

Appendix A

**2022 National Survey of Children's Health
Questionnaire Content Revisions**

Questionnaire(s) Impacted	Type of Change	Item Name/ Change Description	2021 NSCH Page # and Question #	2022 NSCH Page # and Question #	2021 NSCH Production Question Wording	2022 NSCH Production Question Wording
T1 & S-T1	Text - Question	Seasonal Allergies	Page 2: A5	Page 2: A5	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Allergies (including food, drug, insect, or other)?</p> <p>Yes No</p>	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Allergies (such as food, drug, insect, seasonal or other)?</p> <p>Yes No</p>
T2 & S-T2	Text - Question	Seasonal Allergies	Page 2: A5	Page 2: A5	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Allergies (including food, drug, insect, or other)?</p> <p>Yes No</p>	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Allergies (such as food, drug, insect, seasonal or other)?</p> <p>Yes No</p>
T3 & S-T3	Text - Question	Seasonal Allergies	Page 2: A5	Page 2: A5	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Allergies (including food, drug, insect, or other)?</p> <p>Yes No</p>	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Allergies (such as food, drug, insect, seasonal or other)?</p> <p>Yes No</p>

Questionnaire(s) Impacted	Type of Change	Item Name/ Change Description	2021 NSCH Page # and Question #	2022 NSCH Page # and Question #	2021 NSCH Production Question Wording	2022 NSCH Production Question Wording
T1 & S-T1	Deleted Question	Remove Arthritis Question	Page 2: A6	n/a	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Arthritis?</p> <p>Yes No</p>	n/a
T1 & S-T1	Deleted Question	Remove Arthritis Question	Page 2: A6	n/a	<p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes No</p>	n/a
T1 & S-T1	Deleted Question	Remove Arthritis Question	Page 2: A6	n/a	<p>If yes, is it:</p> <p>Mild Moderate Severe</p>	n/a
T2 & S-T2	Deleted Question	Remove Arthritis Question	Page 2: A6	n/a	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Arthritis?</p> <p>Yes No</p>	n/a

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T2 & S-T2	Deleted Question	Remove Arthritis Question	Page 2: A6	n/a	<p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes No</p>	n/a
T2 & S-T2	Deleted Question	Remove Arthritis Question	Page 2: A6	n/a	<p>If yes, is it:</p> <p>Mild Moderate Severe</p>	n/a
T3 & S-T3	Deleted Question	Remove Arthritis Question	Page 2: A6	n/a	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Arthritis?</p> <p>Yes No</p>	n/a
T3 & S-T3	Deleted Question	Remove Arthritis Question	Page 2: A6	n/a	<p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes No</p>	n/a
T3 & S-T3	Deleted Question	Remove Arthritis Question	Page 2: A6	n/a	<p>If yes, is it:</p> <p>Mild Moderate Severe</p>	n/a

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T1 & S-T1	New Question	Adding Autoimmune Disease Question	n/a	Page 3: A7	n/a	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Autoimmune disease (such as Type 1 Diabetes, Celiac, or Juvenile Idiopathic Arthritis)?</p> <p>Yes No</p>
T1 & S-T1	New Question	Adding Autoimmune Disease Question	n/a	Page 3: A7	n/a	<p>If yes, is it:</p> <p>Mild Moderate Severe</p>
T2 & S-T2	New Question	Adding Autoimmune Disease Question	n/a	Page 3: A7	n/a	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Autoimmune disease (such as Type 1 Diabetes, Celiac, or Juvenile Idiopathic Arthritis)?</p> <p>Yes No</p>
T2 & S-T2	New Question	Adding Autoimmune Disease Question	n/a	Page 3: A7	n/a	<p>If yes, is it:</p> <p>Mild Moderate Severe</p>

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T3 & S-T3	New Question	Adding Autoimmune Disease Question	n/a	Page 3: A7	n/a	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Autoimmune disease (such as Type 1 Diabetes, Celiac, or Juvenile Idiopathic Arthritis)?</p> <p>Yes No</p>
T3 & S-T3	New Question	Adding Autoimmune Disease Question	n/a	Page 3: A7	n/a	<p>If yes, is it:</p> <p>Mild Moderate Severe</p>
T1 & S-T1	Text - Question	Type 2 Diabetes Wording Change	Page 3: A9	Page 3: A9	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Diabetes?</p> <p>Yes No</p>	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Type 2 Diabetes?</p> <p>Yes No</p>
T2 & S-T2	Text - Question	Type 2 Diabetes Wording Change	Page 3: A9	Page 3: A9	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Diabetes?</p> <p>Yes No</p>	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Type 2 Diabetes?</p> <p>Yes No</p>

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T3 & S-T3	Text - Question	Type 2 Diabetes Wording Change	Page 3: A9	Page 3: A9	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Diabetes?</p> <p>Yes No</p>	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Type 2 Diabetes?</p> <p>Yes No</p>
T1 & S-T1	New Question	Adding Fetal Alcohol Spectrum Question	n/a	Page 4: A20	n/a	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Fetal Alcohol Spectrum Disorder (FASD)?</p> <p>Yes No</p>
T2 & S-T2	New Question	Adding Fetal Alcohol Spectrum Question	n/a	Page 4: A20	n/a	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Fetal Alcohol Spectrum Disorder (FASD)?</p> <p>Yes No</p>

