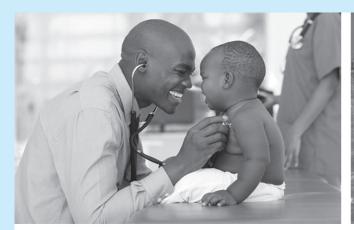
Appendix D

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 U.S. Census Bureau is required by law to protect your information. The U.S. Census Bureau is not permitted to publicly release your responses in a way that could identify this household. The U.S. Census Bureau is conducting the National Survey of Children's Health on behalf of the Department of Health and Human Services (HHS) under Title 13, U.S.C. Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. The data collected under this agreement are confidential under Title 13 U.S.C. Section 9. All access to Title 13 data from this survey is restricted to Census Bureau employees and those holding Census Bureau Special Sworn Status pursuant to 13 U.S.C. Section 23(c).

Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. Any information you provide will be shared among a limited number of Census Bureau employees and HHS staff with Special Sworn Status for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and in accordance with System of Records Notice COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

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.

2025 NSCH-S1

(01/22/2025)



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

| 1 | 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. |
| 2 | How | v many children 0-17 years old usually live or stay at this address? |
| | | Number of children living or staying at this address |
| 3 | Wha | at is the primary language spoken in the household? |
| | | English |
| | | Spanish |
| | | Other Language, specify: 🔀 |
| | | |
| 4 | | nis house, apartment, or mobile home – k 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? |
| E | Ans | swer the remaining questions for each of the children 0-17 years old who usually live or stay at this address. |
| | | rt with the YOUNGEST CHILD, who we will call "Child 1" and continue with the next youngest until you have wered the questions for all children who usually live or stay at this address. |



| | CHI | LD 1 | Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins? |
|---|--|---------------------------|--|
| | (rour | 19031/ | ☐ Yes ☐ No |
| 1 | First name, initials, or nickn | ame of the youngest child | |
| | | | ☐ Yes ☐ No |
| 2 | How old is this child? If the old, round age in months to 1. | | → If yes, is this a condition that has lasted or is expected to last 12 months or longer? |
| | | | ☐ 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? |
| 3 | What is this child's sex? | | |
| | ☐ Male ☐ Fema | ale | ☐ Yes ☐ No |
| E | NOTE: Answer BOTH que origin and question 5 | bout race. | |
| | For this survey, Hispanic | origins are not races. | Yes No |
| 4 | Is this child of Hispanic, Lat | | |
| | No, not of Hispanic, Latir | io, or Spanish origin | ☐ Yes ☐ No |
| | Yes, Mexican, Mexican A | umerican, Chicano | 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, L | atino, or Spanish origin | ANY medical, behavioral, or other health condition? |
| 5 | What is this child's race? Ma | ark one or more boxes. | YesNoIf 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 Does this child need or get special therapy, such as |
| | American Indian or Alaska Native | Other Asian | 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? |
| | Cilliese | 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 |
| 6 | Answer the following questi least 4 years old. Otherwise | | Does this child have any kind of emotional, |
| | How well does this child spe | | developmental, or behavioral problem for which they need treatment or counseling? |
| | ☐ Very well | | ☐ Yes ☐ No |
| | Well | | |
| | Not well | | Yes No |
| | Not at all | | |



| | | CHILI (Next you | | | 7 | Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins? |
|---|------|---|-----------|------------------------|----|---|
| | | | | -/ | | ☐ Yes ☐ No |
| • | Firs | st name, initials, or nicknam ld | e of t | the next youngest | | → If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition? |
| | | | | | | ☐ Yes ☐ No |
| E | | w old is this child? If the chi round age in months to 1. | ild is le | ess than one month | | → If yes, is this a condition that has lasted or is expected to last 12 months or longer? |
| | | | | | | ☐ 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 | vvn | at is this child's sex? | | | | |
| | | Male Female | | | | ☐ Yes ☐ No |
| E | ori | TE: Answer BOTH quest gin and question 5 abo | ut ra | ce. | | → If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition? ——————————————————————————————————— |
| | Fo | r this survey, Hispanic or | rigins | are not races. | | └ Yes |
| 4 | ls t | his child of Hispanic, Latino | | | | |
| | | No, not of Hispanic, Latino, | or Sp | anish origin | | Yes No |
| | | Yes, Mexican, Mexican Am | 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 |
| | | Yes, Puerto Rican | | | | can do? |
| | | Yes, Cuban | | | | ☐ Yes☐ No☐ If yes, is this child's limitation in abilities because of |
| | | Yes, another Hispanic, Latin | no, or | Spanish origin | | ANY medical, behavioral, or other health condition? |
| Ę | Wh | at is this child's race? Mark | one o | or more boxes. | | YesNo→ 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 | | Yes No |
| | | American Indian or Alaska Native | | Other Asian | 10 | Does this child need or get special therapy, such as physical, occupational, or speech therapy? |
| | | | | 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 I acinc islander | | is expected to last 12 months or longer? Yes No |
| e | lea | swer the following question st 4 years old. Otherwise, S w well does this child speak | KIP to | o question 7. | 0 | Does this child have any kind of emotional, developmental, or behavioral problem for which they need treatment or counseling? |
| | | | | | | |
| | | Very well Well | | | | 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 |
| | | | | | | |



