this child visit a hospital emergency room?
C2	DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not		None
	received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.		☐ 2 or more times
	□ Yes	C28	DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?
	No → SKIP to question C26		Yes
C2	If yes, which types of care were not received? Mark (X) ALL that apply.		□ No
	☐ Medical Care	C29	Has this child EVER had a special education or early intervention plan? Children receiving these services often
	☐ Dental Care		have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).
	☐ Vision Care		Yes
	☐ Hearing Care		No → SKIP to question C32 on page 9
	Mental Health Services	C30	If yes, how old was this child at the time of the FIRST
	Other, specify: 📈		plan?
			years AND months
-1			



C	1	Is this child CURRENTLY receiving services under one of these plans?	04	hea	swer the following q alth care visit IN THE p to question E1 on	PAST 1	2 MON			
		Yes			RING THE PAST 12 Id's doctors or other				is	
		No				Always	Usually	Sometimes	Never	
C	32	Has this child EVER received special services to meet their developmental needs such as speech,		a.	Spend enough time with this child?					
		occupational, or behavioral therapy?		b.	Listen carefully to you?					
		Yes No → SKIP to question D1		C.	Show sensitivity to your family's values and customs?					
C	3	If yes, how old was this child when they began receiving these special services?		d.	Provide the specific information you needed concerning this child?					
C	34	years AND months Is this child CURRENTLY receiving these special		e.	Help you feel like a partner in this child's care?					
		services?	D 5	וום	RING THE PAST 12	MONTHS	did th	is child ne	he	
		Yes	9	any	decisions to be mach as whether to get	ide regar	ding the	eir health c	are,	
		No		pro	ocedures?					
		D. Experience with This		H	Yes					
		Child's Health Care		L	No → SKIP to ques	stion D				
		Providers	D6		res, DURING THE PA s child's doctors or					
D)	Do you have one or more persons you think of as			Diagram with way tha	Always	Usuall	y Sometimes	Never	
		this child's personal doctor or nurse? A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.		a.	Discuss with you the range of options to consider for their hea care or treatment?	ılth				
		Yes, one person		b.	Make it easy for you to raise concerns or					
		Yes, more than one person			disagree with recommendations for this child's health					
		□ No			care?					
D	2	DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?		C.	Work with you to decide together which health care and					
		Yes			treatment choices wo be best for this child?					
		No → SKIP to question D4	07	DU	RING THE PAST 12	MONTHS	i, did ar	yone help	you	
D:	3	How difficult was it to get referrals?			ange or coordinate t ferent doctors or ser					
		□ Not difficult			Yes					
		Somewhat difficult			No					
		☐ Very difficult			Did not see more the PAST 12 MON	nan one h THS → S i	ealth ca	re provider	in	
		☐ It was not possible to get a referral					n page [']			
		·								



D8	DURING THE PAST 12 MONTHS, have you felt that you could have used extra help arranging or coordinating this child's care among the different health care providers or services?	E. This Child's Health Insurance Coverage
D9	YesNo → SKIP to question p10	DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan? Yes, this child was covered all 12 months → SKIP to question
	did you get as much help as you wanted with arranging or coordinating this child's health care? Usually	Yes, but this child had a gap in coverage No Indicate whether any of the following is a reason this child was not covered by health insurance at any time DURING THE PAST 12 MONTHS: Yes No
D10	DURING THE PAST 12 MONTHS, how satisfied were you with the communication between this child's doctors and other health care providers? Very satisfied	a. Change in employer or employment status b. Cancellation due to overdue premiums c. Dropped coverage because it was unaffordable
	 □ Somewhat satisfied □ Somewhat dissatisfied □ Very dissatisfied 	d. Dropped coverage because benefits were inadequate e. Dropped coverage because choice of health care providers was inadequate f. Problems with application or
D]1	DURING THE PAST 12 MONTHS, did this child's health care provider communicate with the child's school, child care provider, or special education program? Yes	g. Other, specify:
D12	Did not need health care provider to communicate with these providers → SKIP to question	Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan? ☐ Yes ☐ No → SKIP to question F1 on page 11
		Is this child CURRENTLY covered by any of the followin types of health insurance or health coverage plans? Mark (X) Yes or No for EACH item. Yes No a. Insurance through a current or
	☐ Somewhat dissatisfied☐ Very dissatisfied	former employer or union b. Insurance purchased directly from an insurance company c. Medicaid, Medical Assistance, or any kind of government
		assistance plan for those with low incomes or a disability d. TRICARE or other military health care
		f. Other, specify:



E			often does this child's health insurance offer efits or cover services that meet this child's needs?	2	How	often are these costs reasonable?
١			Always			Always
١			Usually			Usually
١			Sometimes			Sometimes
١			Never			Never
E	-		often does this child's health insurance allow in to see the health care providers they need?	3	prob	RING THE PAST 12 MONTHS, did your family have blems paying for any of this child's medical or th care bills?
١			Always			Yes
١			Usually			No
١			Sometimes			
١			Never	4)		RING THE PAST 12 MONTHS, have you or other ily members Yes No
=		beha	king specifically about this child's mental or avioral health needs, how often does this child's the insurance offer benefits or cover services that		a	Left a job or taken a leave of absence because of this child's nealth or health conditions?
			t these needs?		b	Cut down on the hours you work pecause of this child's health or lealth conditions?
١			Always		·	Avoided changing jobs because of
١			Usually		C	concerns about maintaining health nsurance for this child?
١			Sometimes	5	IN A	N AVERAGE WEEK, how many hours do you or
			Never This child does not use mental or behavioral health services		hom	er family members spend providing health care at the for this child? Care might include changing bandages, iving medication and therapies when needed.
١			Health Services			This child does not need health care provided at home on a weekly basis
١			F. Providing for This			Less than 1 hour per week
			Child's Health			1-4 hours per week
F		Savi	uding co-pays and amounts reimbursed from Health ngs Accounts (HSA) and Flexible Spending Accounts			5-10 hours per week
		med PAS	A), how much money did you pay for this child's ical, health, dental, and vision care DURING THE T 12 MONTHS? Do not include health insurance			11 or more hours per week
١			niums or costs that were or will be reimbursed by rance or another source.	6		N AVERAGE WEEK, how many hours do you or family members spend arranging or coordinating
			\$0 (No medical or health-related expenses) → SKIP to question		heal	th or medical care for this child, such as making ointments or locating services?
١			\$1-\$249			This child does not need health care coordinated on a weekly basis
١			\$250-\$499			Less than 1 hour per week
			\$500-\$999			1-4 hours per week
			\$1,000-\$5,000			5-10 hours per week
			More than \$5,000			11 or more hours per week



