

Appendix A

**2023 National Survey of Children's Health
Questionnaire Content Revisions**

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

T3 & S-T3	Text - Question	Health Care Services Treatment Decisions - Question Text	Page 11: D5	Page 10: D5	<p>DURING THE PAST 12 MONTHS, did this child need any decisions to be made regarding their health care, such as whether to get prescriptions, referrals, or procedures?</p> <p>Yes No -> SKIP to question D7</p>	<p>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?</p> <p>Yes No -> SKIP to question D7</p>
T1 & S-T1	Skip Pattern - Web and Paper	HCABILITY - Skip Pattern	Page 5: A35	Page 5: A35	<p>DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?</p> <p>This child does not have any health conditions -> <i>SKIP to question B1 on page 6</i> Never Sometimes Usually Always</p>	<p>DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?</p> <p>This child does not have any health conditions -> SKIP to question B1 Never-> SKIP to question B1 Sometimes Usually Always</p>
T2 & S-T2	Skip Pattern - Web and Paper	HCABILITY - Skip Pattern	Page 5: A35	Page 5: A34	<p>DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?</p> <p>This child does not have any health conditions -> <i>SKIP to question B1 on page 6</i> Never Sometimes Usually Always</p>	<p>DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?</p> <p>This child does not have any health conditions -> SKIP to question B1 on page 6 Never-> SKIP to question B1 Sometimes Usually Always</p>
T3 & S-T3	Skip Pattern - Web and Paper	HCABILITY - Skip Pattern	Page 5: A35	Page 5: A34	<p>DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?</p> <p>This child does not have any health conditions -> <i>SKIP to question B1 on page 6</i> Never Sometimes Usually Always</p>	<p>DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their same age do?</p> <p>This child does not have any health conditions -> SKIP to question B1 Never-> SKIP to question B1 Sometimes Usually Always</p>
T1 & S-T1	Text - Question	Behavioral Wording Change - Adding "these problems"	Page 4: A21	Page 4: A20	<p>Has a doctor, other health care provider, or educator EVER told you that this child has... <i>Examples of educators are teachers and school nurses.</i></p> <p>If yes, does this child CURRENTLY have the condition? Yes No</p>	<p>Has a doctor, other health care provider, or educator EVER told you that this child has... <i>Examples of educators are teachers and school nurses.</i></p> <p>If yes, does this child CURRENTLY have these problems? Yes No</p>
T2 & S-T2	Text - Question	Behavioral Wording Change - Adding "these problems"	Page 4: A21	Page 4: A20	<p>Has a doctor, other health care provider, or educator EVER told you that this child has... <i>Examples of educators are teachers and school nurses.</i></p> <p>If yes, does this child CURRENTLY have the condition? Yes No</p>	<p>Has a doctor, other health care provider, or educator EVER told you that this child has... <i>Examples of educators are teachers and school nurses.</i></p> <p>If yes, does this child CURRENTLY have these problems? Yes No</p>
T3 & S-T3	Text - Question	Behavioral Wording Change - Adding "these problems"	Page 4: A21	Page 4: A20	<p>Has a doctor, other health care provider, or educator EVER told you that this child has... <i>Examples of educators are teachers and school nurses.</i></p> <p>If yes, does this child CURRENTLY have the condition? Yes</p>	<p>Has a doctor, other health care provider, or educator EVER told you that this child has... <i>Examples of educators are teachers and school nurses.</i></p> <p>If yes, does this child CURRENTLY have these problems?</p>