| | | CHILI (Next you | | | 7 | | | | | | need or use medicine than vitamins? | |
|---|------------|---|-------------|------------------------|----|------------------|---------------------|-------------------|--------------|-------------------|--|---------------|
| | | | | | | Yes | | | No | | | |
| 1 | Firs | t name, initials, or nicknam d | e of | the next youngest | | beca | | f ANY | | | d for prescription medi behavioral, or other h | |
| | | | | | | | Yes | | | No | | |
| 2 | | v old is this child? If the child round age in months to 1. | ld is | less than one month | | → | If yes | s, is th | nis a | cond | lition that has lasted o 2 months or longer? | r |
| | | Years OR | | Months | 8 | Does this | | Yes need | or us | □ se m | No ore medical care, men | tal |
| | VA/I | -4 in 4hin ahilula ang | | | | | educ | ationa | al ser | vices | s than is usual for mos | |
| 3 | vvna | at is this child's sex? | | | | Yes | | | No | | | |
| | Ш | Male Female | | | | ☐ If ve | s. is tl | his ch | ild's | need | d for medical care, mer | ntal |
| E | NO orig | TE: Answer BOTH questi | ion ut r | 4 about Hispanic ace. | | heal | th, or | educa | ationa | al sei | rvices because of ANY ther health condition? | |
| | For | this survey, Hispanic or | igir | s are not races. | | | Yes | | | No | | |
| 4 | ls tl | his child of Hispanic, Latino | , or | Spanish origin? | | - | | | | | lition that has lasted of 2 months or longer? | r |
| | | No, not of Hispanic, Latino, | or S | Spanish origin | | | | Yes | | | No | |
| | | Yes, Mexican, Mexican Ame | erica | ın, Chicano | 9 | ability to | | | | | ed in any way in their hildren of the same ag | je |
| | Ш | Yes, Puerto Rican | | | | can do? | | | | | | |
| | | Yes, Cuban | | | | Yes | o io 41 | | No | linai4 | ation in abilities become | of |
| | | Yes, another Hispanic, Latin | 10, 0 | or Spanish origin | | ANY | medi | nis cn cal, be | ehavi | oral, | ation in abilities becau or other health condit | se or ion? |
| 5 | Wha | at is this child's race? Mark | one | or more boxes. | | | Yes | ie th | | No cond | lition that has lasted o | r |
| | | White | | Korean | | ŗ | is exp | pected | d to la | ast 1 | 2 months or longer? | |
| | | Black or African American | | Vietnamese | | | | Yes | | ш | No | |
| | | American Indian or Alaska Native | | Other Asian | 10 | | | | | | ecial therapy, such as ech therapy? | |
| | | Asian Indian | | Native Hawaiian | | Yes | | | No | | | |
| | | Asian Indian Chinese | | Chamorro | | → If ye or of | s, is the ther h | his be ealth | caus cond | e of ition | ANY medical, behavior? | ral, |
| | | | | Samoan | | | Yes | | | No | | |
| | | Filipino Japanese | | Other Pacific Islander | | → | | | | | lition that has lasted of 2 months or longer? | ٢ |
| | | | | | | | | Yes | | | No | |
| 6 | | wer the following question | | | 1 | Does this | child | have | anv l | kind | of emotional, | |
| | | st 4 years old. Otherwise, Si v well does this child speak | | | | | ental, | or be | havio | oral _l | problem for which they | ' |
| | | Very well | | | | Yes | | | No | | | |
| | | Well | | | | beha | | prob | lem l | aste | ll, developmental, or d or is it expected to la | ıst |
| | | Not well | | | | | Yes | OI 10 | | r No | | |
| 1 | | Not at all | | | | | | | | | | |

| | | CHILD 4 Next youngest) | Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins? |
|---|---|--|--|
| | | . tont youngot, | ☐ Yes ☐ No |
| E | First name, initials, o | or nickname of the next youngest | |
| | | | ☐ Yes ☐ No |
| 2 | How old is this child old, round age in mon | ? If the child is less than one month ths to 1. | ☐ If yes, is this a condition that has lasted or is expected to last 12 months or longer? |
| | | | ☐ Yes ☐ No |
| | Years O | | 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 | What is this child's s | sex? | |
| | Male | Female | Yes No |
| E | origin and question | | 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, Hi | spanic origins are not races. | ☐ Yes ☐ No |
| 4 | | nic, 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 Hispai | nic, Latino, or Spanish origin | Yes No |
| | | exican American, 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 Rica | ın | can do? |
| | Yes, Cuban | | Yes No |
| | Yes, another His | panic, Latino, or Spanish origin | → If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition? |
| 5 | What is this child's r | race? Mark one or more boxes. | Yes □ No H yes, is this a condition that has lasted or |
| | White | Korean | is expected to last 12 months or longer? |
| | Black or | Vietnamese | ☐ Yes ☐ No |
| | African American American Indian Alaska Native | | 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 | | → If yes, is this a condition that has lasted or |
| | Japanese | Other Pacific Islande | is expected to last 12 months or longer? Yes No |
| G | Answer the following | g question only if this child is at | |
| | | herwise, SKIP to question 7. | Does this child have any kind of emotional, 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 |

| or nickname for eac | an four children 0-17 years old who usually live or stay at this address, list the first name, initials, sh 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 |
| , i | 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 first part of 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 ADDP.NSCH.List@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 U.S. Census Bureau is required by law to protect your information. The U.S. Census Bureau is not permitted to publicly release your responses in a way that could identify this household. The U.S. Census Bureau is conducting the National Survey of Children's Health on behalf of the Department of Health and Human Services (HHS) under Title 13, U.S.C. Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. The data collected under this agreement are confidential under Title 13 U.S.C. Section 9. All access to Title 13 data from this survey is restricted to Census Bureau employees and those holding Census Bureau Special Sworn Status pursuant to 13 U.S.C. Section 23(c).

Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. Any information you provide will be shared among a limited number of Census Bureau employees and HHS staff with Special Sworn Status for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and in accordance with System of Records Notice COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

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.

