Appendix A

2023 National Survey of Children's Health Questionnaire Content Revisions

2022 to 2023 Production Master Tracking Spreadsheet								
Questionnaire(s)	Type of Change	Item Name/Change Description	2022 NSCH Page # and Question #	2023 NSCH Page # and Question #	2022 NSCH Production Question Wording	2023 NSCH Year Production Question Wording		
T1 ONLY Te	Fext - Instructions	Your Child Instructional Text	8 - B8	8 - B8		How old was this child when they were FIRST fed anything other than breast milk or formula? Include water, juice, cow's milk, sugar water, baby food, or anything else that this child might have been given. Your best estimate is fine		
	Fext - Response Option(s)	Place Usually Goes Sick - Where - Response Option Changes	Page 7: C9	Page 7: C9		If yes, where does this child USUALLY go first? Mark (X) ONE box. Clinic within a drug store or grocery store		
	Text - Response Option(s)	Place Usually Goes Sick - Where - Response Option Changes	Page 7: C12	Page 7: C12	If yes, where does this child USUALLY go first? Mark (X) ONE box. Retail Store Clinic or "Minute Clinic"	If yes, where does this child USUALLY go first? Mark (X) ONE box. Clinic within a drug store or grocery store		
	Text - Response	Place Usually Goes Sick - Where - Response Option	7 dge 7. C12	Tage 7. C12	If yes, where does this child USUALLY go first?	Mark (X) ONE box.		
T3 & S-T3 O ₁	Option(s)	Changes	Page 7: C13	Page 7: C13	Retail Store Clinic or "Minute Clinic"	Clinic within a drug store or grocery store		
					DURING THE PAST 12 MONTHS, did this child need any decisions to be made regarding their health care, such as whether to get prescriptions, referrals, or procedures?	DURING THE PAST 12 MONTHS, did you, another caregiver, or a health care provider need to make any decisions regarding this child's health care, such as where to get prescriptions, referrals, or procedures?		
T1 & S-T1 Te	Text - Question	Health Care Services Treatment Decisions - Question Text	Page 11: D5	Page 10: D5	Yes No -> SKIP to question D7	Yes No -> SKIP to guestion D7		
16	Quality		. 190 00	, vgc 20, 00	DURING THE PAST 12 MONTHS, did this child need any decisions to be made regarding	DURING THE PAST 12 MONTHS, did you, another caregiver, or a health care provider need		
T2 & S-T2 Te	Fext - Question	Health Care Services Treatment Decisions - Question Text	Page 11: D5	Page 10: D5	Yes No -> SKIP to question D7	Yes No -> SKIP to question D7		

			202	2 to 2023 Production	n Master Tracking Spreadsheet	
Questionnaire(s)	Type of Change	Item Name/Change Description	2022 NSCH Page # and Question #	2023 NSCH Page # and Question #	2022 NSCH Production Question Wording	2023 NSCH Year Production Question Wording
					DURING THE PAST 12 MONTHS, did this child need any decisions to be made regarding their health care, such as whether to get prescriptions, referrals, or procedures?	DURING THE PAST 12 MONTHS, did you, another caregiver, or a health care provider need to make any decisions regarding this child's health care, such as whether to get prescriptions, referrals, or procedures?
		Health Care Services Treatment Decisions - Question			Yes	Yes
T3 & S-T3	Text - Question	Text	Page 11: D5	Page 10: D5	No -> SKIP to guestion D7	No -> SKIP to question D7
			101		DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?
					This child does not have any health conditions -> SKIP to question B1 on page 6	This child does not have any health conditions -> SKIP to question B1
					Never	Never-> SKIP to question B1
					Sometimes	Sometimes
	Skip Pattern - Web and				Usually	Usually
T1 & S-T1	Paper	HCABILITY - Skip Pattern	Page 5: A35	Page 5: A35	Always	Always
					DURING THE PAST 12 MONTHS, how often have this child's health conditions or	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems
					problems affected their ability to do things other children their same age do?	affected their ability to do things other children their same age do?
					This child does not have any health conditions -> SKIP to question B1 on page 6	This child does not have any health conditions -> SKIP to question B1 on page 6
					Never	Never-> SKIP to question B1
					Sometimes	Sometimes
	Skip Pattern - Web and				Usually	Usually
T2 & S-T2	Paper	HCABILITY - Skip Pattern	Page 5: A35	Page 5: A34	Always	Always
					DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?	DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?
					This child does not have any health conditions -> SKIP to question B1 on page 6	This child does not have any health conditions -> SKIP to question B1
					Never	Never-> SKIP to question B1
					Sometimes	Sometimes
	Skip Pattern - Web and				Usually	Usually
T3 & S-T3	Paper	HCABILITY - Skip Pattern	Page 5: A35	Page 5: A34	Always	Always
					Has a doctor, other health care provider, or educator 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.	Examples of educators are teachers and school nurses.