T1 & S-T1	Text - Question	Anxiety Wording Change - Adding "these problems"	Page 3: A14	Page 3: A14	<p>Has a doctor or other health care provider EVER told you that this child has... Anxiety Problems?</p> <p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes</p> <p>No</p>	<p>Has a doctor or other health care provider EVER told you that this child has... Anxiety Problems?</p> <p>If yes, does this child CURRENTLY have these problems?</p> <p>Yes</p> <p>No</p>
T2 & S-T2	Text - Question	Anxiety Wording Change - Adding "these problems"	Page 3: A14	Page 3: A14	<p>Has a doctor or other health care provider EVER told you that this child has... Anxiety Problems?</p> <p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes</p> <p>No</p>	<p>Has a doctor or other health care provider EVER told you that this child has... Anxiety Problems?</p> <p>If yes, does this child CURRENTLY have these problems?</p> <p>Yes</p> <p>No</p>
T3 & S-T3	Text - Question	Anxiety Wording Change - Adding "these problems"	Page 3: A14	Page 3: A14	<p>Has a doctor or other health care provider EVER told you that this child has... Anxiety Problems?</p> <p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes</p> <p>No</p>	<p>Has a doctor or other health care provider EVER told you that this child has... Anxiety Problems?</p> <p>If yes, does this child CURRENTLY have these problems?</p> <p>Yes</p> <p>No</p>
T1 & S-T1	Text - Response Option(s)	Text and positional change to 'Clinic or Health Center'	Page 7: C9	Page 7: C9	<p>If yes, where does this child USUALLY go first?</p> <p>Mark (X) ONE box.</p> <p>Doctor's Office</p> <p>Hospital Emergency Room</p> <p>Hospital Outpatient Department</p> <p>Urgent Care Center</p> <p>Clinic or Health Center</p> <p>Retail Store Clinic or "Minute Clinic"</p> <p>School (Nurse's Office, Athletic Trainer's Office)</p> <p>Some other place</p>	<p>If yes, where does this child USUALLY go first?</p> <p>Mark (X) ONE box.</p> <p>Doctor's Office</p> <p>Hospital Emergency Room</p> <p>Hospital Outpatient Department</p> <p>Urgent Care Center</p> <p>Clinic within a drug store or grocery store</p> <p>School (Nurse's Office, Athletic Trainer's Office)</p> <p>Other Clinic or Health Center</p> <p>Some other place</p>
T2 & S-T2	Text - Response Option(s)	Text and positional change to 'Clinic or Health Center'	Page 7: C12	Page 7: C12	<p>If yes, where does this child USUALLY go first?</p> <p>Mark (X) ONE box.</p> <p>Doctor's Office</p> <p>Hospital Emergency Room</p> <p>Hospital Outpatient Department</p> <p>Urgent Care Center</p> <p>Clinic or Health Center</p> <p>Retail Store Clinic or "Minute Clinic"</p> <p>School (Nurse's Office, Athletic Trainer's Office)</p> <p>Some other place</p>	<p>If yes, where does this child USUALLY go first?</p> <p>Mark (X) ONE box.</p> <p>Doctor's Office</p> <p>Hospital Emergency Room</p> <p>Hospital Outpatient Department</p> <p>Urgent Care Center</p> <p>Clinic within a drug store or grocery store</p> <p>School (Nurse's Office, Athletic Trainer's Office)</p> <p>Other Clinic or Health Center</p> <p>Some other place</p>
T3 & S-T3	Text - Response Option(s)	Text and positional change to 'Clinic or Health Center'	Page 7: C13	Page 7: C13	<p>If yes, where does this child USUALLY go first?</p> <p>Mark (X) ONE box.</p> <p>Doctor's Office</p> <p>Hospital Emergency Room</p> <p>Hospital Outpatient Department</p> <p>Urgent Care Center</p> <p>Clinic or Health Center</p> <p>Retail Store Clinic or "Minute Clinic"</p> <p>School (Nurse's Office, Athletic Trainer's Office)</p> <p>Some other place</p>	<p>If yes, where does this child USUALLY go first?</p> <p>Mark (X) ONE box.</p> <p>Doctor's Office</p> <p>Hospital Emergency Room</p> <p>Hospital Outpatient Department</p> <p>Urgent Care Center</p> <p>Clinic within a drug store or grocery store</p> <p>School (Nurse's Office, Athletic Trainer's Office)</p> <p>Other Clinic or Health Center</p> <p>Some other place</p>