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T3 & S-T3	New Question	Adding Fetal Alcohol Spectrum Question	n/a	Page 4: A20	n/a	<p>Has a doctor or other health care provider EVER told you this child has...</p> <p>Fetal Alcohol Spectrum Disorder (FASD)?</p> <p>Yes No</p>
T1 & S-T1	Text - Question	Other Genetic or Inherited Condition	Page 4: A19	Page 5: A19	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Other genetic or inherited condition?</p> <p>Yes No</p>	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Any other genetic or inherited condition?</p> <p>Yes No</p>
T2 & S-T2	Text - Question	Other Genetic or Inherited Condition	Page 4: A19	Page 4: A19	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Other genetic or inherited condition?</p> <p>Yes No</p>	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Any other genetic or inherited condition?</p> <p>Yes No</p>

Questionnaire(s) Impacted	Type of Change	Item Name/ Change Description	2021 NSCH Page # and Question #	2022 NSCH Page # and Question #	2021 NSCH Production Question Wording	2022 NSCH Production Question Wording
T3 & S-T3	Text - Question	Other Genetic or Inherited Condition	Page 4: A19	Page 4: A19	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Other genetic or inherited condition?</p> <p>Yes No</p>	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Any other genetic or inherited condition?</p> <p>Yes No</p>
T2 & S-T2	New Question	Adding Engagement Question	n/a	Page 6: C8	n/a	<p>DURING THE PAST 12 MONTHS, did this child engage in any of the following? <i>Mark (X) Yes or No for EACH item.</i></p> <p>Skipping meals or fasting (Do NOT include skipping meals or fasting for religious reasons)</p> <p>Having low interest in food</p> <p>Extremely picky eating</p> <p>Binge eating</p> <p>Purging or vomiting after eating</p> <p>Using diet pills, laxatives, or diuretics (water pills) to lose or maintain weight without a doctor's orders</p> <p>Over-exercising</p> <p>Not eating due to fear of vomiting or choking</p>

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T3 & S-T3	New Question	Adding Engagement Question	n/a	Page 6: C9	n/a	<p>DURING THE PAST 12 MONTHS, did this child engage in any of the following? <i>Mark (X) Yes or No for EACH item.</i></p> <p>Skipping meals or fasting (Do NOT include skipping meals or fasting for religious reasons) Having low interest in food Extremely picky eating Binge eating Purging or vomiting after eating Using diet pills, laxatives, or diuretics (water pills) to lose or maintain weight without a doctor's orders Over-exercising Not eating due to fear of vomiting or choking</p>
T2 & S-T2	New Question	Adding Concern Over Engagement Question	n/a	Page 7: C9	n/a	<p>Answer question C9 only if you marked "Yes" for at least one item in question C8. Otherwise skip to question C10. For Question C9, consider only the behaviors you marked "Yes" to in Question C8.</p> <p>DURING THE PAST 12 MONTHS, how concerned were you about this child engaging in these behaviors?</p> <p>Very much Somewhat Not at all</p>

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T3 & S-T3	New Question	Adding Concern Over Engagment Question	n/a	Page 7: C10	n/a	<p>Answer question C10 only if you marked "Yes" for at least one item in question C9. Otherwise skip to question C11. For Question C10, consider only the behaviors you marked "Yes" to in Question C9.</p> <p>DURING THE PAST 12 MONTHS, how concerned were you about this child engaging in these behaviors?</p> <p>Very much Somewhat Not at all</p>
T2 & S-T2	New Question	Adding Body Concern Question	n/a	Page 7: C10	n/a	<p>DURING THE PAST 12 MONTHS, how concerned was this child about their weight, body shape, or body size?</p> <p>Very much Somewhat Not at all</p>
T3 & S-T3	New Question	Adding Body Concern Question	n/a	Page 7: C11	n/a	<p>DURING THE PAST 12 MONTHS, how concerned was this child about their weight, body shape, or body size?</p> <p>Very much Somewhat Not at all</p>

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T1 & S-T1	Text - Instructions	Emergency Room Instruction	Page 9: C27	Page 9: C27	<p>DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?</p> <p>None 1 time 2 or more times</p>	<p>DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room? <i>Do NOT include visits to urgent care centers.</i></p> <p>None 1 time 2 or more times</p>
T2 & S-T2	Text - Instructions	Emergency Room Instruction	Page 8: C27	Page 9: C30	<p>DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?</p> <p>None 1 time 2 or more times</p>	<p>DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room? <i>Do NOT include visits to urgent care centers.</i></p> <p>None 1 time 2 or more times</p>
T3 & S-T3	Text - Instructions	Emergency Room Instruction	Page 8: C28	Page 9: C31	<p>DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?</p> <p>None 1 time 2 or more times</p>	<p>DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room? <i>Do NOT include visits to urgent care centers.</i></p> <p>None 1 time 2 or more times</p>