					If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have these problems?
		Behavioral Wording Change - Adding "these			Yes	Yes
T1 & S-T1	Text - Question	problems"	Page 4: A21	Page 4: A20	No	No No
11 & 3-11	Text Question	prodeins	ruge 4. AZI	1 ugc 4. 7/20		
					Has a doctor, other health care provider, or educator 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.	Examples of educators are teachers and school nurses.
					If yes, does this child CURRENTLY have the condition?	If yes, does this child CURRENTLY have these problems?
		Behavioral Wording Change - Adding "these			Yes	Yes
T2 & S-T2	Text - Question	problems"	Page 4: A21	Page 4: A20	No	No

			20	22 to 2023 Product	ion Master Tracking Spreadsheet	
Questionnaire(s)	Type of Change	Item Name/Change Description	2022 NSCH Page # and Question #	2023 NSCH Page # and Question #	2022 NSCH Production Question Wording	2023 NSCH Year Production Question Wording
					Examples of educators are teachers and school nurses.	Examples of educators are teachers and school nurses.
T3 & S-T3	Text - Question	Behavioral Wording Change - Adding "these problems"	Page 4: A21	Page 4: A20	If yes, does this child CURRENTLY have the condition? Yes No	If yes, does this child CURRENTLY have these problems? Yes No
					Has a doctor or other health care provider EVER told you that this child has Anxiety Problems?	Has a doctor or other health care provider EVER told you that this child has Anxiety Problems?
					If yes, does this child CURRENTLY have the condition? Yes	If yes, does this child CURRENTLY have these problems? Yes
T1 & S-T1	Text - Question	Anxiety Wording Change - Adding "these problems"	Page 3: A14	Page 3: A14	No	No
					Has a doctor or other health care provider EVER told you that this child has Anxiety Problems?	Has a doctor or other health care provider EVER told you that this child has Anxiety Problems?
					If yes, does this child CURRENTLY have the condition? Yes	If yes, does this child CURRENTLY have these problems? Yes
T2 & S-T2	Text - Question	Anxiety Wording Change - Adding "these problems"	Page 3: A14	Page 3: A14	No	No
		, , ,			Has a doctor or other health care provider EVER told you that this child has Anxiety Problems?	Has a doctor or other health care provider EVER told you that this child has Anxiety Problems?
					If yes, does this child CURRENTLY have the condition? Yes	If yes, does this child CURRENTLY have these problems? Yes
T3 & S-T3	Text - Question	Anxiety Wording Change - Adding "these problems"	Page 3: A14	Page 3: A14	No	No
					If yes, where does this child USUALLY go first?	If yes, where does this child USUALLY go first?
					Mark (X) ONE box.	Mark (X) ONE box.
					Doctor's Office	Doctor's Office
					Hospital Emergency Room Hospital Outpatient Department	Hospital Emergency Room Hospital Outpatient Department
					Urgent Care Center	Urgent Care Center
					Clinic or Health Center	Clinic within a drug store or grocery store
					Retail Store Clinic or "Minute Clinic"	School (Nurse's Office, Athletic Trainer's Office)
	Text - Response				School (Nurse's Office, Athletic Trainer's Office)	Other Clinic or Health Center
T1 & S-T1	Option(s)	Text and positional change to 'Clinic or Health Center'	Page 7: C9	Page 7: C9	Some other place	Some other place

			20	22 to 2023 Producti	on Master Tracking Spreadsheet	
Questionnaire(s)	Type of Change	Item Name/Change Description	2022 NSCH Page # and Question #	2023 NSCH Page # and Question #	2022 NSCH Production Question Wording	2023 NSCH Year Production Question Wording
					If yes, where does this child USUALLY go first? Mark (X) ONE box.	If yes, where does this child USUALLY go first? Mark (X) ONE box.
					Doctor's Office Hospital Emergency Room Hospital Outpatient Department Urgent Care Center Clinic or Health Center Retail Store Clinic or "Minute Clinic"	Doctor's Office Hospital Emergency Room Hospital Outpatient Department Urgent Care Center Clinic within a drug store or grocery store School (Nurse's Office, Athletic Trainer's Office)
	Text - Response				School (Nurse's Office, Athletic Trainer's Office)	Other Clinic or Health Center
T2 & S-T2	Option(s)	Text and positional change to 'Clinic or Health Center'	Page 7: C12	Page 7: C12	Some other place If yes, where does this child USUALLY go first? Mark (X) ONE box.	Some other place If yes, where does this child USUALLY go first? Mark (X) ONE box.
