

## 2024 to 2025 NSCH Content Updates

Questionnaire Impacted	Type of Change	Item Name/ Change Description	2024 NSCH Page # and Question #	2025 NSCH Page # and Question #	2024 NSCH Production Question Wording	2025 NSCH Year Production Question Wording
T2 & S-T2	New Question	Addition of VEGETABLES question to T2 & S-T2 forms	N/A	page 14: H7	N/A	<p>DURING THE PAST WEEK, how many times did this child eat vegetables?<i>Include any that were fresh, frozen, or canned. Do not include French fries, fried potatoes, or potato chips.</i></p> <p>This child did not eat vegetables  1-3 times during the past week  4-6 times during the past week  1 time per day  2 times per day  3 or more times per day</p>
T3 & S-T3	New Question	Addition of VEGETABLES question to T3 and S-T3 forms	N/A	page 14: H7	N/A	<p>DURING THE PAST WEEK, how many times did this child eat vegetables?<i>Include any that were fresh, frozen, or canned. Do not include French fries, fried potatoes, or potato chips.</i></p> <p>This child did not eat vegetables  1-3 times during the past week  4-6 times during the past week  1 time per day  2 times per day  3 or more times per day</p>
T2 & S-T2	New Question	Addition of FRUIT question to T2 & S-T2 forms	N/A	page 14: H8	N/A	<p>DURING THE PAST WEEK, how many times did this child eat fruit?<i>Include any that were fresh, frozen, canned, or dried. Do not include juice.</i></p> <p>This child did not eat fruit  1-3 times during the past week  4-6 times during the past week  1 time per day  2 times per day  3 or more times per day</p>
T3 & S-T3	New Question	Addition of FRUIT question to T3 and S-T3 forms	N/A	page 14: H8	N/A	<p>DURING THE PAST WEEK, how many times did this child eat fruit?<i>Include any that were fresh, frozen, canned, or dried. Do not include juice.</i></p> <p>This child did not eat fruit  1-3 times during the past week  4-6 times during the past week  1 time per day  2 times per day  3 or more times per day</p>

T1 & S-T1	New Question	Add the OMB SPD-15 Race/Ethnicity Question to paper topical forms and update the wording for web instrument to comply with OMB SPD-15 (Figure 1) wording	N/A	Page 23	N/A	<p><b>This Child's Race and/or Ethnicity</b>  The National Survey of Children's Health is piloting a recently updated race and/or ethnicity question. Please think of the child selected for this survey when answering this question.</p> <p><b>What is this child's race and/or ethnicity?</b>  <u>Mark all that apply</u>, and enter additional details in the spaces below.</p> <p><input type="checkbox"/> <b>American Indian or Alaska Native</b> – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Name Eskimo Community, Aztec, Maya, etc.  (Write-in field box here)</p> <p><input type="checkbox"/> <b>Asian</b> – Provide details below.</p> <p><input type="checkbox"/> Chinese      <input type="checkbox"/> Asian Indian      <input type="checkbox"/> Filipino  <input type="checkbox"/> Vietnamese      <input type="checkbox"/> Korean      <input type="checkbox"/> Japanese</p> <p>Enter, for example, Pakistani, Hmong, Afghan, etc.  (Write-in field box here)</p> <p><input type="checkbox"/> <b>Black or African American</b> – Provide details below.</p> <p><input type="checkbox"/> African American      <input type="checkbox"/> Jamaican      <input type="checkbox"/> Haitian  <input type="checkbox"/> Nigerian      <input type="checkbox"/> Ethiopian      <input type="checkbox"/> Somali</p> <p>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.  (Write-in field box here)</p> <p><input type="checkbox"/> <b>Hispanic or Latino</b> – Provide details below.</p> <p><input type="checkbox"/> Mexican      <input type="checkbox"/> Puerto Rican      <input type="checkbox"/> Salvadoran  <input type="checkbox"/> Cuban      <input type="checkbox"/> Dominican      <input type="checkbox"/> Guatemalan</p> <p>Enter, for example, Colombian, Honduran, Spaniard, etc.  (Write-in field box here)</p> <p><input type="checkbox"/> <b>Middle Eastern or North African</b> – Provide details below.</p> <p><input type="checkbox"/> Lebanese      <input type="checkbox"/> Iranian      <input type="checkbox"/> Egyptian  <input type="checkbox"/> Syrian      <input type="checkbox"/> Iraqi      <input type="checkbox"/> Israeli</p> <p>Enter, for example, Moroccan, Yemeni, Kurdish, etc.  (Write-in field box here)</p> <p><input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> – Provide details below.</p> <p><input type="checkbox"/> Native Hawaiian      <input type="checkbox"/> Samoan      <input type="checkbox"/> Chamorro  <input type="checkbox"/> Tongan      <input type="checkbox"/> Fijian      <input type="checkbox"/> Marshallese</p> <p>Enter, for example, Chuukese, Palauan, Tahitian, etc.  (Write-in field box here)</p> <p><input type="checkbox"/> <b>White</b> – Provide details below.</p> <p><input type="checkbox"/> English      <input type="checkbox"/> German      <input type="checkbox"/> Irish  <input type="checkbox"/> Italian      <input type="checkbox"/> Polish      <input type="checkbox"/> Scottish</p> <p>Enter, for example, French, Swedish, Norwegian, etc.  (Write-in field box here)</p>
T2 & S-T2	New Question	Add the OMB SPD-15 Race/Ethnicity Question to paper topical forms and update the wording for web instrument to comply with OMB SPD-15 (Figure 1) wording	N/A	Page 19	N/A	<p><b>This Child's Race and/or Ethnicity</b>  The National Survey of Children's Health is piloting a recently updated race and/or ethnicity question. Please think of the child selected for this survey when answering this question.</p> <p><b>What is this child's race and/or ethnicity?</b>  <u>Mark all that apply</u>, and enter additional details in the spaces below.</p> <p><input type="checkbox"/> <b>American Indian or Alaska Native</b> – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Name Eskimo Community, Aztec, Maya, etc.  (Write-in field box here)</p> <p><input type="checkbox"/> <b>Asian</b> – Provide details below.</p> <p><input type="checkbox"/> Chinese      <input type="checkbox"/> Asian Indian      <input type="checkbox"/> Filipino  <input type="checkbox"/> Vietnamese      <input type="checkbox"/> Korean      <input type="checkbox"/> Japanese</p> <p>Enter, for example, Pakistani, Hmong, Afghan, etc.  (Write-in field box here)</p> <p><input type="checkbox"/> <b>Black or African American</b> – Provide details below.</p> <p><input type="checkbox"/> African American      <input type="checkbox"/> Jamaican      <input type="checkbox"/> Haitian  <input type="checkbox"/> Nigerian      <input type="checkbox"/> Ethiopian      <input type="checkbox"/> Somali</p> <p>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.  (Write-in field box here)</p> <p><input type="checkbox"/> <b>Hispanic or Latino</b> – Provide details below.</p> <p><input type="checkbox"/> Mexican      <input type="checkbox"/> Puerto Rican      <input type="checkbox"/> Salvadoran  <input type="checkbox"/> Cuban      <input type="checkbox"/> Dominican      <input type="checkbox"/> Guatemalan</p> <p>Enter, for example, Colombian, Honduran, Spaniard, etc.  (Write-in field box here)</p> <p><input type="checkbox"/> <b>Middle Eastern or North African</b> – Provide details below.</p> <p><input type="checkbox"/> Lebanese      <input type="checkbox"/> Iranian      <input type="checkbox"/> Egyptian  <input type="checkbox"/> Syrian      <input type="checkbox"/> Iraqi      <input type="checkbox"/> Israeli</p> <p>Enter, for example, Moroccan, Yemeni, Kurdish, etc.  (Write-in field box here)</p> <p><input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> – Provide details below.</p> <p><input type="checkbox"/> Native Hawaiian      <input type="checkbox"/> Samoan      <input type="checkbox"/> Chamorro  <input type="checkbox"/> Tongan      <input type="checkbox"/> Fijian      <input type="checkbox"/> Marshallese</p> <p>Enter, for example, Chuukese, Palauan, Tahitian, etc.  (Write-in field box here)</p> <p><input type="checkbox"/> <b>White</b> – Provide details below.</p> <p><input type="checkbox"/> English      <input type="checkbox"/> German      <input type="checkbox"/> Irish  <input type="checkbox"/> Italian      <input type="checkbox"/> Polish      <input type="checkbox"/> Scottish</p> <p>Enter, for example, French, Swedish, Norwegian, etc.  (Write-in field box here)</p>