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T1 & S-T1	Text - Instructions	Special Services Instructions	Page 10: C32	Page 10: C32	<p>Has this child EVER received special services to meet their developmental needs such as speech, occupational, or behavioral therapy?</p> <p>Yes No -> SKIP to question D1</p>	<p>Has this child EVER received special services to meet their developmental needs? <i>Special services can include therapies such as speech, occupational, physical or behavioral or other services received to meet developmental needs.</i></p> <p>Yes No -> SKIP to question D1</p>
T2 & S-T2	Text - Instructions	Special Services Instructions	Page 9: C32	Page 9: C35	<p>Has this child EVER received special services to meet their developmental needs such as speech, occupational, or behavioral therapy?</p> <p>Yes No -> SKIP to question D1</p>	<p>Has this child EVER received special services to meet their developmental needs? <i>Special services can include therapies such as speech, occupational, physical or behavioral or other services received to meet developmental needs.</i></p> <p>Yes No -> SKIP to question D1</p>
T3 & S-T3	Text - Instructions	Special Services Instructions	Page 9: C33	Page 9: C36	<p>Has this child EVER received special services to meet their developmental needs such as speech, occupational, or behavioral therapy?</p> <p>Yes No -> SKIP to question D1</p>	<p>Has this child EVER received special services to meet their developmental needs? <i>Special services can include therapies such as speech, occupational, physical or behavioral or other services received to meet developmental needs.</i></p> <p>Yes No -> SKIP to question D1</p>

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T1 & S-T1	New Question	Adding Recommended Evaluation for FASD Question	n/a	Page 10: C35	n/a	<p>Has a doctor, other health care provider, or educator EVER recommended that this child be evaluated for a Fetal Alcohol Spectrum Disorder? <i>Examples of educators are teachers and school nurses.</i></p> <p>Yes No Don't know</p>
T2 & S-T2	New Question	Adding Recommended Evaluation for FASD Question	n/a	Page 9: C38	n/a	<p>Has a doctor, other health care provider, or educator EVER recommended that this child be evaluated for a Fetal Alcohol Spectrum Disorder? <i>Examples of educators are teachers and school nurses.</i></p> <p>Yes No Don't know</p>

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T3 & S-T3	New Question	Adding Recommended Evaluation for FASD Question	n/a	Page 9: C39	n/a	<p>Has a doctor, other health care provider, or educator EVER recommended that this child be evaluated for a Fetal Alcohol Spectrum Disorder? <i>Examples of educators are teachers and school nurses.</i></p> <p>Yes No Don't know</p>
T1 & S-T1	New Question	Adding Evaluation for FASD Question	n/a	Page 10: C36	n/a	<p>Has this child EVER received an evaluation for a Fetal Alcohol Spectrum Disorder?</p> <p>Yes No Don't know</p>
T2 & S-T2	New Question	Adding Evaluation for FASD Question	n/a	Page 9: C39	n/a	<p>Has this child EVER received an evaluation for a Fetal Alcohol Spectrum Disorder?</p> <p>Yes No Don't know</p>
T3 & S-T3	New Question	Adding Evaluation for FASD Question	n/a	Page 9: C40	n/a	<p>Has this child EVER received an evaluation for a Fetal Alcohol Spectrum Disorder?</p> <p>Yes No Don't know</p>

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T2 & S-T2	New Question	Adding Grades Question	n/a	Page 12: G4	n/a	<p>Across all subjects, what grades did this child get during the 2021-2022 school year?</p> <p>Mostly A's Mostly A's and B's Mostly B's and C's Mostly C's and D's Mostly D's or lower This child's school does not give these grades</p>
T3 & S-T3	New Question	Adding Grades Question	n/a	Page 13: G4	n/a	<p>Across all subjects, what grades did this child get during the 2021-2022 school year?</p> <p>Mostly A's Mostly A's and B's Mostly B's and C's Mostly C's and D's Mostly D's or lower This child's school does not give these grades</p>

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T2 & S-T2	Text - Question	Relocate Attend Events Question	Page 12: G4	Page 13: G6	<p>DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in?</p> <p>Always Usually Sometimes Rarely Never</p>	<p>DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in?</p> <p>Always Usually Sometimes Rarely Never</p>
T3 & S-T3	Text - Question	Relocate Attend Events Question	Page 13: G4	Page 13: G6	<p>DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in?</p> <p>Always Usually Sometimes Rarely Never</p>	<p>DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in?</p> <p>Always Usually Sometimes Rarely Never</p>

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T2 & S-T2	Text - Response Option(s)	Relocate Participation Question	Page 12: G5	Page 12: G5	<p>DURING THE PAST 12 MONTHS, did this child participate in...</p> <p>a. A sports team or did they take sports lessons after school or on weekends?</p> <p>b. Any clubs or organizations after school or on weekends?</p> <p>c. Any other organized activities or lessons, such as music, dance, language, or other arts?</p> <p>d. Any type of community service or volunteer work at school, place of worship, or in the community?</p> <p>e. Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work?</p>	<p>DURING THE PAST 12 MONTHS, did this child participate in...</p> <p>a. A sports team or did they take sports lessons after school or on weekends?</p> <p>b. Any clubs or organizations after school or on weekends?</p> <p>c. Any other organized activities or lessons, such as music, dance, language, or other arts?</p> <p>d. Any type of community service or volunteer work at school, place of worship, or in the community?</p> <p>e. Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work?</p>