	Text - Response				Doctor's Office Hospital Emergency Room Hospital Outpatient Department Urgent Care Center Clinic or Health Center Retail Store Clinic or "Minute Clinic" School (Nurse's Office, Athletic Trainer's Office)	Doctor's Office Hospital Emergency Room Hospital Outpatient Department Urgent Care Center Clinic within a drug store or grocery store School (Nurse's Office, Athletic Trainer's Office) Other Clinic or Health Center
T3 & S-T3	Option(s)	Text and positional change to 'Clinic or Health Center'	Page 7: C13	Page 7: C13	Some other place	Some other place
S1 & S-S1	Text - Response Option(s)	Changes to Race responses	Page 3 Q5 Page 4 Q5 Page 5 Q5 Page 6 Q5	Page 3 Q5 Page 4 Q5 Page 5 Q5 Page 6 Q5	What is this child's race? Mark (X) one or more boxes. White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander Has a doctor or other health care provider EVER told you that this child has	What is this child's race? Mark (X) one or more boxes. White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Native Hawaiian Chamorro Samoan Other Pacific Islander
T1 & S-T1	Deleted Question	Any other genetic condition	Page 4: A19	N/A	Any other genetic or inherited condition? Yes No	N/A
11 0 3-11	Deletted Question	, any other genetic condition	I ugc - A. MID	11475	lue.	late.

			20	22 to 2023 Production	Master Tracking Spreadsheet	
Questionnaire(s)	Type of Change	Item Name/Change Description	2022 NSCH Page # and Question #	2023 NSCH Page # and Question #	2022 NSCH Production Question Wording	2023 NSCH Year Production Question Wording
					Has a doctor or other health care provider EVER told you that this child has	
					Any other genetic or inherited condition?	
T1 & S-T1	Deleted Question	Any other genetic condition - Write-in	Page 4: A19	N/A	If yes, specify:	N/A
					Has a doctor or other health care provider EVER told you that this child has	
					Any other genetic or inherited condition?	
					Is it:	
					Mild	
					Moderate	
T1 & S-T1	Deleted Question	Any other genetic condition - Description	Page 4: A19	N/A	Severe	N/A
					Was this condition identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i>	
					tests are sometimes cancal netroom sometimes. 41	
					Yes	l.,,
T1 & S-T1	Deleted Question	Any other genetic condition - Newborn Screening	Page 4: A19	N/A	No Has a doctor or other health care provider EVER told you that this child has	N/A
					has a doctor or other health care provider EVER told you that this child has	
					Any other genetic or inherited condition?	
					Vos	
T2 & S-T2	Deleted Question	Any other genetic condition	Page 4: A19	N/A	Yes No	N/A
		, ,			Has a doctor or other health care provider EVER told you that this child has	
					Annual Abana annual annia handan dan an datan 2	
					Any other genetic or inherited condition?	
T2 & S-T2	Deleted Question	Any other genetic condition - Write-in	Page 4: A19	N/A	If yes, specify:	N/A
					Has a doctor or other health care provider EVER told you that this child has	
					Any other genetic or inherited condition?	
					,	
					Is it:	
					Mild	
					Moderate	
T2 & S-T2	Deleted Question	Any other genetic condition - Description	Page 4: A19	N/A	Severe	N/A
					Was this condition identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i>	
					costs are sometimes called newborn screening.	
					Yes	
T2 & S-T2	Deleted Question	Any other genetic condition - Newborn Screening	Page 4: A19	N/A	No Has a doctor or other health care provider EVER told you that this child has	N/A
					That a doctor of other health care provider EVEN told you that this tillid flas	
					Any other genetic or inherited condition?	
					Yes	
T3 & S-T3	Deleted Question	Any other genetic condition	Page 4: A19	N/A	No No	N/A
13 × 3-13	Deleted Question	Any other genetic condition	rage 4. A19	N/A	INO	INA

	2022 to 2023 Production Master Tracking Spreadsheet								
Questionnaire(s)	Type of Change	Item Name/Change Description	2022 NSCH Page # and Question #	2023 NSCH Page # and Question #	2022 NSCH Production Question Wording	2023 NSCH Year Production Question Wording			
					Has a doctor or other health care provider EVER told you that this child has				
					Any other genetic or inherited condition?				
T3 & S-T3	Deleted Question	Any other genetic condition - Write-in	Page 4: A19	N/A	If yes, specify:	N/A			
					Has a doctor or other health care provider EVER told you that this child has				
					Any other genetic or inherited condition?				
