Appendix D

2023 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 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.

Under the Privacy Act of 1974 (5 U.S.C. Section 552a), these records are maintained by the Census Bureau under SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame). 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.

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 (12/19/2022)



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

		41
	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.
)	How	many children 0-17 years old usually live or stay at this address?
		Number of children living or staying at this address
)	Wha	t is the primary language spoken in the household?
		English
		Spanish
		Other Language, specify:
		is house, apartment, or mobile home ((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?



		CHILI (Younge				Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
		(rounge	351/			Yes No
1	Fir	st name, initials, or nicknam	e of	the youngest child		
						☐ Yes ☐ No
2		w old is this child? If the chil , 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
	L	Years OR		Months	lacksquare	Does this child need or use more medical care, mental health, or educational services than is usual for most
3	Wh	nat is this child's sex?				children of the same age?
		Male Female				Yes □ No → If yes, is this child's need for medical care, mental
E		OTE: Answer BOTH questing in and question 5 about				health, or educational services because of ANY medical, behavioral, or other health condition?
		r this survey, Hispanic or				☐ Yes ☐ No
4	ls t	this 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	n, Chicano	$oldsymbol{oldsymbol{ au}}$	Is this child limited or prevented in any way in their ability to do the things most children of the same age
	L	Yes, Puerto Rican				can do?
		Yes, Cuban				Yes No
		Yes, another Hispanic, Latir	10, 0	or Spanish origin		If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
5	Wh	nat is this child's race? Mark	(X)	one or more boxes.		Yes No
		White		Korean		
		Black or	П	Vietnamese		☐ Yes ☐ No
		African American American Indian or		Other Asian		Does this child need or get special therapy, such as physical, occupational, or speech therapy?
		Alaska Native		Native Hawaiian		☐ Yes ☐ No
		Asian Indian		Chamorro		If yes, is this because of ANY medical, behavioral, or other health condition?
		Chinese		Samoan		☐ Yes ☐ No
		Filipino		Other Pacific Islander		→ If yes, is this a condition that has lasted or
		Japanese		Other Facilic Islander		is expected to last 12 months or longer?
6		swer the following question st 4 years old. Otherwise, Sl				Does this child have any kind of emotional,
		w well does this child speak				developmental, or behavioral problem for which they 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
		Not well				12 months or longer?
		Not at all				☐ Yes ☐ No



		CHILI (Next you			7	Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
		(none)	.5			☐ Yes ☐ No
•	Firs child	t name, initials, or nicknam d	e of	the next youngest		
						□ Vaa □ Na
E		v 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
Ę	orig	TE: Answer BOTH quest gin and question 5 abo	ut ra	ice.		If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition? □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	For	this survey, Hispanic or	rigin	s are not races.		☐ Yes ☐ No
4	Is th	nis child of Hispanic, Latino				
		No, not of Hispanic, Latino,	or S	panish origin		Yes No
		Yes, Mexican, Mexican Ame	ericaı	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
		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, oi	r Spanish origin		ANY medical, behavioral, or other health condition?
Ę	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	10	Yes No
		American Indian or Alaska Native		Other Asian	W	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
				Native Hawaiian		☐ Yes ☐ No
		Asian Indian Chinese		Chamorro		If yes, is this because of ANY medical, behavioral, or other health condition?
		5		Samoan		☐ Yes ☐ No
		Filipino		Other Pacific Islander		If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		Japanese				☐ Yes ☐ No
Œ	leas	wer the following question at 4 years old. Otherwise, S or well does this child speak	KIP t	o question 7.	0	
		and a pour				
		Very well				☐ Yes☐ No☐ If yes, has their emotional, developmental, or
		Well Not well				behavioral problem lasted or is it expected to last 12 months or longer?
		Not at all				☐ Yes ☐ No



CHILD 3 (Next youngest) First name, initials, or nickname of the next youngest child The stand and the service of the servic						
First name, initials, or nickname of the next youngest child Yes						
First name, initials, or nickname of the next youngest child Above old is this child? If the child is less than one month old, round age in months to 1. Wears OR Months What is this child? If the child is less than one month old, round age in months to 1. Wears OR Months What is this child's sex? Male Female NOTE: Answer BOTH question about Hispanic origin and question about plant origin? No, not of Hispanic, Latino, or Spanish origin? Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, Cuban Yes, Cuban Notwite Korean Black or Alfacan American Indian or Alaska Native Makine M					□ Yes □ No	
How old is this child? If the child is less than one month old, round age in months to 1. Years OR	•			ne of the next youngest		
How old is this child? If the child is less than one month old, round age in months to 1. Years OR						
What is this child's sex? Male Female	E			ild is less than one month	→ If yes, is this a condition th	
What is this child's sex? Male Female					☐ Yes ☐ No	
Male Female NOTE: Answer BOTH question				Months	Does this child need or use more me health, or educational services than it	
NOTE: Answer BOTH question	Ç	vvn	at is this child's sex?			
NOTE: Answer BOTH question about Hispanic origin and question about race. For this survey, Hispanic origins are not races. Is this child of Hispanic, Latino, or Spanish origin No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin What is this child's race? Mark (X) one or more boxes. White Black or African American American Indian or Adaska Native Alaska Native Native Hawaiian Asian Indian Chamorro Chinese Samoan Filipino Japanese Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question To behavioral problem for which the need treatment or counseling? Not well Not well Not well Not well Not well Not well			Male Female			
Is this child of Hispanic, Latino, or Spanish origin No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin Yes No Is this child limited or prevented in any way in their ability to do the things most children of the same as can do? Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin Yes No If yes, is this a condition that has lasted or an do? Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, has th		ori	gin and question ち abo	ut race.	health, or educational services b	ecause of ANY
No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin Yes, is this child's limitation in abilities becare ANY medical, behavioral, or other health condition Yes, another Hispanic, Latino, or Spanish origin Yes No White Yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No White Yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No Well Yes, is this because of ANY medical, behavior or other health condition? Yes No Well Yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No Well Well Well Well Yes No W		Fo	r this survey, Hispānic or	rigins are not races.	☐ Yes ☐ No	
Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Puerto Rican Yes, Cuban Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin Yes, another Hispanic, Latino, or Spanish origin Yes No If yes, is this child's limitation in abilities becar ANY medical, behavioral, or other health condition Yes No If yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this child need or get special therapy, such as physical, occupational, or speech therapy? Yes No If yes, is this because of ANY medical, behavior or other health condition? Yes No If yes, is this because of ANY medical, behavior or other health condition? Yes No If yes, is this because of ANY medical, behavior or other health condition? Yes No If yes, is this condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this condition that has lasted or is expected to last 12 months or longer? Yes No If yes, is this condition that has lasted or is expected to last 12 months or longer? Yes No If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to late or late of the problem lasted or is it expected to late or late or late of the problem lasted or is it expected to late or late of the problem lasted or is it expected to late or late o	4	ls t				
ability to do the things most children of the same at can do? Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin What is this child's race? Mark (X) one or more boxes. White Korean Black or African American American Indian or Alaska Native Native Hawaiian Asian Indian Chamorro Chinese Samoan Filipino Japanese Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7. How well does this child speak English? Well Not well Ability to do the things most children of the same at can do? Yes No If yes, is this child's limitation in abilities becar ANY medical, behavioral, or other health condition that has lasted or is expected to last 12 months or longer? Yes No Well Does this child need or get special therapy, such as physical, occupational, or speech therapy? Yes No Hif yes, is this because of ANY medical, behavior or other health condition? Yes No Well Tyes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No Hif yes, is this child's limitation in abilities becar ANY medical, behavioral problem for which the need treatment or counseling? Yes No Hif yes, is this child so limitation in abilities becar ANY medical, behavioral problem for which the need treatment or counseling? Yes No Hif yes, is this because of ANY medical, behavior or other health condition? Yes No Hif yes, is this because of ANY medical, behavior or other health condition? Yes No Hif yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No Hif yes, is this because of ANY medical, behavior or other health condition? Yes No Hif yes, is this because of ANY medical, behavior or other health condition? Yes No Hif yes, is this because of ANY medical, behavior or other health condition? Yes No Hif yes, is this because of ANY medical, behavior or other health condition? Yes No Hif yes, is this because of ANY medical, behavior or other health condition? Yes No Hif yes, is this because of ANY medical			No, not of Hispanic, Latino,	or Spanish origin	☐ Yes ☐ No	
Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin What is this child's race? Mark (X) one or more boxes. White Korean Black or African American Other Asian Alaska Native Native Hawaiian Asian Indian Chamorro Chinese Samoan Filipino Other Pacific Islander Japanese Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7. How well does this child speak English? Ves No Yes No				erican, Chicano	ability to do the things most children	
Yes, outban Yes, another Hispanic, Latino, or Spanish origin Yes, another Hispanic, Latino, or Spanish origin Yes, another Hispanic, Latino, or Spanish origin Yes No What is this child's race? Mark (X) one or more boxes. White Korean Yes No His yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No No No Well Not well Yes No No Well Yes No No Yes No No Yes No No Well Not well Yes No No Yes No Yes No No Yes Yes No Yes Yes No Yes Yes Yes No Yes Yes Yes Ye		Ш	Yes, Puerto Rican		can do?	
Yes, another Hispanic, Latino, or Spanish origin ANY medical, behavioral, or other health condition Yes No No His yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No No No No No No No N			Yes, Cuban			abilities because of
What is this child's race? Mark (X) one or more boxes. White			Yes, another Hispanic, Latir	no, or Spanish origin	ANY medical, behavioral, or other	er health condition?
White	Ę	Wh	at is this child's race? Mark	(X) one or more boxes.		at has lasted or
Black or African American			White	Korean	is expected to last 12 mont	hs or longer?
American Indian or Alaska Native				Vietnamese		avany ayah aa
Asian Indian				Other Asian		
Chinese Samoan Silipino Japanese Chamorro Other Pacific Islander Japanese Chamorro Samoan Silipino Samoan Samoan Silipino Samoan Samoan Silipino Samoan Sili				Native Hawaiian	☐ Yes ☐ No	
Samoan Yes No Well Samoan Yes No High yes, is this a condition that has lasted or is expected to last 12 months or longer? Yes No No No No No No No N				Chamorro		edical, behavioral,
Other Pacific Islander Japanese Other Pacific Islander is expected to last 12 months or longer? Yes No No No Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7. How well does this child speak English? Very well Well Not well Not well Yes No If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer? No No No No No No No No No N				Samoan	☐ Yes ☐ No	
Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7. How well does this child speak English? Very well Well Not well Yes No Does this child have any kind of emotional, developmental, or behavioral problem for which the need treatment or counseling? Yes No Yes No Yes No				Other Pacific Island		
Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7. How well does this child speak English? Very well Well Not well Yes No Yes No Yes No			Japanese		Yes No	
 Very well Well Not well Yes No If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to I 12 months or longer? Yes No 	Œ	lea	st 4 years old. Otherwise, S	KIP to question 7.	Does this child have any kind of emo developmental, or behavioral problem	
 Well Not well If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to I 12 months or longer? Yes No 				•		
Not well Yes No					If yes, has their emotional, devel	
						t expected to last
			Not at all		☐ Yes ☐ No	



		CHILI (Next you		Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
		(interest) of the		☐ Yes ☐ No
•		rst name, initials, or nicknam ild	e of the next youngest	
				□ Vee □ Ne
E		ow old is this child? If the child, round age in months to 1.	ld 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 children of the same age?
Ę	VVI	hat is this child's sex?		
		Male Female		Yes No
E	or	OTE: Answer BOTH questigin and question 5 abo	ut race.	
	Fo	or this survey, Hispanic or	igins are not races.	☐ Yes ☐ No
4	Is	this child of Hispanic, Latino		
	_	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
	L	Yes, Puerto Rican		can do?
		Yes, Cuban		YesNo→ If yes, is this child's limitation in abilities because o
		Yes, another Hispanic, Latir	no, or Spanish origin	ANY medical, behavioral, or other health condition?
Ę	WI	hat is this child's race? Mark	(X) one or more boxes.	☐ Yes☐ No☐ He 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	Chamorro	
		- C.III.000	Samoan	☐ Yes ☐ No
		Filipino	Other Pacific Islander	☐ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		Japanese		☐ Yes ☐ No
e	lea	nswer the following question ast 4 years old. Otherwise, Sl ow 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?
		_		
		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

or nickname for eac	an four children 0-17 years old who usually live or stay at this address, list the first name, initials, ch 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.





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 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.

Under the Privacy Act of 1974 (5 U.S.C. Section 552a), these records are maintained by the Census Bureau under SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame). 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.