2025 NSCH-T1 (03/11/2025) Draft 7



| | Start Here | A3 | DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the |
|-----|--|-----------|--|
| ch | ecently, you completed a survey that asked about the ildren usually living or staying at this address. ank you for taking the time to complete that survey. | | following? a. Breathing or other respiratory problems (such as wheezing or shortness of breath) |
| W | e 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 |
| ca | the child listed above is not correct or does not prespond to a child living in this household, please Il 1-800-845-8241 for assistance. For Telephone | | d. Repeated or chronic physical pain, including headaches or other back or body pain |
| | evice for the Deaf (TDD) assistance, please call: 800-582-8330. | | e. Using their hands |
| | e have selected only one child per household in an fort to minimize the amount of time you will need to | | f. Coordination or moving around |
| | emplete the follow-up questions. | | g. Toothaches |
| ca | regiver who lives in this household and who is | | h. Bleeding gumsi. Decayed teeth or cavities |
| | miliar with this child's health and health care. our participation is important. Thank you. | A4 | Does this child have any of the following? |
| | on participation is important. Thank you. | Y | Yes No |
| | | | a. Deafness or problems with hearing |
| | A. This Child's Health | | b. Blindness or problems with seeing, even when wearing glasses |
| | general, how would you describe this child's health | | Has a doctor or other health care provider EVER told you that this child has |
| (th | ne one named above)? | A5 | Allergies (such as food, drug, insect, seasonal, or other)? |
| | Excellent | | ☐ Yes ☐ No |
| | Very good | | If yes, does this child CURRENTLY have the condition? |
| | Good | | ☐ Yes ☐ No |
| | Fair | | ☐ Mild ☐ Moderate ☐ Severe |
| | Poor | A6 | ☐ Mild ☐ Moderate ☐ Severe Asthma? |
| Н | ow would you describe the condition of this child's | | ☐ Yes ☐ No |
| | eth? | | |
| L | This child does not have any teeth | | ☐ Yes ☐ No |
| | Excellent | | → If yes, is it: |
| | Very good | | ☐ Mild ☐ Moderate ☐ Severe |
| | Good | | DURING THE PAST 12 MONTHS, has this child had an episode of asthma or an asthma attack? |
| | Fair | | ☐ Yes ☐ No |
| | Poor | A7 | Autoimmune disease (such as Type 1 Diabetes, Celiac, or Juvenile Idiopathic Arthritis)? |
| | | | Yes No |
| | | | → If yes, is it: |



| ı | 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 |
|------------|--|--|
| A | Cerebral Palsy? | Anxiety Problems? |
| I | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 1 | → If yes, is it: | ☐ If yes, does this child CURRENTLY have these |
| 1 | ☐ Mild ☐ Moderate ☐ Severe | problems? |
| | Time 0 Bishetes 2 | ☐ Yes ☐ No |
| A. | | → If yes, are they: |
| 1 | ☐ Yes ☐ No | ☐ Mild ☐ Moderate ☐ Severe |
| 1 | If yes, does this child CURRENTLY have the condition? | A15 Depression? |
| 1 | ☐ Yes ☐ No | Yes No |
| 1 | → If yes, is it: | ☐ If yes, does this child CURRENTLY have the |
| 1 | ☐ Mild ☐ Moderate ☐ Severe | condition? |
| | | ☐ Yes ☐ No |
| A1 | Epilepsy or Seizure Disorder? | ☐ If yes, is it: |
| 1 | ☐ Yes ☐ No | ☐ Mild ☐ Moderate ☐ Severe |
| 1 | → If yes, does this child CURRENTLY have the condition? | A16 Down Syndrome? |
| 1 | ☐ Yes ☐ No | Yes No |
| 1 | → If yes, is it: | |
| | ☐ Mild ☐ Moderate ☐ Severe | Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)? |
| A1 | Heart Condition? | ☐ Yes ☐ No |
| ٦ | ☐ 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? |
| 1 | Does this child CURRENTLY have the condition? | The lace emis 2 |
| 1 | ☐ Yes ☐ No | Thalassemia? |
| 1 | → If yes, is it: | Hemophilia? |
| 1 | ☐ Mild ☐ Moderate ☐ Severe | Other Blood Disorders? Yes No |
| A 1 | Frequent or severe headaches, including migraine? | Were any of these blood disorders identified |
| I | ☐ Yes ☐ No | through a blood test done shortly after birth? |
| 1 | → If yes, does this child CURRENTLY have the | These tests are sometimes called newborn screening. |
| 1 | condition? | Yes No Don't know |
| 1 | | A18 Cystic Fibrosis? |
| 1 | → If yes, is it: | ☐ Yes ☐ No |
| 1 | ☐ Mild ☐ Moderate ☐ Severe | ☐ If yes, is it: |
| A1 | Tourette Syndrome? | ☐ Mild ☐ Moderate ☐ Severe |
| Ī | ☐ 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 ☐ Don't know |
| | ☐ 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 |
|----|--|--|
| | | Examples of educators are teachers and school nurses. |
| A1 | 9 Fetal Alcohol Spectrum Disorder (FASD)? | Learning Disability? |
| | ☐ Yes ☐ No | ☐ 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? | If yes, does this child CURRENTLY have the disability? |
| | Age in years Don't know | ☐ Yes ☐ No ☐ If yes, is it: |
| | Has a doctor, other health care provider, or educator EVER told you that this child has Examples of educators are teachers and school nurses. | ☐ Mild ☐ Moderate ☐ Severe 25 Has a doctor or other health care provider EVER told |
| A2 | | you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD). |
| ١ | ☐ Yes ☐ No | of Lervasive Developmental Disorder (LDD). |
| | If yes, does this child CURRENTLY have these problems? | Yes □ No → SKIP to question A30 on page 5 |
| | ☐ Yes ☐ No | ☐ If yes, does this child CURRENTLY have the condition? |
| | L→ If yes, are they: | ☐ Yes ☐ No |
| | ☐ Mild ☐ Moderate ☐ Severe | → If yes, is it: |
| A2 | Developmental Delay? | ☐ Mild ☐ Moderate ☐ Severe |
| 1 | ☐ Yes ☐ No A2 | How old was this child when a doctor or other health care provider FIRST told you that they had Autism, ASD, |
| | If yes, does this child CURRENTLY have the condition? | Asperger's Disorder or PDD? |
| | Yes No | Age in years Don't know |
| ١ | → If yes, is it: | |
| | ☐ Mild ☐ Moderate ☐ Severe | 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 ONE box. |
| A2 | Intellectual Disability (formerly known as Mental Retardation)? | ☐ Primary Care Provider |
| | ☐ Yes ☐ No | ☐ Specialist |
| | If yes, does this child CURRENTLY have the disability? | ☐ School Psychologist/Counselor |
| | Yes No | Other Psychologist (Non-School) |
| | L→ If yes, is it: | ☐ Psychiatrist |
| | ☐ Mild ☐ Moderate ☐ Severe | ☐ Other, specify: |
| A2 | 3 Speech or other language disorder? | |
| | ☐ Yes ☐ No | ☐ Don't know |
| | If yes, does this child CURRENTLY have the condition? | |
| | ☐ Yes ☐ No | |
| | ☐ If yes, is it: | |
| | ☐ Mild ☐ Moderate ☐ Severe | |
| | U WING U WOODERALE U SEVELE | |