G	DU	G. This Child's Schooling and Activities RING THE PAST 12 MONTHS, about how many days this child miss school because of illness or injury? ude days missed from any formal home schooling. No missed school days 1-3 days 4-6 days 7-10 days 11 or more days This child was not enrolled in school	65	a. #	A sports team or did they take sports lessons after school or on weekends? Any clubs or organizations after school or on weekends? Any other organized activities or essons, such as music, dance, anguage, or other arts? Any type of community service or rolunteer work at school, place of vorship, or in the community? Any paid work, including regular obs as well as babysitting, cutting grass, or other occasional work?	Yes	No
G:	this	RING THE PAST 12 MONTHS, how many times has child's school contacted you or another adult in household about any problems they are having a school?		this	child exercise, play a sport, or partisical activity for at least 60 minutes?	cipate in	
		None			1-3 days		
		1 time			4-6 days		
		2 or more times			Every day		
G		CE STARTING KINDERGARTEN, has this child eated any grades?	G7	diffi	npared to other children their age, he culty does this child have making or nds?		
	H	Yes			No difficulty		
		No			A little difficulty		
G	DU	RING THE PAST 12 MONTHS, how often did you end events or activities that this child participated in	?	Ш	A lot of difficulty		
		Always Usually	G8	chile If the	RING THE PAST 12 MONTHS, how of d bullied, picked on, or excluded by e frequency changed throughout the ye est frequency.	other child	dren?
		Sometimes			Never (in the past 12 months)		
		Rarely			1-2 times (in the past 12 months)		
		Never			1-2 times per month		
					1-2 times per week		
					Almost every day		



G	9	chi If tl	RING THE PAST 12 M Id bully others, pick on the frequency changed	on them,	or excl	ude them?	•	H 4		often does this child go to bed at about the same on weeknights?
		hig	hest frequency.							Always
			Never (in the past 12	2 months))					Usually
			1-2 times (in the pas	st 12 mon	ths)					Sometimes
			1-2 times per month							Rarely
			1-2 times per week							Never
			Almost every day					H5	DUR	ING THE PAST WEEK, how many hours of sleep
G1	0	Но	w often does this chi	ld				Ψ	did 1	this child get on most weeknights?
٦		_	Show interest and	Always I	Usually	Sometimes	Never			Less than 6 hours
			curiosity in learning new things?							6 hours
			Work to finish tasks they start?							7 hours
		c.	Stay calm and in							8 hours
			control when faced with a challenge?							9 hours
		d.	Care about doing well in school?							10 hours
		e.	Do all required homework?							11 or more hours
		f.	Argue too much?					H6		MOST WEEKDAYS, about how much time did this dispend in front of a TV, computer, cellphone or
			H. About			l This			othe gam	es, accessing the internet or using social media?
				Child						Less than 1 hour
H		Wa	s this child born in tl	he United	l States	?				1 hour
			Yes → SKIP to que	stion H3)					2 hours
			No							3 hours
Œ	2		o, how long has this tes?	child be	en livin	g in the Ur	nited			4 or more hours
			years AND		months	3		H7	How abou	well can you and this child share ideas or talk ut things that really matter?
										Very well
H	3		w many times has thice they were born?	is child n	noved t	o a new ad	ldress			Somewhat well
										Not very well
			Number of time	es						Not well at all



H		low well do you lemands of raisir			dling th	e day-to	-day			l. About Your Family and Household
١		Very well								
		Somewhat we						U	fan	RING THE PAST WEEK, on how many days did all the nily members who live in the household eat a meal ether?
١		Not very well								0 days
١		Not well at all	I							1-3 days
H	D	OURING THE PAS	ST MON	TH, how o	ften hav	ve you fe	elt			
٦		-	Never	Rarely So	metimes	Usually	Alway	s		4-6 days
١	а	. That this child is much harder								Every day
		to care for than most children their age?						12		es anyone living in your household use cigarettes, ars, or pipe tobacco?
١	b	. That this child does things								Yes
		that really bother you a lot?								No → SKIP to question [4
١	С	. Angry with this child?						13	If y	es, does anyone smoke inside your home?
	A D	NIDING THE DAG	ET 42 M/	ONTHE	oo thora	. comoo	no	Ĭ		Yes
H1	ti	DURING THE PAS	rn to foi	day-to-da	ay emoti					No
١	W	vith parenting or	raising	children?						
		Yes No → SKIP to	o questi	on 🚹				14	vei	ICE THIS CHILD WAS BORN, how often has it been y hard to cover the basics, like food or housing, your family's income?
										Never
HI	9 If	f yes, did you red	ceive en	notional s	upport f	rom Yes	No			Rarely
١	а	. Spouse or dom	estic na	rtner?						Somewhat often
١										
١	b	Other family me	ember o	r close frie	nd?		Н			Very often
١	С	. Health care pro	vider?				Ш	15		ich of these statements best describes your
١	d	I. Place of worshi	ip or reli	gious leade	er?			Ĭ		usehold's ability to afford the food you need RING THE PAST 12 MONTHS?
	е	to specific heal			d					We could always afford to eat good nutritious meals.
١	f.	. Peer support g	roup?							We could always afford enough to eat but not always
١	g	Counselor or of professional?	ther mer	ntal health						the kinds of food we should eat.
١	h	. Other person, s	specify:	abla					_	Sometimes we could not afford enough to eat.
١			. ,							Often we could not afford enough to eat.



- 1		any time DURING The month, did anyone			en for	$oldsymbol{oldsymbol{ au}}$	Other than you or other adults in your home, is there at least one other adult in this child's school, neighborhood
				Yes	No		or community who knows this child well and who they can rely on for advice or guidance?
	a.	Cash assistance from welfare program?	n a governme	ent			Yes
	b.	Food Stamps or Sup Assistance Program					□ No
	c.	Free or reduced-cost lunches at school?	t breakfasts o	or 🔲			
	d.	Benefits from the Wo and Children (WIC) F		,			The next questions are about events that may have happened during this child's life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip
Œ	In	your neighborhood,	is/are there.				any questions you do not want to answer.
				Yes	No		To the best of your knowledge, has this child EVER experienced any of the following?
	a.	Sidewalks or walking	paths?				Yes No
	b.	A park or playground	d?				a. Parent or guardian divorced or separated
	c.	A recreation center,					b. Parent or guardian died
	له له	center, or boys' and					c. Parent or guardian served time in jail or prison
		A library or bookmob					d. Saw or heard parents or adults slap,
	e.	Litter or garbage on or sidewalk?	the street				home
	f.	Poorly kept or rundo	wn housing?				e. Was a victim of violence or witnessed violence in their neighborhood
	g.	Vandalism such as b windows or graffiti?	oroken				f. Lived with anyone who was mentally
Œ		what extent do you			nts		ill, suicidal, or severely depressed g. Lived with anyone who had a problem
	au	oout your neighborho	Definitely Som	iumity <i>:</i> iewhat Somewhat gree disagree	Definitely disagree		h. Treated or judged unfairly because
	a.	People in this	g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			of their race of ethnic group
		neighborhood help each other out					i. Treated or judged unfairly because of their sexual orientation or gender identity
	b.	each other out We watch out for					of their sexual orientation or gender identity j. Treated or judged unfairly because
	b.	each other out					of their sexual orientation or gender identity j. Treated or judged unfairly because of a health condition or disability
		each other out We watch out for each other's children in this neighborhood					of their sexual orientation or gender identity j. Treated or judged unfairly because of a health condition or disability When your family faces problems, how often are you
		each other out We watch out for each other's children in this neighborhood This child is safe in our					of their sexual orientation or gender identity j. Treated or judged unfairly because of a health condition or disability When your family faces problems, how often are you likely to do each of the following?
	C.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood				11	of their sexual orientation or gender identity j. Treated or judged unfairly because of a health condition or disability When your family faces problems, how often are you likely to do each of the following? All of Most of Some of None of the time the time the time
	C.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter				11	of their sexual orientation or gender identity j. Treated or judged unfairly because of a health condition or disability When your family faces problems, how often are you likely to do each of the following? All of Most of Some of None of
	C.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we				1	of their sexual orientation or gender identity j. Treated or judged unfairly because of a health condition or disability When your family faces problems, how often are you likely to do each of the following? All of Most of Some of None of the time the time the time the time a. Talk together
	c. d.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter difficulties, we know where to go for help in our community				(1)	of their sexual orientation or gender identity j. Treated or judged unfairly because of a health condition or disability When your family faces problems, how often are you likely to do each of the following? All of Most of the time the time the time a. Talk together about what to do b. Work together to
	c. d.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter difficulties, we know where to go for help in				1	of their sexual orientation or gender identity j. Treated or judged unfairly because of a health condition or disability When your family faces problems, how often are you likely to do each of the following? All of Most of Some of None of the time the time the time a. Talk together about what to do b. Work together to solve our problems c. Know we have
	c. d.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter difficulties, we know where to go for help in our community This child is safe				1	of their sexual orientation or gender identity j. Treated or judged unfairly because of a health condition or disability When your family faces problems, how often are you likely to do each of the following? All of Most of the time the time the time a. Talk together about what to do b. Work together to solve our problems c. Know we have strengths to draw on d. Stay hopeful even
	c. d.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter difficulties, we know where to go for help in our community This child is safe				1	of their sexual orientation or gender identity j. Treated or judged unfairly because of a health condition or disability When your family faces problems, how often are you likely to do each of the following? All of Most of the time the time the time a. Talk together about what to do b. Work together to solve our problems c. Know we have strengths to draw on d. Stay hopeful even
	c. d.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter difficulties, we know where to go for help in our community This child is safe				1	of their sexual orientation or gender identity j. Treated or judged unfairly because of a health condition or disability When your family faces problems, how often are you likely to do each of the following? All of Most of the time the time the time a. Talk together about what to do b. Work together to solve our problems c. Know we have strengths to draw on d. Stay hopeful even
	c. d.	each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter difficulties, we know where to go for help in our community This child is safe				1	of their sexual orientation or gender identity j. Treated or judged unfairly because of a health condition or disability When your family faces problems, how often are you likely to do each of the following? All of Most of the time the time the time a. Talk together about what to do b. Work together to solve our problems c. Know we have strengths to draw on d. Stay hopeful even