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T3 & S-T3	Text - Response Option(s)	Relocate Participation Question	Page 13: G5	Page 13: G5	<p>DURING THE PAST 12 MONTHS, did this child participate in...</p> <p>a. A sports team or did they take sports lessons after school or on weekends? b. Any clubs or organizations after school or on weekends? c. Any other organized activities or lessons, such as music, dance, language, or other arts? d. Any type of community service or volunteer work at school, place of worship, or in the community? e. Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work?</p>	<p>DURING THE PAST 12 MONTHS, did this child participate in...</p> <p>a. A sports team or did they take sports lessons after school or on weekends? b. Any clubs or organizations after school or on weekends? c. Any other organized activities or lessons, such as music, dance, language, or other arts? d. Any type of community service or volunteer work at school, place of worship, or in the community? e. Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work?</p>
T2 & S-T2	Text - Instructions	Rewording BULLY Instructional Text	Page 13: G9	Page 13: G10	<p>DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them? <i>If the frequency changed throughout the year, report the highest frequency.</i></p> <p>Never (in the past 12 months) 1-2 times (in the past 12 months) 1-2 times per month 1-2 times per week Almost every day</p>	<p>DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them? <i>Do not include siblings. If the frequency changed throughout the year, report the highest frequency.</i></p> <p>Never (in the past 12 months) 1-2 times (in the past 12 months) 1-2 times per month 1-2 times per week Almost every day</p>

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T3 & S-T3	Text - Instructions	Rewording BULLY Instructional Text	Page 13: G9	Page 14: G10	<p>DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them? <i>If the frequency changed throughout the year, report the highest frequency.</i></p> <p>Never (in the past 12 months) 1-2 times (in the past 12 months) 1-2 times per month 1-2 times per week Almost every day</p>	<p>DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them? <i>Do not include siblings or dating partners. If the frequency changed throughout the year, report the highest frequency.</i></p> <p>Never (in the past 12 months) 1-2 times (in the past 12 months) 1-2 times per month 1-2 times per week Almost every day</p>
T1 & S-T1	New Question	Adding Vape/E-Cigarettes Question	n/a	Page 18: I4	n/a	<p>Does anyone vape or use e-cigarettes inside your home?</p> <p>Yes No</p>
T2 & S-T2	New Question	Adding Vape/E-Cigarettes Question	n/a	Page 15: I4	n/a	<p>Does anyone vape or use e-cigarettes inside your home?</p> <p>Yes No</p>
T3 & S-T3	New Question	Adding Vape/E-Cigarettes Question	n/a	Page 15: I4	n/a	<p>Does anyone vape or use e-cigarettes inside your home?</p> <p>Yes No</p>

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T1 & S-T1	New Question	Adding EBT cards/school meal debit Question	Page 18: I6	Page 18: I7	<p>At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive...</p> <p>a. Cash assistance from a government welfare program? b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? c. Free or reduced-cost brakfasts or lunches at school? d. Benefits from the Women, Infants, and Children (WIC) Program?</p>	<p>At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive...</p> <p>a. Cash assistance from a government welfare program? b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? c. Free or reduced-cost breakfasts or lunches at school? d. School meal debit/Electronic Benefits Transfer (EBT) cards? e. Benefits from the Women, Infants, and Children (WIC) Program?</p>
T2 & S-T2	New Question	Adding EBT cards/school meal debit Question	Page 15: I6	Page 15: I7	<p>At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive...</p> <p>a. Cash assistance from a government welfare program? b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? c. Free or reduced-cost brakfasts or lunches at school? d. Benefits from the Women, Infants, and Children (WIC) Program?</p>	<p>At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive...</p> <p>a. Cash assistance from a government welfare program? b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? c. Free or reduced-cost breakfasts or lunches at school? d. School meal debit/Electronic Benefits Transfer (EBT) cards? e. Benefits from the Women, Infants, and Children (WIC) Program?</p>

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T3 & S-T3	New Question	Adding EBT cards/school meal debit Question	Page 15: I6	Page 16: I7	<p>At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive...</p> <ul style="list-style-type: none"> * Cash assistance from a government welfare program? * 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? 	<p>At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive...</p> <ul style="list-style-type: none"> * Cash assistance from a government welfare program? * Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? * Free or reduced-cost breakfasts or lunches at school? * School meal debit/Electronic Benefits Transfer (EBT) cards? * Benefits from the Women, Infants, and Children (WIC) Program?
T1 & S-T1	New Question	Adding SSI Question	n/a	Page 18: I8	n/a	<p>Does this child receive SSI, that is, Supplemental Security Income? <i>SSI is different from Social Security.</i></p> <p>Yes No</p>
T1 & S-T1	New Question	Adding SSI Question	n/a	Page 18: I8	n/a	<p>If yes, is this for a disability they have?</p> <p>Yes No</p>