					Is it:				
					Mild				
					Moderate				
T3 & S-T3	Deleted Question	Any other genetic condition - Description	Page 4: A19	N/A	Severe	N/A			
					Was this condition identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i>				
					Yes				
T3 & S-T3	Deleted Question	Any other genetic condition - Newborn Screening	Page 4: A19	N/A	No	N/A			
					What was the age of the mother when this child was born? Your best estimate is fine				
T1 & S-T1	Deleted Question	Age of mother when child was born	Page 6: B4	N/A	Age in years	N/A			
					What was the age of the mother when this child was born? Your best estimate is fine				
T2 & S-T2	Deleted Question	Age of mother when child was born	Page 6: B4	N/A	Age in years	N/A			
					What was the age of the mother when this child was born? Your best estimate is fine				
T3 & S-T3	Deleted Question	Age of mother when child was born	Page 6: B4	N/A	Age in years	N/A			
					DURING THE PAST 12 MONTHS, did this child use any 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, while others can be done on your own.				
					Yes				
T1 & S-T1	Deleted Question	Alternative health care or treatment	Page 9: C22	N/A	No	N/A			
					DURING THE PAST 12 MONTHS, did this child use any 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, while others can be done on your own.				
					Yes				
T2 & S-T2	Deleted Question	Alternative health care or treatment	Page 8: C25	N/A	No	N/A			
					DURING THE PAST 12 MONTHS, did this child use any 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, while others can be done on your own.				
					Yes				
T3 & S-T3	Deleted Question	Alternative health care or treatment	Page 8: C26	N/A	No	N/A			

	2022 to 2023 Production Master Tracking Spreadsheet								
Questionnaire(s) Impacted	Type of Change	Item Name/Change Description	2022 NSCH Page # and Question #	2023 NSCH Page # and Question #	2022 NSCH Production Question Wording	2023 NSCH Year Production Question Wording			
					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: Change in employer or employment status (Yes/No) Cancellation due to overdue premiums (Yes/No) Dropped coverage because it was unaffordable (Yes/No)				
T4 0 C T4	Deleted Overtica	Second for the back is a second	Page 12: E2	N/A	Dropped coverage because benefits were inadequate (Yes/No) Dropped coverage because choice of health care providers was inadequate (Yes/No) Problems with application or renewal process (Yes/No)	N/A			
T1 & S-T1	Deleted Question	Reasons for gaps in health insurance	Page 12: E2	N/A	Other, specify: 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:	IN/A			
700070					Change in employer or employment status (Yes/No) Cancellation due to overdue premiums (Yes/No) Dropped coverage because it was unaffordable (Yes/No) Dropped coverage because benefits were inadequate (Yes/No) Dropped coverage because choice of health care providers was inadequate (Yes/No) Problems with application or renewal process (Yes/No)				
T2 & S-T2	Deleted Question	Reasons for gaps in health insurance	Page 12: E2	N/A	Other, specify: 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:	N/A			
					Change in employer or employment status (Yes/No) Cancellation due to overdue premiums (Yes/No) Dropped coverage because it was unaffordable (Yes/No) Dropped coverage because benefits were inadequate (Yes/No) Dropped coverage because choice of health care providers was inadequate (Yes/No) Problems with application or renewal process (Yes/No)				
T3 & S-T3	Deleted Question	Reasons for gaps in health insurance	Page 13: E2	N/A	Other, specify: Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that meet these needs? Always	N/A			
T1 & S-T1	Deleted Question	Insurance adequacy for mental health treatment	Page 12: E7	N/A	Usually Sometimes Never This child does not use mental or behavioral health services	N/A			
					Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that meet these needs? Always Usually Sometimes Never				
T2 & S-T2	Deleted Question	Insurance adequacy for mental health treatment	Page 12: E7	N/A	This child does not use mental or behavioral health services	N/A			

	2022 to 2023 Production Master Tracking Spreadsheet								
Questionnaire(s) Impacted	Type of Change	Item Name/Change Description	2022 NSCH Page # and Question #	2023 NSCH Page # and Question #	2022 NSCH Production Question Wording	2023 NSCH Year Production Question Wording			
					Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that meet these needs? Always				
T3 & S-T3	Deleted Question	Insurance adequacy for mental health treatment	Page 13: E7	N/A	Usually Sometimes Never This child does not use mental or behavioral health services	N/A			
					Answer the next question only if this child is LESS THAN 12 MONTHS OLD. Otherwise, SKIP to question H7. In which position do you most often lay this baby down to sleep now? Mark (X) ONE box. On their side				
T1 & S-T1	Deleted Question	Infant sleep position	Page 18: H6	N/A	On their back On their stomach DURING THE PAST 12 MONTHS, did this child miss, delay or skip any PREVENTIVE check-	N/A			
T4 0 6 T4	Delated Question	Missed/delayed preventive visits because of the			ups because of the coronavirus pandemic? Yes No				
T1 & S-T1	Deleted Question	COVID-19 pandemic	Page 23: I18	N/A	DURING THE PAST 12 MONTHS, did this child miss, delay or skip any PREVENTIVE check- ups because of the coronavirus pandemic?	N/A			
T2 & S-T2	Deleted Question	Missed/delayed preventive visits because of the COVID-19 pandemic	Page 19: I19	N/A	Yes No DURING THE PAST 12 MONTHS, did this child miss, delay or skip any PREVENTIVE check-	N/A			
T3 & S-T3	Deleted Question	Missed/delayed preventive visits because of the COVID-19 pandemic	Page 19: 119	N/A	ups because of the coronavirus pandemic? Yes No	N/A			
	Science question	COVID-12 paraceimo	1000 201 120	1.47.	Does this child receive care for at least 10 hours per week from someone other than their parent or guardian? This could be a day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter or relative.				