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-T1 (03/27/2023)



Start Here	DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the
Recently, you completed a survey that asked about the	following? Yes No
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	e. Using their hands
complete the follow-up questions.	f. Coordination or moving around
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. Toothaches
Your participation is important. Thank you.	h. Bleeding gums
, ou. parao, parao, roportania, ou.	i. Decayed teeth or cavities
	Does this child have any of the following? Yes No
A. This Child's Health	a. Deafness or problems with hearingb. Blindness or problems with seeing,
In managed have would you describe this childle health	even when wearing glasses
In general, how would you describe this child's health (the one named above)?	Has a doctor or other health care provider EVER told you that this child has
Excellent	A5 Allergies (such as food, drug, insect, seasonal, or
☐ Very good	other)?
Good	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the
Fair	condition?
Poor	→ If yes, is it:
How would you describe the condition of this child's	☐ Mild ☐ Moderate ☐ Severe
teeth?	A6 Asthma?
☐ This child does not have any teeth	☐ Yes ☐ No
Excellent	If yes, does this child CURRENTLY have the condition?
☐ Very good	☐ Yes ☐ No
Good	→ If yes, is it:
Fair	☐ Mild ☐ Moderate ☐ Severe
Poor	A7 Autoimmune disease (such as Type 1 Diabetes, Celiac, or Juvenile Idiopathic Arthritis)?
	☐ Yes ☐ No → If yes, is it:
	☐ Mild ☐ Moderate ☐ Severe

١	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
A8	Cerebral Palsy?	14 Anxiety Problems?
T	☐ Yes ☐ No	☐ Yes ☐ No
-1	→ If yes, is it:	If yes, does this child CURRENTLY have these
-1		problems?
-1	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No
AS	Type 2 Diabetes?	☐ If yes, is it:
T	☐ Yes ☐ No	
١	☐ If yes, does this child CURRENTLY have the	☐ Mild ☐ Moderate ☐ Severe Depression?
-1		
-1	☐ Yes ☐ No	Yes No
-1	→ If yes, is it:	☐ If yes, does this child CURRENTLY have the condition?
-1	☐ Mild ☐ Moderate ☐ Severe	Condition?
	Full and an Onlinear Discourse	☐ Yes ☐ No
AT	Epilepsy or Seizure Disorder?	☐ If yes, is it:
-1	☐ Yes ☐ No	☐ Mild ☐ Moderate ☐ Severe
-1	If yes, does this child CURRENTLY have the condition?	Davin Sundrana?
-1		16 Down Syndrome?
-1	☐ Yes ☐ No	☐ Yes ☐ No
١	→ If yes, is it:	Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?
A1	Heart Condition?	☐ Yes ☐ No
-1	☐ Yes ☐ No	☐ If yes, is it: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
-1	☐ If yes, was this child born with the condition?	☐ Mild ☐ Moderate ☐ Severe
-1	☐ Yes ☐ No	Was this child diagnosed with:
-1		Sickle Cell Disease? ☐ Yes ☐ No
-1	Does this child CURRENTLY have the condition?	
-1	☐ Yes ☐ No	Thalassemia?
-1	→ If yes, is it:	Hemophilia? ☐ Yes ☐ No
-1	☐ Mild ☐ Moderate ☐ Severe	Other Blood
		Disorders? Yes No
A1	Frequent or severe headaches, including migraine? Yes No	Were any of these blood disorders identified through a blood test done shortly after birth?
	☐ If yes, does this child CURRENTLY have the	These tests are sometimes called newborn screening.
-1	condition?	☐ Yes ☐ No
-1	☐ Yes ☐ No	18 Cystic Fibrosis?
-1	→ If yes, is it:	
-1	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No
1	Iviliu 🗀 iviodelate 🗀 Sevele	→ If yes, is it:
A1:	Tourette Syndrome?	☐ Mild ☐ Moderate ☐ Severe
Ĭ	☐ Yes ☐ No	Was this condition identified through a blood
	→ If yes, does this child CURRENTLY have the	test done shortly after birth? These tests are sometimes called newborn screening.
	condition?	
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, is it: A	19 Fetal Alcohol Spectrum Disorder (FASD)?
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No
	_ made _ moderate _ covere	_ ,,,,



A2	EVER told you that this child has Examples of educators are teachers and school nurses.	A25	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). Yes No → SKIP to question 30 on page 5 If yes, does this child CURRENTLY have the condition? Yes No Hif yes, is it: Mild Moderate Severe
A2	Developmental Delay? ☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the condition?	A26	care provider FIRST told you that they had Autism, ASD, Asperger's Disorder or PDD?
	☐ Yes ☐ No	A27	Age in years Don't know 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.
A2	Intellectual Disability (formerly known as Mental Retardation)?		☐ Primary Care Provider
١	☐ Yes ☐ No		Specialist
١	If yes, does this child CURRENTLY have the		School Psychologist/Counselor
١	disability?		Other Psychologist (Non-School)
١	If yes, is it:		Psychiatrist
١	☐ Mild ☐ Moderate ☐ Severe		Other, specify: 📈
A2	Speech or other language disorder?		
Ĭ	Yes No		□ Don't know
١	If yes, does this child CURRENTLY have the condition?	A28	Is this child CURRENTLY taking medication for Autism,
١	Yes No		ASD, Asperger's Disorder or PDD?
١	☐ If yes, is it:		☐ Yes ☐ No
	iviliu iviouerate ii Severe	A29	child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an
A2	4 Learning Disability? ☐ Yes ☐ No		intervention that you or this child received to help with their behavior?
	If yes, does this child CURRENTLY have the disability?		☐ Yes ☐ No
١	☐ Yes ☐ No		
١	☐ If yes, is it:		
	☐ Mild ☐ Moderate ☐ Severe		



A30	you that this child has Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder, that is, ADD or	B1	B. This Child as an Infant Was this child born more than 3 weeks before their
	☐ Yes ☐ No → SKIP to question A33	T	due date?
	If yes, does this child CURRENTLY have the condition?		Yes
	☐ Yes ☐ No		No
	☐ If yes, is it:		What mouth and year was this shill be an
			What month and year was this child born?
	☐ Mild ☐ Moderate ☐ Severe		Birth Month / 4-Digit Birth Year
A31	Is this child CURRENTLY taking medication for ADD or ADHD?		/ 20
	☐ Yes ☐ No	B3	How much did they weigh when born? Answer in pounds
A32	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	$oldsymbol{oldsymbol{ au}}$	and ounces OR kilograms and grams. Your best estimate is fine.
	child received to help with their behavior?		pounds AND ounces
	☐ Yes ☐ No		OR
A33	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,		kilograms AND grams
	dizziness, being dazed or confused, difficulty remembering	B4	Was this child EVER breastfed or fed breast milk?
	or concentrating, vomiting, blurred vision, changes in mood or behavior, or being knocked out.		
	□ Vaa □ Na		Yes
	Yes ☐ No If yes, did you seek medical care from a doctor or other health care provider?		No → SKIP to question B6 on page 6
	Yes No		If yes, how old was this child when they COMPLETELY stopped breastfeeding or being fed breast milk?
	☐ If yes, did a doctor or other health care		Your best estimate is fine.
	provider tell you that your child had a concussion or brain injury?		This child is still breastfeeding
	☐ Yes ☐ No		OR
A34	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?		days
	This child does not have any		OR
	Health conditions → SKIP to question B1		weeks
	Never → SKIP to question B1		OR
	Sometimes		
	Usually		months
	Always		
A35	To what extent do this child's health conditions or problems affect their ability to do things?		
	□ Very little		
	Somewhat		
	☐ A great deal		



В	How old was this child when they were FIRST fed formula? Your best estimate is fine.			C. Health Care Services
	☐ This child has never been fed formula OR ☐ At birth		doct sick hosp	ting the Past 12 Months, did this child see a cor, nurse, or other health care professional for child care, well-child check-ups, physical exams, pitalizations or any other kind of medical care? Independent of the profession of
	OR			Yes
	days			No → SKIP to question C4
	OR weeks		did t prof A pre	s, DURING THE PAST 12 MONTHS, how many times this child visit a doctor, nurse, or other health care essional to receive a PREVENTIVE check-up? eventive check-up is when this child was not sick or ed, such as an annual or sports physical, or well-child
	months			0 visits
				1 visit
B.	thing other than breast milk or formula? Include water,			2 or more visits
	This child has never been fed anything other than breast milk or formula		a PR doct	king about the LAST TIME you took this child for REVENTIVE check-up, about how long was the cor or health care provider who examined this child be room with you? Your best estimate is fine.
	OR			Less than 10 minutes
	☐ At birth			10-20 minutes
	OR		П	More than 20 minutes
	days			
	OR	C4) /	Are	you concerned about this child's weight?
	····atio			Yes, it's too high
	OR weeks			Yes, it's too low
				No, I am not concerned
	months			a doctor or other health care provider ever told you this child is overweight?
				Yes
				No
			or o	ther health care providers ask if you have concerns ut this child's learning, development, or behavior?
				Yes
				No

C			wer the following question only if this child is at t 9 months old. Otherwise skip to question cs .	9		s, is sick?	this the same place this child goes when they
		DUR	ING THE PAST 12 MONTHS, did a doctor or other th care provider have you or another caregiver fill			Yes	
		out a	a questionnaire about observations or concerns you have about this child's development, communication,			No	
		or so	ocial behaviors? Sometimes a child's doctor or other	\perp		4	
			ng a child's visit.	C12	a pr	ovide	child EVER received a vision screening from or other than an eye doctor? The screening
			Yes		pres	chool	e occurred at a pediatrician's office, in a school, /child care center, or a community setting, using
		 	If yes, AND this child is 9-23 Months:		pictu		shapes, letters, or a camera like tool.
			Did the questionnaire ask about your concerns or observations about:			Yes	No
			Mark (X) ALL that apply.		-	eye	s, was it recommended that this child see an doctor or other eye care provider for an eye nination or additional vision services as a
			How this child talks or makes speech sounds?			resu	ilt of the vision screening? An eye doctor may eferred to as an optometrist or ophthalmologist.
			How this child interacts with you and others?				
		7	If yes, AND this child is 2-5 Years: Did the questionnaire ask about your concerns			ш	Yes
			or observations about: Mark (X) ALL that apply.	C13			child EVER seen an eye doctor? An eye doctor eferred to as an optometrist or ophthalmologist.
			Words and phrases this child uses and understands?			Yes	□ No
			How this child behaves and gets along with you and others?		L	eye	s, what care has this child received from the doctor? ((X) ALL that apply.
C			ere a place you or another caregiver USUALLY this child when they are sick or you need advice			Iviair	
			ut their health?			H	Received eye examination
			Yes			Н	Prescribed eyeglasses or contact lenses
			No → SKIP to question C10				Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism
C	9	l f ye Mark	s, where does this child USUALLY go first?				Some other care
			Doctor's Office	C14			THE PAST 12 MONTHS, did this child see a rother oral health care provider for any kind
			Hospital Emergency Room				or oral health care? ALL that apply.
			Hospital Outpatient Department			Yes,	saw a dentist
			Urgent Care Center			Yes,	saw other oral health care provider
			Clinic within a drug store or grocery store			No -	SKIP to question C17 on page 8
			School (Nurse's Office, Athletic Trainer's Office)	CIB	If vo	e DI	JRING THE PAST 12 MONTHS, did this child
			Other Clinic or Health Center		see	a der	ntist or other oral health care provider for
			Some other place		clea		s, dental sealants, or fluoride treatments?
	0	le th	nere a place that this child USUALLY goes when				oreventive visits in past 12 months → SKIP to question c17 on page 8
3		they	need routine preventive care, such as a physical mination or well-child check-up?			Yes,	1 visit
			Yes			Yes,	2 or more visits
			No → SKIP to question C12				
			No 7 Shir to question (12				



C1	PŘE	es, DURING THE PAST 12 MONTHS, what EVENTIVE dental service(s) did this child receive?	C21		difficult was it to get the specialist needed?	care tha	at this
ı		Check-up			Not difficult		
ı					Somewhat difficult		
ı	H	Cleaning			Very difficult		
ı	H	Instruction on tooth brushing and oral health care			It was not possible to obtain care		
ı	Н	X-Rays	C22	DUR	ING THE PAST 12 MONTHS, was the	e any ti	me when
ı	Ш	Fluoride treatment		By h	child needed health care but it was n ealth care, we mean medical care as w	ell as oth	ner kinds of
ı		Sealant (plastic coatings on back teeth)		care	like dental care, vision care, and mental Yes	i neaith i	services.
ı		Don't know					
C1	rece hea psyc	RING THE PAST 12 MONTHS, has this child eived any treatment or counseling from a mental lth professional? Mental health professionals include chiatrists, psychologists, psychiatric nurses, and clinical ial workers.	C23		No → SKIP to question c23 s, which types of care were not reco ((X) ALL that apply. Medical Care	eived?	
ı		Yes			Dental Care		
ı		No, but this child needed to see a mental health professional			Vision Care		
ı		No, this child did not need to see a mental health professional → SKIP to question C19			Hearing Care		
G1	Hov or c	v difficult was it to get the mental health treatment counseling that this child needed?			Mental Health Services Other, specify: ✓		
ı		Not difficult					
ı		Somewhat difficult	C24	Did	any of the following reasons contribu	ıte to th	is child
ı		Very difficult		not	receiving needed health services? ((X) Yes or No for EACH item.		
ı		It was not possible to obtain care			This child was not eligible for the services	Yes	No
C1		RING THE PAST 12 MONTHS, has this child taken medication because of difficulties with their		b . 7	The services this child needed were not available in your area		
ı		otions, concentration, or behavior? Yes		c. 7	There were problems getting an appointment when this child needed one		
ı		No			There were problems with getting ransportation or child care		
C2	DUF spe	RING THE PAST 12 MONTHS, did this child see a cialist other than a mental health professional?			The clinic or doctor's office wasn't open when this child needed care		
ı	doc	cialists are doctors like surgeons, heart doctors, allergy tors, skin doctors, and others who specialize in one			here were issues related to cost		
ı	area	Yes	C25		ING THE PAST 12 MONTHS, how of trated in your efforts to get services		
		No, but this child needed to see a specialist			Never		
		No, this child did not need to see			Sometimes		
1		a specialist → SKIP to question C22			Haually		
					Usually		



C2	DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room? Do NOT include visits to urgent care centers.	C34	Has a doctor, other health care provider, or educator EVER recommended that this child be evaluated for a Fetal Alcohol Spectrum Disorder? Examples of educators
1	None		are teachers and school nurses.
١			Yes
1	☐ 1 time		□ No
1	2-3 times		Don't know
1	4 or more times		
C2	\\	C35	Has this child EVER received an evaluation for a Fetal Alcohol Spectrum Disorder?
1	Yes		☐ Yes
1			□ No
1	L No		Don't know
C2	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. Experience with This Child's Health Care Providers
1			Providers
C2	If yes, how old was this child at the time of the FIRST plan?	D)	Do you have one or more persons you think of as 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.
	years AND months		Yes, one person
C3	Is this child CURRENTLY receiving services under one of these plans?		
1			Yes, more than one person
1	☐ Yes		No
1	□ No	D2	DURING THE PAST 12 MONTHS, did this child need a
C3		T	referral to see any doctors or receive any services?
	their developmental needs? Special services can include therapies such as speech, occupational, physical		Yes
١	or behavioral or other services received to meet developmental needs.		□ No → SKIP to question □4 on page 10
1	☐ Yes	D3	How difficult was it to get referrals?
1	No → SKIP to question C34	T	Not difficult
C3	If yes, how old was this child when they began receiving		Somewhat difficult
ď	these special services?		
	years AND months		✓ Very difficult☐ It was not possible to get a referral
C3	Is this child CURRENTLY receiving these special services?		
	Yes		
	□ No		