| A2 | B Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD? | DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their |
|----|---|--|
| | Yes No | ability to do things other children their age do? |
| A2 | | This child does not have any health conditions → SKIP to question B1 |
| | child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an | ☐ Never → SKIP to question B1 |
| | intervention that you or this child received to help with their behavior? | Sometimes |
| | ☐ Yes ☐ No | Usually |
| АЗ | Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or | Always |
| | Attention Deficit/Hyperactivity Disorder that is ADD | To what extent do this child's health conditions or problems affect their ability to do things? |
| | ☐ Yes ☐ No → SKIP to question A34 | Very little |
| | If yes, does this child CURRENTLY have the condition? | Somewhat |
| | ☐ Yes ☐ No | ☐ A great deal |
| | ☐ If yes, is it: | |
| | Mild Moderate Severe | B. This Child as an Infant |
| АЗ | 1 Is this child CURRENTLY taking medication for ADD or ADHD? | Was this child born more than 3 weeks before their due date? |
| | ☐ Yes ☐ No | Yes |
| АЗ | DURING THE PAST 12 MONTHS, have medication shortages negatively impacted this child's ADD or ADHD treatment? | □ No |
| | Yes | What month and year was this child born? Birth Month / 4-Digit Birth Year |
| | □ No | |
| | This child did not have an ADD or ADHD prescription during the past 12 months. | 1 20 |
| АЗ | At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD, | How much did they weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine. |
| | such as training or an intervention that you or this child received to help with their behavior? | pounds AND ounces |
| | ☐ Yes ☐ No | OR Outlies |
| АЗ | brain injury? A concussion or brain injury is when a blow | kilograms AND grams |
| | 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. | Was this child EVER breastfed or fed breast milk? |
| | ☐ Yes ☐ No | Yes |
| | 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, did a doctor or other health care provider tell you that your child had a concussion or brain injury? | |
| | ☐ Yes ☐ No | |



| B | If yes, how old was this child when they COMPLETELY stopped breastfeeding or being fed breast milk? Your best estimate is fine. | | (| C. Health Care Services |
|---|---|-------------|---------------------|---|
| | | d s h | octo ick- osp | NG THE PAST 12 MONTHS, did this child see a bor, nurse, or other health care professional for child care, well-child check-ups, physical exams, italizations or any other kind of medical care? de health care visits done by video or phone. |
| | days | | | Yes |
| | OR | | | No → SKIP to question C4 |
| | weeks | 2 1 | yes | s, DURING THE PAST 12 MONTHS, how many times |
| | OR | р | rofe | his child visit a doctor, nurse, or other health care essional to receive a PREVENTIVE check-up? |
| | months | iı | | ventive check-up is when this child was not sick or d, such as an annual or sports physical, or well-child |
| В | How old was this child when they were FIRST fed formula? Your best estimate is fine. | | | 0 visits |
| | This child has never been fed formula | | | 1 visit |
| | OR | | | 2 or more visits |
| | OR | a d | PRI | king about the LAST TIME you took this child for EVENTIVE check-up, about how long was the or or health care provider who examined this child a room with you? Your best estimate is fine. |
| | OR days | | | Less than 10 minutes |
| | | | | 10-20 minutes |
| | OR weeks | | | More than 20 minutes |
| | | 4 A | re y | ou concerned about this child's weight? |
| | months | | | Yes, it's too high |
| В | anything other than breast milk or formula? Include | | | Yes, it's too low |
| | water, juice, cow's milk, sugar water, baby food, or anything else that this child might have been given. Your best estimate is fine. | L | | No, I am not concerned |
| | This child has never been fed anything other than breast milk or formula | | | a doctor or other health care provider ever told you this child is overweight? |
| | OR | | | Yes |
| | ☐ At birth OR | | | No |
| | | ٥ | r otl | NG THE PAST 12 MONTHS, did this child's doctors her health care providers ask if you have concerns t this child's learning, development, or behavior? |
| | OR | " | _ | Yes |
| | weeks | | | No |
| | OR | | | |
| | months | | | |



| С | | | wer the following question only if this child is at t 9 months old. Otherwise skip to question cs . | 9 | | es, is this the same place this child goes when they sick? |
|----|---|----------|--|------------|----------|---|
| | | 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 s | ocial behaviors? Sometimes a child's doctor or other th care provider will ask a parent to do this at home or | \perp | | 41 |
| | | | ng a child's visit. | C12 | a pro | this child EVER received a vision screening from ovider other than an eye doctor? The screening |
| | | | Yes No | | pres | d have occurred at a pediatrician's office, in a school, chool/child care center, or a community setting, using |
| | | | If yes, AND this child is 9-23 Months: | | рісти | res, shapes, letters, or a camera like tool. |
| | | | Did the questionnaire ask about your concerns or observations about: | | | Yes No |
| | | | Mark ALL that apply. How this child talks or makes speech sounds? | | 7 | If yes, was it recommended that this child see an eye doctor or other eye care provider for an eye examination or additional vision services as a result of the vision screening? An eye doctor may |
| | | | ☐ How this child interacts with you and others? | | | be referred to as an optometrist or ophthalmologist. |
| | | └ | If yes, AND this child is 2-5 Years: | | | ☐ Yes ☐ No |
| | | | Did the questionnaire ask about your concerns or observations about: Mark ALL that apply. | C13 | | this child EVER seen an eye doctor? An eye doctor be referred 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 | If yes, what care has this child received from the eye doctor? Mark ALL that apply. |
| C | 4 | take | ere a place you or another caregiver USUALLY this child when they are sick or you need advice ut their health? | | | Received eye examination |
| | | | Yes | | | Prescribed eyeglasses or contact lenses |
| | | | No → SKIP to question ©10 | | | Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism |
| C | | | s, where does this child USUALLY go first? | | | Some other care |
| | | | Doctor's Office | C14 | dent | ING THE PAST 12 MONTHS, did this child see a sist or other oral health care provider for any kind ental or oral health care? |
| | | | Hospital Emergency Room | | | ental 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 |
| ١ | | | | | | |
| | | | School (Nurse's Office, Athletic Trainer's Office) | C15 | If ve | s. DURING THE PAST 12 MONTHS, did this child |
| | | | School (Nurse's Office, Athletic Trainer's Office) Other Clinic or Health Center | C15 | see a | s, DURING THE PAST 12 MONTHS, did this child a dentist or other oral health care provider for VENTIVE dental care, such as check-ups, dental |
| | | | | G15 | see a | a dentist or other oral health care provider for VENTIVE dental care, such as check-ups, dental nings, dental sealants, or fluoride treatments? No preventive visits in |
| C1 | | | Other Clinic or Health Center Some other place here a place that this child USUALLY goes when | C15 | see a | a dentist or other oral health care provider for VENTIVE dental care, such as check-ups, dental nings, dental sealants, or fluoride treatments? No preventive visits in the past 12 months → SKIP to question 17 on page 8 |
| C1 | | they | Other Clinic or Health Center Some other place | C15 | see a | a dentist or other oral health care provider for VENTIVE dental care, such as check-ups, dental nings, dental sealants, or fluoride treatments? No preventive visits in the past 12 months → SKIP to question 17 on page 8 Yes, 1 visit |
| C1 | | they | Other Clinic or Health Center Some other place Here a place that this child USUALLY goes when red routine preventive care, such as a physical | C15 | see a | a dentist or other oral health care provider for VENTIVE dental care, such as check-ups, dental nings, dental sealants, or fluoride treatments? No preventive visits in the past 12 months → SKIP to question 17 on page 8 |
| C1 | | they | Other Clinic or Health Center Some other place Here a place that this child USUALLY goes when red routine preventive care, such as a physical mination or well-child check-up? | GIE | see a | a dentist or other oral health care provider for VENTIVE dental care, such as check-ups, dental nings, dental sealants, or fluoride treatments? No preventive visits in the past 12 months → SKIP to question 17 on page 8 Yes, 1 visit |