S1 & S-S1	Text - Response Option(s)	Changes to Race responses	Page 3 Q5 Page 4 Q5 Page 5 Q5 Page 6 Q5	Page 3 Q5 Page 4 Q5 Page 5 Q5 Page 6 Q5	What is this child's race? Mark (X) one or more boxes. White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander	What is this child's race? Mark (X) one or more boxes. White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Native Hawaiian Chamorro Samoan Other Pacific Islander
T1 & S-T1	Deleted Question	Any other genetic condition	Page 4: A19	N/A	Has a doctor or other health care provider EVER told you that this child has... Any other genetic or inherited condition? Yes No	N/A
T1 & S-T1	Deleted Question	Any other genetic condition - Write-in	Page 4: A19	N/A	Has a doctor or other health care provider EVER told you that this child has... Any other genetic or inherited condition? If yes, specify:	N/A
T1 & S-T1	Deleted Question	Any other genetic condition - Description	Page 4: A19	N/A	Has a doctor or other health care provider EVER told you that this child has... Any other genetic or inherited condition? Is it: Mild Moderate Severe	N/A
T1 & S-T1	Deleted Question	Any other genetic condition - Newborn Screening	Page 4: A19	N/A	Was this condition identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i> Yes No	N/A
T2 & S-T2	Deleted Question	Any other genetic condition	Page 4: A19	N/A	Has a doctor or other health care provider EVER told you that this child has... Any other genetic or inherited condition? Yes No	N/A
T2 & S-T2	Deleted Question	Any other genetic condition - Write-in	Page 4: A19	N/A	Has a doctor or other health care provider EVER told you that this child has... Any other genetic or inherited condition? If yes, specify:	N/A

T2 & S-T2	Deleted Question	Any other genetic condition - Description	Page 4: A19	N/A	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Any other genetic or inherited condition?</p> <p>Is it:</p> <p>Mild</p> <p>Moderate</p> <p>Severe</p>	N/A
T2 & S-T2	Deleted Question	Any other genetic condition - Newborn Screening	Page 4: A19	N/A	<p>Was this condition identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i></p> <p>Yes</p> <p>No</p>	N/A
T3 & S-T3	Deleted Question	Any other genetic condition	Page 4: A19	N/A	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Any other genetic or inherited condition?</p> <p>Yes</p> <p>No</p>	N/A
T3 & S-T3	Deleted Question	Any other genetic condition - Write-in	Page 4: A19	N/A	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Any other genetic or inherited condition?</p> <p>If yes, specify:</p>	N/A
T3 & S-T3	Deleted Question	Any other genetic condition - Description	Page 4: A19	N/A	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Any other genetic or inherited condition?</p> <p>Is it:</p> <p>Mild</p> <p>Moderate</p> <p>Severe</p>	N/A
T3 & S-T3	Deleted Question	Any other genetic condition - Newborn Screening	Page 4: A19	N/A	<p>Was this condition identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i></p> <p>Yes</p> <p>No</p>	N/A
T1 & S-T1	Deleted Question	Age of mother when child was born	Page 6: B4	N/A	<p>What was the age of the mother when this child was born? <i>Your best estimate is fine</i></p> <p>__ Age in years</p>	N/A
T2 & S-T2	Deleted Question	Age of mother when child was born	Page 6: B4	N/A	<p>What was the age of the mother when this child was born? <i>Your best estimate is fine</i></p> <p>__ Age in years</p>	N/A
T3 & S-T3	Deleted Question	Age of mother when child was born	Page 6: B4	N/A	<p>What was the age of the mother when this child was born? <i>Your best estimate is fine</i></p> <p>__ Age in years</p>	N/A
T1 & S-T1	Deleted Question	Alternative health care or treatment	Page 9: C22	N/A	<p>DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? <i>Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.</i></p> <p>Yes</p> <p>No</p>	N/A