D	Answer the following questions only if this child had a health care visit IN THE PAST 12 MONTHS. Otherwise skip to question on page 11.						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?		
	DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers						Yes		
		Always	Usually	Sometimes	Never				
	 a. Spend enough time with this child? 						No → SKIP to question 010		
	b. Listen carefully to you?						If yes, DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with arranging or coordinating this child's health care?		
	c. Show sensitivity to your family's values and customs?						Usually		
	d. Provide the specific information you needed concerning						□ Sometimes □ Never		
	this child?						I NEVEL		
	e. Help you feel like a partner in this child's care?						DURING THE PAST 12 MONTHS, how satisfied were you with the communication between this child's doctors and other health care providers?		
D	5 DURING THE PAST 12 caregiver, or a health c				anv		☐ Very satisfied		
	decisions regarding thi whether to get prescrip	s child's	health o	care, such a	as		Somewhat satisfied		
	□ Yes						Somewhat dissatisfied		
	☐ No → SKIP to ques	stion D7)				☐ Very dissatisfied		
D	6 If yes, DURING THE PA this child's doctors or		alth care				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?		
	a. Discuss with you						Yes		
	the range of options to consider for their health care or						No → SKIP to question E1 on page 11		
	treatment? b. Make it easy for you			_			Did not need health care provider to communicate with these providers → SKIP to question E1 on page 11		
	to raise concerns or disagree with		Ш	Ш					
	recommendations for this child's health care?					$oldsymbol{oldsymbol{ iny}}$	If yes, during this time, how satisfied were you with the health care provider's communication with the school, child care provider, or special education program?		
	c. Work with you to decide together						☐ Very satisfied		
	which health care and treatment choices would be						Somewhat satisfied		
	best for this child?						Somewhat dissatisfied		
D	DURING THE PAST 12 arrange or coordinate t different doctors or ser	his child	's care a	among the	you		☐ Very dissatisfied		
	Yes								
	□ No								
	Did not see more the care provider in the MONTHS → SKIP to	PAST 12	2						



F. Providing for This Child's Health

E. This Child's Health Insurance Coverage

3	COV	RING THE PAST 12 MONTHS, was this vered by ANY kind of health insurance verage plan?			1	Hea Acc	uding co-pays and amounts reimbursed from lth Savings Accounts (HSA) and Flexible Spending ounts (FSA), how much money did you pay for child's medical, health, dental, and vision care					
		Yes, this child was covered all 12 months → SKIP to question			DURING THE PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will							
		Yes, but this child had a gap in covera	ge			be reimbursed by insurance or another source. \$0 (No medical or health-related						
		No				H	expenses) → SKIP to question [F4]					
32		his child CURRENTLY covered by AN'					\$1-\$249 \$250-\$499					
		Yes					\$500-\$999					
		No → SKIP to question F1					\$1,000-\$5,000					
₹3		his child CURRENTLY covered by any es of health insurance or health cover					More than \$5,000					
	Ma	rk (X) Yes or No for EACH item.	Yes	No	2	How	often are these costs reasonable?					
		Insurance through a current or former employer or union					Always					
		Insurance purchased directly from an insurance company					Usually					
	C.	Medicaid, Medical Assistance, or any kind of government					Sometimes					
		assistance plan for those with low incomes or a disability					Never					
		TRICARE or other military health care Indian Health Service			3	prob	RING THE PAST 12 MONTHS, did your family have blems paying for any of this child's medical or th care bills?					
		Other, specify: ✓					Yes					
		outer, opeon, r					No					
E4	Ho	w often does this child's health insura	nce offei		DURING THE PAST 12 MONTHS, have you or other family members							
T	ber	nefits or cover services that meet this	child's n	eeds?			Left a job or taken a leave of absence because of this child's					
		Always					nealth or health conditions?					
		Usually				k	Cut down on the hours you work pecause of this child's health or					
		Sometimes				Ī	nealth conditions? Avoided changing jobs because of					
		Never				(concerns about maintaining health					
E 5		w often does this child's health insura see the health care providers they nee		v them								
		Always										
		Usually										
		Sometimes										
		Never										



Œ	other family members spend providing health care at home for this child? Care might include changing bandages, or giving medication and therapies when needed. This child does not need health care provided at home	Answer the following question only if this child is at least 1 year old. Otherwise skip to 29 on page 15. Is this child able to do the following								
١	on a weekly basis			is child able to do the following (X) Yes or No for EACH item.	Yes	No				
١	Less than 1 hour per week 1-4 hours per week			Say at least one word, such as "hi" or "dog"?						
١	5-10 hours per week			Jse 2 words together, such as car go"?						
١	11 or more hours per week			Use 3 words together in a sentence, uch as, "Mommy come now."?						
			d. A	ask questions like "who," "what," when," "where"?						
F	IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making		e. A	ask questions like "why" and "how"?						
ı	appointments or locating services?		f. Tell a story with a beginning, middle, and end?							
ı	This child does not need health care coordinated on a weekly basis			Inderstand the meaning of the vord "no"?						
	Less than 1 hour per week 1-4 hours per week		h	Follow a verbal direction without and gestures, such as "Wash your ands."?						
١	5-10 hours per week			oint to things in a book when sked?						
	☐ 11 or more hours per week		"	Follow 2-step directions, such as Get your shoes and put them in the basket."?						
١				Understand words such as "in," on," and "under"?						
١	G	2	Is th	is child 3 years old or older?						
١				Yes						
ı				No → SKIP to question G29 on page	15					
ı	G			this child started school? Include any e schooling.	formal					
ı				Yes, preschool						
١				Yes, kindergarten						
ı				Yes, first grade						
١				No						
			sour	often can this child recognize the be nd of a word? For example, can this ch the word "ball" starts with the "buh" sour	ild tell yo					
				Always						
				Most of the time						
				About half the time						
				Sometimes						
1			ш	Never						

G		start	often can this child come up with words that with the same sound? For example, can this child be up with "sock" and "sun?"	110	For	often can this child correctly do simple addition? example, can this child tell you that two blocks and e blocks add to a total of five blocks?
			Always			Always
			Most of the time			Most of the time
			About half the time			About half the time
			Sometimes			Sometimes
			Never			Never
G	6	How or d	often can this child explain things they have seen one so that you know what happened?	D	has	often can this child tell which group of objects more? For example, can this child tell you a group even blocks has more than a group of four blocks?
			Always		OI SE	
			Most of the time			Always
			About half the time			Most of the time
			Sometimes		H	About half the time
			Never			Sometimes
G			often can this child write their first name, even if e of the letters aren't quite right or are backwards?			Never
			Always	112	coul	ked to count objects, how high can this child nt correctly?
			Most of the time			This child cannot count
			About half the time			Up to five
			Sometimes			Up to ten
			Never			Up to 20
G	8	How	often can this child focus on a task you give them			Up to 30 or more
		for a	t least a few minutes? For example, can this child	113	Abo	ut how many letters of the alphabet can this child ognize?
			Always			All of them
			Most of the time			Most of them
			About half the time			About half of them
			Sometimes			Some of them
			Never			None of them
G			often can this child read one-digit numbers? example, can this child read the numbers 2 or 8?	14		well can this child come up with words that rhyme? example, can this child come up with "cat" and "mat?"
			Always			This child cannot rhyme
			Most of the time			Not well
			About half the time			Somewhat well
			Sometimes			Very well
			Never			



Gí	5	How own	often can this child recognize and name their emotions?	G20	How othe	often does this child show concern when they see ers who are hurt or unhappy?
			Always			Always
			Most of the time			Most of the time
			About half the time			About half the time
			Sometimes			Sometimes
			Never			Never
G1	6	How to er	often does this child have difficulty when asked nd one activity and start a new activity?	G21	How	often does this child have trouble calming
			Always			Always
			Most of the time			Most of the time
			About half the time			About half the time
			Sometimes			Sometimes
			Never			Never
G1		How	often does this child play well with other children?	G22		often does this child have difficulty waiting for
			Always		tneii	r turn?
			Most of the time		H	Always
۱			About half the time		H	Most of the time
			Sometimes		H	About half the time
			Never		H	Sometimes
G1	8	How	often does this child lose their temper?			Never
			Always	G23	How whe	often does this child keep working at a task even n it is hard for them?
			Most of the time			Always
			About half the time			Most of the time
			Sometimes			About half the time
			Never			Sometimes
G1	9	How	often does this child get easily distracted?			Never
			Always	G24		often does this child share toys or games with
			Most of the time		othe	er children? Always
			About half the time			Most of the time
			Sometimes			About half the time
			Never			Sometimes
						Never



G2			w well can this child	bounce	a ball fo	or several				H. About You and This
			This child cannot be	ounce a h	nall					Child
			Not well	541100 a k	, dii				Was	this child born in the United States?
			Somewhat well							Yes → SKIP to question H3
									П	No
			Very well							
G2	6	Ηον	w well can this child	draw a	circle?		(If no State	, how long has this child been living in the United
			This child cannot dr	aw a circ	ele					
			Not well							years AND months
			Somewhat well				(13	How	many times has this child moved to a new address
			Very well						sinc	e they were born?
G2			w well can this child uth?	draw a	face with	n eyes and				Number of times
			This child cannot dr	aw a fac	e with ey	es and mou	uth	14	How	often does this child go to bed at about the same on weeknights?
			Not well						ume	
			Somewhat well							Always
			Very well							Usually
		Цо	wwell can this shild	drow o	noroon v	with a boad	ı			Sometimes
G2			w well can this child ly, arms, and legs?	uraw a	person v	witii a ileau	,			Rarely
			This child cannot dr body, arms, and leg		son with	a head,				Never
			Not well							ING THE PAST WEEK, how many hours of sleep this child get during an average day (count both
			Somewhat well							ttime sleep and naps)?
			Very well							Less than 7 hours
G2	9	Ηον	w often							7 hours
٦		a.	Is this child	Always	Usually	Sometimes	Never			8 hours
			affectionate and tender with you?							9 hours
			Does this child							10 hours
			bounce back quickly when things							11 hours
			do not go their way?							12 or more hours
			Does this child show interest and curiosity in learning new things?							
			Does this child smile and laugh?							
			onilie and laugh!							

He	drin	RING THE PAST WEEK, how many times did this child lik sugary drinks such as soda, fruit drinks, sports liks, or sweet tea? Do not include 100% fruit juice.	Answer the following questions only if this child is at least 3 years old. Otherwise skip to H11.							
		This child did not drink sugary drinks	19	spei	MOST WEEKDAYS, how much time does this child nd playing outdoors? Include time spent playing in your I or neighborhood, outside at school or child care, in a					
١		1-3 times during the past week		park	r, playground or other outdoor recreation area. Your best mate is fine.					
١		4-6 times during the past week			Less than 1 hour per day					
١		1 time per day			1 hour per day					
١		2 times per day			2 hours per day					
١		3 or more times per day			3 hours per day					
	child eat vegetables? Include any that were fresh,				4 or more hours per day					
١	pota	en, or canned. Do not include French fries, fried atoes, or potato chips.	10	ON AN AVERAGE WEEKEND DAY, how much time does this child spend playing outdoors? Include time spent						
١		This child did not eat vegetables		play	ing in your yard or neighborhood, in a park, playground ther outdoor recreation area. Your best estimate is fine.					
١		1-3 times during the past week			Less than 1 hour per day					
١		4-6 times during the past week			1 hour per day					
١		1 time per day			2 hours per day					
١		2 times per day			3 hours per day					
١		3 or more times per day			4 or more hours per day					
H	chil	RING THE PAST WEEK, how many times did this d eat fruit? Include any that were fresh, frozen, ned, or dried. Do not include juice. This child did not eat fruit	10	child othe gam	MOST WEEKDAYS, about how much time did this d spend in front of a TV, computer, cellphone or er electronic device watching programs, playing nes, accessing the internet or using social media?					
١		1-3 times during the past week		ו סע	not include time spent doing schoolwork. Less than 1 hour					
١		4-6 times during the past week								
١		1 time per day			1 hour 2 hours					
١		2 times per day			3 hours					
١		3 or more times per day			4 or more hours					
١					4 of filote flours					
		C.	12	DUF othe	RING THE PAST WEEK, how many days did you or er family members read to this child?					
١					0 days					
١					1-3 days					
					4-6 days					
					Every day					



H1	family members tell stories or sing songs to this child?	I. About Your Family and Household				
١	☐ 0 days					
	1-3 days	DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal together?				
١	4-6 days					
	□ Every day	☐ 1-3 days				
H1	How well do you think you are handling the day-to-day demands of raising children?	4-6 days				
	□ Very well	☐ Every day				
	Somewhat well	Does anyone living in your household use cigarettes,				
	□ Not very well	cigars, or pipe tobacco?				
	□ Not well at all	Yes				
		□ No → SKIP to question 14				
H1						
- 1	Never Rarely Sometimes Usually Always	If yes, does anyone smoke inside your home?				
	a. That this child is much	Yes				
	harder to care for than most children their age?	□ No				
١		Does anyone vape or use e-cigarettes inside your home?				
	b. That this child does things	☐ Yes				
	that really bother you a lot?	□ No				
	c. Angry with	SINCE THIS CHILD WAS BORN, how often has it been very hard to cover the basics, like food or housing, on your family's income?				
H1	DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support	Never				
	with parenting or raising children?	Rarely				
	Yes	Somewhat often				
	No	☐ Very often				
H1		Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS?				
	Yes	☐ We could always afford to eat good nutritious meals.				
	□ No	We could always afford enough to eat but not always the kinds of food we should eat.				
		Sometimes we could not afford enough to eat.				
		Often we could not afford enough to eat.				