T3 & S-T3	New Question	Add the OMB SPD-15 Race/Ethnicity Question to paper topical forms and update the wording for web instrument to comply with OMB SPD-15 (Figure 1) wording	N/A	Page 20	N/A	<p><b>This Child's Race and/or Ethnicity</b></p> <p>The National Survey of Children's Health is piloting a recently updated race and/or ethnicity question. Please think of the child selected for this survey when answering this question.</p> <p><b>What is this child's race and/or ethnicity?</b></p> <p><u>Mark all that apply, and enter additional details in the spaces below.</u></p> <p><input type="checkbox"/> <b>American Indian or Alaska Native</b> – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc. (Write-in field box here)</p> <p><input type="checkbox"/> <b>Asian</b> – Provide details below.</p> <p><input type="checkbox"/> Chinese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Filipino  <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Japanese</p> <p>Enter, for example, Pakistani, Hmong, Afghan, etc. (Write-in field box here)</p> <p><input type="checkbox"/> <b>Black or African American</b> – Provide details below.</p> <p><input type="checkbox"/> African American <input type="checkbox"/> Jamaican <input type="checkbox"/> Haitian  <input type="checkbox"/> Nigerian <input type="checkbox"/> Ethiopian <input type="checkbox"/> Somali</p> <p>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc. (Write-in field box here)</p> <p><input type="checkbox"/> <b>Hispanic or Latino</b> – Provide details below.</p> <p><input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Salvadoran  <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Guatemalan</p> <p>Enter, for example, Colombian, Honduran, Spaniard, etc. (Write-in field box here)</p> <p><input type="checkbox"/> <b>Middle Eastern or North African</b> – Provide details below.</p> <p><input type="checkbox"/> Lebanese <input type="checkbox"/> Iranian <input type="checkbox"/> Egyptian  <input type="checkbox"/> Syrian <input type="checkbox"/> Iraqi <input type="checkbox"/> Israeli</p> <p>Enter, for example, Moroccan, Yemeni, Kurdish, etc. (Write-in field box here)</p> <p><input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> – Provide details below.</p> <p><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Chamorro  <input type="checkbox"/> Tongan <input type="checkbox"/> Fijian <input type="checkbox"/> Marshallese</p> <p>Enter, for example, Chuukese, Palauan, Tahitian, etc. (Write-in field box here)</p> <p><input type="checkbox"/> <b>White</b> – Provide details below.</p> <p><input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Irish  <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Scottish</p> <p>Enter, for example, French, Swedish, Norwegian, etc. (Write-in field box here)</p>
Web Instrument Only T1 & S-T1 T2 & S-T2 T3 & S-T3	Instructional Text	Addition of instructional "Help" text to the SPD-15 question	N/A	N/A	N/A	<p>Help:</p> <p><b>Race and/or Ethnicity</b></p> <p>The following descriptions define each of the categories:</p> <p><b>American Indian or Alaska Native</b></p> <p>The category "American Indian or Alaska Native" includes individuals with origins in any of the original peoples of North, Central, and South America. Examples of these groups include, but are not limited to, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya. The category also includes groups such as The Muscogee (Creek) Nation, The Chickasaw Nation, Central Council of the Tlingit and Haida Indian Tribes, Native Village of Kotzebue, Taino, Inca, etc. Individuals should report the child's detailed American Indian or Alaska Native tribe or tribes in the space provided.</p> <p><b>Asian</b></p> <p>The category "Asian" includes individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia. Examples of these groups include, but are not limited to, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese. The category also includes groups such as Pakistani, Hmong, Afghan, Cambodian, Taiwanese, Thai, etc. Individuals should select all that apply and report the child's additional detailed Asian group or groups in the space provided.</p> <p><b>Black or African American</b></p> <p>The category "Black or African American" includes individuals with origins in any of the Black racial groups of Africa. Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali. The category also includes groups such as Trinidadian and Tobagonian, Ghanaian, Congolese, Kenyan, Cameroonian, Barbadian, etc. Individuals should select all that apply and report the child's additional detailed Black or African American group or groups in the space provided.</p> <p><b>Hispanic or Latino</b></p> <p>The category "Hispanic or Latino" includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin. The category also includes groups such as Colombian, Honduran, Spaniard, Ecuadorian, Peruvian, Venezuelan, etc. Individuals should select all that apply and report the child's additional detailed Hispanic or Latino group or groups in the space provided.</p> <p><b>Middle Eastern or North African</b></p> <p>The category "Middle Eastern or North African" includes individuals with origins in any of the original peoples of the Middle East or North Africa. Examples of these groups include, but are not limited to, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli. The category also includes groups such as Moroccan, Yemeni, Kurdish, Palestinian, Chaldean, Assyrian, etc. Individuals should select all that apply and report the child's additional detailed Middle Eastern or North African group or groups in the space provided.</p> <p><b>Native Hawaiian or Pacific Islander</b></p> <p>The category "Native Hawaiian or Pacific Islander" includes individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Examples of these groups include, but are not limited to, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese. The category also includes groups such as Chuukese, Palauan, Tahitian, Māori, Pohnpeian, Kosraean, etc. Individuals should select all that apply and report the child's additional detailed Native Hawaiian or Pacific Islander group or groups in the space provided.</p> <p><b>White</b></p> <p>The category "White" includes individuals with origins in any of the original peoples of Europe. Examples of these groups include, but are not limited to, English, German, Irish, Italian, Polish, and Scottish. The category also includes groups such as French, Swedish, Norwegian, Russian, Cajun, Roma, etc. Individuals should select all that apply and report the child's additional detailed White group or groups in the space provided.</p>

T1 & S-T1	Deleted Question	Remove OUTDOORSW KDAY and OUTDOORSW KEND question for NSCH 2025	page 16: H9	N/A	ON MOST WEEKDAYS, how much time does this child spend playing outdoors? Include time spent playing in your yard or neighborhood, outside at school or child care, in a park, playground or other outdoor recreation area. <i>Your best estimate is fine.</i> Less than 1 hour per day 1 hour per day 2 hours per day 3 hours per day 4 or more hours per day	N/A
T1 & S-T1	Deleted Question	Remove OUTDOORSW KDAY and OUTDOORSW KEND question for NSCH 2025	page 16: H10	N/A	ON AN AVERAGE WEEKEND DAY, how much time does this child spend playing outdoors? Include time spent playing in your yard or neighborhood, in a park, playground or other outdoor recreation area. <i>Your best estimate is fine.</i> Less than 1 hour per day 1 hour per day 2 hours per day 3 hours per day 4 or more hours per day	N/A
T1 & S-T1	New Question	Add Question on Impact of ADD/ADHD Medication Shortages	N/A	Page 5: A32	N/A	DURING THE PAST 12 MONTHS, have medication shortages negatively impacted this child's ADD or ADHD treatment?  Yes No This child did not have an ADD or ADHD prescription during the past 12 months.
T2 & S-T2	New Question	Add Question on Impact of ADD/ADHD Medication Shortages	N/A	Page 5: A32	N/A	DURING THE PAST 12 MONTHS, have medication shortages negatively impacted this child's ADD or ADHD treatment?  Yes No This child did not have an ADD or ADHD prescription during the past 12 months.
T3 & S-T3	New Question	Add Question on Impact of ADD/ADHD Medication Shortages	N/A	Page 5: A32	N/A	DURING THE PAST 12 MONTHS, have medication shortages negatively impacted this child's ADD or ADHD treatment?  Yes No This child did not have an ADD or ADHD prescription during the past 12 months.