T2 & S-T2	Deleted Question	Alternative health care or treatment	Page 8: C25	N/A	<p>DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? <i>Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.</i></p> <p>Yes No</p>	N/A
T3 & S-T3	Deleted Question	Alternative health care or treatment	Page 8: C26	N/A	<p>DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? <i>Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.</i></p> <p>Yes No</p>	N/A
T1 & S-T1	Deleted Question	Reasons for gaps in health insurance	Page 12: E2	N/A	<p>Indicate whether any of the following is a reason this child was not covered by health insurance at any time DURING THE PAST 12 MONTHS:</p> <p>Change in employer or employment status (Yes/No) Cancellation due to overdue premiums (Yes/No) Dropped coverage because it was unaffordable (Yes/No) Dropped coverage because benefits were inadequate (Yes/No) Dropped coverage because choice of health care providers was inadequate (Yes/No) Problems with application or renewal process (Yes/No) Other, specify:</p>	N/A
T2 & S-T2	Deleted Question	Reasons for gaps in health insurance	Page 12: E2	N/A	<p>Indicate whether any of the following is a reason this child was not covered by health insurance at any time DURING THE PAST 12 MONTHS:</p> <p>Change in employer or employment status (Yes/No) Cancellation due to overdue premiums (Yes/No) Dropped coverage because it was unaffordable (Yes/No) Dropped coverage because benefits were inadequate (Yes/No) Dropped coverage because choice of health care providers was inadequate (Yes/No) Problems with application or renewal process (Yes/No) Other, specify:</p>	N/A
T3 & S-T3	Deleted Question	Reasons for gaps in health insurance	Page 13: E2	N/A	<p>Indicate whether any of the following is a reason this child was not covered by health insurance at any time DURING THE PAST 12 MONTHS:</p> <p>Change in employer or employment status (Yes/No) Cancellation due to overdue premiums (Yes/No) Dropped coverage because it was unaffordable (Yes/No) Dropped coverage because benefits were inadequate (Yes/No) Dropped coverage because choice of health care providers was inadequate (Yes/No) Problems with application or renewal process (Yes/No) Other, specify:</p>	N/A
T1 & S-T1	Deleted Question	Insurance adequacy for mental health treatment	Page 12: E7	N/A	<p>Thinking specifically about this child’s mental or behavioral health needs, how often does this child’s health insurance offer benefits or cover services that meet these needs?</p> <p>Always Usually Sometimes Never This child does not use mental or behavioral health services</p>	N/A