Ū	At any time DURING THE PAST 12 MON one month, did anyone in your family re		n for	0		ING THE PAST 12 I child lived?	MONTH	S, how ma	any place	s has
	a. Cash assistance from a government welfare program?	Yes	No			Number of place	ces			
	b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?			112		E THIS CHILD WAS				
	c. Free or reduced-cost breakfasts or lunches at school?				mote	l, temporary or trans ing, or having no ste	itional li	ving situat	ion, scatte	
	d. School meal debit/Electronic Benefits Transfer (EBT) cards?					Yes				
	e. Benefits from the Women, Infants, and Children (WIC) Program?					No Don't know				
Œ	Does this child receive SSI, that is, Supp Security Income? SSI is different from Soc	olemental cial Securi	ity.	113	ln vo	our neighborhood, i	s/are th	ere		
	☐ Yes ☐ No				,	3			Yes	No
	If yes, is this for a disability they ha	ave?				idewalks or walking				
	☐ Yes ☐ No				b. A	park or playground?	?		Ш	
	DUDING THE DAST 42 MONTHS 11/20 4b	ouo o timo	whon			recreation center, c enter, or boys' and g				
I	DURING THE PAST 12 MONTHS, was the you were not able to pay the mortgage of				d. A	library or bookmobi	le?			
	Yes					itter or garbage on tl r sidewalk?	ne street	t		
	□ No				f. P	oorly kept or rundow	n housi	ng?		
	☐ Don't know					andalism such as br rindows or graffiti?	oken			
11	DURING THE PAST 12 MONTHS, how off worried or stressed about being evicted,			114		rhat extent do you a it your neighborhoo				ts
	or having your housing condemned?	,	,		abou	•		Somewhat		Definitely
	□ Always						agree	agree	disagree	disagreé
	Usually				n	eople in this eighborhood help ach other out				
	Sometimes				b. V	Ve watch out for				
	Rarely				С	ach other's hildren in this eighborhood				
	Never				c. T	his child is safe in ur neighborhood				
					d w	when we encounter ifficulties, we know there to go for help our community				



(1	The next questions are about events that happened during this child's life. These the happen in any family, but some people muncomfortable with these questions. You any questions you do not want to answer	hings car lay feel may skip	J. Child's Caregivers About You	
	To the best of your knowledge, has this c experienced any of the following?		R	How are you related to this child?
	 a. Parent or guardian divorced or separated b. Parent or guardian died c. Parent or guardian served time in jail or prison d. Saw or heard parents or adults slap, hit, kick, punch one another in the home e. Was a victim of violence or witnessed violence in their neighborhood f. Lived with anyone who was mentally ill, suicidal, or severely depressed g. Lived with anyone who had a problem with alcohol or drugs 	Yes	No	Biological or Adoptive Parent Step-parent Grandparent Foster Parent Other: Relative Other: Non-Relative What is your sex? Male Female
1	 h. Treated or judged unfairly because of their race or ethnic group i. Treated or judged unfairly because of a health condition or disability When your family faces problems, how of 	☐☐		Mhat is your age? Age in years Where were you born?
	likely to do each of the following? All of Most of State of the state			☐ Un the United States ☐ Outside of the United States
•	the time the time to 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 in difficult times DURING THE PAST 12 MONTHS, has this any health care visits by video or phone? Yes No	Child had		What is the highest grade or level of school you have completed? Mark (X) ONE box. 8th grade or less 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) Master's Degree (MA, MS, MSW, MBA) Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)



Je	Wh	at is your marital status?	O H	lave	you ever served on active duty in the Armed Forces, Reserves, or the National Guard?
ı		Married		1ark	(X) ONE box.
١		Not married, but living with a partner	[Never served in the military → SKIP to question J12
١		Never Married	[Only on active duty for training in the Reserves or National Guard → SKIP to question J12
١		Divorced	[Now on active duty
١		Separated]		On active duty in the past, but not now
١		Widowed			
Jz	ln g	eneral, how is your physical health?) W		you deployed at any time during this child's life? Yes
Ī		Excellent	[No
١		Very good			
١		Good	2 D W	oes /ho	this child have another parent or adult caregiver lives in this household?
١		Fair	[Yes → Complete questions 113 - 123 on page 21 for this other parent or adult caregiver
١		Poor	ſ		No → SKIP to question K1 on page 22
Jŧ	ln g	eneral, how is your mental or emotional health?			on page 22
Ī		Excellent			
١		Very good			
١		Good			
١		Fair			
١		Poor			
Js	em	ch of the following best describes your current bloyment status? k (X) ONE box.			
١		Employed full-time			
		Employed part-time			
١		Working WITHOUT pay			
١		Not employed but looking for work			
١		Not employed and not looking for work			
١		Retired			
١					
ı					



Other Parent or Caregiver in the Household		care	at is the highest grade or level of school this giver has completed?			
13 How is this other caregiver related to this child?			8th grade or less			
Biological or Adoptive Parent			9th-12th grade; No diploma			
Step-parent			High School Graduate or GED Completed			
Grandparent			Completed a vocational, trade, or business school program			
Foster Parent			Some College Credit, but no Degree			
Other: Relative			Associate Degree (AA, AS)			
Other: Non-Relative			Bachelor's Degree (BA, BS, AB)			
What is this coverive 2 cov2			Master's Degree (MA, MS, MSW, MBA)			
What is this caregiver's sex? Male			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			
□ Famala						
J. Leurale	18	Wha	tt is this caregiver's marital status?			
15 What is this caregiver's age?			Married			
Age in years			Not married, but living with a partner			
Age in years		Ш	Never Married			
16 Where was this caregiver born?		Ш	Divorced			
☐ In the United States			Separated			
Outside of the United States			Widowed			
Outside of the United States			In general, how is this caregiver's physical health?			
			Excellent			
			Very good			
			Good			
			Fair			
			Poor			
		In ge	eneral, how is this caregiver's mental or emotional th?			
			Excellent			
			Very good			
			Good			
			Fair			
			Poor			



J21	cu	nich of the following best describes this caregiver's rrent employment status? ark (X) ONE box.		K. Household Information
		Employed full-time	KI	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
		Employed part-time		more than two months, such as a college student living away or someone in the Armed Forces on deployment.
		Working WITHOUT pay		
		Not employed but looking for work		Number of people
		Not employed and not looking for work	K2	How many of these people in your household are family
		Retired		members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.
				Number of people
J22	Ű.\$	s this caregiver ever served on active duty in the S. Armed Forces, Reserves, or the National Guard? ark (X) ONE box.		Transfer of people
		Never served in the military → SKIP to question K1		
		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		
J23) Wa	as this caregiver deployed at any time during this ild's life?		
		Yes		
		No		



К3 Income in 2022 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 2022 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.

\$ 0.000.000		Los
--------------	--	-----

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 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.

Under the Privacy Act of 1974 (5 U.S.C. Section 552a), these records are maintained by the Census Bureau under SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame). 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.

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 (03/27/2023)



	Start Here	A3	DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the			
	Recently, you completed a survey that asked about the		following? Yes N	_		
	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			
	If the name listed above is not correct or does not		c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea			
	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			
	The survey should be completed by a parent or adult		f. Bleeding gums			
	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.	A4	Does this child have any of the following? Yes No.	^		
			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			
)	In general, how would you describe this child's health (the one named above)?		c. Difficulty dressing or bathing d. Deafness or problems with hearing			
	Excellent		d. Deafness or problems with hearinge. Blindness or problems with seeing,	_		
	☐ Very good		even when wearing glasses			
	Good		Has a doctor or other health care provider EVER told you that this child has			
	☐ Fair	A5		er)?		
	Poor		Yes✓ No→ If yes, does this child CURRENTLY have the			
3)	How would you describe the condition of this child's teeth?		condition?			
	Excellent		→ If yes, is it:			
	☐ Very good		☐ Mild ☐ Moderate ☐ Severe			
	Good	A6	6 Asthma?			
	□ Poor		☐ If yes, does this child CURRENTLY have the condition?			
			☐ 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 or other health care provider EVER told you that this child has	
A7	Autoimmune disease (such as Type 1 Diabetes, Celiac, or Juvenile Idiopathic Arthritis)?	A13 Tourette Syndrome?	
	Yes No	Yes No	
	→ If yes, is it:		
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No	
A	Cerebral Palsy?	→ If yes, is it:	
A	Yes No	☐ Mild ☐ Moderate ☐ Severe	:
		A14 Anxiety Problems?	
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No	
A9	Type 2 Diabetes?		
	Yes No	☐ Yes ☐ No	
	☐ If yes, does this child CURRENTLY have the	→ If yes, is it:	
	condition?	☐ Mild ☐ Moderate ☐ Severe	•
	☐ Yes ☐ No ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	A15 Depression?	
	☐ Mild ☐ Moderate ☐ Severe	Yes No	
		☐ If yes, does this child CURRENTLY have the	
A1	Epilepsy or Seizure Disorder?	condition?	
	Yes	☐ Yes ☐ No ☐ If yes, is it:	
	condition?	☐ Mild ☐ Moderate ☐ Severe	.
	☐ Yes ☐ No		
	→ If yes, is it:	A16 Down Syndrome?	
	Mild Moderate Severe	☐ Yes ☐ No	
A1	Heart Condition?	Blood Disorders (such as Sickle Cell Disease,	
	☐ Yes ☐ No	Thalassemia, or Hemophilia)?	
	→ If yes, was this child born with the condition?	→ If yes, is it:	
	☐ Yes ☐ No	☐ Mild ☐ Moderate ☐ Severe	
	Does this child CURRENTLY have the condition?	Was this child diagnosed with:	
	☐ Yes ☐ No	Sickle Cell Disease?	
	→ If yes, is it:	Thalassemia?	
	☐ Mild ☐ Moderate ☐ Severe	Hemophilia? Yes No	
A1	Frequent or severe headaches, including migraine?	Other Blood	
I	☐ Yes ☐ No	Disorders? Yes No	
١	→ If yes, does this child CURRENTLY have the condition?	Were any of these blood disorders identified through a blood test done shortly after birth? These tests are sometimes called newborn screenir	ng.
	☐ Yes ☐ No	☐ 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
A 1	8 Cystic Fibrosis?	Examples of educators are teachers and school nurses.
I	☐ Yes ☐ No	Intellectual Disability (formerly known as Mental Retardation)?
١	☐ If yes, is it:	
١	☐ Mild ☐ Moderate ☐ Severe	1
١	Was this condition identified through a blood	☐ If yes, does this child CURRENTLY have the disability?
١	test done shortly after birth? These tests are sometimes called newborn screening.	☐ Yes ☐ No
١	☐ Yes ☐ No	☐ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe
A 1	Fetal Alcohol Spectrum Disorder (FASD)?	
I	☐ Yes ☐ No	Speech or other language disorder?
ı		☐ Yes ☐ No
ı		☐ If yes, does this child CURRENTLY have the
ı	Has a doctor, other health care provider, or educator EVER told you that this child has	condition?
	Examples of educators are teachers and school nurses.	☐ Yes ☐ No
A2	Behavioral or Conduct Problems?	☐ If yes, is it:
ı	☐ Yes ☐ No	
ı	☐ If yes, does this child CURRENTLY have these	☐ Mild ☐ Moderate ☐ Severe
١	problems?	Land to Bird Will C
ı	☐ Yes ☐ No	Learning Disability?
١	→ If yes, is it:	☐ Yes ☐ No
ı	☐ Mild ☐ Moderate ☐ Severe	
	Pavelanmantel Pelav2	☐ Yes ☐ No
A2		☐ If yes, is it:
١	☐ Yes ☐ No	☐ Mild ☐ Moderate ☐ Severe
ı	If yes, does this child CURRENTLY have the condition?	
١	☐ Yes ☐ No	Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum
١	→ If yes, is it:	Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).
١	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No → SKIP to question A30 on page 5
ı		If yes, does this child CURRENTLY have the condition?
ı		☐ Yes ☐ No
ı		☐ If yes, is it:
ı		☐ Mild ☐ Moderate ☐ Severe
١		I Wilder La Severe
		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?
		Acpoint of a position of a pos
		Age in years Don't know
1		



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.	A33	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 or concentrating, vomiting, blurred vision, changes in mood or behavior, or being knocked out.
		Primary Care Provider		Yes No
		Specialist		If yes, did you seek medical care from a doctor or
		School Psychologist/Counselor		other health care provider?
		Other Psychologist (Non-School)		☐ Yes ☐ No ☐ If yes, did a doctor or other health care
		Psychiatrist		provider tell you that your child had a concussion or brain injury?
		Other, specify:		☐ Yes ☐ No
		☐ Don't know	A34	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?
				This child does not have any health conditions → SKIP to question B1
A2		Is this child CURRENTLY taking medication for Autism ASD, Asperger's Disorder or PDD?	n,	□ Never → SKIP to question B1
		☐ Yes ☐ No		Sometimes
A2	0	At any time DURING THE PAST 12 MONTHS, did this		Usually
AZ		child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an		Always
		intervention that you or this child received to help with their behavior?	A35	
		☐ Yes ☐ No		problems affect their ability to do things? Uery little
		Han a deeter or other hoolth care provider EVED told		□ Somewhat
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 of ADHD?	r	☐ A great deal
		☐ Yes ☐ No → SKIP to question A33		B. This Child as an Infant
		If yes, does this child CURRENTLY have the condition?		
		☐ Yes ☐ No	B1	Was this child born more than 3 weeks before their due date?
		☐ If yes, is it:		Yes
		☐ Mild ☐ Moderate ☐ Severe		□ No
A3		Is this child CURRENTLY taking medication for ADD of ADHD?	r B2	What month and year was this child born? Birth Month / 4-Digit Birth Year
		☐ Yes ☐ No		1 20
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 child received to help with their behavior?	B3	How much did they weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine. pounds AND ounces
		☐ Yes ☐ No		OR
				kilograms AND grams