T1 & S-T1	Deleted Question	Childcare outside the home	Page 20: H19	N/A	Yes No	N/A			
					If yes, were any of this child's health care visits by video or phone because of the coronavirus pandemic?				
T1 & S-T1	Deleted Question	Telehealth visits because of the COVID-19 pandemic	Page 23: I17 (if yes question)	N/A	Yes No	N/A			
					If yes, were any of this child's health care visits by video or phone because of the coronavirus pandemic?				
T2 & S-T2	Deleted Question	Telehealth visits because of the COVID-19 pandemic	Page 19: I18 (if yes question)	N/A	Yes No If yes, were any of this child's health care visits by video or phone because of the	N/A			
					coronavirus pandemic? Yes				
T3 & S-T3	Deleted Question	Telehealth visits because of the COVID-19 pandemic	Page 19: I18 (if yes question)	N/A	No	N/A			

			20	022 to 2023 Product	ion Master Tracking Spreadsheet	
Questionnaire(s)	Type of Change	Item Name/Change Description	2022 NSCH Page # and Question #	2023 NSCH Page # and Question #	2022 NSCH Production Question Wording	2023 NSCH Year Production Question Wording
impacteu	Type of Change	item Name/Change Description	rage # and Question #	rage # and Question #	-	2023 N3CH Teal Floudction Question Wording
					DURING THE PAST 12 MONTHS, has this child's regular daycare or other childcare arrangement been closed or unavailable at any time because of the coronavirus pandemic?	
		Disrupted child care because of the COVID-19			Yes	
T1 & S-T1	Deleted Question	pandemic	Page 23: I19	N/A	No	N/A
					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.	
		Disrupted child care because of the COVID-19			Yes	
T2 & S-T2	Deleted Question	pandemic	Page 23: I20	N/A	No	N/A
					When did you come to live in the United States?	
T1 & S-T1	Deleted Question	Year adult 1 moved to US	Page 24: J5	N/A	Indicate the 4-digit year in which you came to live in the United States.	N/A
					When did you come to live in the United States?	
T2 & S-T2	Deleted Question	Year adult 1 moved to US	Page 19: J5	N/A	Indicate the 4-digit year in which you came to live in the United States.	N/A
					When did you come to live in the United States?	
T3 & S-T3	Deleted Question	Year adult 1 moved to US	Page 20: J5	N/A	Indicate the 4-digit year in which you came to live in the United States.	N/A
		V 1 11 2 11 116			When did this caregiver come to live in the United States?	l
T1 & S-T1	Deleted Question	Year adult 2 moved to US	Page 25: J18	N/A	Indicate the 4-digit year in which this caregiver came to live in the United States. When did this caregiver come to live in the United States?	N/A
T2 & S-T2	Deleted Question	Year adult 2 moved to US	Page 21: J18	N/A	Indicate the 4-digit year in which this caregiver came to live in the United States.	N/A
12 & 3-12	Deleted Question	real addit 2 moved to 03	rage 21. 110	IN/A	When did this caregiver come to live in the United States?	IN/A
T3 & S-T3	Deleted Question	Year adult 2 moved to US	Page 21: J18	N/A	Indicate the 4-digit year in which this caregiver came to live in the United States.	N/A
T1 & S-T1	Deleted Question	Sources of parental emotional support	Page 20: H18	N/A	If yes, did you receive emotional support from Spouse or domestic partner? (Yes/No) Other family member or close friend? (Yes/No) Health care provider? (Yes/No) Place of worship or religious leader? (Yes/No) Support or advocacy group related to specific health condition? (Yes/No) Peer support group? (Yes/No) Counselor or other mental health professional? (Yes/No) Other person, specify: (Yes/No) Other person, specify: If yes, did you receive emotional support from Spouse or domestic partner? (Yes/No) Other family member or close friend? (Yes/No) Health care provider? (Yes/No) Place of worship or religious leader? (Yes/No) Support or advocacy group related to specific health condition? (Yes/No) Peer support group? (Yes/No)	N/A