Questionnaire(s) Impacted	Type of Change	Item Name/ Change Description	2021 NSCH Page # and Question #	2022 NSCH Page # and Question #	2021 NSCH Production Question Wording	2022 NSCH Production Question Wording
T2 & S-T2	New Question	Adding SSI Question	n/a	Page 15: I8	n/a	<p>Does this child receive SSI, that is, Supplemental Security Income? <i>SSI is different from Social Security.</i></p> <p>Yes No</p>
T2 & S-T2	New Question	Adding SSI Question	n/a	Page 15: I8	n/a	<p>If yes, is this for a disability they have?</p> <p>Yes No</p>
T3 & S-T3	New Question	Adding SSI Question	n/a	Page 16: I8	n/a	<p>Does this child receive SSI, that is, Supplemental Security Income? <i>SSI is different from Social Security.</i></p> <p>Yes No</p>
T3 & S-T3	New Question	Adding SSI Question	n/a	Page 16: I8	n/a	<p>If yes, is this for a disability they have?</p> <p>Yes No</p>
T1 & S-T1	New Question	Adding Missed Mortgage/Rent Question	n/a	Page 19: I9	n/a	<p>DURING THE PAST 12 MONTHS, was there a time when you were not able to pay the mortgage or rent on time?</p> <p>Yes No Don't Know</p>

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T2 & S-T2	New Question	Adding Missed Mortgage/Rent Question	n/a	Page 15: I9	n/a	<p>DURING THE PAST 12 MONTHS, was there a time when you were not able to pay the mortgage or rent on time?</p> <p>Yes No Don't Know</p>
T3 & S-T3	New Question	Adding Missed Mortgage/Rent Question	n/a	Page 16: I9	n/a	<p>DURING THE PAST 12 MONTHS, was there a time when you were not able to pay the mortgage or rent on time?</p> <p>Yes No Don't Know</p>
T1 & S-T1	New Question	Adding Worried About Home loss Question	n/a	Page 19: I10	n/a	<p>DURING THE PAST 12 MONTHS, how often were you worried or stressed about being evicted, foreclosed on, or having your housing condemned?</p> <p>Always Usually Sometimes Rarely Never</p>

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T2 & S-T2	New Question	Adding Worried About Home loss Question	n/a	Page 15: I10	n/a	<p>DURING THE PAST 12 MONTHS, how often were you worried or stressed about being evicted, foreclosed on, or having your housing condemned?</p> <p>Always Usually Sometimes Rarely Never</p>
T3 & S-T3	New Question	Adding Worried About Home loss Question	n/a	Page 16: I10	n/a	<p>DURING THE PAST 12 MONTHS, how often were you worried or stressed about being evicted, foreclosed on, or having your housing condemned?</p> <p>Always Usually Sometimes Rarely Never</p>
T1 & S-T1	New Question	Adding Number of Places Lived Question	n/a	Page 19: I11	n/a	<p>DURING THE PAST 12 MONTHS, how many places has this child lived?</p> <p>___ Number of places</p>

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T2 & S-T2	New Question	Adding Number of Places Lived Question	n/a	Page 15: I11	n/a	<p>DURING THE PAST 12 MONTHS, how many places has this child lived?</p> <p>___ Number of places</p>
T3 & S-T3	New Question	Adding Number of Places Lived Question	n/a	Page 16: I11	n/a	<p>DURING THE PAST 12 MONTHS, how many places has this child lived?</p> <p>___ Number of places</p>
T1 & S-T1	New Question	Adding Homeless/Sheltered Question	n/a	Page 19: I12	n/a	<p>SINCE THIS CHILD WAS BORN, have they ever been homeless or lived in a shelter?</p> <p><i>Include living in a shelter, motel, temporary or transitional living situation, scattered site housing, or having no steady place to sleep at night.</i></p> <p>Yes No Don't know</p>
T2 & S-T2	New Question	Adding Homeless/Sheltered Question	n/a	Page 15: I12	n/a	<p>SINCE THIS CHILD WAS BORN, have they ever been homeless or lived in a shelter?</p> <p><i>Include living in a shelter, motel, temporary or transitional living situation, scattered site housing, or having no steady place to sleep at night.</i></p> <p>Yes No Don't know</p>

Questionnaire(s) Impacted	Type of Change	Item Name/ Change Description	2021 NSCH Page # and Question #	2022 NSCH Page # and Question #	2021 NSCH Production Question Wording	2022 NSCH Production Question Wording
T3 & S-T3	New Question	Adding Homeless/Sheltered Question	n/a	Page 16: I12	n/a	<p>SINCE THIS CHILD WAS BORN, have they ever been homeless or lived in a shelter? <i>Include living in a shelter, motel, temporary or transitional living situation, scattered site housing, or having no steady place to sleep at night.</i></p> <p>Yes No Don't know</p>
T1 & S-T1	Text - Question	Spanish Translation - Beginning Sound of a Word	Page 14: G6	Page ?: G4	<p>How often can this child recognize the beginning sound of a word? For example, can this child tell you that the word "ball" starts with the "buh" sound?</p> <p>Always Most of the time About half the time Sometimes Never</p>	<p>How often can this child recognize the beginning sound of a word? For example, can this child tell you that the word "ball" starts with the "buh" sound?</p> <p>Always Most of the time About half the time Sometimes Never</p>