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

T3 & S-T3	Deleted Question	Telehealth visits because of the COVID-19 pandemic	Page 19: I18 (if yes question)	N/A	<p>If yes, were any of this child’s health care visits by video or phone because of the coronavirus pandemic?</p> <p>Yes No</p>	N/A
T1 & S-T1	Deleted Question	Disrupted child care because of the COVID-19 pandemic	Page 23: I19	N/A	<p>DURING THE PAST 12 MONTHS, has this child’s regular daycare or other childcare arrangement been closed or unavailable at any time because of the coronavirus pandemic?</p> <p>Yes No</p>	N/A
T2 & S-T2	Deleted Question	Disrupted child care because of the COVID-19 pandemic	Page 23: I20	N/A	<p>DURING THE PAST 12 MONTHS, have any of this child’s regular childcare arrangements been closed or unavailable at any time because of the coronavirus pandemic? <i>Please include before school care, after school care, and all other forms of childcare that were unavailable.</i></p> <p>Yes No</p>	N/A
T1 & S-T1	Deleted Question	Year adult 1 moved to US	Page 24: J5	N/A	<p>When did you come to live in the United States? <i>Indicate the 4-digit year in which you came to live in the United States.</i></p>	N/A
T2 & S-T2	Deleted Question	Year adult 1 moved to US	Page 19: J5	N/A	<p>When did you come to live in the United States? <i>Indicate the 4-digit year in which you came to live in the United States.</i></p>	N/A
T3 & S-T3	Deleted Question	Year adult 1 moved to US	Page 20: J5	N/A	<p>When did you come to live in the United States? <i>Indicate the 4-digit year in which you came to live in the United States.</i></p>	N/A
T1 & S-T1	Deleted Question	Year adult 2 moved to US	Page 25: J18	N/A	<p>When did this caregiver come to live in the United States? <i>Indicate the 4-digit year in which this caregiver came to live in the United States.</i></p>	N/A
T2 & S-T2	Deleted Question	Year adult 2 moved to US	Page 21: J18	N/A	<p>When did this caregiver come to live in the United States? <i>Indicate the 4-digit year in which this caregiver came to live in the United States.</i></p>	N/A
T3 & S-T3	Deleted Question	Year adult 2 moved to US	Page 21: J18	N/A	<p>When did this caregiver come to live in the United States? <i>Indicate the 4-digit year in which this caregiver came to live in the United States.</i></p>	N/A
T1 & S-T1	Deleted Question	Sources of parental emotional support	Page 20: H18	N/A	<p>If yes, did you receive emotional support from...</p> <p>Spouse or domestic partner? (Yes/No) Other family member or close friend? (Yes/No) Health care provider? (Yes/No) Place of worship or religious leader? (Yes/No) Support or advocacy group related to specific health condition? (Yes/No) Peer support group? (Yes/No) Counselor or other mental health professional? (Yes/No) Other person, specify: (Yes/No) Other person, specify:</p>	N/A
T2 & S-T2	Deleted Question	Sources of parental emotional support	Page 16: H11	N/A	<p>If yes, did you receive emotional support from...</p> <p>Spouse or domestic partner? (Yes/No) Other family member or close friend? (Yes/No) Health care provider? (Yes/No) Place of worship or religious leader? (Yes/No) Support or advocacy group related to specific health condition? (Yes/No) Peer support group? (Yes/No) Counselor or other mental health professional? (Yes/No) Other person, specify: (Yes/No) Other person, specify:</p>	N/A