		_								
	C. Health Care Services	9	Ha yo	s a doctor or other health care provid u that this child is overweight?	er ever to	old				
G	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	C8	☐ No DURING THE PAST 12 MONTHS, did this child engage in							
	Yes		an	y of the following? ork (X) Yes or No for EACH item.						
C	 No → SKIP to question C4 If yes, DURING THE PAST 12 MONTHS, how many times 		a.	Skipping meals or fasting (Do NOT include skipping meals or fasting for religious reasons)	Yes	No				
	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		b.	Having low interest in food						
	or injured, such as an annual or sports physical, or well-child visit.		c.	Extremely picky eating						
	□ 0 visits			Binge eating						
	1 visit		e.	Purging or vomiting after eating						
	2 or more visits		f.	Using diet pills, laxatives, or diuretics (water pills) to lose or maintain weight without a doctor's orders						
C	Thinking about the LAST TIME you took this child for a PREVENTIVE check-up, about how long was the			Over-exercising						
	doctor or health care provider who examined this child in the room with you? Your best estimate is fine.		h.	Not eating due to fear of vomiting or choking						
	☐ Less than 10 minutes ☐ 10-20 minutes ☐ More than 20 minutes	G	lea qu Fo	swer question c 9 only if you marked est one item in question c 8. Otherwis estion c 10. r question c 9, consider only the behavior c 10.	e skip to					
C	What is this child's CURRENT height? Your best estimate is fine. feet AND inches		yo	VERING THE PAST 12 MONTHS, how concluded up about this child engaging in these below the second of t	ncerned ehaviors	were ?				
	OR		L	Somewhat Not at all						
	meters AND centimeters	910	DU	IRING THE PAST 12 MONTHS, how co	ncerned	was				
C	How much does this child CURRENTLY weigh? Your best estimate is fine.		thi	s child about their weight, body shape	, or body	/ size?				
	pounds		F	Very much Somewhat						
	OR			Not at all						
		31)	tak	there a place you or another caregiven te this child when they are sick or you						
C	Are you concerned about this child's weight? Yes, it's too high		ap	out their health? Yes						
	Yes, it's too high			No → SKIP to question C13 on page	7					
	□ No, I am not concerned			on page	•					



31			s, where does this child USUALLY go first?	97	den	RING THE PAST 12 MONTHS, did this child see a tist or other oral health care provider for any kind lental or oral health care? Mark (X) ALL that apply.
ı			Doctor's Office			
ı			Hospital Emergency Room		H	Yes, saw a dentist
ı			Hospital Outpatient Department		H	Yes, saw other oral health care provider
ı			Urgent Care Center			No → SKIP to question C20
ı			Clinic within a drug store or grocery store	C18	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
ı			School (Nurse's Office, Athletic Trainer's Office)		clea	nings, dental sealants, or fluoride treatments?
ı			Other Clinic or Health Center			No preventive visits in the past 12 months → SKIP to question ©20
ı			Some other place			Yes, 1 visit
21			nere a place that this child USUALLY goes when			Yes, 2 or more visits
Ī	tr e:	ney xar	need routine preventive care, such as a physical mination or well-child check-up?	C19	If ye	es, DURING THE PAST 12 MONTHS, what EVENTIVE dental service(s) did this child receive?
ı			Yes			k (X) ALL that apply.
ı			No → SKIP to question C15			Check-up
C1) If	ye	es, is this the same place this child goes when they			Cleaning
Ī	a	re	sick?			Instruction on tooth brushing and oral health care
ı			Yes			X-Rays
l			No			Fluoride treatment
C1		DURING THE PAST 2 YEARS, has this child received a vision screening from a care provider other than an eye				Sealant (plastic coatings on back teeth)
ı	d o	oct edi	tor? The screening could have occurred at a attrician's office, in a school, preschool/child care center,			Don't know
ı			community setting, using pictures, shapes, letters, or a era like tool.	C20	DUF	RING THE PAST 12 MONTHS, has this child
ı			Yes	T	rece hea	eived any treatment or counseling from a mental Ith professional? Mental health professionals include
ı		L	If yes, was it recommended that this child see an eye doctor or other eye care provider for an eye			chiatrists, psychologists, psychiatric nurses, and clinical al workers.
ı			examination or additional vision services as a result of the vision screening? An eye doctor may			Yes
ı			be referred to as an optometrist or ophthalmologist.			No, but this child needed to see a mental health professional
			☐ Yes ☐ No			No, this child did not need to see a mental_
C1			RING THE PAST 2 YEARS, has this child seen an doctor? An eye doctor may be referred to as an			health professional → SKIP to question c22 on page 8
ı	O	pto	metrist or ophthalmologist.	C21	How or c	v difficult was it to get the mental health treatment counseling that this child needed?
ı			Yes No			Not difficult
		\rightarrow	If yes, what care has this child received from the eye doctor? Mark (X) ALL that apply.			Somewhat difficult
			Received eye examination			Very difficult
			Prescribed eyeglasses or contact lenses			It was not possible to obtain care
			Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism			it was not possible to obtain care
			Some other care			



Cź	DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with their emotions, concentration, or behavior?	C2	not	any of the following reasons contri receiving needed health services? ((X) Yes or No for EACH item.	bute to thi	is child				
					Yes	No				
	∐ Yes			This child was not eligible for the services						
	□ No			The services this child needed were not available in your area						
Cź	DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional? Specialists are doctors like surgeons, heart doctors, allerg doctors, skin doctors, and others who specialize in one area of health care.	ay	6	There were problems getting an appointment when this child needed one						
	Yes			There were problems with getting ransportation or child care						
	□ res			The clinic or doctor's office wasn't open when this child needed care						
	☐ No, but this child needed to see a specialist			There were issues related to cost						
	No, this child did not need to see a specialist → SKIP to question C25	C2	I. There were recase related to east.							
C:	24 How difficult was it to get the specialist care that this			trated in your efforts to get services						
	child needed?			Never						
	☐ Not difficult									
	☐ Somewhat difficult			Sometimes						
	☐ Very difficult			Usually						
	☐ It was not possible to obtain care			Always						
C2	DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not eceived? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.		this	DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room? Do NOT include visits to urgent care centers. None						
	☐ Yes			1 time						
	_			2-3 times						
	No → SKIP to question C28			4 or more times						
C	If yes, which types of care were not received? Mark (X) ALL that apply.	C3	DUE	RING THE PAST 12 MONTHS, was the	his child					
	☐ Medical Care			itted to the hospital to stay for at le		ight?				
	☐ Dental Care			Yes						
	☐ Vision Care			No						
	Hearing Care	C3		this child EVER had a special educ						
	☐ Mental Health Services		have	rvention plan? Children receiving the e an Individualized Family Service Plan idualized Education Plan (IER)	se services n (IFSP) oi	s often r				
			man	vidualized Education Plan (IEP).						
	☐ Other, specify:	, I		Yes						
				No → SKIP to question C34 on pag	ge 9					



C	If yes, how old was this child at the time of the FIRST plan? years AND months		D. Experie Child's Pre	ence Hea ovid	Ith C	h This Care	5
C	Is this child CURRENTLY receiving services under one of these plans? Yes No		Do you have one or mothis child's personal do doctor or nurse is a heal child well and is familiar This can be a general do doctor, a nurse practition	octor or th profes with this octor, a p	nurse? A sional wh child's he ediatricia	A personal no knows th ealth history n, a special	is ′.
C	Has this child EVER received special services to meet their developmental needs? Special services can include therapies such as speech, occupational, physical or behavioral or other services received to meet developmental needs.		Yes, one person Yes, more than one No	e person			
	□ No → SKIP to question (37)	2	DURING THE PAST 12 referral to see any doc				
CE	receiving these special services?	3	No → SKIP to queHow difficult was it to gNot difficult				
CE	Is this child CURRENTLY receiving these special services? Yes		□ Somewhat difficult □ Very difficult				
CS	Has a doctor, other health care provider, or educator EVER recommended that this child be evaluated for a Fetal Alcohol Spectrum Disorder? Examples of educators are teachers and school nurses.	04	Answer the following question and property of the skip to question DURING THE PAST 12	uestions PAST 1 page 1	s only if 12 MON1 0.	HS. Otherv	vise
	Yes		child's doctors or othe		,		_
	□ No		Spend enough time with this child?	Always	Usually	Sometimes	Never
	☐ Don't know		b. Listen carefully to you?				
C3	Alcohol Spectrum Disorder?		c. Show sensitivity to your family's values and customs?				
	☐ No		d. Provide the specific information you needed concerning this child?				
	☐ Don't know		e. Help you feel like a partner in this child's care?				



D	DURING THE PAST 12 MONTHS, did you, an caregiver, or a health care provider need to decisions regarding this child's health care, whether to get prescriptions, referrals, or procedures? Yes	make any	D10	DURING THE PAST 12 MONTHS, how satisfied were you with the communication between this child's doctors and other health care providers? Urry satisfied Somewhat satisfied			
	No → SKIP to question D7						
	No 9 Skir to question 00			Somewhat dissatisfied			
D	If yes, DURING THE PAST 12 MONTHS, how this child's doctors or other health care prov	often did viders		☐ Very dissatisfied			
		netimes Never	011	DURING THE PAST 12 MONTHS, did this child's health care provider communicate with the child's school, child			
	a. Discuss with you the range of options to consider for their health care or treatment? Discuss with you the care or their health care or treatment?			care provider, or special education program? Yes			
	b. Make it easy for you to raise concerns or			No → SKIP to question E1			
	disagree with recommendations for this child's health care?			Did not need health care provider to communicate with these providers → SKIP to question			
	c. Work with you to decide together which health care and treatment choices would		D12	health care provider's communication with the school, child care provider, or special education program?			
	be best for this child?			☐ Very satisfied			
P	DURING THE PAST 12 MONTHS, did anyone arrange or coordinate this child's care amon	help you		Somewhat satisfied			
	different doctors or services that this child u			Somewhat dissatisfied			
	☐ Yes			☐ Very dissatisfied			
	□ No						
	Did not see more than one health care protection the PAST 12 MONTHS → SKIP to question			E. This Child's Health			
D	B DURING THE PAST 12 MONTHS, have you for could have used extra help arranging or coothis child's care among the different health of	rdinating		Insurance Coverage			
	providers or services?			DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan?			
	YesNo → SKIP to question 010			Yes, this child was covered all 12 months → SKIP to question so on page 11			
				Yes, but this child had a gap in coverage			
D	9 If yes, DURING THE PAST 12 MONTHS, how did you get as much help as you wanted wit arranging or coordinating this child's health	h		□ No			
	☐ Usually			Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?			
	Sometimes			☐ Yes			
	☐ Never			No → SKIP to question F1 on page 11			



E	Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark (X) Yes or No for EACH item.				F. Providing for This Child's Health							
	2		Incurance through a current or	Yes	No							
	а		Insurance through a current or former employer or union			In Sa	clu avi	iding co-pays and amounts reimburs ngs Accounts (HSA) and Flexible Sp	ed from Fending Ad	Health ccounts		
	b		Insurance purchased directly from an insurance company			(F m	(FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE					
	С	6	Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability			PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source. \$0 (No medical or health-related						
	d		TRICARE or other military					expenses) → SKIP to question F4				
	е		Indian Health Service				4	\$1-\$249				
	f.	(Other, specify: 📈					\$250-\$499				
								\$500-\$999 \$1,000-\$5,000				
								More than \$5,000				
E	How often does this child's health insurance offer benefits or cover services that meet this child's needs?											
	☐ Always							often are these costs reasonable?				
	[Usually					Always				
	Sometimes					4	Usually					
			Never					Sometimes				
								Never				
E			v often does this child's health insura n to see the health care providers the			DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or						
			Always			h	eal	th care bills?	ieuicai oi			
			Usually					Yes				
			Sometimes					No				
	[Never		(ING THE PAST 12 MONTHS, have yo	u or othe	r		
						fa	mi	ly members	Yes	No		
						a.	а	eft a job or taken a leave of bsence because of this child's ealth or health conditions?				
						b.	b	Cut down on the hours you work ecause of this child's health or ealth conditions?				
						c.	С	voided changing jobs because of oncerns about maintaining health nsurance for this child?				



E	other family members spend providing health care at home for this child? Care might include changing bandage				oss all subjects, what grades did this ching the 2022-2023 school year?	ild get					
ı		iving medication and therapies when needed.			Mostly A's						
ı		This child does not need health care provided at home on a weekly basis			Mostly A's and B's						
ı		Less than 1 hour per week			Mostly B's and C's						
ı		1-4 hours per week			Mostly C's and D's						
ı		5-10 hours per week			Mostly D's or lower						
		11 or more hours per week			This child's school does not give these gra	ades					
F	oth hea	IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making appointments or locating services?			SINCE STARTING KINDERGARTEN, has this child repeated any grades?						
ı	ирр	This child does not need health care coordinated		Н	Yes						
ı	Н	on a weekly basis			No						
ı		Less than 1 hour per week	G5		RING THE PAST 12 MONTHS, did this chicipate in	ild					
ı		1-4 hours per week		•		'es	No				
ı		5-10 hours per week		8	A sports team or did they take sports lessons after school or on weekends?						
ı		11 or more hours per week			Any clubs or organizations after school or on weekends?						
		G. This Child's Schooling and Activities		l.	Any other organized activities or essons, such as music, dance, anguage, or other arts?						
G′	did	RING THE PAST 12 MONTHS, about how many days this child miss school because of illness or injury?		V	vorship, or in the community?						
ı		ude days missed from any formal home schooling. No missed school days		e. Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work?							
ı		1-3 days	G6		RING THE PAST 12 MONTHS, how often and events or activities that this child par						
ı		4-6 days			Always	·					
ı		7-10 days			Usually						
ı		11 or more days		H	Sometimes						
ı		This child was not enrolled in school		H							
G		RING THE PAST 12 MONTHS, how many times has child's school contacted you or another adult in			Rarely						
ı		r household about any problems they are having a school?	G7	DUE	RING THE PAST WEEK, on how many da	ve did					
ı		None	Ĭ	this	child exercise, play a sport, or participa sical activity for at least 60 minutes?						
		1 time			0 days						
		2 or more times			1-3 days						
					4-6 days						
١					Every day						



G	Compared to other child difficulty does this child friends?						ŀ	I. About You and This Child				
١	☐ No difficulty					H	Was th	nis child born in the United States?				
١	☐ A little difficulty				·		□ Y	es → SKIP to question H3				
١	☐ A lot of difficulty							lo ·				
G	DURING THE PAST 12 No child bullied, picked on, Do not include siblings. If throughout the year, report	or excl the freq	uded by uency ch	other child		H2	If no, I	now long has this child been living in the United?				
١	Never (in the past 12 months)						years AND months					
١	☐ 1-2 times (in the past 12 months) ☐ 1-2 times per month ☐ 1-2 times per week					НЗ		nany times has this child moved to a new address				
١							since they were born?					
١								Number of times				
١	Almost every day					Н4		ften does this child go to bed at about the same n weeknights?				
G1	DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them?						lways					
١	Do not include siblings. If the frequency changed throughout the year, report the highest frequency.							sually				
١	Never (in the past 12 months)							ometimes				
١	1-2 times (in the past 12 months)							arely				
١	1-2 times per month							lever				
١	1-2 times per week					H5	DURIN	IG THE PAST WEEK, how many hours of sleep				
١	☐ Almost every day				· ·			s child get on most weeknights?				
G 1	1 How often does this chil	ld						ess than 6 hours				
٦	a. Show interest and	Always	Usually	Sometimes	Never		□ 6	hours				
١	curiosity in learning new things?						7	hours				
١	b. Work to finish tasks they start?						8	hours				
١	c. Stay calm and in						9	hours				
١	control when faced with a challenge?				Ш		□ 1	0 hours				
١	d. Care about doing well in school?						□ 1	1 or more hours				
١	e. Do all required homework?											
١	f. Argue too much?											