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T1 & S-T1	New Question	New Question - Starts with same Sound	n/a	Page ?: G5	n/a	<p>How often can this child come up with words that start with the same sound? <i>For example, can this child come up with "sock" and "sun?"</i></p> <p>Always Most of the time About half the time Sometimes Never</p>
T1 & S-T1	Text - Question	CLEAREXP Question Text Change	Page 14: G9	Page ?: G6	<p>How often can this child explain things they have seen or done so that you get a very good idea what happened?</p> <p>Always Most of the time About half the time Sometimes Never</p>	<p>How often can this child explain things they have seen or done so that you know what happened?</p> <p>Always Most of the time About half the time Sometimes Never</p>

Questionnaire(s) Impacted	Type of Change	Item Name/ Change Description	2021 NSCH Page # and Question #	2022 NSCH Page # and Question #	2021 NSCH Production Question Wording	2022 NSCH Production Question Wording
T1 & S-T1	Relocated Question	WRITENAME Question Order Change	Page 14: G10	Page ?: G7	<p>How often can this child write their first name, even if some of the letters aren't quite right or are backwards?</p> <p>Always Most of the time About half the time Sometimes Never</p>	<p>How often can this child write their first name, even if some of the letters aren't quite right or are backwards?</p> <p>Always Most of the time About half the time Sometimes Never</p>
T1 & S-T1	Text - Question	WORKTOFIN - Question Wording Change	Page 15: G15	Page ?: G23	<p>How often does this child keep working at something until they are finished?</p> <p>Always Most of the time About half the time Sometimes Never</p>	<p>How often does this child keep working at a task even when it is hard for them?</p> <p>Always Most of the time About half the time Sometimes Never</p>
T1 & S-T1	Deleted Question	Removing SIMPLEINST Question	Page 15: G16	n/a	<p>When this child is paying attention, how often can they follow instructions to complete a simple task?</p> <p>Always Most of the time About half the time Sometimes Never</p>	n/a

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T1 & S-T1	New Question	New Question - Focus on a task	n/a	Page ?: G8	n/a	<p>How often can this child focus on a task you give them for at least a few minutes? <i>For example, can this child focus on simple chores?</i></p> <p>Always Most of the time About half the time Sometimes Never</p>
T1 & S-T1	New Question	New Question - Read one digit	n/a	Page ?: G9	n/a	<p>How often can this child read one-digit numbers? <i>For example, can this child read the numbers 2 or 8?</i></p> <p>Always Most of the time About half the time Sometimes Never</p>

Questionnaire(s) Impacted	Type of Change	Item Name/ Change Description	2021 NSCH Page # and Question #	2022 NSCH Page # and Question #	2021 NSCH Production Question Wording	2022 NSCH Production Question Wording
T1 & S-T1	New Question	New Question - Simple Addition	n/a	Page ?: G10	n/a	<p>How often can this child correctly do simple addition? <i>For example, can this child tell you that two blocks and three blocks add to a total of five blocks?</i></p> <p>Always Most of the time About half the time Sometimes Never</p>
T1 & S-T1	New Question	New Question - Group of Objects	n/a	Page ?: G11	n/a	<p>How often can this child tell which group of objects has more? <i>For example, can this child tell you a group of seven blocks has more than a group of four blocks?</i></p> <p>Always Most of the time About half the time Sometimes Never</p>

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T1 & S-T1	Text - Question	COUNTTO - Question Wording Change	Page 14: G11	Page ?: G12	<p>How high can this child count?</p> <p>This child cannot count Up to five Up to ten Up to 20 Up to 50 Up to 100 or more</p>	<p>If asked to count objects, how high can this child count correctly?</p> <p>This child cannot count Up to five Up to ten Up to 20 Up to 30 or more</p>
T1 & S-T1	Relocated Question	RECOGABC - Relocation	Page 14: G7	Page ?: G13	<p>About how many letters of the alphabet can this child recognize?</p> <p>All of them Most of them About half of them Some of them None of them</p>	<p>About how many letters of the alphabet can this child recognize?</p> <p>All of them Most of them About half of them Some of them None of them</p>

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T1 & S-T1	Text - Question	RHYMEWORD - Question Wording Change	Page 14: G8	Page ?: G14	<p>Can this child rhyme words?</p> <p>Yes No</p>	<p>How well can this child come up with words that rhyme? <i>For example, can this child come up with “cat” and “mat?”</i></p> <p>This child cannot rhyme Not well Somewhat well Very well</p>
T1 & S-T1	New Question	New Question - Recognize Emotion	n/a	Page?: G15	n/a	<p>How often can this child recognize and name their own emotions?</p> <p>Always Most of the time About half the time Sometimes Never</p>
T1 & S-T1	Text - Question	NEWACTIVITY - Question Wording Change	Page 15: G19	Page ?: G16	<p>How often does this child become angry or anxious when going from one activity to another?</p> <p>Always Most of the time About half the time Sometimes Never</p>	<p>How often does this child have difficulty when asked to end one activity and start a new activity?</p> <p>Always Most of the time About half the time Sometimes Never</p>