T1 & S-T1	New Question	Add Question on Hours of Received Child Care	N/A	Page 12: H15	N/A	IN AN AVERAGE WEEK, how many hours does this child receive care from someone other than their parent or guardian? <i>This care could be from a relative or friend, childcare center or daycare center, preschool, pre-K program, Head Start or Early Head Start program, home-based childcare or in-home daycare program, nanny, au pair, or babysitter.</i>  0 hours per week 1-10 hours per week 11-20 hours per week 21-30 hours per week 31-40 hours per week More than 40 hours per week

T1 & S-T1	Text - Response Option(s)	Add "Don't Know" response option for A17 last question	Page 3: A17	Page 3: A17	Were any of these blood disorders identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i> Yes No	Were any of these blood disorders identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i> Yes No Don't know
T2 & S-T2	Text - Response Option(s)	Add "Don't Know" response option for A17 last question	Page 3: A17	Page 3: A17	Were any of these blood disorders identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i> Yes No	Were any of these blood disorders identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i> Yes No Don't know
T3 & S-T3	Text - Response Option(s)	Add "Don't Know" response option for A17 last question	Page 3: A17	Page 3: A17	Were any of these blood disorders identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i> Yes No	Were any of these blood disorders identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i> Yes No Don't know
T1 & S-T1	Text - Response Option(s)	Add "Don't Know" response option for A18 last question	Page 3: A18	Page 3: A18	Was this condition identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i> Yes No	Was this condition identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i> Yes No Don't know
T2 & S-T2	Text - Response Option(s)	Add "Don't Know" response option for A18 last question	Page 3: A18	Page 3: A18	Was this condition identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i> Yes No	Was this condition identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i> Yes No Don't know
T3 & S-T3	Text - Response Option(s)	Add "Don't Know" response option for A18 last question	Page 3: A18	Page 3: A18	Was this condition identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i> Yes No	Was this condition identified through a blood test done shortly after birth? <i>These tests are sometimes called newborn screening.</i> Yes No Don't know
T1 & S-T1	New Question	Add Question on Asthma Attack After "If yes is it:"	Page 2: A6	Page 2: A6	Has a doctor or other health care provider EVER told you that this child has... Asthma? 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... Asthma? Yes No  If yes, does this child CURRENTLY have the condition? Yes No  If yes, is it: Mild Moderate Severe  DURING THE PAST 12 MONTHS, has this child had an episode of asthma or an asthma attack? Yes No

T2 & S-T2	New Question	Add Question on Asthma Attack After "If yes is it:"	Page 2: A6	Page 2: A6	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Asthma?</p> <p>Yes</p> <p>No</p> <p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes</p> <p>No</p> <p>If yes, is it:</p> <p>Mild Moderate</p> <p>Severe</p>	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Asthma?</p> <p>Yes</p> <p>No</p> <p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes</p> <p>No</p> <p>If yes, is it:</p> <p>Mild Moderate</p> <p>Severe</p> <p>DURING THE PAST 12 MONTHS, has this child had an episode of asthma or an asthma attack?</p> <p>Yes</p> <p>No</p>
T3 & S-T3	New Question	Add Question on Asthma Attack After "If yes is it:"	Page 2: A6	Page 2: A6	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Asthma?</p> <p>Yes</p> <p>No</p> <p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes</p> <p>No</p> <p>If yes, is it:</p> <p>Mild Moderate</p> <p>Severe</p>	<p>Has a doctor or other health care provider EVER told you that this child has...</p> <p>Asthma?</p> <p>Yes</p> <p>No</p> <p>If yes, does this child CURRENTLY have the condition?</p> <p>Yes</p> <p>No</p> <p>If yes, is it:</p> <p>Mild Moderate</p> <p>Severe</p> <p>DURING THE PAST 12 MONTHS, has this child had an episode of asthma or an asthma attack?</p> <p>Yes</p> <p>No</p>
T1 & S-T1	Deleted Question	Deletion of EVALFASD question	Page 9: C34	N/A	<p>Has a doctor, other health care provider, or educator EVER recommended that this child be evaluated for a Fetal Alcohol Spectrum Disorder?</p> <p><i>Examples of educators are teachers and school nurses.</i></p> <p>Yes</p> <p>No</p> <p>Don't know</p>	N/A
T2 & S-T2	Deleted Question	Deletion of EVALFASD question	Page 9: C37	N/A	<p>Has a doctor, other health care provider, or educator EVER recommended that this child be evaluated for a Fetal Alcohol Spectrum Disorder?</p> <p><i>Examples of educators are teachers and school nurses.</i></p> <p>Yes</p> <p>No</p> <p>Don't know</p>	N/A