112	any health care visits by video or phone? Yes No If yes, were any of this child's health care visits by video or phone because of the coronavirus pandemic? Yes No DURING THE PAST 12 MONTHS, did this child miss,	J5	Where were you born? ☐ In the United States → SKIP to question ☐ Outside of the United States When did you come to live in the United States? Indicate the 4-digit year in which you came to live in the United States. 4-Digit Year
Ĭ	delay or skip any PREVENTIVE check-ups because of the coronavirus pandemic? Yes No	J6	What is the highest grade or level of school you have completed? Mark (X) ONE box. 8th grade or less
114	DURING THE PAST 12 MONTHS, have any of this child's regular childcare arrangements been closed or unavailable at any time because of the coronavirus pandemic? Please include before school care, after school care, and all other forms of childcare that were unavailable. Yes No No Child's Caregivers		 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)
	About You		☐ Master's Degree (MA, MS, MSW, MBA) ☐ Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
J2 J3	Biological or Adoptive Parent Step-parent Grandparent Foster Parent Other: Relative Other: Non-Relative What is your sex? Male Female]3	What is your marital status? Married Not married, but living with a partner Never Married Divorced Separated Widowed In general, how is your physical health? Excellent Very good Good Fair
	Ago in yours		Poor



J9			Other Parent or Caregiver in the Household
	Excellent		
	☐ Very good	J 14	How is this other caregiver related to this child?
	Good		☐ Biological or Adoptive Parent
	Fair		Step-parent
	Poor		Grandparent
	Which of the fellowing best describes your suggest		☐ Foster Parent
J10	Which of the following best describes your current employment status? Mark (X) ONE box.		Other: Relative
	Employed full-time		Other: Non-Relative
	☐ Employed part-time	J15	What is this caregiver's sex?
	☐ Working WITHOUT pay		Male
	Not employed but looking for work		Female
	☐ Not employed and not looking for work	J16	What is this caregiver's age?
JI	Have you ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.		Age in years
	Never served in the military → SKIP to question	1	Where was this caregiver born?
	Only on active duty for training in the Reserves or National Guard → SKIP to question 13		☐ In the United States → SKIP to question on page 18
	Now on active duty		Outside of the United States
	On active duty in the past, but not now	119	When did this caregiver come to live in the United
JI2			States? Indicate the 4-digit year in which this caregiver came to live in the United States.
	Yes		. 5
	No		4-Digit Year
JI:	Does this child have another parent or adult caregiver who lives in this household?		
	Yes → Complete questions J14 - J25 for this other parent or adult caregiver		
	No → SKIP to question K1 on page 19		



19	care	t is the highest grade or level of school this giver has completed?	22	health?
		8th grade or less		Excellent
		9th-12th grade; No diploma		☐ Very good
		High School Graduate or GED Completed		Good
		Completed a vocational, trade, or business school program		☐ Poor
		Some College Credit, but no Degree	23	Which of the following best describes this caregiver's
		Associate Degree (AA, AS)		current employment status? Mark (X) ONE box.
		Bachelor's Degree (BA, BS, AB)		Employed full-time
		Master's Degree (MA, MS, MSW, MBA)		Employed part-time
		Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)		☐ Working WITHOUT pay
				□ Not employed but looking for work
20	Wha	t is this caregiver's marital status?		Not employed and not looking for work
		Married		
		Not married, but living with a partner	24)	U.S. Armed Forces, Reserves, or the National Guard?
		Never Married		Mark (X) ONE box. Never served in the
		Divorced		military → SKIP to question
		Separated		Only on active duty for training in the Reserves or National Guard → SKIP to question (K1) on page 19
		Widowed		□ Now on active duty
21	ln a	anaral how is this seresiver's physical health?		On active duty in the past, but not now
21	in g	eneral, how is this caregiver's physical health?	J25	Was this caregiver deployed at any time during this
	H	Excellent		child's life?
	H	Very good		Yes
	Ш	Good		□ No
		Fair		
		Poor		



K. Household Information

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.

	1

Number of people

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



Number of people

K3 Income in 2020

Mark (X) the "Yes" box for EACH type of income this child's family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark (X) the "No" box to show types of income NOT received.

 Wages, salary, commissions, bonuses, or tips for all jobs.



in the last calendar year

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



c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.



d. Social Security or Railroad Retirement; retirement, survivor, or disability pensions.



 e. Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office.

Yes →	\$ 0,000,000.00
No	TOTAL AMOUNT in the last calendar year

f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony.

Yes →	\$ 0,000,000.00
No	TOTAL AMOUNT in the last calendar year

The following question is about your 2020 income. Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount before taxes? Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth. Also, include income from interest, dividends, net income from businesses, farm or rent, and any other money income received.



TOTAL AMOUNT in the last calendar year

Loss

Mailing Instructions

Thank you for your participation.

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

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

Place the completed questionnaire in the postage-paid return envelope. If the envelope has been misplaced, mail the questionnaire to:

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

We estimate that completing the National Survey of Children's Health will take 35 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Commerce, Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.