					<p>If yes, did you receive emotional support from...</p> <p>Spouse or domestic partner? (Yes/No)</p> <p>Other family member or close friend? (Yes/No)</p> <p>Health care provider? (Yes/No)</p> <p>Place of worship or religious leader? (Yes/No)</p> <p>Support or advocacy group related to specific health condition? (Yes/No)</p> <p>Peer support group? (Yes/No)</p> <p>Counselor or other mental health professional? (Yes/No)</p> <p>Other person, specify: (Yes/No)</p> <p>Other person, specify:</p>	
T3 & S-T3	Deleted Question	Sources of parental emotional support	Page 17: H11	N/A		N/A
T1 & S-T1	Text - Response Option(s)	Skip Instruction Change	Page 12: E1	Page 11: E1	Yes, this child was covered all 12 months --> SKIP to question E4	Yes, this child was covered all 12 months --> SKIP to question E3
T2 & S-T2	Text - Response Option(s)	Skip Instruction Change	Page 12: E1	Page 10: E1	Yes, this child was covered all 12 months --> SKIP to question E4	Yes, this child was covered all 12 months --> SKIP to question E3 on page 11
T3 & S-T3	Text - Response Option(s)	Skip Instruction Change	Page 13: E1	Page 11: E1	Yes, this child was covered all 12 months --> SKIP to question E4	Yes, this child was covered all 12 months --> SKIP to question E3
T1 & S-T1	Text - Response Option(s)	Skip Instruction Removal A1	Page 24: J4	Page 19: J4	In the United States --> SKIP to question J6	In the United States
T2 & S-T2	Text - Response Option(s)	Skip Instruction Removal A1	Page 19: J4	Page 16: J4	In the United States --> SKIP to question J6 on page 20	In the United States
T3 & S-T3	Text - Response Option(s)	Skip Instruction Removal A1	Page 20L J4	Page 17: J4	In the United States --> SKIP to question J6	In the United States
T1 & S-T1	Text - Response Option(s)	Skip Instruction Removal A2	Page 25: J17	Page 21: J17	In the United States --> SKIP to question J19 on page 26	In the United States
T2 & S-T2	Text - Response Option(s)	Skip Instruction Removal A2	Page 21: J17	Page 17: J16	In the United States --> SKIP to question J19	In the United States
T3 & S-T3	Text - Response Option(s)	Skip Instruction Removal A2	Page 21: J17	Page 18: J16	In the United States --> SKIP to question J19 on page 22	In the United States
T1 & S-T1	Text - Response Option(s)	Skip Instruction Removal H17	Page 20: H17	Page 17: H17	No --> SKIP to question H19	No
T2 & S-T2	Text - Response Option(s)	Skip Instruction Removal H10 T2	Page 16: H10	Page 14: H10	No --> SKIP to question I1 on page 17	No
T3 & S-T3	Text - Response Option(s)	Skip Instruction Removal H10 T3	Page 17: H10	Page 14: H10	No --> SKIP to question I1 on page 18	No
T1 & S-T1	Skip Pattern - Web and Paper	Repositioned question to new page	N/A	N/A	<p>Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?</p> <p>Yes</p> <p>No--> SKIP to question F1 on page 13</p>	<p>Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?</p> <p>Yes</p> <p>No--> SKIP to question F1</p>
T2 & S-T2	Skip Pattern - Web and Paper	Repositioned question to new page	N/A	Page 10: E2	<p>Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?</p> <p>Yes</p> <p>No--> SKIP to question F1 on page 13</p>	<p>Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?</p> <p>Yes</p> <p>No--> SKIP to question F1 on page 11</p>
T3 & S-T3	Skip Pattern - Web and Paper	Repositioned question to new page	Page 13: E3	Page 11: E2	<p>Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?</p> <p>Yes</p> <p>No--> SKIP to question F1 on page 14</p>	<p>Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?</p> <p>Yes</p> <p>No--> SKIP to question F1 on page 12</p>
T1 & S-T1	Skip Pattern - Web and Paper	Text change - page reference	Page 5: A26	Page 4: A25	No → SKIP to question A31	No → SKIP to question A30 on page 5
T2 & S-T2	Skip Pattern - Web and Paper	Incorrect Skip pattern	Page 5: A26	Page 4: A25	No → SKIP to question A31	No → SKIP to question A30 on page 5
T2 & S-T2	Skip Pattern - Web and Paper	Incorrect Skip pattern	Page 5: A31	Page 4: A30	No → SKIP to question A34	No → SKIP to question A33
T1 & S-T1	Skip Pattern - Web and Paper	Incorrect Skip pattern	Page 5: B4	Page 5: B4	No → SKIP to question B8 on page 6	No → SKIP to question B6 on page 6
T1 & S-T1	Skip Pattern - Web and Paper	Text change - page reference	Page 7: C14	Page 7: C14	No → SKIP to question C17	No → SKIP to question C17 on page 8