| C1 | PŘ | 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 th | at this |
|----|---------------------------------------|---|------------|------|--|------------|--------------|
| ١ | , , , , , , , , , , , , , , , , , , , | Check-up | | | Not difficult | | |
| ١ | | · | | | Somewhat difficult | | |
| ١ | | Cleaning | | | Very difficult | | |
| ١ | | Instruction on tooth brushing and oral health care | | | It was not possible to obtain care | | |
| ١ | | X-Rays | C22 | DUR | ING THE PAST 12 MONTHS, was then | e any t | ime when |
| ١ | L | Fluoride treatment | Ĭ | By h | child needed health care but it was n ealth care, we mean medical care as we | ell as oti | her kinds of |
| ١ | | Sealant (plastic coatings on back teeth) | | care | like dental care, vision care, and menta Yes | i neaith | services. |
| ١ | | Don't know | | | | | |
| C1 | red hea psy | RING THE PAST 12 MONTHS, has this child elived any treatment or counseling from a mental alth professional? Mental health professionals include exchiatrists, psychologists, psychiatric nurses, and clinical sial workers. | C23 | | No → SKIP to question c25 s, which types of care were not rece ALL that apply. Medical Care | eived? | |
| ١ | | Yes | | | Dental Care | | |
| ١ | | No, but this child needed to see a mental health professional | | | Vision Care | | |
| ١ | | No, this child did not need to see a mental health professional → SKIP to question C19 | | | Hearing Care | | |
| G1 | 8 Ho or | w difficult was it to get the mental health treatment counseling that this child needed? | | | Mental Health Services Other, specify: ✓ | | |
| ١ | | Not difficult | | | | | |
| ١ | | Somewhat difficult | | Did | any of the following reasons contribu | ito to th | vis child |
| | | Very difficult | C24 | not | receiving needed health services? (Yes or No for EACH item. | Yes | No |
| ١ | | It was not possible to obtain care | | | This child was not eligible for the services | | |
| C1 | an | 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 | | |
| | em | otions, concentration, or behavior? Yes | | a | There were problems getting an appointment when this child needed one | | |
| | | No | | | There were problems with getting ransportation or child care | | |
| C2 | spe | RING THE PAST 12 MONTHS, did this child see a ecialist other than a mental health professional? | | | The clinic or doctor's office wasn't open when this child needed care | | |
| ١ | do | ecialists are doctors like surgeons, heart doctors, allergy stors, skin doctors, and others who specialize in one a of health care. | | f. 7 | There were issues related to cost | | |
| | | Yes | C25 | | RING 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 a specialist → SKIP to question C22 | | | Sometimes | | |
| | | a specialist 7 Star to question (72) | | | Usually | | |
| | | | | | Always | | |



| | | 1 |
|----|--|--|
| Cź | DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room? Do NOT include visits to urgent care centers. | Has this child EVER received an evaluation for a Fetal Alcohol Spectrum Disorder? |
| | None | Yes |
| | ☐ 1 time | □ No |
| | 2-3 times | ☐ Don't know |
| | 4 or more times | D. Evporiones with This |
| Cź | DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night? | D. Experience with This Child's Health Care Providers |
| | Yes | |
| | □ No | D1 Do you have one or more persons you think of as this child's personal doctor or nurse? A personal doctor or |
| Cz | 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 | 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. |
| | Individualized Education Plan (IEP). | ☐ Yes, one person |
| | ∐ Yes | Yes, more than one person |
| | No → SKIP to question C31 | □ No |
| C2 | | D2 DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services? |
| | years AND months | Yes |
| Cä | Is this child CURRENTLY receiving services under one of these plans? | No → SKIP to question D4 on page 10 |
| | ☐ Yes | D3 How difficult was it to get referrals? |
| | □ No | ☐ Not difficult |
| | He skip skild EVER masked an asial associate and | ☐ Somewhat difficult |
| (F | Has this child EVER received special services to meet their developmental needs? Special services can include therapies such as speech, occupational, physical | ☐ Very difficult |
| | or behavioral or other services received to meet developmental needs. | ☐ It was not possible to get a referral |
| | Yes | |
| | No → SKIP to question C34 | |
| 0: | | |
| Œ | If yes, how old was this child when they began receiving these special services? | |
| | years AND months | |
| Cä | Is this child CURRENTLY receiving these special services? | |
| | □ Yes | |
| | □ No | |
| | | |