National Survey of Children's Health

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







The 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.

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

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

NSCH-T3 (02/26/2021)



Start Here	DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the
Percently, you completed a current that calcad about the	following? Yes No
Recently, you completed a survey that asked about the children usually living or staying at this address. Thank you for taking the time to complete that survey.	a. Breathing or other respiratory problems (such as wheezing or shortness of breath)
We now have some follow-up questions to ask about:	b. Eating or swallowing because of a health condition
	c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea
If the name listed above is not correct or does not correspond to a child living in this household, please call 1-800-845-8241 for assistance.	d. Repeated or chronic physical pain, including headaches or other back or body pain
We have selected only one child per household in an effort to minimize the amount of time you will need to complete the follow-up questions.	e. Toothaches
	f. Bleeding gums
The survey should be completed by a parent or adult caregiver who lives in this household and who is familiar with this child's health and health care.	g. Decayed teeth or cavities
Your participation is important. Thank you.	Does this child have any of the following? Yes No
Tour participation to important That your	a. Serious difficulty concentrating,
	remembering, or making decisions because of a physical, mental, or emotional condition
A. This Child's Health	b. Serious difficulty walking or climbing stairs
he consent to consent decreed a section of the sect	c. Difficulty dressing or bathing
In general, how would you describe this child's health (the one named above)?	d. Difficulty doing errands alone, such as visiting a doctor's office or
Excellent	shopping, because of a physical, mental, or emotional condition
☐ Very good	e. Deafness or problems with hearing
Good	f. Blindness or problems with seeing, even when wearing glasses
Fair	Has a doctor or other health care provider EVER told
Poor	you that this child has A5 Allergies (including food, drug, insect, or other)?
How would you describe the condition of this child's	Yes No
teeth?	☐ If yes, does this child CURRENTLY have the
Excellent	condition?
☐ Very good	☐ Yes ☐ No ☐ If yes, is it:
Good	☐ Mild ☐ Moderate ☐ Severe
Fair	A6 Arthritis?
Poor	☐ Yes ☐ No
	☐ Yes ☐ No ☐ If yes, is it:
	Mild Moderate Severe
	_ Moderate _ Severe



	Has a doctor or other health care provider EVER told	Has a doctor or other health care provider EVER told
A	you that this child has Asthma?	you that this child has A12 Frequent or severe headaches, including migraine?
٦	Yes No	Yes No
ı	→ If yes, does this child CURRENTLY have the condition?	☐ If yes, does this child CURRENTLY have the condition?
1	☐ Yes ☐ No	☐ Yes ☐ No
١	→ If yes, is it:	→ If yes, is it:
١	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A	Cerebral Palsy?	A13 Tourette Syndrome?
I	□ Yes □ No	☐ Yes ☐ No
ı		
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	☐ If yes, is it:
1	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A:	Diabetes?	A14 Anxiety Problems?
I	☐ Yes ☐ No	☐ Yes ☐ No
ı	→ If yes, does this child CURRENTLY have the condition?	
1	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, is it:	☐ If yes, is it:
١	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A1	DEPILEPSY OF SEIZURE DISORDER?	A15 Depression?
Ī	☐ Yes ☐ No	☐ Yes ☐ No
١		
1	☐ Yes ☐ No	☐ Yes ☐ No
١	→ If yes, is it:	☐ If yes, is it:
١	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe
A1	1 Heart Condition?	A16 Down Syndrome?
I	☐ Yes ☐ No	☐ Yes ☐ No
1	→ If yes, was this child born with the condition?	
١	☐ Yes ☐ No	
1	Does this child CURRENTLY have the condition?	
١	□ Yes □ No	
1	→ If yes, is it:	
	☐ Mild ☐ Moderate ☐ Severe	

											_
		Has a doctor or other health care provider EVER told you that this child has Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?			E	Has a doctor, other health care provider, or educator EVER told you that this child has Examples of educators are teachers and school nurses. Behavioral or Conduct Problems?					
Δ.											
	Yes		No No			Yes		No			
	→ If yes	s, is it:					, does thi	is child CURR	RENTLY I	nave the	
		Mild	Moderate	Severe							
	Was	this child	diagnosed with:				Yes If yes , i s i	□ No			
	Sickle	e Cell Disea	ase?	No		7	Mild		ala wata	Causana	
	Thala	assemia?	Yes	No					oderate	Severe	
	Hemo	ophilia?	Yes	No	A21 D		ental Dela				
		r Blood rders?	Yes	□ No		☐ Yes	doos thi	No is child CURR	DENTI V I	aava tha	
			ese blood disord	ers identified			ition?	is child CORR	CNILTI	lave the	
	throu	ugh a bloo	d test done short				Yes	□ No			
		Yes	□ No	nonzom corecimig.		L	If yes, is i	t:			
Λ.	18 Cystic Fib						Mild	Мо	derate	Severe	
•	Yes		No					y (formerly kı	nown as	Mental	
	→ If yes	s, is it:				Retardatio Yes	on)?	No			
		Mild	Moderate	Severe		1	does thi	is child CURR	PENTI Y I	nave the	
			tion identified the				oility?	o omia oora	LEIVIET I	iavo ino	
			d newborn screen				Yes	□ No			
		Yes	No			└ → I	If yes, is i	t:			
Ą	19 Other gen	netic or inh	erited condition?	•			Mild	Мо	derate	Severe	
	Yes		No		A23 S	Speech or	other lan	guage disord	er?		
	☐ If yes	s, specify:	7			Yes		No			
						→ If yes	s, does thi	is child CURR	RENTLY P	nave the	
	ls it:						Yes	□ No			
	\	Mild	Moderate	Severe			If yes, is i				
	test	done short	tion identified the ly after birth? The	ese tests are			Mild	Мо	derate	Severe	
	some	etimes caile Yes	d newborn screen No	ing.	A24 L	.earning [Disability?	•			
		res	INO INO			Yes		No			
						☐ If yes	s, does thi	is child CURR	RENTLY I	nave the	
						disab	_				
							Yes	□ No			
						→	If yes, is i		al a v = 4		
							Mild	Ш Мо	derate	Severe	

A2	Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).	Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD?	
ı	☐ Yes ☐ No → SKIP to question A30	☐ Yes ☐ No → SKIP to question A33	
ı	If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have the condition?	
ı	☐ Yes ☐ No	☐ Yes ☐ No	
ı	→ If yes, is it:	☐ If yes, is it:	
ı	☐ Mild ☐ Moderate ☐ Severe	☐ Mild ☐ Moderate ☐ Severe	
A2	How old was this child when a doctor or other health care provider FIRST told you that they had Autism, ASD, Asperger's Disorder or PDD?	A31 Is this child CURRENTLY taking medication for ADD or ADHD?	
ı	Age in years Don't know	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD,	
A2	What type of doctor or other health care provider was the FIRST to tell you that this child had Autism, ASD, Asperger's Disorder or PDD? Mark (X) ONE box.	such as training or an intervention that you or this child received to help with their behavior? No	
ı	Primary Care Provider	Do you think this child has EVER had a concussion or brain injury? A concussion or brain injury is when a blow	
ı	Specialist	or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, changes in mood	
ı	☐ School Psychologist/Counselor	or behavior, or being knocked out.	
ı	Other Psychologist (Non-School)	☐ Yes ☐ No ☐ If yes, did you seek medical care from a doctor or	
ı	Psychiatrist	other health care provider?	
ı	☐ Other, specify: ☐	☐ Yes ☐ No	
ı		☐ If yes, did a doctor or other health care provider tell you that your child had a concussion or brain injury?	
ı	☐ Don't know	□ Yes □ No	
A2	Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their age do?	
ı	☐ Yes ☐ No	This child does not have any health conditions → SKIP to question B1 on page 6	
A2	At any time DURING THE PAST 12 MONTHS, did this	Never	
Ĭ	child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an	Sometimes	
ı	intervention that you or this child received to help with their behavior?	Usually	
	☐ Yes ☐ No	Always	
		To what extent do this child's health conditions or problems affect their ability to do things?	
		☐ Very little	
		Somewhat	
		☐ A great deal	