H	child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media?		I. About Your Family and Household			
	Do not include time spent doing schoolwork.	0	DURIN family	IG THE PAST WEEK, on how many days did all the members who live in the household eat a meal		
	Less than 1 hour		togeth			
	☐ 1 hour		<u> </u>	days		
	☐ 2 hours		1	-3 days		
	☐ 3 hours		□ 4	-6 days		
	4 or more hours			every day		
H	How well can you and this child share ideas or talk about things that really matter?	12		anyone living in your household use cigarettes, , or pipe tobacco?		
	Very well		□ Y	′es		
	□ Somewhat well			No → SKIP to question [4]		
	□ Not very well	13	If yes,	does anyone smoke inside your home?		
	Not well at all			es		
H	How well do you think you are handling the day-to-day demands of raising children?			No		
	☐ Very well	14	Does	anyone vape or use e-cigarettes inside your home?		
	Somewhat well	Ĭ	☐ Y	/es		
	□ Not very well			No		
	□ Not well at all	15		THIS CHILD WAS BORN, how often has it been		
H	DURING THE PAST MONTH, how often have you felt	T	very h	ard to cover the basics, like food or housing, ur family's income?		
4	Never Rarely Sometimes Usually Always			lever		
	a. That this child is much			Rarely		
	for than most children			Somewhat often		
	their age?			/ery often		
	b. That this child does things that really bother you a lot?	16	house	of these statements best describes your shold's ability to afford the food you need NG THE PAST 12 MONTHS?		
	c. Angry with			Ve could always afford to eat good nutritious meals.		
Hi				Ve could always afford enough to eat but not always ne kinds of food we should eat.		
W.	that you could turn to for day-to-day emotional support with parenting or raising children?			Sometimes we could not afford enough to eat.		
	Yes			Often we could not afford enough to eat.		
	□ No					

Ū	At any time DURING THE PAST 12 MONT	HS, even f	for	113	ln y	our neighborhood,	is/are th	ere		
	one month, did anyone in your family red	eive				·			Yes	No
	Cash assistance from a government welfare program?	Yes	No			Sidewalks or walking				
	b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?					A park or playground A recreation center,		ty		
	c. Free or reduced-cost breakfasts or lunches at school?					center, or boys' and	girls' club			
	d. School meal debit/Electronic Benefits					A library or bookmob Litter or garbage on		t		
	Transfer (EBT) cards? e. Benefits from the Women, Infants,					or sidewalk?				
I	and Children (WIC) Program?	lomontal				Poorly kept or rundov		ng?	Ш	
IE	Does this child receive SSI, that is, Supp Security Income? SSI is different from Social Security.	iementai				Vandalism such as b windows or graffiti?	roken			
	☐ Yes ☐ No			114		what extent do you out your neighborho				ts
	☐ If yes, is this for a disability they ha	ve?					Definitely agree	Somewhat S	Somewhat disagree	Definitely disagree
	☐ Yes ☐ No					People in this neighborhood help				
IS	DURING THE PAST 12 MONTHS, was the you were not able to pay the mortgage of	re a time v	when			each other out We watch out for				
	☐ Yes					each other's children in this neighborhood				
	□ No					This child is				
	☐ Don't know					safe in our neighborhood				
11	DURING THE PAST 12 MONTHS, how oft worried or stressed about being evicted, or having your housing condemned?					When we encounter difficulties, we know where to				
	Always					go for help in our community				
	Usually					This child is safe at school				
	Sometimes			[15	Oth	ner than you or othe st one other adult ir	r adults	in your ho	me, is th	ere at
	Rarely				or (community who kno rely on for advice	ws this	child well		
	Never					Yes	J			
11	DURING THE PAST 12 MONTHS, how mathis child lived?	ny places	has			No				
	Number of places									
11	SINCE THIS CHILD WAS BORN, have the homeless or lived in a shelter? Include liv motel, temporary or transitional living situation housing, or having no steady place to sleep	ing in a she on, scattere	elter,							
	Yes									
	No									
	☐ Don't know									



•	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 any questions you do not want to answer.								J. Child's Caregivers About You		
		To the best of your knowledge, has this child EVER experienced any of the following? Yes No a. Parent or guardian divorced or separated		1	How	are you related to this child?					
	a.			Tes	NO	Ĭ		Biological or Adoptive Parent			
1	b.	Parent or guardian die	ed						Step-parent		
	c.	Parent or guardian se jail or prison	rved time	in					Grandparent		
	d.	Saw or heard parents hit, kick, punch one al home							Foster Parent Other: Relative		
	e.	Was a victim of violen witnessed violence in neighborhood							Other: Non-Relative		
1	f.	Lived with anyone wh ill, suicidal, or severel					J 2	Wha	t is your sex?		
	g.	Lived with anyone wh with alcohol or drugs	•						Male		
1	h.	Treated or judged unfairly because of their race or ethnic group Treated or judged unfairly because of their sexual orientation or gender identity						Ш	Female		
	i.						J3	Wha	t is your age? Age in years		
	j.	Treated or judged unf of a health condition of	unfairly because on or disability				J4				
(II		When your family faces problems, how often a likely to do each of the following?				en are you		In the United States			
		t	All of Most of the time		Some of the time				Outside of the United States		
1	a.	Talk together about what to do					J 5	Wha	t is the highest grade or level of school you have		
	b.	Work together to solve our problems						com	pleted? (X) ONE box.		
	c.	Know we have strengths to draw on							8th grade or less		
	d.	Stay hopeful even in difficult times							9th-12th grade; No diploma		
	, DI	IDING THE DART 42 I	MONTHO		is shild be	. al			High School Graduate or GED Completed		
(II	an	IRING THE PAST 12 I y health care visits by	y video o	r phon	e?	au			Completed a vocational, trade, or business school program		
		Yes No							Some College Credit, but no Degree		
1									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)		



Je	Wha	at is your marital status?		Have you ever served on active duty in the J.S. Armed Forces, Reserves, or the National Guard?
ı		Married	٨	Mark (X) ONE box.
ı		Not married, but living with a partner		Never served in the military → SKIP to question
ı		Never Married		Only on active duty for training in the Reserves or National Guard → SKIP to question J12
ı		Divorced		Now on active duty
ı		Separated		On active duty in the past, but not now
ı		Widowed	1) V	Nere you deployed at any time during this child's life?
J	In g	eneral, how is your physical health?		Yes
ı		Excellent		□ No
ı		Very good		
ı		Good		Ooes this child have another parent or adult caregiver who lives in this household?
ı		Fair		Yes → Complete questions parent or adult caregiver
ı		Poor		No → SKIP to question K1 on page 18
JE	In g	eneral, how is your mental or emotional health?		
		Excellent		Other Parent or Caregiver in the Household
ı		Very good		
ı		Good	E) F	How is this other caregiver related to this child?
ı		Fair		Biological or Adoptive Parent
ı		Poor		Step-parent
J9		ch of the following best describes your current		Grandparent
		k (X) ONE box.		Foster Parent
ı		Employed full-time		Other: Relative
ı		Employed part-time		Other: Non-Relative
ı		Working WITHOUT pay	4 V	What is this caregiver's sex?
ı		Not employed but looking for work		Male
ı		Not employed and not looking for work		Female
ı		Retired	5 V	What is this caregiver's age?
ı				Age in years
		J	6) V	Where was this caregiver born?
				In the United States
				Outside of the United States



J1		care	t is the highest grade or level of school this giver has completed? ((X) ONE box.	21	curr	ch of the following best describes this caregiver's ent employment status?			
١			8th grade or less			Employed full-time			
١			9th-12th grade; No diploma			Employed part-time			
١			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			
١			Associate Degree (AA, AS)			Retired			
			Bachelor's Degree (BA, BS, AB)	22	Has U.S.	this caregiver ever served on active duty in the Armed Forces, Reserves, or the National Guard?			
١			Master's Degree (MA, MS, MSW, MBA)			(X) ONE box.			
			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)			Never served in the military → SKIP to question K1			
J1	8 V	Nha	t is this caregiver's marital status?			Only on active duty for training in the Reserves or National Guard → <i>SKIP to question</i> κ1			
١			Married			Now on active duty			
١			Not married, but living with a partner			On active duty in the past, but not now			
١			Never Married J	23		this caregiver deployed at any time during this			
١			Divorced		child	l's life?			
١			Separated		H	Yes			
١			Widowed			No			
J1	9 1	n ge	eneral, how is this caregiver's physical health?		K	. Household Information			
١		Excellent		1	How many people are living or staying at this address?				
١			Very good		Include everyone who usually lives or stays at this addres Do NOT include anyone who is living somewhere else for				
١			Good			e than two months, such as a college student living away omeone in the Armed Forces on deployment.			
١			Fair			Number of people			
١			Poor			realiser of people			
J2		n ge neal	eneral, how is this caregiver's mental or emotional	(2)	men	many of these people in your household are family household is defined as anyone related to this child lood, marriage, adoption, or through foster care.			
١			Excellent						
١			Very good			Number of people			
			Good						
			Fair						
			Poor						
1									



К3 Income in 2022 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 2022 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.

\$ 0,000,000	.00		Loss
--------------	-----	--	------

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 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 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.

Under the Privacy Act of 1974 (5 U.S.C. Section 552a), these records are maintained by the Census Bureau under SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame). 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.

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 (03/27/2023)



Start Here	DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the
Recently, you completed a survey that asked about the	following? Yes No
children usually living or staying at this address. Thank you for taking the time to complete that survey.	a. Breathing or other respiratory
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
The survey should be completed by a parent or adult	f. Bleeding gums
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.	A4 Does this child have any of the following? Yes No
, son panto, panto, so mipotania, siamia, you.	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
	c. Difficulty dressing or bathing
In general, how would you describe this child's health (the one named above)? Excellent	d. Difficulty doing errands alone, such as visiting a doctor's office or 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 (such as food, drug, insect, seasonal, or other)?
How would you describe the condition of this child's	
How would you describe the condition of this child's teeth?	✓ Yes✓ No→ If yes, does this child CURRENTLY have the
Excellent	condition?
☐ Very good	→ If yes, is it:
Good	☐ Mild ☐ Moderate ☐ Severe
☐ Fair	A6 Asthma?
Poor	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have the
	condition?
	☐ 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 or other health care provider EVER told you that this child has
A7	Autoimmune disease (such as Type 1 Diabetes, Celiac, or Juvenile Idiopathic Arthritis)?	13 Tourette Syndrome?
		☐ Yes ☐ No
	☐ Yes ☐ No ☐ If yes, is it:	☐ If yes, does this child CURRENTLY have the condition?
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No
		→ If yes, is it:
A8	Cerebral Palsy?	☐ Mild ☐ Moderate ☐ Severe
	Yes No	Apviety Problems?
		Anxiety Problems?
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No ☐ If yes, does this child CURRENTLY have these
A9	Type 2 Diabetes?	problems?
	☐ Yes ☐ No	☐ Yes ☐ No
	→ If yes, does this child CURRENTLY have the condition?	☐ If yes, is it: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	☐ Yes ☐ No	☐ Mild ☐ Moderate ☐ Severe
		15 Depression?
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No
	Full and an Onlinear Disparator O	
A10	Epilepsy or Seizure Disorder?	
	Yes □ No If yes, does this child CURRENTLY have the	Yes □ No If yes, is it:
	condition?	☐ Mild ☐ Moderate ☐ Severe
	☐ Yes ☐ No	
		Down Syndrome?
	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No
A11	Heart Condition?	17 Blood Disorders (such as Sickle Cell Disease,
T	☐ Yes ☐ No	Thalassemia, or Hemophilia)?
	→ If yes, was this child born with the condition?	☐ Yes ☐ No
	☐ Yes ☐ No	
	Does this child CURRENTLY have the condition?	
	☐ Yes ☐ No	Was this child diagnosed with: Sickle Cell Disease? ☐ Yes ☐ No
	→ If yes, is it:	
	☐ Mild ☐ Moderate ☐ Severe	Thalassemia?
		Hemophilia?
A12		Other Blood Disorders? Yes No
	Yes No	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	