| D | • | Answer the following q health care visit IN THE skip to question | PAST 1 | 2 MONT | this child h THS. Otherw | ad a vise | D8 | 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 child's doctors or other | | | | s | | Yes |
| | | | Always | Usually | Sometimes | Never | | |
| | | a. Spend enough time with this child? | | | | | | No → SKIP to question D10 |
| | | b. Listen carefully to you? | | | | | D9 | 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? e. Help you feel like a partner in this child's care? | | | | | D10 | you with the communication between this child's |
| D | • | DURING THE PAST 12 | MONTHS | did vo | u another | | | doctors and other health care providers? Very satisfied |
| | | caregiver, or a health c decisions regarding this | are prov s child's | ider nee health | ed to make a care, such a | as | | Somewhat satisfied |
| | | whether to get prescrip | tions, re | ferrals, | or procedu | res? | | ☐ Somewhat dissatisfied |
| | | No → SKIP to ques | stion D7 | | | | | ☐ Very dissatisfied |
| D | 5 | If yes, DURING THE PA this child's doctors or o | ST 12 M | ONTHS, | | | 9 | 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 the range of options | | | | | | Yes |
| | | to consider for their health care or treatment? | | | | | | No → SKIP to question |
| | | b. Make it easy for you to raise concerns or | | | | | | to communicate with these providers → SKIP to question ■ on page 11 |
| | | disagree with recommendations for this child's health care? | | | | | D12 | 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 which health care and treatment choices would be | | | | | | □ Very satisfied□ Somewhat satisfied |
| | | best for this child? | | | | | | Somewhat dissatisfied |
| D | 7 | DURING THE PAST 12 arrange or coordinate t different doctors or ser | his child | 's care | among the | you | | ☐ Very dissatisfied |
| | | Yes | | | | | | |
| | | No | | | | | | |
| | | Did not see more the health care provided past 12 months → \$ | r in the | juestion | D11 | | | |



F. Providing for This Child's Health

E. This Child's Health Insurance Coverage

| 3 | DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan? | | | | | Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spend Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care | | | | | |
|----|---|---|----------------------------|--------|---|---|---|----------------------|----|--|--|
| | | Yes, this child was covered all 12 months → SKIP to question | | | | | ING THE PAST 12 MONTHS? Do not in the insurance premiums or costs that went | nclude re or will | е | | |
| | | Yes, but this child had a gap in cov | hild had a gap in coverage | | | | eimbursed by insurance or another soun \$0 (No medical or health-related | ce. | | | |
| ı | | No → SKIP to question F1 | | | | | expenses) → SKIP to question F4 | | | | |
| 3 | | his child CURRENTLY covered by ANY kind of lth insurance or health coverage plan? | | | | | \$1-\$249 \$250-\$499 | | | | |
| ı | | Yes | | | | | \$500-\$999 | | | | |
| ı | | No → SKIP to question F1 | | | | | \$1,000-\$5,000 | | | | |
| \$ | typ | this child CURRENTLY covered by sees of health insurance or health co | | | | | More than \$5,000 | | | | |
| ı | | rk Yes or No for EACH item. | Yes | No F | 2 | How | often are these costs reasonable? | | | | |
| | | Insurance through a current or former employer or union | | | | | Always | | | | |
| ı | b. | Insurance purchased directly from an insurance company | | | | | Usually | | | | |
| | c. | Medicaid, Medical Assistance, or any kind of government | | | | | Sometimes | | | | |
| ı | | assistance plan for those with low incomes or a disability | | | | | Never | | | | |
| ı | | TRICARE or other military health care | | | 3 | prob | ING THE PAST 12 MONTHS, did your lems paying for any of this child's muth care bills? | | | | |
| ı | | Indian Health Service | | | | | Yes | | | | |
| ı | f. | Other, specify: | | | | | | | | | |
| ı | | | | | | | No | | | | |
| | Ца | w often does this child's health ins | uranaa affar | | 4 | DURING THE PAST 12 MONTHS, have you or other family members | | | | | |
| E | | nefits or cover services that meet the | | | | | eft a job or taken a leave of | Yes | No | | |
| | | Always | | | | a | bsence because of this child's realth or health conditions? | | | | |
| ı | | Usually | | | | | Cut down on the hours you work because of this child's health or | | | | |
| ı | | Sometimes | | | | | ealth conditions? Avoided changing jobs because of | _ | | | |
| ı | Never | | | | | | concerns about maintaining health | | | | |
| | | w often does this child's health ins see the health care providers they | | v them | | | isaranse isi ane sima. | | | | |
| | | Always | | | | | | | | | |
| | | Usually | | | | | | | | | |
| | | Sometimes | | | | | | | | | |
| | | Never | | | | | | | | | |



| This child does not need health care provided at home on a weekly basis Less than 1 hour per week Less than 1 hour per week a. Say at least one word, such as or "dog"? | Yes N "hi" | No |
|--|------------------------|----|
| a. Say at least one word, such as | ence, | |
| 1.4 hours per week | | _ |
| 1-4 hours per week b. Use 2 words together, such as "car go"? | | |
| c. Use 3 words together in a sente such as, "Mommy come now."? | | |
| d. Ask questions like "who," "what, "when," "where"? | | |
| F6 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 | ow"? | |
| appointments or locating services? f. Tell a story with a beginning, middle, and end? This child does not need health care coordinated | | |
| on a weekly basis g. Understand the meaning of the word "no"? | | |
| Less than 1 hour per week h. Follow a verbal direction withou hand gestures, such as "Wash y hands."? | | |
| 5-10 hours per week i. Point to things in a book when asked? | | |
| j. Follow 2-step directions, such a "Get your shoes and put them is basket."? | | |
| k. Understand words such as "in," "on," and "under"? | | |
| G2 Is this child 3 years old or older? | , | |
| Yes | | |
| No → SKIP to question G29 | on page 15 | |
| Has this child started school? Inc. home schooling. | clude any formal | |
| Yes, preschool | | |
| Yes, kindergarten | | |
| Yes, first grade | | |
| How often can this shild recognit | ze the heginning | |
| sound of a word? For example, ca that the word "ball" starts with the " | an this child tell you | |
| Always | | |
| Most of the time | | |
| About half the time | | |
| Sometimes Never | | |