T3 & S-T3	Deleted Question	Deletion of EVALFASD question	Page 9: C38	N/A	Has a doctor, other health care provider, or educator EVER recommended that this child be evaluated for a Fetal Alcohol Spectrum Disorder? <i>Examples of educators are teachers and school nurses.</i> Yes No Don't know	N/A
T1 & S-T1	New Question	Addition of FASD_YEARS and FASD_DK question	Page 4: A19	Page 4: A19	Has a doctor or other health care provider EVER told you that this child has... Fetal Alcohol Spectrum Disorder (FASD)? Yes No	Has a doctor or other health care provider EVER told you that this child has... Fetal Alcohol Spectrum Disorder (FASD)? Yes No  If yes, how old was this child when a doctor or other health care provider FIRST told you that they had a Fetal Alcohol Spectrum Disorder? __Age in years Don't Know
T2 & S-T2	New Question	Addition of FASD_YEARS and FASD_DK question	Page 4: A19	Page 4: A19	Has a doctor or other health care provider EVER told you that this child has... Fetal Alcohol Spectrum Disorder (FASD)? Yes No	Has a doctor or other health care provider EVER told you that this child has... Fetal Alcohol Spectrum Disorder (FASD)? Yes No  If yes, how old was this child when a doctor or other health care provider FIRST told you that they had a Fetal Alcohol Spectrum Disorder? __Age in years Don't Know
T3 & S-T3	New Question	Addition of FASD_YEARS and FASD_DK question	Page 4: A19	Page 4: A19	Has a doctor or other health care provider EVER told you that this child has... Fetal Alcohol Spectrum Disorder (FASD)? Yes No	Has a doctor or other health care provider EVER told you that this child has... Fetal Alcohol Spectrum Disorder (FASD)? Yes No  If yes, how old was this child when a doctor or other health care provider FIRST told you that they had a Fetal Alcohol Spectrum Disorder? __Age in years Don't Know
T2 & S-T2	Deleted Question	Remove ACE12 for NSCH 2025	page 16: I16	N/A	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. To the best of your knowledge, has this child EVER experienced any of the following? 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 h. Treated or judged unfairly because of their race or ethnic group i. Treated or judged unfairly because of their sexual orientation or gender identity j. Treated or judged unfairly because of a health condition or disability	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. To the best of your knowledge, has this child EVER experienced any of the following? 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 h. Treated or judged unfairly because of their race or ethnic group <del>i. Treated or judged unfairly because of their sexual orientation or gender identity</del> i. Treated or judged unfairly because of a health condition or disability

T3 & S-T3	Deleted Question	Remove ACE12 for NSCH 2025	page 16: 116	N/A	<p>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.</p> <p>To the best of your knowledge, has this child EVER experienced any of the following?</p> <ul style="list-style-type: none"> <li>a. Parent or guardian divorced or separated</li> <li>b. Parent or guardian died</li> <li>c. Parent or guardian served time in jail or prison</li> <li>d. Saw or heard parents or adults slap, hit, kick, punch one another in the home</li> <li>e. Was a victim of violence or witnessed violence in their neighborhood</li> <li>f. Lived with anyone who was mentally ill, suicidal, or severely depressed</li> <li>g. Lived with anyone who had a problem with alcohol or drugs</li> <li>h. Treated or judged unfairly because of their race or ethnic group</li> <li>i. Treated or judged unfairly because of their sexual orientation or gender identity</li> <li>i. Treated or judged unfairly because of a health condition or disability</li> </ul>	<p>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.</p> <p>To the best of your knowledge, has this child EVER experienced any of the following?</p> <ul style="list-style-type: none"> <li>a. Parent or guardian divorced or separated</li> <li>b. Parent or guardian died</li> <li>c. Parent or guardian served time in jail or prison</li> <li>d. Saw or heard parents or adults slap, hit, kick, punch one another in the home</li> <li>e. Was a victim of violence or witnessed violence in their neighborhood</li> <li>f. Lived with anyone who was mentally ill, suicidal, or severely depressed</li> <li>g. Lived with anyone who had a problem with alcohol or drugs</li> <li>h. Treated or judged unfairly because of their race or ethnic group</li> <li><del>i. Treated or judged unfairly because of their sexual orientation or gender identity</del></li> <li>i. Treated or judged unfairly because of a health condition or disability</li> </ul>
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