	Has a doctor or other health care provider EVER told	Has a doctor, other health care provider, or educator
	you that this child has	EVER told you that this child has Examples of educators are teachers and school nurses.
A1		Intellectual Disability (formerly known as Mental
١	☐ Yes ☐ No ☐ Section No ☐ ☐ Yes, is it:	Retardation)?
١	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No
١	Was this condition identified through a blood	If yes, does this child CURRENTLY have the
١	test done shortly after birth? These tests are sometimes called newborn screening.	disability?
١	☐ Yes ☐ No	→ If yes, is it:
		☐ Mild ☐ Moderate ☐ Severe
A 1	9 Fetal Alcohol Spectrum Disorder (FASD)?	
١	☐ Yes ☐ No	Speech or other language disorder?
١		☐ Yes ☐ No
١	Has a doctor, other health care provider, or educator	If yes, does this child CURRENTLY have the
١	EVER told you that this child has Examples of educators are teachers and school nurses.	condition?
A2		☐ Yes ☐ No
٦	Yes No	→ If yes, is it:
١	If yes, does this child CURRENTLY have these	☐ Mild ☐ Moderate ☐ Severe
١	problems?	Laurian Biakilit.0
١	☐ Yes ☐ No	Learning Disability?
١	→ If yes, is it:	☐ Yes ☐ No
١	☐ Mild ☐ Moderate ☐ Severe	☐ If yes, does this child CURRENTLY have the disability?
		☐ Yes ☐ No
A2	Developmental Delay?	☐ If yes, is it:
١	☐ Yes ☐ No	
ı	If yes, does this child CURRENTLY have the condition?	☐ Mild ☐ Moderate ☐ Severe
١	☐ Yes ☐ No	Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum
١	→ If yes, is it:	Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).
١	☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No → SKIP to question A30 on page 5
		If yes, does this child CURRENTLY have the condition?
١		Yes No
١		☐ If yes, is it:
١		
		☐ Mild ☐ Moderate ☐ Severe
		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?
		Asperger's Disorder of 1 DD:
		Age in years Don't know



AZ	D	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.	АЗ	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 or concentrating, vomiting, blurred vision, changes in mood or behavior, or being knocked out.
		Primary Care Provider		Yes No
		Specialist		☐ If yes, did you seek medical care from a doctor or
		School Psychologist/Counselor		other health care provider?
		Other Psychologist (Non-School)		
		☐ Psychiatrist		provider tell you that your child had a concussion or brain injury?
		☐ Other, specify: ☐		☐ Yes ☐ No
		☐ Don't know	АЗ	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?
				This child does not have any health conditions → SKIP to question B1
A2	28	Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?	'	Never → SKIP to question B1
		☐ Yes ☐ No		Sometimes
				Usually
A2	19)	At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an		Always
		intervention that you or this child received to help with their behavior?	A35	
		☐ Yes ☐ No		problems affect their ability to do things?
				☐ Very little
AS		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?		☐ A great deal
		☐ Yes ☐ No → SKIP to question (A33)		B. This Child as an Infant
		If yes, does this child CURRENTLY have the condition?		D. This office as all illiant
		☐ Yes ☐ No	B1	Was this child born more than 3 weeks before their due date?
		└→ If yes, is it:		Yes
		☐ Mild ☐ Moderate ☐ Severe		□ No
AS	3)	Is this child CURRENTLY taking medication for ADD or ADHD?	BZ	What month and year was this child born? Birth Month / 4-Digit Birth Year
		☐ Yes ☐ No		1 20
A3	2	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 shill received to help with their behavior?	B	How much did they weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine.
		child received to help with their behavior?		pounds AND ounces
		LI 165 LI INU		OR kilograms AND grams

	C. Health Care Services	7 A	Are you concerned about this child's weight?
C			Yes, it's too high
	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?		Yes, it's too low
	Include health care visits done by video or phone.		No, I am not concerned
	Yes	8 F	Has a doctor or other health care provider ever told
	No → SKIP to question C5	У	you that this child is overweight?
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 caregiver in the room?		
	Yes	а	DURING THE PAST 12 MONTHS, did this child engage in any of the following? Mark (X) Yes or No for EACH item.
	□ No		Yes No Skipping meals or fasting (Do NOT —
C:		"	include skipping meals or fasting for religious reasons)
	did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up?	b	b. Having low interest in food
	A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.	С	c. Extremely picky eating
	0 visits	d	d. Binge eating
	☐ 1 visit	е	e. Purging or vomiting after eating
	2 or more visits	f.	f. Using diet pills, laxatives, or diuretics (water pills) to lose or maintain weight
			without a doctor's orders
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		g. Over-exercisingh. Not eating due to fear of vomiting
	child in the room with you? Your best estimate is fine.	"	or choking
	Less than 10 minutes		Answer question c10 only if you marked "Yes" for at least one item in question c9. Otherwise skip to
	10-20 minutes	q	question C11.
	More than 20 minutes		For question [10], consider only the behaviors you marked "Yes" to in question [69].
C	What is this child's CURRENT height? Your best estimate is fine.	У	DURING THE PAST 12 MONTHS, how concerned were you about this child engaging in these behaviors?
	feet AND inches		☐ Very much
	OR		Somewhat
			Not at all
	meters AND centimeters		DURING THE PAST 12 MONTHS, how concerned was
C	How much does this child CURRENTLY weigh? Your best estimate is fine.	t	this child about their weight, body shape, or body size?
	pounds	-	Very much
	OR		□ Somewhat
			□ Not at all
1	kilograms		



C1	take	nere a place you or another caregiver USUALLY this child when they are sick or you need advice ut their health?	GI	eye	docto	THE PAST 2 YEARS, has this child seen an or? An eye doctor may be referred to as an st or ophthalmologist.		
		Yes			Yes	□ No		
		No → SKIP to question C14		4	eye	es, what care has this child received from the doctor?		
C1		es, where does this child USUALLY go first? k (X) ONE box.				Received eye examination		
		Doctor's Office				Prescribed eyeglasses or contact lenses		
		Hospital Emergency Room				Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism		
		Hospital Outpatient Department				Some other care		
		Urgent Care Center	210	DUE	INC	THE DART 42 MONTHS did this shild see a		
		Clinic within a drug store or grocery store	GIB	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?				
		School (Nurse's Office, Athletic Trainer's Office)				ALL that apply.		
		Other Clinic or Health Center			Yes,	, saw a dentist		
		Some other place			Yes,	, saw other oral health care provider		
C1	the	here a place that this child USUALLY goes when y need routine preventive care, such as a physical mination or well-child check-up? Yes	C19	see PRE	s, Dl a der VEN	JRING THE PAST 12 MONTHS, did this child ntist or other oral health care provider for TIVE dental care, such as check-ups, dental s, dental sealants, or fluoride treatments?		
		No → SKIP to question C16				oreventive visits in the 12 months → SKIP to question c21 on page 8		
C1		es, is this the same place this child goes when they sick?			Yes,	, 1 visit		
		Yes			Yes,	, 2 or more visits		
		No	C20	PŘE	VEN1	JRING THE PAST 12 MONTHS, what FIVE dental service(s) did this child receive? ALL that apply.		
C1		RING THE PAST 2 YEARS, has this child received a on screening from a care provider other than an eye				ck-up		
	doc ped	tor? The screening could have occurred at a iatrician's office, in a school, preschool/child care center,			Clea			
		community setting, using pictures, shapes, letters, or a lera like tool.			Instr	uction on tooth brushing and oral health care		
		Yes No			X-Ra			
	Ц	If yes, was it recommended that this child see an eye doctor or other eye care provider for an eye				ride treatment		
		examination or additional vision services as a result of the vision screening? An eye doctor may			Seal	ant (plastic coatings on back teeth)		
		be referred to as an optometrist or ophthalmologist.			Don'	t know		
		☐ Yes ☐ No						



C2	DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? Mental health professionals include	C27		s, which types of care were not rec	eived?				
	psychiatrists, psychologists, psychiatric nurses, and clinical social workers.			Medical Care					
	Yes			Dental Care					
	No, but this child needed to see a mental health professional			Vision Care					
	No, this child did not need to see a			Hearing Care					
	☐ mental health professional → SKIP to question (23)			Mental Health Services					
C2	How difficult was it to get the mental health treatment or counseling that this child needed?			Other, specify: 📈					
	□ Not difficult								
	☐ Somewhat difficult	C28		any of the following reasons contril receiving needed health services?	oute to th	nis child			
	☐ Very difficult			(X) Yes or No for EACH item.	Yes	No			
	☐ It was not possible to obtain care			his child was not eligible for the					
	PURING THE PART OF MONTHS AND AREA AND AREA		_	ervices The services this child needed were					
C2	DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with their emotions, concentration, or behavior?			not available in your area					
	Yes		а	There were problems getting an appointment when this child needed ane					
	□ No			There were problems with getting ransportation or child care					
C2	DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional?			he clinic or doctor's office wasn't pen when this child needed care					
	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one		f. T	here were issues related to cost					
	area of health care.		DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?						
	Yes				, ioi tilis	Cilia:			
	No, but this child needed to see a specialist			Never					
	No, this child did not need to see a specialist → SKIP to question C26			Sometimes					
C2	How difficult was it to get the specialist care that this child needed?			Usually Always					
	□ Not difficult	C30	DUR	ING THE PAST 12 MONTHS, how m	nanv time	s did			
	□ Somewhat difficult		this	child visit a hospital emergency root NOT include visits to urgent care center	om?				
	☐ Very difficult			None					
	☐ It was not possible to obtain care			1 time					
				2-3 times					
C2	when this child needed health care but it was not received? By health care, we mean medical care as well			4 or more times					
	as other kinds of care like dental care, vision care, and mental health services.	C31	DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?						
	Yes			Yes					
	No → SKIP to question (29)			No					



C3	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. Experio Child's Pro		Ith C		
C3:	□ No → SKIP to question C35	1	t his docto child This	cou have one or mo child's personal do or or nurse is a heal well and is familiar can be a general do or, a nurse practition Yes, one person	octor or th profes with this octor, a p	nurse? A sional wh child's he ediatricia	personal to knows the ealth history n, a special	is '.
C 3	one of these plans?			Yes, more than one No ING THE PAST 12		S did thi	s child nos	ada
C 3	Has this child EVER received special services to meet their developmental needs? Special services can include therapies such as speech, occupational, physical or behavioral or other services received to meet		refer	ral to see any doc Yes No → SKIP to que	stion	eceive a		
	developmental needs. ☐ Yes ☐ No → SKIP to question C38)3)	How	Not difficult Somewhat difficult Very difficult	дет гетег	rais?		
C3	receiving these special services? years AND months		heal	It was not possible wer the following q th care visit IN THE to question 113 or	uestions E PAST 1	s only if		
C3	Is this child CURRENTLY receiving these special services? Yes	١,	DUR	ING THE PAST 12 d's doctors or othe	MONTHS r health	S, how o	viders	
١	□ No	á		Spend enough time vith this child?	Always	Usually	Sometimes	Never
C3	Has a doctor, other health care provider, or educator EVER recommended that this child be evaluated for a	ı		isten carefully to ou?				
	Fetal Alcohol Spectrum Disorder? Examples of educators are teachers and school nurses.	(У	Show sensitivity to our family's values and customs?				
	☐ Yes ☐ No		ir n	Provide the specific information you leeded concerning his child?				
C3:	Don't know Has this child EVER received an evaluation for a Fetal Alcohol Spectrum Disorder?		р	lelp you feel like a artner in this hild's care?				
	Yes							
	□ No □ Don't know							



D:	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?						ING THE PAST 12 MONTHS, did to provider communicate with the communicate with the provider, or special education provider.	hild's	schoo	
ı			Yes				Yes			
ı			No → SKIP to question D7				No → SKIP to question D13			
D			es, DURING THE PAST 12 MONTHS, how often did child's doctors or other health care providers				Did not need health care provider t these providers → SKIP to question			te with
		ı. [Always Usually Sometimes Neve Discuss with you the ange of options to	D12		neal	s, during this time, how satisfied th care provider's communication d care provider, or special educati	with	the sch	iool,
ı			consider for their health care or treatment?				Very satisfied			
ı	k		Make it easy for you oraise concerns or				Somewhat satisfied			
ı		r	disagree with ecommendations				Somewhat dissatisfied			
ı		-	or this child's health care?				Very dissatisfied			
	C	c ł	Nork with you to	DIS			any of this child's doctors or othe iders treat only children?	r healt	h care	
		_	reatment choices would be best for this child?				Yes			
D:	а	ırra	RING THE PAST 12 MONTHS, did anyone help you nge or coordinate this child's care among the erent doctors or services that this child uses?				No → SKIP to question D15			
ı			Yes	D14	١	will I	s, have they talked with you abou need to see doctors or other heal treat adults?			
ı			No		ľ		Yes			
ı			Did not see more than one health care provider in the PAST 12 MONTHS → SKIP to question				No			
D		oul	RING THE PAST 12 MONTHS, have you felt that you do have used extra help arranging or coordinating	D15			this child's doctor or other health	care	provid	er
ı			child's care among the different health care viders or services?		ć	activ	vely worked with this child to:	Yes	No	Don't know
ı			Yes		á		Make positive choices about heir health. For example, by			
ı			No → SKIP to question D10			е	eating healthy, getting regular exercise, not using tobacco,			
D:	y	If yes, DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with arranging or coordinating this child's health care?					llcohol or other drugs, or lelaying sexual activity?			
ı			Usually			h	Gain skills to manage their lealth and health care. For			
ı			Sometimes			h	example, by understanding current ealth needs, knowing what to do n a medical emergency, or taking			
ı			Never				nedications they may need?			
D1	У	ou	RING THE PAST 12 MONTHS, how satisfied were with the communication between this child's tors and other health care providers?		(h a u	Understand the changes in the lealth care that happen at lege 18. For example, by sunderstanding changes in privacy, consent, access to information, or			
			Very satisfied			a	lecision-making?			
			Somewhat satisfied							
			Somewhat dissatisfied							
			Very dissatisfied							



01	Did you and this child receive a summary of your child's medical history (for example, medical conditions, allergies, medications, immunizations)?		E. This Child's H Insurance Cove		
	Yes No	CO	RING THE PAST 12 MONTHS, was the vered by ANY kind of health insurance verage plan?		R
D1	Have this child's doctors or other health care providers worked with you and this child to create a plan of care to meet their health goals and needs? Yes		Yes, this child was covered all 12 months → SKIP to question Yes, but this child had a gap in cove No		
D 1	No → SKIP to question 120 If yes, do you and this child have access to this plan of care?		this child CURRENTLY covered by A alth insurance or health coverage pla		
	☐ Yes ☐ No		No → SKIP to question F1 on pag		
D1	Does this plan of care address transition to doctors and other health care providers who treat adults?	typ	this child CURRENTLY covered by an oes of health insurance or health cov ork (X) Yes or No for EACH item.	ny of the follouring of the following of	owing ? No
	☐ Yes ☐ No		Insurance through a current or former employer or union		
	No, this child already sees providers who treat adults		Insurance purchased directly from an insurance company Medicaid, Medical Assistance, or any kind of government		
D2	Eligibility for health insurance often changes in young adulthood. Do you know how this child will be insured as they become an adult?	d.	assistance plan for those with low incomes or a disability TRICARE or other military health care		
	Yes → SKIP to questionNo		Indian Health Service		
D2	If no, has anyone discussed with you how to obtain or keep some type of health insurance coverage as this child becomes an adult?	4 Ho	Other, specify: w often does this child's health insu		uda?
	☐ Yes ☐ No	De	nefits or cover services that meet thi Always	s child's nee	us?
			Usually		
			Sometimes		
			Never		
			w often does this child's health insuem to see the health care providers the		
			Always		
			Usually		
			Never		
- 1					