| G | S | tart | often can this child come up with words that with the same sound? For example, can this child e up with "sock" and "sun?" | G10 | For | or 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? |
|----|----|-----------|---|-----|------------|--|
| ١ | | | Always | | | Always |
| ١ | | | Most of the time | | | Most of the time |
| ١ | | | About half the time | | | About half the time |
| ١ | | | Sometimes | | | Sometimes |
| ١ | | | Never | | | Never |
| Ge | H | ow r d | often can this child explain things they have seen one so that you know what happened? | 91) | has | often can this child tell which group of objects more? For example, can this child tell you a group |
| ١ | | | Always | | OI SE | even blocks has more than a group of four blocks? |
| ١ | | | Most of the time | | H | Always |
| ١ | | | About half the time | | H | Most of the time |
| ١ | | | Sometimes | | | About half the time |
| ١ | | | Never | | | Sometimes |
| G | | | often can this child write their first name, even if e of the letters aren't quite right or are backwards? | | Ш | Never |
| ١ | 5 | | Always | G12 | If as coul | ked to count objects, how high can this child nt correctly? |
| ١ | - | | Most of the time | | | This child cannot count |
| ١ | - | | About half the time | | | Up to five |
| ١ | - | | | | | Up to ten |
| ١ | L | | Sometimes | | | Up to 20 |
| | L | | Never | | | Up to 30 or more |
| G | fc | or a | often can this child focus on a task you give them at least a few minutes? For example, can this child son simple chores? | 613 | 7100 | ut how many letters of the alphabet can this child |
| ١ | | | Always | | | All of them |
| ١ | | | Most of the time | | | Most of them |
| ١ | | | About half the time | | | About half of them |
| ١ | | | Sometimes | | | Some of them |
| ١ | | | Never | | | None of them |
| G | | | often can this child read one-digit numbers? example, can this child read the numbers 2 or 8? | G14 | | well can this child come up with words that rhyme? example, can this child come up with "cat" and "mat?" |
| ١ | | | Always | | | This child cannot rhyme |
| | | | Most of the time | | | Not well |
| | | | About half the time | | | Somewhat well |
| | | | Sometimes | | | Very well |
| | | | Never | | | |



| Always | Gí | | | 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? |
|--|----|---|--------------|--|-----|-------------|---|
| About half the time Sometimes About half the time Sometimes Never Never | | | | Always | | | Always |
| Sometimes Never | | | | Most of the time | | | Most of the time |
| Never | | | | About half the time | | | About half the time |
| How often does this child have difficulty when asked to end one activity and start a new activity? Always | | | | Sometimes | | | Sometimes |
| to end one activity and start a new activity? Always | | | | Never | | | Never |
| Most of the time | Gí | | How to er | often does this child have difficulty when asked nd one activity and start a new activity? | G21 | | |
| About half the time Sometimes Never How often does this child play well with other children? Always Most of the time Sometimes Never How often does this child have difficulty waiting for their turn? Always Most of the time Sometimes Never How often does this child have difficulty waiting for their turn? Always Most of the time Sometimes Never How often does this child lose their temper? Always Most of the time About half the time Always Most of the time Always Most of the time About half the time Sometimes Never How often does this child keep working at a task even when it is hard for them? Always Never How often does this child share toys or games with other children? Always Most of the time Most of the time Most of the time Always Most of the time | | | | Always | | | Always |
| Sometimes Never Never Never Never Never Never | | | | Most of the time | | | Most of the time |
| Never | | | | About half the time | | | About half the time |
| How often does this child play well with other children? Always Most of the time About half the time Sometimes Never Always Most of the time Always Most of the time About half the time About half the time Always Most of the time Always Most of the time About half the time About half the time About half the time Sometimes About half the time About half the time Sometimes About half the time About half the time Sometimes Never Always About half the time Always Most of the time Most of the time Always Most of the time | | | | Sometimes | | | Sometimes |
| Always | | | | Never | | | Never |
| Always Most of the time Most of the time About half the time About half the time About half the time Sometimes Never Never Never How often does this child keep working at a task even when it is hard for them? Always About half the time Always Alwa | G1 | Ð | How | often does this child play well with other children? | G22 | | |
| Most of the time Most of the time About half the time About half the time About half the time About half the time Sometimes Never Never Always About half the time Always About half the time Always | | | | Always | | theii | |
| About half the time | | | | Most of the time | | H | |
| Sometimes Never How often does this child lose their temper? Always Most of the time Sometimes Never How often does this child keep working at a task even when it is hard for them? Always Most of the time Sometimes Never How often does this child get easily distracted? Always Never How often does this child get easily distracted? Always About half the time Always Most of the time | | | | About half the time | | H | |
| Never | | | | Sometimes | | H | |
| How often does this child lose their temper? Always Most of the time About half the time Never How often does this child keep working at a task even when it is hard for them? Most of the time About half the time Sometimes Never How often does this child get easily distracted? Always About half the time Most of the time Always Always Most of the time Most of the time | | | | Never | | | Sometimes |
| Always How often does this child keep working at a task even when it is hard for them? Always About half the time Most of the time About half the time Sometimes About half the time Sometimes Never Sometimes Never Always Always Always Always Always Always Always Always Always About half the time Always Always Always Always Most of the time Most of the tim | G1 | 8 | How | often does this child lose their temper? | | Ш | Never |
| ☐ Most of the time ☐ Always ☐ About half the time ☐ Most of the time ☐ Sometimes ☐ About half the time ☐ Never ☐ Sometimes ☐ How often does this child get easily distracted? ☐ Never ☐ Always ☐ How often does this child share toys or games with other children? ☐ Most of the time ☐ Always ☐ Always ☐ Most of the time ☐ Most of the time ☐ Most of the time | | | | | G23 | How whe | often does this child keep working at a task even n it is hard for them? |
| □ About half the time □ Most of the time □ Sometimes □ About half the time □ Never □ Sometimes □ How often does this child get easily distracted? □ Never □ Always G24 How often does this child share toys or games with other children? □ Most of the time □ Always □ Always □ Most of the time □ Most of the time □ Most of the time | | | | · | | | Always |
| □ Never □ How often does this child get easily distracted? □ Always □ Most of the time □ About half the time □ Most of the time □ Most of the time | | | | About half the time | | | |
| How often does this child get easily distracted? Always Most of the time About half the time Most of the time Most of the time Most of the time Most of the time | | | | Sometimes | | | About half the time |
| Always Most of the time About half the time Most of the time Most of the time Most of the time Most of the time | | | | Never | | | Sometimes |
| Always Most of the time About half the time Most of the time Most of the time Most of the time Most of the time | G1 | 9 | How | often does this child get easily distracted? | | | Never |
| ■ Most of the time ■ Always ■ About half the time ■ Most of the time | | | | Always | G24 | | |
| About half the time Most of the time | | | | Most of the time | | othe | |
| | | | | About half the time | | | |
| At 1 to 10 to 10 | | | | Sometimes | | | |
| About half the time Never | | | | Never | | H | |
| Sometimes Never | | | | | | | |