	B. This Child as an Infant	24	Thinking about the LAST TIME you took this child for a PREVENTIVE check-up, about how long was the doctor or health care provider who examined this
В	Was this child born more than 3 weeks before their due date?		child in the room with you? Your best estimate is fine.
	☐ Yes		Less than 10 minutes
	□ No		10-20 minutes
B	What month and year was this child born?		More than 20 minutes
1	Birth Month / 4-Digit Birth Year	25	What is this child's CURRENT height? Your best estimate is fine.
	1 20		feet AND inches
B	and ounces OR kilograms and grams. Your best estimate is		OR
	fine. pounds AND ounces		meters AND centimeters
	OR	C6	How much does this child CURRENTLY weigh? Your best estimate is fine.
	kilograms AND grams		pounds
B	What was the age of the mother when this child was born? Your best estimate is fine.		OR
	Age in years		kilograms
	C. Health Care Services	97	Are you concerned about this child's weight?
			Yes, it's too high
C	DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams,		Yes, it's too low
	hospitalizations or any other kind of medical care? Include health care visits done by video or phone.		No, I am not concerned
	Yes	C8	Has a doctor or other health care provider ever told you that this child is overweight?
	No → SKIP to question C5		Yes
C	If yes, at their LAST medical care visit, did this child have a chance to speak with a doctor or other health		□ No
	care provider privately, without you or another	C9	Is there a place you or another caregiver USUALLY
	Yes		take this child when they are sick or you need advice about their health?
	□ No		Yes
C	DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.		No → SKIP to question C11 on page 7
	0 visits		
	1 visit		
	2 or more visits		



91		If yes, where does this child USUALLY go first? Mark (X) ONE box.		C15	den	RING THE PAST 12 MONTHS, did this child see a tist or other oral health care provider for any kind		
ı		Doc	tor's Offic	е				ental or oral health care? k (X) ALL that apply.
ı		Hos	pital Eme	rgency Room				Yes, saw a dentist
ı		Hos	pital Outp	atient Department				Yes, saw other oral health care provider
ı		Urge	ent Care (Center				No → SKIP to question C18
ı		Clini	ic or Heal	th Center		C16) If ye	es, DURING THE PAST 12 MONTHS, did this child
ı		Reta	ail Store C	Clinic or "Minute Clin	ic"		PRE	a dentist or other oral health care provider for VENTIVE dental care, such as check-ups, dental nings, dental sealants, or fluoride treatments?
ı	L	Sch	ool (Nurse	e's Office, Athletic Tr	ainer's Office)			No preventive visits in the past 12 months → SKIP to question C18
		Som	ne other p	lace				
C1				nat this child USUA preventive care, s				Yes, 1 visit
ı	exa	aminat	tion or we	ell-child check-up?			Ш	Yes, 2 or more visits
ı	L	Yes				C17		es, DURING THE PAST 12 MONTHS, what EVENTIVE dental service(s) did this child receive?
		No -	→ SKIP to	question C13				k (X) ALL that apply.
C1		/es, is e sick?		same place this ch	ild goes when they			Check-up
ı		Yes						Cleaning
ı		No						Instruction on tooth brushing and oral health care
) (1					is child received a			X-Rays
Ī	eye	sion screening from a care provider other than an e doctor? The screening could have occurred at a				Fluoride treatment		
ı	cer	nter, or	atrician's office, in a school, preschool/child care er, or a community setting, using pictures, shapes, es, or a camera like tool.				Sealant (plastic coatings on back teeth)	
ı		Yes		No				Don't know
	L	eye exai rest	doctor o mination alt of the	recommended that rother eye care proradditional vision vision screening?	ovider for an eye n services as a An eye doctor may	C1 :	rece heal psyc	RING THE PAST 12 MONTHS, has this child eived any treatment or counseling from a mental lith professional? Mental health professionals include chiatrists, psychologists, psychiatric nurses, and clinical al workers.
ı			Yes	□ No				Yes
31	eye	e doct	or? An ey	T 2 YEARS, has the doctor may be refulational to the halmologist.				No, but this child needed to see a mental health professional
ı		Yes		No				No, this child did not need to see a mental health professional → SKIP to question on page 8
	L	eye	doctor?	that apply.	received from the	C19		difficult was it to get the mental health treatment ounseling that this child needed?
			Receive	d eye examination				Not difficult
			Prescrib	ed eyeglasses or co	ontact lenses			Somewhat difficult
				is of a vision disordented, farsighted, or a				Very difficult
			Some of	ther care				It was not possible to obtain care



C20	DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with their emotions, concentration, or behavior?	C	Did any of the following reasons contribute to this child not receiving needed health services? Mark (X) Yes or No for EACH item.
	Yes		a. This child was not eligible for the services
	□ No		b. The services this child needed were not available in your area
C21	specialist other than a mental health professional? Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one		c. There were problems getting an appointment when this child needed one
	area of health care. Yes		d. There were problems with getting transportation or child care
	No, but this child needed to see a specialist		e. The clinic or doctor's office wasn't open when this child needed care
	No, this child did not need to see a specialist → SKIP to question C23		f. There were issues related to cost
C22		C	DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?
	☐ Not difficult		Never
	Somewhat difficult		Sometimes
	☐ Very difficult		☐ Usually
	☐ It was not possible to obtain care		Always
C23			DURING THE PAST 12 MONTHS, how many times did
Ĭ	type of alternative health care or treatment? Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider,		this child visit a hospital emergency room?
	while others can be done on your own.		☐ 1 time
	☐ Yes		2 or more times
	No		
C224	DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.	G	DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night? Yes
	Yes		□ No
	No → SKIP to question C27		30 Has this child EVER had a special education or early
C25			intervention plan? Children receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).
	☐ Medical Care		Yes
	☐ Dental Care		No → SKIP to question C33 on page 9
	☐ Vision Care		
	Hearing Care	C	If yes, how old was this child at the time of the FIRST plan?
	Mental Health Services		years AND months
	Other, specify: 🔀		years Aito Inontris