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T1 & S-T1	Text - Question	PLAYWELL - Question Wording Change	Page 15: G18	Page ?: G17	<p>How often does this child play well with others?</p> <p>Always Most of the time About half the time Sometimes Never</p>	<p>How often does this child play well with other children?</p> <p>Always Most of the time About half the time Sometimes Never</p>
T1 & S-T1	Text - Question	TEMPER - Question Wording Change	Page 15: G22	Page ?: G18	<p>How often does this child lose control of their temper when things do not go their way?</p> <p>Always Most of the time About half the time Sometimes Never</p>	<p>How often does this child lose their temper?</p> <p>Always Most of the time About half the time Sometimes Never</p>
T1 & S-T1	Text - Question	DISTRACTED - Question Wording Change	Page 15: G14	Page ?: G19	<p>How often is this child easily distracted?</p> <p>Always Most of the time About half the time Sometimes Never</p>	<p>How often does this child get easily distracted?</p> <p>Always Most of the time About half the time Sometimes Never</p>

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T1 & S-T1	Text - Question	HURTSAD - Question Wording Change	Page 15: G20	Page ?: G20	<p>How often does this child show concern when others are hurt or unhappy?</p> <p>Always Most of the time About half the time Sometimes Never</p>	<p>How often does this child show concern when they see others who are hurt or unhappy?</p> <p>Always Most of the time About half the time Sometimes Never</p>
T1 & S-T1	Text - Question	CALMDOWN - Question Wording Change	Page 15: G21	Page ?: G21	<p>When excited or all wound up, how often can this child calm down quickly?</p> <p>Always Most of the time About half the time Sometimes Never</p>	<p>How often does this child have trouble calming down?</p> <p>Always Most of the time About half the time Sometimes Never</p>
T1 & S-T1	New Question	New Question - Waiting their turn	n/a	Page ?: G22	n/a	<p>How often does this child have difficulty waiting for their turn?</p> <p>Always Most of the time About half the time Sometimes Never</p>

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T1 & S-T1	New Question	New Question - Share Toys	n/a	Page ?: G24	n/a	<p>How often does this child share toys or games with other children?</p> <p>Always Most of the time About half the time Sometimes Never</p>
T1 & S-T1	New Question	New Question - Bounce Ball	n/a	Page ?: G25	n/a	<p>How well can this child bounce a ball for several seconds?</p> <p>This child cannot bounce a ball Not well Somewhat well Very well</p>
T1 & S-T1	New Question	New Question - Draw a Circle	n/a	Page ?: G26	n/a	<p>How well can this child draw a circle?</p> <p>This child cannot draw a circle Not well Somewhat well Very well</p>

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T1 & S-T1	New Question	New Question - Draw a Face	n/a	Page ?: G27	n/a	<p>How well can this child draw a face with eyes and mouth?</p> <p>This child cannot draw a face with eyes and mouth Not well Somewhat well Very well</p>
T1 & S-T1	New Question	New Question - Draw a Person	n/a	Page ?: G28	n/a	<p>How well can this child draw a person with a head, body, arms, and legs?</p> <p>This child cannot draw a person with a head, body, arms, and legs Not well Somewhat well Very well</p>
T1 & S-T1	Relocated Question	K6Q70_R - Question Numbering Change	Page 16: G25a	Page ?: G29a	<p>How often...</p> <p>Is this child affectionate and tender with you?</p> <p>Always Usually Sometimes Never</p>	<p>How often...</p> <p>Is this child affectionate and tender with you?</p> <p>Always Usually Sometimes Never</p>

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T1 & S-T1	Relocated Question	K6Q73_R - Question Numbering Change	Page 16: G25b	Page ?: G29b	<p>How often...</p> <p>Does this child bounce back quickly when things do not go their way?</p> <p>Always Usually Sometimes Never</p>	<p>How often...</p> <p>Does this child bounce back quickly when things do not go their way?</p> <p>Always Usually Sometimes Never</p>
T1 & S-T1	Relocated Question	K6Q71_R - Question Numbering Change	Page 16: G25c	Page ?: G29c	<p>How often...</p> <p>Does this child show interest and curiosity in learning new things?</p> <p>Always Usually Sometimes Never</p>	<p>How often...</p> <p>Does this child show interest and curiosity in learning new things?</p> <p>Always Usually Sometimes Never</p>

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T1 & S-T1	Relocated Question	K6Q72_R - Question Numbering Change	Page 16: G25d	Page ?: G29d	<p>How often...</p> <p>Does this child smile and laugh?</p> <p>Always Usually Sometimes Never</p>	<p>How often...</p> <p>Does this child smile and laugh?</p> <p>Always Usually Sometimes Never</p>
T1 & S-T1	Deleted Question	Removing K6Q08_R	Page 14: G4	n/a	<p>Are you concerned about how this child is learning to do things for themselves?</p> <p>No Yes, somewhat concerned Yes, very concerned</p>	n/a
T1 & S-T1	Deleted Question	Removing CONFIDENT	Page 14: G5	n/a	<p>How confident are you that this child is ready to be in school?</p> <p>Completely confident Mostly confident Somewhat confident Not at all confident</p>	n/a