T1 & S-T1	Skip Pattern - Web and Paper	Text change - page reference	Page 7: C15	Page 7: C15	No preventive visits in the past 12 months → SKIP to question C17	No preventive visits in the past 12 months → SKIP to question C17 on page 8
T1 & S-T1	Skip Pattern - Web and Paper	Incorrect Skip pattern	Page 8: C20	Page 8: C20	No, this child did not need to see a specialist → SKIP to question C23	No, this child did not need to see a specialist → SKIP to question C22
T1 & S-T1	Text - Question	Missing ", " between "child's health care"	Page 10: D5	Page 10: D5	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?	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?
T1 & S-T1	Skip Pattern - Web and Paper	Text change - page reference	Page 20: J12	Page 20: J12	Yes → Complete questions J13 - J23 for this other parent or adult caregiver	Yes → Complete questions J13 - J23 on page 21 for this other parent or adult caregiver
T2 & S-T2	Skip Pattern - Web and Paper	Text change - page reference	Page 7: C20	Page 7: C20	No, this child did not need to see a mental health professional → SKIP to question C22	No, this child did not need to see a mental health professional → SKIP to question C22 on page 8
T2 & S-T2	Text - Question	Missing ", " between "child's health care"	N/A	N/A	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?	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?
T1 & S-T1	Text - Response Option(s)	Adding "Retired" as the last Caregiver 1 employment status response option	J10 on pg 25	J9 on pg 20	<p>Which of the following best describes your current employment status? <i>Mark (X) ONE box.</i></p> <p>Not employed but looking for work Not employed and not looking for work Employed part-time Working WITHOUT pay Employed full-time</p>	<p>Which of the following best describes your current employment status? <i>Mark (X) ONE box.</i></p> <p>Not employed but looking for work Not employed and not looking for work Employed part-time Working WITHOUT pay Employed full-time Retired</p>
T1 & S-T1	Text - Response Option(s)	Adding "Retired" as the last Caregiver 2 employment status response option	J23 on pg 26	J21 on pg 22	<p>Which of the following best describes this caregiver's current employment status? <i>Mark (X) ONE box.</i></p> <p>Employed full-time Employed part-time Working WITHOUT pay Not employed but looking for work Not employed and not looking for work</p>	<p>Which of the following best describes this caregiver's current employment status? <i>Mark (X) ONE box.</i></p> <p>Employed full-time Employed part-time Working WITHOUT pay Not employed but looking for work Not employed and not looking for work Reitred</p>
T2 & S-T2	Text - Response Option(s)	Adding "Retired" as the last Caregiver 1 employment status response option	J10 on pg 20	J9 on pg 17	<p>Which of the following best describes your current employment status? <i>Mark (X) ONE box.</i></p> <p>Not employed but looking for work Not employed and not looking for work Employed part-time Working WITHOUT pay Employed full-time</p>	<p>Which of the following best describes your current employment status? <i>Mark (X) ONE box.</i></p> <p>Not employed but looking for work Not employed and not looking for work Employed part-time Working WITHOUT pay Employed full-time Retired</p>
T2 & S-T2	Text - Response Option(s)	Adding "Retired" as the last Caregiver 2 employment status response option	J23 on pg 22	J21 on pg 18	<p>Which of the following best describes this caregiver's current employment status? <i>Mark (X) ONE box.</i></p> <p>Employed full-time Employed part-time Working WITHOUT pay Not employed but looking for work Not employed and not looking for work</p>	<p>Which of the following best describes this caregiver's current employment status? <i>Mark (X) ONE box.</i></p> <p>Employed full-time Employed part-time Working WITHOUT pay Not employed but looking for work Not employed and not looking for work Reitred</p>

T3 & S-T3	Text - Response Option(s)	Adding "Retired" as the last Caregiver 1 employment status response option	J10 on pg 21	J9 on pg 17	Which of the following best describes your current employment status? <i>Mark (X) ONE box.</i> Not employed but looking for work Not employed and not looking for work Employed part-time Working WITHOUT pay Employed full-time	Which of the following best describes your current employment status? <i>Mark (X) ONE box.</i> Not employed but looking for work Not employed and not looking for work Employed part-time Working WITHOUT pay Employed full-time Retired
T3 & S-T3	Text - Response Option(s)	Adding "Retired" as the last Caregiver 2 employment status response option	J23 on pg 22	J21 on pg 19	Which of the following best describes this caregiver's current employment status? <i>Mark (X) ONE box.</i> Employed full-time Employed part-time Working WITHOUT pay Not employed but looking for work Not employed and not looking for work	Which of the following best describes this caregiver's current employment status? <i>Mark (X) ONE box.</i> Employed full-time Employed part-time Working WITHOUT pay Not employed but looking for work Not employed and not looking for work Reitred