C3	Is this child CURRENTLY receiving services under one of these plans?	D4	Answer the following questions only if this child had a health care visit IN THE PAST 12 MONTHS. Otherwise skip to question p13 on page 10.
١	i res		DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers
١	□ No		Always Usually Sometimes Never
C3	meet their developmental needs such as speech,		a. Spend enough time with this child?
ı	occupational, or behavioral therapy? Yes		b. Listen carefully to pou?
ı	□ No → SKIP to question □		c. Show sensitivity to your family's values and customs?
C3	If yes, how old was this child when they began receiving these special services?		d. Provide the specific information you needed concerning this child?
C3	years AND months Is this child CURRENTLY receiving these special		e. Help you feel like a partner in this child's care?
I	services?	D 5	DURING THE PAST 12 MONTHS, did this child need
ı	☐ Yes ☐ No	T	any decisions to be made regarding their health care, such as whether to get prescriptions, referrals, or procedures?
١	□ NO		Yes
ı	D. Experience with This Child's Health Care		No → SKIP to question D7
ı	Providers	D6	If yes, DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers
D			Always Usually Sometimes Never
	this child's personal doctor or nurse? A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist		a. Discuss with you the range of options to consider for their health care or treatment?
	doctor, a nurse practitioner, or a physician assistant. Yes, one person		b. Make it easy for you to raise concerns or
	Yes, more than one person		disagree with recommendations for this child's health
	□ No		care?
D2	DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?		c. Work with you to decide together which health care and treatment choices would
	Yes		be best for this child?
ı	No → SKIP to question D4	07	DURING THE PAST 12 MONTHS, did anyone help you arrange or coordinate this child's care among the
D:	How difficult was it to get referrals?		different doctors or services that this child uses?
Ī	□ Not difficult		Yes
	Somewhat difficult		No
	☐ Very difficult		Did not see more than one health care provider in the PAST 12 MONTHS → SKIP to question D11
	☐ It was not possible to get a referral		on page 10
1			



D:	co	uld have used extra help arranging or coordinating s child's care among the different health care	D14	will	es, have they talked with you abou need to see doctors or other heal treat adults?				
١	pro	oviders or services?			Yes				
١	L	Yes		П	No				
١		No → SKIP to question D10							
			D15		this child's doctor or other health vely worked with this child to:	care	orovid	er	
D		ves, DURING THE PAST 12 MONTHS, how often I you get as much help as you wanted with			,	Yes	No	Don't know	
١		anging or coordinating this child's health care?			Make positive choices about				
١		Usually		ϵ	heir health. For example, by eating healthy, getting regular				
١	F	Sometimes			exercise, not using tobacco, alcohol or other drugs, or				
١				C	delaying sexual activity?				
١	L	Never			Gain skills to manage their nealth and health care. For exam-				
D1	O DU	RING THE PAST 12 MONTHS, how satisfied were		K	ole, by understanding current nealth needs, knowing what to do				
٦	you	u with the communication between this child's ctors and other health care providers?		i	n a medical emergency, or taking				
١					medications they may need? Jnderstand the changes in				
١	_	Very satisfied		ŀ	nealth care that happen at				
١		Somewhat satisfied			age 18. For example, by understanding changes in privacy,				
		Somewhat dissatisfied			consent, access to information, or decision-making?				
١		Very dissatisfied	D16		you and this child receive a sumn				
D1	n DII	RING THE PAST 12 MONTHS, did this child's health	Τ		d's medical history (for example, r gies, medications, immunizations		I cond	litions,	
	cai	re provider communicate with the child's school, child re provider, or special education program?			Yes	, .			
		Yes			No				
١		No → SKIP to question D13		Have	e this child's doctors or other hea	lth car	e prov	/iders	
١		Did not need health care	Ψ	wor	ked with you and this child to crea	ate a p			
١		provider to communicate with these providers → SKIP to question D13		to meet their health goals and needs?					
					Yes				
D1	hea	ves, during this time, how satisfied were you with the alth care provider's communication with the school, ild care provider, or special education program?			No → SKIP to question D20 on pa	age 11			
			D18		es, do you and this child have acc	ess to	this p	lan of	
١		Very satisfied		care	? ?				
١	L	Somewhat satisfied		Ш	Yes				
		Somewhat dissatisfied			No				
		Very dissatisfied	D19		s this plan of care address transit			rs and	
D1	3 Do	any of this child's doctors or other health care		otne	er health care providers who treat	adults	ſ		
1		oviders treat only children?			Yes				
		Yes			No				
		No → SKIP to question D15			No, child already sees providers when the second sees providers when the second sees are seen as a second sees are seed as a second secon	no treat	adults	8	
-1									



D2		adı	gibility for health insurance often chang ulthood. Do you know how this child w they become an adult?			E4	type	nis child CURRENTLY covered by any es of health insurance or health cove k (X) Yes or No for EACH item.		
		as						·	Yes	No
			Yes → SKIP to question E1					nsurance through a current or ormer employer or union		
								nsurance purchased directly rom an insurance company		
Dž	ע	kee	to, has anyone discussed with you how be some type of health insurance cover ld becomes an adult?	to obtainge as the	in or his		6	Medicaid, Medical Assistance, or any kind of government assistance plan for those with ow incomes or a disability		
			Yes					TRICARE or other military nealth care		
							e. I	ndian Health Service		
			E. This Child's He				f. (Other, specify: 📈		
			Insurance Covera	ige						
E		CO	RING THE PAST 12 MONTHS, was this vered by ANY kind of health insurance verage plan? Yes, this child was covered	child EV or health	ER	E5		often does this child's health insura efits or cover services that meet this		
			all 12 months → SKIP to question E4)				Always		
			Yes, but this child had a gap in coverage	je				Usually		
			No					Sometimes		
E		chi	licate whether any of the following is a ld was not covered by health insurance					Never		
			RING THE PAST 12 MONTHS:	Yes	No	E6		often does this child's health insura		1
		a.	Change in employer or employment status			T	ther	n to see the health care providers the	ey need?	
		b.	Cancellation due to overdue premiums					Always		
		c.	Dropped coverage because it was unaffordable					Usually Sometimes		
		d.	Dropped coverage because benefits were inadequate					Never		
		e.	Dropped coverage because choice of health care providers was inadequate			(7)		nking specifically about this child's may avioral health needs, how often does		l's
		f.	Problems with application or renewal process					Ith insurance offer benefits or cover set these needs?	services t	hat
		g.	Other, specify: 🗸					Always		
								Usually		
E		le 4	this child CUPPENTLY sovered by ANY	kind of				Sometimes		
			this child CURRENTLY covered by ANY alth insurance or health coverage plan?					Never		
			Yes					This child does not use mental or behinealth services	avioral	
			No → SKIP to question F1 on page 1	2						