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T1 & S-T1	Deleted Question	Removing RECShapes	Page 14: G12	n/a	<p>How often can this child identify basic shapes such as a triangle, circle, or square?</p> <p>Always Most of the time About half the time Sometimes Never</p>	n/a
T1 & S-T1	Deleted Question	Removing COLOR	Page 13: G13	n/a	<p>Can this child identify the colors red, yellow, blue, and green by name?</p> <p>Yes, all of them Yes, some of them No, none of them</p>	n/a
T1 & S-T1	Deleted Question	Removing USEPENCIL	Page 15: G17	n/a	<p>How does this child usually hold a pencil?</p> <p>Uses fingers to hold the pencil Grips the pencil in their fist This child cannot hold a pencil</p>	n/a

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T1 & S-T1	Deleted Question	Removing MAKEFRIEND	Page 15: G23	n/a	<p>Compared to other children their age, how much difficulty does this child have making or keeping friends?</p> <p>No difficulty A little difficulty A lot of difficulty</p>	n/a
T1 & S-T1	Deleted Question	Removing SITSTILL	Page 16: G24	n/a	<p>Compared to other children their age, how often is this child able to sit still?</p> <p>Always Most of the time About half the time Sometimes Never</p>	n/a
T2 & S-T2	Text - Instructions	Rewording BULLIED Instructional Text	Page 12: G8	Page 13: G9	<p>DURING THE PAST 12 MONTHS, how often was this child bullied, pick on, or exclude by other children? <i>If the frequency changed throughout the year, report the highest frequency.</i></p> <p>Never (in the past 12 months) 1-2 times (in the past 12 months) 1-2 times per month 1-2 times per week Almost every day</p>	<p>DURING THE PAST 12 MONTHS, how often was this child bullied, pick on, or exclude by other children? <i>Do not include siblings. If the frequency changed throughout the year, report the highest frequency.</i></p> <p>Never (in the past 12 months) 1-2 times (in the past 12 months) 1-2 times per month 1-2 times per week Almost every day</p>

Questionnaire(s) Impacted	Type of Change	Item Name/ Change Description	2021 NSCH Page # and Question #	2022 NSCH Page # and Question #	2021 NSCH Production Question Wording	2022 NSCH Production Question Wording
T3 & S-T3	Text - Instructions	Rewording BULLIED Instructional Text	Page 13: G8	Page 14: G9	<p>DURING THE PAST 12 MONTHS, how often was this child bullied, pick on, or exclude by other children? <i>If the frequency changed throughout the year, report the highest frequency.</i></p> <p>Never (in the past 12 months) 1-2 times (in the past 12 months) 1-2 times per month 1-2 times per week Almost every day</p>	<p>DURING THE PAST 12 MONTHS, how often was this child bullied, pick on, or exclude by other children? <i>Do not include siblings or dating partners. If the frequency changed throughout the year, report the highest frequency.</i></p> <p>Never (in the past 12 months) 1-2 times (in the past 12 months) 1-2 times per month 1-2 times per week Almost every day</p>
T1 & S-T1	Deleted Question	Removing K2Q61B - Cerebral Palsy currently question	Page 3: A8	n/a	<p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes No</p>	n/a
T2 & S-T2	Deleted Question	Removing K2Q61B - Cerebral Palsy currently question	Page 3: A8	n/a	<p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes No</p>	n/a
T3 & S-T3	Deleted Question	Removing K2Q61B - Cerebral Palsy currently question	Page 3: A8	n/a	<p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes No</p>	n/a

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T1 & S-T1	Text change	Revision to legal citations	Front cover - First paragraph bottom box	Front cover - First paragraph bottom box	<p>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.</p>	<p>The Census Bureau is required by law to protect your information. We are not permitted to publicly release your responses in a way that could identify your household. The Census Bureau is conducting this survey under the authority of Title 13, United States Code (U.S.C.), Section 8(b) (13 U.S.C. § 8(b)) and Section 501(a)(2) of the Social Security Act (42 U.S.C. § 701). Federal law protects your privacy and keeps your answers confidential under Title 13, U.S.C., Section 9 (13 U.S.C. § 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.</p>

Questionnaire(s) Impacted	Type of Change	Item Name/ Change Description	2021 NSCH Page # and Question #	2022 NSCH Page # and Question #	2021 NSCH Production Question Wording	2022 NSCH Production Question Wording
T2 & S-T2	Text change	Revision to legal citations	Front cover - First paragraph bottom box	Front cover - First paragraph bottom box	<p>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.</p>	<p>The Census Bureau is required by law to protect your information. We are not permitted to publicly release your responses in a way that could identify your household. The Census Bureau is conducting this survey under the authority of Title 13, United States Code (U.S.C.), Section 8(b) (13 U.S.C. § 8(b)) and Section 501(a)(2) of the Social Security Act (42 U.S.C. § 701). Federal law protects your privacy and keeps your answers confidential under Title 13, U.S.C., Section 9 (13 U.S.C. § 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.</p>

Questionnaire(s) Impacted	Type of Change	Item Name/ Change Description	2021 NSCH Page # and Question #	2022 NSCH Page # and Question #	2021 NSCH Production Question Wording	2022 NSCH Production Question Wording
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