T2 & S-T2	Deleted Question	Sources of parental emotional support	Page 16: H11	N/A	Counselor or other mental health professional? (Yes/No) Other person, specify: (Yes/No) Other person, specify:	N/A

	2022 to 2023 Production Master Tracking Spreadsheet									
Questionnaire(s) Impacted	Type of Change	Item Name/Change Description	2022 NSCH Page # and Question #	2023 NSCH Page # and Question #	2022 NSCH Production Question Wording	2023 NSCH Year Production Question Wording				
					If yes, did you receive emotional support from Spouse or domestic partner? (Yes/No) Other family member or close friend? (Yes/No) Health care provider? (Yes/No)					
					Place of worship or religious leader? (Yes/No) Support or advocacy group related to specific health condition? (Yes/No) Peer support group? (Yes/No) Counselor or other mental health professional? (Yes/No) Other person, specify: (Yes/No)					
T3 & S-T3	Deleted Question Text - Response	Sources of parental emotional support	Page 17: H11	N/A	Other person, specify:	N/A				
T1 & S-T1	Option(s)	Skip Instruction Change	Page 12: E1	Page 11: E1	Yes, this child was covered all 12 months> SKIP to question E4	Yes, this child was covered all 12 months> SKIP to question E3				
T2 & S-T2	Text - Response Option(s)	Skip Instruction Change	Page 12: E1	Page 10: E1	Yes, this child was covered all 12 months> SKIP to question E4	Yes, this child was covered all 12 months> SKIP to question E3 on page 11				
T3 & S-T3	Text - Response Option(s)	Skip Instruction Change	Page 13: E1	Page 11: E1	Yes, this child was covered all 12 months> SKIP to question E4	Yes, this child was covered all 12 months> SKIP to question E3				
T1 & S-T1	Text - Response Option(s)	Skip Instruction Removal A1	Page 24: J4	Page 19: J4	In the United States> SKIP to question J6	In the United States				
T2 & S-T2	Text - Response Option(s)	Skip Instruction Removal A1	Page 19: J4	Page 16: J4	In the United States> SKIP to question J6 on page 20	In the United States				
T3 & S-T3	Text - Response Option(s)	Skip Instruction Removal A1	Page 20L J4	Page 17: J4	In the United States> SKIP to question J6	In the United States				
T1 & S-T1	Text - Response Option(s)	Skip Instruction Removal A2	Page 25: J17	Page 21: J17	In the United States> SKIP to question J19 on page 26	In the United States				
T2 & S-T2	Text - Response Option(s)	Skip Instruction Removal A2	Page 21: J17	Page 17: J16	In the United States> SKIP to question J19	In the United States				
T3 & S-T3	Text - Response Option(s)	Skip Instruction Removal A2	Page 21: J17	Page 18: J16	In the United States> SKIP to question J19 on page 22	In the United States				
	Text - Response					in the officer states				
T1 & S-T1	Option(s) Text - Response	Skip Instruction Removal H17	Page 20: H17	Page 17: H17	No> SKIP to question H19	NO				
T2 & S-T2	Option(s) Text - Response	Skip Instruction Removal H10 T2	Page 16: H10	Page 14: H10	No> SKIP to question I1 on page 17	No				
T3 & S-T3	Option(s)	Skip Instruction Removal H10 T3	Page 17: H10	Page 14: H10	No> SKIP to question I1 on page 18	No				
					Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?	Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?				
T1 & S-T1	Skip Pattern - Web and Paper	Repositioned question to new page	N/A	N/A	Yes No> SKIP to question F1 on page 13	Yes No> SKIP to question F1				
11 % 2-11	raper	Repositioned question to new page	N/A	N/A	Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?	Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?				
	Skip Pattern - Web and	1			Yes	Vac				
T2 & S-T2	Paper	Repositioned question to new page	N/A	Page 10: E2	No> SKIP to question F1 on page 13	No> SKIP to question F1 on page 11				
					Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?	Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?				