		F. Providing for T Child's Health			othe hon	AN AVERAGE WEEK, how many hours do you or er family members spend providing health care at the for this child? Care might include changing dages, or giving medication and therapies when needed.
F	Sav (FS) med PAS pren	uding co-pays and amounts reimburse ings Accounts (HSA) and Flexible Spe A), how much money did you pay for t lical, health, dental, and vision care DI IT 12 MONTHS? Do not include health in niums or costs that were or will be reimber rance or another source.	nding Acc his child's URING TH nsurance	counts s		This child does not need health care provided at home on a weekly basis Less than 1 hour per week 1-4 hours per week
		\$0 (No medical or health-related expenses) → SKIP to question				5-10 hours per week
		\$1-\$249				11 or more hours per week
		\$250-\$499		G	othe	N AVERAGE WEEK, how many hours do you or er family members spend arranging or coordinating th or medical care for this child, such as making
		\$500-\$999				ointments or locating services?
		\$1,000-\$5,000				This child does not need health care coordinated on a weekly basis
		More than \$5,000				Less than 1 hour per week
E	2 Hov	often are these costs reasonable?				1-4 hours per week
		Always				5-10 hours per week
		Usually				11 or more hours per week
		Sometimes				6. This Child's Schooling
		Never				and Activities
E	prol	RING THE PAST 12 MONTHS, did your plems paying for any of this child's me lth care bills?	family har edical or	ve G	did	RING THE PAST 12 MONTHS, about how many days this child miss school because of illness or injury? ande days missed from any formal home schooling.
		Yes				No missed school days
		No				1-3 days
E		RING THE PAST 12 MONTHS, have you	ı or other			4-6 days
Ì		ily members	Yes	No		7-10 days
	á	Left a job or taken a leave of absence because of this child's nealth conditions?				11 or more days
	ŀ	Cut down on the hours you work pecause of this child's health or nealth conditions?			DUF	This child was not enrolled in school RING THE PAST 12 MONTHS, how many times has
	(Avoided changing jobs because of concerns about maintaining health nsurance for this child?			this you	child's school contacted you or another adult in r household about any problems they are having school?



None

1 time

2 or more times

G	3	SINCE STARTING KINDERGARTEN, has the repeated any grades? Yes	nis child		G 8	child If the	RING THE PAST 12 Id bullied, picked on the frequency changed est frequency.	, or exc	luded by	other child	dren?	
		No					Never (in the past 1	2 month	ns)			
G	1	DURING THE PAST 12 MONTHS, how often	n did you				1-2 times (in the pa	st 12 m	onths)			
		attend events or activities that this child p	articipate	ed in?	·		1-2 times per month	า				
		Always					1-2 times per week					
١		Usually					Almost every day					
		Sometimes			G9		RING THE PAST 12					
		Rarely			Ĭ	child bully others, pick on them, or exclude them? If the frequency changed throughout the year, report the						
		Never				nıgn	est frequency.	0 41	\			
G	5	DURING THE PAST 12 MONTHS, did this oparticipate in				H	Never (in the past 1					
		A sports team or did they take sports lessons after school or	Yes	No			1-2 times (in the pa1-2 times per month		onins)			
		on weekends?					1-2 times per monti	1				
		b. Any clubs or organizations after school or on weekends?					Almost every day					
		c. Any other organized activities or lessons, such as music, dance, language, or other arts?			G10	How	often does this ch					
		d. Any type of community service or volunteer work at school, place of worship, or in the community?				C	Show interest and curiosity in learning new things?	Always	Usually	Sometimes	Never	
		e. Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work?				b. V	Vork to finish tasks hey start?					
G	6	DURING THE PAST WEEK, on how many of this child exercise, play a sport, or participation				V	Stay calm and in control when faced with a challenge?					
		physical activity for at least 60 minutes?				V	Care about doing vell in school?					
		0 days					Do all required nomework?					
		1-3 days				f. /	Argue too much?					
		4-6 days					H. About	You	Lanc	l Thie		
		Every day						Chil		1 11113		
G	7)	Compared to other children their age, how difficulty does this child have making or k friends?			H1	Was	this child born in t			s?		
		□ No difficulty					Yes → SKIP to que	stion	do on pa	ge 14		
		A little difficulty					No					
		A lot of difficulty			H2	If no	o, how long has this ed States?	child k	peen livin	g in the		
							years AND	00	months	S		



Œ	How many times has this child moved to a new address since they were born?	HB		well do you ands of raisir			ndling tl	ne day-to	o-day
	Number of times			Very well					
				Somewhat we	ell				
H	How often does this child go to bed at about the same time on weeknights?			Not very well					
١	Always			Not well at all					
١	Usually	H9	DUF	RING THE PAS				_	
١	Sometimes		a. 7	Γhat this child	Never	Rarely S	ometimes	Usually	Always
١	Rarely		t	s much harder o care for than nost children	Ш		Ш		
١	Never			heir age?					
H	did this child get on most weeknights?		t k	That this child does things hat really pother you a lot?					
١	Less than 6 hours		c. /	Angry with					
١	6 hours		t	his child?					
١	7 hours	H10	that	RING THE PAS	n to fo	r day-to-c	lay emo		
١	8 hours		with	parenting or	raising	children	?		
١	9 hours			Yes					
١	10 hours			No → SKIP to	quest	ion 🕕 o	n page 1	5	
١	11 or more hours	HII	If ye	es, did you red	eive ei	motional	support	from Yes	No
H			- (Chausa ar dam	aatia na	out to our?			
	child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media?			Spouse or dom Other family me	·		end?		
١	Do not include time spent doing schoolwork.		c 1	Health care pro	wider?				
١	Less than 1 hour								
١	☐ 1 hour			Place of worshi	-	_		L	
١	2 hours			Support or adve o specific heal			ea		
١			f. F	Peer support gi	roup?				
١	☐ 4 an area hours			Counselor or of or	ther me	ntal health	l		
١	4 or more hours		h. (Other person, s	specify:	7			
Œ	How well can you and this child share ideas or talk about things that really matter?								
	☐ Very well								
	☐ Somewhat well								
	□ Not very well								
	Not well at all								
- 1									

	1	. Albout Four Fulling alla			any time DURING To e month, did anyone				n for
١		Household						Yes	No
ľ		RING THE PAST WEEK, on how many days did all the	a	a.	Cash assistance from welfare program?	n a gove	rnment		
		ily members who live in the household eat a meal other?	ŀ	b.	Food Stamps or Sup Assistance Program				
		0 days	(c.	Free or reduced-cost lunches at school?	breakfas	sts or		
		1-3 days	(d.	Benefits from the Wo and Children (WIC) F				
١		4-6 days	7 1	ın v	your neighborhood,	is/are th	ere		
١	Ш	Every day		•	,g,			Yes	No
	Doe	s anyone living in your household use cigarettes,	á	a.	Sidewalks or walking	paths?			
		rs, or pipe tobacco?	k	b.	A park or playground	?			
		Yes	(c.	A recreation center, center, or boys' and				
		No → SKIP to question [4]	0	d.	A library or bookmob	ile?			
E	lf ye	es, does anyone smoke inside your home?	•	е.	Litter or garbage on or sidewalk?	the stree	t		
		Yes	f	f.	Poorly kept or rundo	wn housi	ng?		
		No	9	g.	Vandalism such as b windows or graffiti?	roken			
14	very	CE THIS CHILD WAS BORN, how often has it been hard to cover the basics, like food or housing, your family's income?			what extent do you out your neighborho				ts
١						Definitely agree	Somewhat S agree	Somewhat disagree	Definitely disagree
١		Never	a	a.	People in this neighborhood help				
١		Rarely			each other out				
١		Somewhat often	k	b.	We watch out for each other's				
		Very often			children in this neighborhood				
Ιξ	hou	ch of these statements best describes your sehold's ability to afford the food you need RING THE PAST 12 MONTHS?	(c.	This child is safe in our neighborhood				
		We could always afford to eat good nutritious meals.	(d.	When we encounter difficulties, we				
		We could always afford enough to eat but not always the kinds of food we should eat.			know where to go for help in our community				
		Sometimes we could not afford enough to eat.		е.	This child is safe				
		Often we could not afford enough to eat.			at school				
				ea or	ner than you or other st one other adult in community who known rely on for advice Yes No	this ch	ild's schoo child well	ol, neigh	borhood
-1									