	F. Providing for This Child's Health	IN AN AVERAGE WEEK, how many hours do you or other family members spend providing health care at home for this child? Care might include changing bandage or giving medication and therapies when needed.
F	Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source. \$0 (No medical or health-related expenses) → SKIP to question F4	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 5-10 hours per week
	\$1-\$249 \$250-\$499 \$500-\$999	In an average week In an average week, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making appointments or locating services?
	\$1,000-\$5,000 More than \$5,000	☐ This child does not need health care coordinated on a weekly basis ☐ Less than 1 hour per week
E	How often are these costs reasonable? Always Usually	☐ 1-4 hours per week ☐ 5-10 hours per week ☐ 11 or more hours per week
	□ Sometimes □ Never	G. This Child's Schooling and Activities
	DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills? Yes	DURING THE PAST 12 MONTHS, about how many days did this child miss school because of illness or injury? Include days missed from any formal home schooling. No missed school days
E	DURING THE PAST 12 MONTHS, have you or other family members Yes No	☐ 1-3 days☐ 4-6 days☐ 7-10 days
	 a. Left a job or taken a leave of absence because of this child's health or health conditions? b. Cut down on the hours you work because of this child's health or 	☐ 11 or more days ☐ This child was not enrolled in school
	health conditions? c. Avoided changing jobs because of concerns about maintaining health insurance for this child?	DURING THE PAST 12 MONTHS, how many times has this child's school contacted you or another adult in your household about any problems they are having with school? None
- 1		



1 time

2 or more times

G	3 4	Acro duri	oss all subjects, what grades did this ng the 2022-2023 school year?	child get		G			pared to other chil				riends?		
			Mostly A's						No difficulty						
			Mostly A's and B's						A little difficulty						
			Mostly B's and C's						A lot of difficulty						
			Mostly C's and D's			G			ING THE PAST 12						
			Mostly D's or lower			Ĭ		child bullied, picked on, or excluded by other children? Do not include siblings or dating partners. If the frequency							
			This child's school does not give these	grades				changed throughout the year, report the highest frequency.							
G	9 s	SING	CE STARTING KINDERGARTEN, has to cated any grades?	his child				Never (in the past 12 months) 1-2 times (in the past 12 months)							
			Yes						1-2 times per month	า					
			No						1-2 times per week						
G	3 [DUR	RING THE PAST 12 MONTHS, did this	child					Almost every day						
٦	K	oart	icipate in	Yes	No	G 1	0	DUR	ING THE PAST 12	MONTHS	S how o	ften did thi	e		
	a	a. /	A sports team or did they take sports essons after school or on weekends?					<mark>chil</mark> d Do n	bully others, pick not include siblings o aged throughout the	on then r dating	n <mark>, or exc</mark> partners.	lude them? If the freque	ency		
	k		Any clubs or organizations after school or on weekends?						Never (in the past 1			griest riegu	oney.		
	C	- le	Any other organized activities or essons, such as music, dance, anguage, or other arts?						1-2 times (in the pa		onths)				
	C	٧	Any type of community service or volunteer work at school, place of worship, or in the community?						1-2 times per month1-2 times per week						
	6	j	Any paid work, including regular obs as well as babysitting, cutting grass, or other occasional work?						Almost every day						
G	, r	םוור	RING THE PAST 12 MONTHS, how often	on did you		G1	9	How	often does this ch	ild Always	Usually	Sometimes	Never		
G			nd events or activities that this child			?	i		Show interest and						
			Always						uriosity in learning ew things?						
			Usually						Vork to finish tasks ney start?						
			Sometimes					С	Stay calm and in control when faced						
			Rarely						vith a challenge? Care about doing						
			Never						vell in school?						
G			RING THE PAST WEEK, on how many					h	omework?						
			child exercise, play a sport, or particisical activity for at least 60 minutes?	ipate in				f. <i>⊦</i>	Argue too much?						
			0 days												
			1-3 days												
			4-6 days												
			Every day												



			H. About You and This Child	Н6	chile othe gam	N MOST WEEKDAYS, about how much time did this ild spend in front of a TV, computer, cellphone or her electronic device watching programs, playing mes, accessing the internet or using social media? In not include time spent doing schoolwork.	
H) '	Nas	this child born in the United States?			Less than 1 hour	
			Yes → SKIP to question H3			1 hour	
			No			2 hours	
		f no State	o, how long has this child been living in the United es?			3 hours	
			years AND months			4 or more hours	
H			many times has this child moved to a new address	W	How abo	ow well can you and this child share ideas or talk out things that really matter?	
	; [sinc	e they were born?			Very well	
			Number of times			Somewhat well	
1			often does this child go to bed at about the same on weeknights?			Not very well	
	ľ		Always			Not well at all	
			Usually	HB		ow well do you think you are handling the day-to-day mands of raising children?	
			Sometimes			Very well	
			Rarely			Somewhat well	
			Never			Not very well	
		DUR	RING THE PAST WEEK, how many hours of sleep			Not well at all	
٦			this child get on most weeknights?	H9	DUE	JRING THE PAST MONTH, how often have you felt	
١			Less than 6 hours	Ψ		Never Rarely Sometimes Usually Always	;
			6 hours		į	That this child is much	
			7 hours		f	harder to care for than most children	
			8 hours			their age?	
			9 hours			That this child does things	
			10 hours		t k	that really bother you	
			11 or more hours			a lot?	
						Angry with this child?	
				H10	that	JRING THE PAST 12 MONTHS, was there someone at you could turn to for day-to-day emotional support th parenting or raising children?	
						Yes	
						No	



		I. About Your Family and Household		any time DURING THE PAST 12 MONTHS, even for month, did anyone in your family receive
li	DU	RING THE PAST WEEK, on how many days did all the		Cash assistance from a government welfare program?
٦	fan	nily members who live in the household eat a meal ether?	b. [Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?
		0 days	c. I	Free or reduced-cost breakfasts or
		1-3 days	d. 3	unches at school? School meal debit/Electronic Benefits
		4-6 days		Transfer (EBT) cards?
		Every day	á	and Children (WIC) Program?
[2		es anyone living in your household use cigarettes, ars, or pipe tobacco?	Sec	s this child receive SSI, that is, Supplemental urity Income? is different from Social Security.
		Yes		Yes No
		No → SKIP to question 14	4	If yes, is this for a disability they have?
E	If y	es, does anyone smoke inside your home?		☐ Yes ☐ No
		Yes		RING THE PAST 12 MONTHS, was there a time when were not able to pay the mortgage or rent on time?
		No		Yes
14	Do	es anyone vape or use e-cigarettes inside your home?		No
		Yes		Don't know
		No	wor	RING THE PAST 12 MONTHS, how often were you ried or stressed about being evicted, foreclosed on,
Į.	ver	CE THIS CHILD WAS BORN, how often has it been y hard to cover the basics, like food or housing, your family's income?	or h	Always
		Never		Usually
		Rarely		Sometimes
		Somewhat often		Rarely
		Very often		Never
Ie	ho	ich of these statements best describes your usehold's ability to afford the food you need RING THE PAST 12 MONTHS?		RING THE PAST 12 MONTHS, how many places has child lived?
		We could always afford to eat good nutritious meals.		Number of places
		We could always afford enough to eat but not always the kinds of food we should eat.	hon mote	CE THIS CHILD WAS BORN, have they ever been neless or lived in a shelter? Include living in a shelter, el, temporary or transitional living situation, scattered site
		Sometimes we could not afford enough to eat.	nous	sing, or having no steady place to sleep at night. Yes
		Often we could not afford enough to eat.		No
				Don't know
1			_	



1	lr	n your neighborhood	, is/are th	nere	Yes	No (next questions are opened during this cl				
ı	а	. Sidewalks or walkin	g paths?					unc	ppen in any family, be comfortable with thes questions you do n	se ques	stions. You	u may sk	tip
ı	b	. A park or playgroun	d?					То	the best of your kno	wledge	, has this		'ER
ı	С	. A recreation center, center, or boys' and						_	erienced any of the			Yes	No
ı	d	I. A library or bookmo	ŭ .	J:			•		Parent or guardian div separated	orced (or		
ı		 Litter or garbage on 		.+			1	b.	Parent or guardian die	ed			
ı	6	or sidewalk?	tile stree				(Parent or guardian se jail or prison	rved tin	ne in		
ı		. Poorly kept or rundo		ng?					Saw or heard parents hit, kick, punch one a				
ı	g	y. Vandalism such as windows or graffiti?	broken						home Was a victim of violen				
1		o what extent do you bout your neighborh				its			witnessed violence in neighborhood				
ı	_			_	Somewhat disagree	Definitely disagree	1		Lived with anyone whell, suicidal, or severely				
ı	а	. People in this neighborhood help							Lived with anyone who with alcohol or drugs	o had a	problem		
ı	h	each other out . We watch out for							Treated or judged unforther of their race or ethnic		cause		
ı	-	each other's children in this neighborhood					i		Treated or judged unf of their sexual orienta identity	airly be tion or	cause gender		
ı	С	. This child is safe in our					j	j.	Treated or judged unforced of a health condition of	airly be or disab	cause ility		
ı	d	neighborhood I. When we				(17	Wh like	en your family faces ly to do each of the	proble followi	ms, how o	often are	you
ı	~	encounter difficulties, we	Ш	Ш	Ш	Ш				All of	Most of	Some of	
ı		know where to go for help in					•		Talk together about what to do	he time	the time		the time
ı	е	our community This child is safe					1		Work together to solve our problems				
		at school					(Know we have strengths to draw on				
	le	Other than you or oth east one other adult in or community who kn	in this ch	ild's scho	ool, neigh	borhood	, '		Stay hopeful even in difficult times				
ı		an rely on for advice							RING THE PAST 12 M				ad
ı	[Yes					T i	any	health care visits by	y video	or phone	?	
ı	[No							Yes No				
ı													
ı													
ı													
ı													



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? Excellent Age in years Very good Where were you born? Good In the United States Fair Outside of the United States Poor What is the highest grade or level of school you have completed? Which of the following best describes your current Mark (X) ONE box. employment status? Mark (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) Retired Bachelor's Degree (BA, BS, AB) Master's Degree (MA, MS, MSW, MBA) Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)



J 10	Have you ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.	17	care	t is the highest grade or level of school this giver has completed? ((X) ONE box.
	Never served in the military → SKIP to question J12			8th grade or less
	Only on active duty			9th-12th grade; No diploma
	for training in the Reserves or National Guard → SKIP to question			High School Graduate or GED Completed
	□ Now on active duty			Completed a vocational, trade, or business school program
	On active duty in the past, but not now			Some College Credit, but no Degree
(III	Were you deployed at any time during this child's life?			Associate Degree (AA, AS)
	☐ Yes .			Bachelor's Degree (BA, BS, AB)
	□ No			Master's Degree (MA, MS, MSW, MBA)
J12	Does this child have another parent or adult caregiver who lives in this household?			Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
	— Yes → Complete questions 113 - 123 for this other	J18	Wha	t is this caregiver's marital status?
	No → SKIP to question K1 on page 19			Married
				Not married, but living with a partner
	Other Parent or Caregiver in the Household			Never Married
				Divorced
J13	How is this other caregiver related to this child? Biological or Adoptive Parent			Separated
	Step-parent			Widowed
	Grandparent	110	In a	eneral, how is this caregiver's physical health?
			ııı ge	
	Foster Parent		H	Excellent
	Other: Relative		H	Very good
	Uther: Non-Relative		H	Good
J14	What is this caregiver's sex?		Ш	Fair
T	Male			Poor
	Female	J20	In ge	eneral, how is this caregiver's mental or emotional th?
J15	What is this caregiver's age?			Excellent
T	Age in years			Very good
	Ago in yours			Good
J16	Where was this caregiver born?			Fair
	☐ In the United States			Poor
	Outside of the United States			1 001



J2	current employment status? Mark (X) ONE box.	Income in 2022 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.
١	☐ Employed full-time	a. Wages, salary, commissions, bonuses, or tips for all jobs.
١	☐ Employed part-time ☐ Working WITHOUT pay	☐ Yes → \$.00
١	Not employed but looking for work	No TOTAL AMOUNT
١	□ Not employed and not looking for work	in the last calendar year b. Self-employment income from own nonfarm
١	Retired	businesses or farm business, including proprietorships and partnerships.
		□ Yes → \$.00 □ Loss
J2	Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.	No TOTAL AMOUNT in the last calendar year
١	Never served in the military → SKIP to question K1	 c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
	Only on active duty for training in the Reserves or National Guard → SKIP to question κ1	□ Yes → \$, .00 □ Loss
١	□ Now on active duty	No TOTAL AMOUNT in the last calendar year
	On active duty in the past, but not now	d. Social Security or Railroad Retirement; retirement, survivor, or disability pensions.
J2:		□ Yes → \$,
Ĭ	child's life?	No TOTAL AMOUNT in the last calendar year
	☐ Yes	Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office.
	K. Household Information	□ Yes → \$
Ki	How many people are living or staying at this address? Include everyone who usually lives or stays at this address.	No TOTAL AMOUNT in the last calendar year
	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.	f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony.
	Number of people	☐ Yes → \$,000,000.00
K2	How many of these people in your household are family	No TOTAL AMOUNT in the last calendar year
		The following question is about your 2022 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 Loss
		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 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.