T3 & S-T3	Skip Pattern - Web and Paper	Repositioned question to new page	Page 13: E3	Page 11: E2	Yes No> SKIP to question F1 on page 14	Yes No> SKIP to question F1 on page 12				
13 Q 3-13	Skip Pattern - Web and	· · · · · · · · · · · · · · · · · · ·	rage 15. E5	rage 11. cz	140> 2011 to diagram LT Oil base 14	INO> SKIF to question F1 on page 12				
T1 & S-T1	Paper	Text change - page reference	Page 5: A26	Page 4: A25	No → SKIP to question A31	No → SKIP to question A30 on page 5				
T2 & S-T2	Skip Pattern - Web and Paper	Incorrect Skip pattern	Page 5: A26	Page 4: A25	No → SKIP to question A31	No → SKIP to question A30 on page 5				

			20	022 to 2023 Product	ion Master Tracking Spreadsheet	
Questionnaire(s) Impacted	Type of Change	Item Name/Change Description	2022 NSCH Page # and Question #	2023 NSCH Page # and Question #	2022 NSCH Production Question Wording	2023 NSCH Year Production Question Wording
	Skip Pattern - Web and					
T2 & S-T2	Paper	Incorrect Skip pattern	Page 5: A31	Page 4: A30	No → SKIP to question A34	No → SKIP to question A33
T1 0 C T1	Skip Pattern - Web and Paper		Daga F. D.4	Dogo F. D4	No -> CVID to guartien DC on norge C	No -> SVID to guestion BC on name 6
T1 & S-T1	Skip Pattern - Web and	Incorrect Skip pattern	Page 5: B4	Page 5: B4	No → SKIP to question B8 on page 6	No → SKIP to question B6 on page 6
T1 & S-T1	Paper	Text change - page reference	Page 7: C14	Page 7: C14	No → SKIP to guestion C17	No → SKIP to question C17 on page 8
11 43 11	Skip Pattern - Web and		1 050 71 021	1 050 71 021		
T1 & S-T1	Paper	Text change - page reference	Page 7: C15	Page 7: C15	No preventive visits in the past 12 months → SKIP to question C17	No preventive visits in the past 12 months → SKIP to question C17 on page 8
	Skip Pattern - Web and	d				
T1 & S-T1	Paper	Incorrect Skip pattern	Page 8: C20	Page 8: C20	No, this child did not need to see a specialist → SKIP to question C23	No, this child did not need to see a specialist → SKIP to question C22
					DURING THE PAST 12 MONTHS, did you, another	DURING THE PAST 12 MONTHS, did you, another
ĺ					caregiver, or a health care provider need to make any	caregiver, or a health care provider need to make any
1					decisions regarding this child's health care such as	decisions regarding this child's health care, such as
T1 & S-T1	Text - Question	Missing "," between "child's health care"	Page 10: D5	Page 10: D5	whether to get prescriptions, referrals, or procedures?	whether to get prescriptions, referrals, or procedures?
	Skip Pattern - Web and					
T1 & S-T1	Paper Skip Pattern - Web and	Text change - page reference	Page 20: J12	Page 20: J12	Yes → Complete questions J13 - J23 for this other parent or adult caregiver	Yes → Complete questions J13 - J23 on page 21 for this other parent or adult caregiver No, this child did not need to see a mental health professional → SKIP to question C22 on
T2 & S-T2	Paper	Text change - page reference	Page 7: C20	Page 7: C20	No, this child did not need to see a mental health professional → SKIP to question C22	
12 & 3-12	Гареі	rext change - page reference	rage 7. C20	rage 7. C20	DURING THE PAST 12 MONTHS, did you, another	DURING THE PAST 12 MONTHS, did you, another
					caregiver, or a health care provider need to make any	caregiver, or a health care provider need to make any
					decisions regarding this child's health care such as	decisions regarding this child's health care, such as
T2 & S-T2	Text - Question	Missing "," between "child's health care"	N/A	N/A	whether to get prescriptions, referrals, or procedures?	whether to get prescriptions, referrals, or procedures?
					Which of the following best describes your current employment status? Mark (X) ONE box.	Which of the following best describes your current employment status? Mark (X) ONE box.
					Not ample and but looking for work	Not employed but looking for work Not employed and not looking for work
					Not employed but looking for work Not employed and not looking for work	Employed part-time
					Employed and not looking for work Employed part-time	Working WITHOUT pay
	Text - Response	Adding "Retired" as the last Caregiver 1 employment			Working WITHOUT pay	Employed full-time
T1 & S-T1	Option(s)	status response option	J10 on pg 25	J9 on pg 20	Employed full-time	Retired
					Which of the following best describes this caregiver's current employment status? Mark (X) ONE box.	Which of the following best describes this caregiver's current employment status? Mark (X) ONE box.
1					Employed full-time	Employed full-time Employed part-time
					Employed full-time Employed part-time	Working WITHOUT pay
					Working WITHOUT pay	Not employed but looking for work
	Text - Response	Adding "Retired" as the last Caregiver 2 employment			Not employed but looking for work	Not employed and not looking for work
T1 & S-T1	Option(s)	status response option	J23 on pg 26	J21 on pg 22	Not employed and not looking for work	Reitred
	. , , ,			1 10		Which of the following best describes your current employment status?