1	The next questions are about events that happened during this child's life. These thappen in any family, but some people nuncomfortable with these questions. You any questions you do not want to answe	things can nay feel ı may skip	J. Child's Caregivers About You
	To the best of your knowledge, has this experienced any of the following?	······· - · - · · · · · · · · · · · · ·	How are you related to this child?
	Parent or guardian divorced or separated	Yes No	☐ Biological or Adoptive Parent
	b. Parent or guardian died		☐ Step-parent
	c. Parent or guardian served time in jail or prison		Grandparent
	d. Saw or heard parents or adults slap, hit, kick, punch one another in the home		☐ Other: Relative
	Was a victim of violence or witnessed violence in their neighborhood		Other: Non-Relative
	f. Lived with anyone who was mentally		J2 What is your sex?
	ill, suicidal, or severely depressedg. Lived with anyone who had a problem with alcohol or drugs		☐ Male ☐ Female
	h. Treated or judged unfairly because of their race or ethnic group		
	 Treated or judged unfairly because of their sexual orientation or gender identity 		What is your age?
	 Treated or judged unfairly because of a health condition or disability 		Age in years
[1]	When your family faces problems, how o likely to do each of the following?	often are you	Where were you born?
			In the United States → SKIP to question on page 17
	a. Talk together about what to do		Outside of the United States
	b. Work together to solve our problems		J5 When did you come to live in the United States?
	c. Know we have strengths to draw on		Indicate the 4-digit year in which you came to live in the United States.
	d. Stay hopeful even in difficult times		4-Digit Year
[1]	DURING THE PAST 12 MONTHS, has this any health care visits by video or phone?		
	☐ Yes ☐ No		
	If yes, were any of this child's healt by video or phone because of the candemic?	h care visits oronavirus	
	☐ Yes ☐ No		
(1	DURING THE PAST 12 MONTHS, did this delay or skip any PREVENTIVE check-up the coronavirus pandemic?	s child miss, es because of	
	Yes		
	No		



J6	com	at is the highest grade or level of school you have apleted? (x (X) ONE box.	10	emp	ch of the following best describes your current bloyment status? k (X) ONE box.
		8th grade or less			Employed full-time
		9th-12th grade; No diploma			Employed part-time
		High School Graduate or GED Completed			Working WITHOUT pay
		Completed a vocational, trade, or business school program			Not employed but looking for work
		Some College Credit, but no Degree			Not employed and not looking for work
		Associate Degree (AA, AS)	D	U.S.	e you ever served on active duty in the . Armed Forces, Reserves, or the National Guard?
		Bachelor's Degree (BA, BS, AB)		Mar	k (X) ONE box.
		Master's Degree (MA, MS, MSW, MBA)		Ш	Never served in the military → SKIP to question 113
		Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			Only on active duty for training in the Reserves or National Guard → SKIP to question 13
J7	Wha	nt is your marital status?			Now on active duty
Ĭ		Married			On active duty in the past, but not now
			12	Wer	re you deployed at any time during this child's life?
		Never Married			Yes
		Divorced			No
			13		s this child have another parent or adult caregiver
		Widowed		who	lives in this household? Yes → Complete questions 114 - 125 for this other
J8	In g	eneral, how is your physical health?		H	parent or adult caregiver
Ĭ		Excellent		Ш	No → SKIP to question K1 on page 19
		Very good			
		Good			
		Fair			
		Poor			
J 9	ln g	eneral, how is your mental or emotional health?			
T		Excellent			
		Very good			
		Good			
		Fair			
		Poor			



	Other Parent or Caregiver in the Household	JI	9	care	t is the highest grade or level of school this giver has completed? (X) ONE box.
12	How is this other caregiver related to this child?				8th grade or less
ı	Biological or Adoptive Parent				9th-12th grade; No diploma
ı	☐ Step-parent				High School Graduate or GED Completed
ı	Grandparent				Completed a vocational, trade, or business school
ı	Foster Parent				program Sama Callaga Cradit but no Dagrae
ı	Other: Relative			H	Some College Credit, but no Degree
ı	Other: Non-Relative			H	Associate Degree (AA, AS)
1	What is this caregiver's sex?			H	Bachelor's Degree (BA, BS, AB)
ı	Male			Н	Master's Degree (MA, MS, MSW, MBA)
ı	Female				Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
	What is this caregiver's age?	J2	0	Wha	t is this caregiver's marital status?
ľ	y What is this caregiver's age:				Married
ı	Age in years				Not married, but living with a partner
17	Where was this caregiver born?				Never Married
Ī	☐ In the United States → SKIP to question ☐				Divorced
ı	Outside of the United States				Separated
					Widowed
18	When did this caregiver come to live in the United States? Indicate the 4-digit year in which this caregiver came to live in the United States.	J2	D	In ge	eneral, how is this caregiver's physical health?
ı	15				Excellent
ı	4-Digit Year				Very good
ı					Good
ı					Fair
ı					Poor
l		J2	2	In ge	eneral, how is this caregiver's mental or emotional th?
					Excellent
					Very good
					Good
					Fair
					Poor



current employment status? Mark (X) ONE box.	Mark (X) the "Yes" box for EACH type of income this child's family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark
	(X) the "No" box to show types of income NOT received.a. Wages, salary, commissions, bonuses, or tips for
Employed part-time	all jobs.
☐ Working WITHOUT pay	☐ Yes → \$,
□ Not employed but looking for work	No TOTAL AMOUNT in the last calendar year
Not employed and not looking for work	b. Self-employment income from own nonfarm
Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.	businesses or farm business, including proprietorships and partnerships. ☐ Yes → \$ Loss
Never served in the military → SKIP to question K1	
Only on active duty for training in the Reserves or	in the last calendar year
	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
	☐ Yes → \$.00 ☐ Loss
	No TOTAL AMOUNT
Was this caregiver deployed at any time during this child's life?	in the last calendar year d. Social Security or Railroad Retirement; retirement,
Yes	survivor, or disability pensions.
□ No	☐ Yes → \$
	No TOTAL AMOUNT in the last calendar year
How many people are living or staying at this address?	e. Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office.
Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away	☐ Yes → \$.00 .00
or someone in the Armed Forces on deployment.	No TOTAL AMOUNT in the last calendar year
Number of people How many of these people in your household are family	f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony.
members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.	☐ Yes → \$
Number of papels	No TOTAL AMOUNT
	The following question is about your 2020 income. Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount before taxes? Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth. Also, include income from interest, dividends, net income from businesses, farm or rent, and any other money income received. \$, .00
,	Current employment status? Mark (X) ONE box. □ Employed full-time □ Working WITHOUT pay □ Not employed and not looking for work □ Not employed and not looking for work □ Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box. □ Never served in the military → SKIP to question (**) □ Only on active duty for training in the Reserves or National Guard → SKIP to question (**) □ Now on active duty □ On active duty in the past, but not now Was this caregiver deployed at any time during this child's life? □ Yes □ No K. Household Information 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 How many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care. Number of people



Mailing Instructions

Thank you for your participation.

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

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

Place the completed questionnaire in the postage-paid return envelope. If the envelope has been misplaced, mail the questionnaire to:

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

We estimate that completing the National Survey of Children's Health will take 35 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Commerce, Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO.Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.