					Which of the following best describes your current employment status? Mark (X) ONE box.	Mark (X) ONE box.
						Not employed but looking for work
					Not employed but looking for work	Not employed and not looking for work
					Not employed and not looking for work	Employed part-time
					Employed part-time	Working WITHOUT pay
	Text - Response	Adding "Retired" as the last Caregiver 1 employment			Working WITHOUT pay	Employed full-time
T2 & S-T2	Option(s)	status response option	J10 on pg 20	J9 on pg 17	Employed full-time	Retired

			202	2 to 2023 Production	Master Tracking Spreadsheet	
Questionnaire(s)	Type of Change		2022 NSCH Page # and Question #	2023 NSCH Page # and Question #	2022 NSCH Production Question Wording	2023 NSCH Year Production Question Wording
					Which of the following best describes this caregiver's current employment status? Mark (X) ONE box.	Which of the following best describes this caregiver's current employment status? Mark (X) ONE box.
					Employed full-time Employed part-time Working WITHOUT pay	Employed full-time Employed part-time Working WITHOUT pay Not employed but looking for work
T2 & S-T2	Text - Response Option(s)	Adding "Retired" as the last Caregiver 2 employment status response option	J23 on pg 22	J21 on pg 18	Not employed but looking for work Not employed and not looking for work	Not employed and not looking for work Reitred
12 43 12	option(s)	Saturation of the saturation o	220 O. PG EE	322 O., pg 20	Which of the following best describes your current employment status? Mark (X) ONE box.	Which of the following best describes your current employment status? Mark (X) ONE box.
	Text - Response	Adding "Retired" as the last Caregiver 1 employment			Not employed but looking for work Not employed and not looking for work Employed part-time Working WITHOUT pay	Not employed but looking for work Not employed and not looking for work Employed part-time Working WITHOUT pay Employed full-time
T3 & S-T3	Option(s)	status response option	J10 on pg 21	J9 on pg 17	Employed full-time	Retired
					Which of the following best describes this caregiver's current employment status? Mark (X) ONE box.	Which of the following best describes this caregiver's current employment status? Mark (X) ONE box.
	Text - Response	Adding "Retired" as the last Caregiver 2 employment			Employed full-time Employed part-time Working WITHOUT pay Not employed but looking for work	Employed full-time Employed part-time Working WITHOUT pay Not employed but looking for work Not employed and not looking for work
T3 & S-T3	Option(s)	status response option	J23 on pg 22	J21 on pg 19	Not employed and not looking for work	Reitred
						The Census Bureau is testing a revised question to improve the collection of data on race and ethnicity among U.S. children. This next question will look different than the question you answered previously when listing all the children in the household. Please think of [insert sc_name] when answering this question. What is [insert sc_name]'s race or ethnicity? Select ALL that apply. White
T1 & S-T1	Web ONLY - Test Question	Testing a combined version of the race and ethnicity question - for WEB ONLY	N/A	N/A - Web ONLY	N/A	Hispanic or Latino Black or African American Asian American Indian or Alaska Native Middle Eastern or North African Native Hawaiian or Pacific Islander

2022 to 2023 Production Master Tracking Spreadsheet						
Questionnaire(s) Impacted	Type of Change	Item Name/Change Description	2022 NSCH Page # and Question #	2023 NSCH Page # and Question #	2022 NSCH Production Question Wording	2023 NSCH Year Production Question Wording
						The Census Bureau is testing a revised question to improve the collection of data on race and ethnicity among U.S. children. This next question will look different than the question you answered previously when listing all the children in the household. Please think of [insert sc_name] when answering this question. What is [insert sc_name]'s race or ethnicity? Select ALL that apply. White
	Web ONLY - Test	Testing a combined version of the race and ethnicity				Write Hispanic or Latino Black or African American Asian American Indian or Alaska Native Middle Eastern or North African
T2 & S-T2	Question	question - for WEB ONLY	N/A	N/A - Web ONLY	N/A	Native Hawaiian or Pacific Islander The Census Bureau is testing a revised question to improve the collection of data on race and ethnicity among U.S. children. This next question will look different than the question you answered previously when listing all the children in the household. Please think of [insert sc_name] when answering this question.
						What is [insert sc_name]'s race or ethnicity? Select ALL that apply. White
						Hispanic or Latino Black or African American Asian American Indian or Alaska Native
T3 & S-T3	Web ONLY - Test Question	Testing a combined version of the race and ethnicity question - for WEB ONLY	N/A	N/A - Web ONLY	N/A	Middle Eastern or North African Native Hawaiian or Pacific Islander