| G | 25 | How we | ell can this child s? | bounce | a ball fo | r several | | ľ | H. About You and This Child |
|----|-----|---------------|---|------------|------------|-------------|--------------|-----|--|
| | | ☐ Thi | is child cannot bo | ounce a b | all | | | | Ciliu |
| | | □ No | t well | | | | Œ |) w | /as this child born in the United States? |
| | | So | mewhat well | | | | | | Yes → SKIP to question H3 |
| | | □ Ve | ry well | | | | | | No |
| G | 26 | How we | ell can this child | draw a | circle? | | C | | no, how long has this child been living in the United tates? |
| | | ☐ Thi | is child cannot dr | raw a circ | le | | | | |
| | | □ No | t well | | | | | L | years AND months |
| | | So | mewhat well | | | | C | | ow many times has this child moved to a new address ince they were born? |
| | | Ve | ry well | | | | | | |
| G | 27) | How we mouth? | ell can this child | draw a | face with | eyes and | | L | Number of times |
| | | ☐ Thi | is child cannot dr | raw a face | e with eye | es and mou | ıth H | 4 H | ow often does this child go to bed at about the same |
| | | □ No | t well | | | | | tir | me on weeknights? |
| | | So | mewhat well | | | | | | ✓ Always✓ Usually |
| | | □ Ve | ry well | | | | | _ | |
| C | 28 | How we | ell can this child | l draw a i | nerson w | rith a head | | _ | Sometimes |
| O. | 10 | body, a | rms, and legs? | | | | , | | Rarely |
| | | | is child cannot dr dy, arms, and leg | | son with a | a head, | | L | Never |
| | | □ No | t well | | | | • | di | URING THE PAST WEEK, how many hours of sleep id this child get during an average day (count both |
| | | So | mewhat well | | | | | ni | ighttime sleep and naps)? |
| | | □ Ve | ry well | | | | | L | Less than 7 hours |
| G | 29 | How oft | en | | | • " | | | 7 hours |
| 1 | | a. Is thi | is child | Always | Usually | Sometimes | Never | | 8 hours |
| | | | tionate and er with you? | | | | | | 9 hours |
| | | | s this child nce back | | | | | | 10 hours |
| | | quick | kly when things ot go their way? | | | | | | 11 hours |
| | | | s this child | | | | | | 12 or more hours |
| | | curio | v interest and sity in learning things? | | | | | | |
| | | | s this child e and laugh? | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| H | C | drint | ING THE PAST WEEK, how many times did this child His sugary drinks such as soda, fruit drinks, sports ks, or sweet tea? Do not include 100% fruit juice. | | | RING THE PAS er family mem | | | | s did yo | u or |
|---|---|-----------------------------|---|---|------|--|--------------|------------|---------------|-----------|-------|
| | | | This child did not drink sugary drinks | | | 0 days | | | | | |
| | | | 1-3 times during the past week | | | 1-3 days | | | | | |
| | | | 4-6 times during the past week | | | 4-6 days | | | | | |
| | | | 1 time per day | | | Every day | | | | | |
| | | | 2 times per day | | | ING THE PAST | | | | | |
| | | | 3 or more times per day | | | 0 days | | | | | |
| Œ | 6 | e <mark>at v</mark> cann | ING THE PAST WEEK, how many times did this child vegetables? Include any that were fresh, frozen, or ned. Do not include French fries, fried potatoes, or potato | | | 1-3 days | | | | | |
| | C | chips | This child did not eat vegetables | | | 4-6 days Every day | | | | | |
| | | | 1-3 times during the past week | | | well do you t | | | ndling th | ne day-to | o-day |
| | | | 4-6 times during the past week | | dem | ands of raisin | g child | ren? | | | |
| | | | 1 time per day | | | Very well | | | | | |
| | | | 2 times per day | | | Somewhat we | ell | | | | |
| | | | 3 or more times per day | | | Not very well | | | | | |
| H | e | eat f | ING THE PAST WEEK, how many times did this child ruit? Include any that were fresh, frozen, canned, or dried not include juice. | 2 | DUE | Not well at all | | TH how | often ha | ve vou f | alt |
| | | | This child did not eat fruit | 9 | DOI | MINO THE TAO | Never | | ometimes | _ | |
| | | | 1-3 times during the past week | | | hat this child much | | | | | |
| | | | 4-6 times during the past week | | fo | harder to care for than most children | | | | | |
| | | | 1 time per day | | | heir age? | | | | | |
| | | | 2 times per day | | t | That this child loes things hat really | | | | | |
| | | Ш | 3 or more times per day | | | oother you a lot? | | | | | |
| Н | | child othe gam | MOST WEEKDAYS, about how much time did this dispend in front of a TV, computer, cellphone or or electronic device watching programs, playing es, accessing the internet or using social media? not include time spent doing schoolwork. | | t | Angry with his child? | □ ST 12 M | ONTHS. | □ was ther | e someo | one |
| | | | Less than 1 hour | | that | you could tur parenting or | n to fo | r day-to-d | day emot | | |
| | | | 1 hour | | | Yes | | | | | |
| | | | 2 hours | | | No | | | | | |
| | | | 3 hours | | | | | | | | |
| | | | 4 or more hours | | | | | | | | |
| | | | | | | | | | | | |



| H1 | IN AN AVERAGE WEEK, how many hours does this child receive care from someone other than their parent or guardian? 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. | [4 | Does | s anyone vape or use e-cigarettes ins Yes No | ide your hom | e? |
|----|---|----|------|---|----------------|----|
| | □ 0 hours per week □ 1-10 hours per week | 15 | very | EE THIS CHILD WAS BORN, how often hard to cover the basics, like food or our family's income? | | |
| | 11-20 hours per week | | H | Never | | |
| | 21-30 hours per week | | Н | Rarely | | |
| | 31-40 hours per week | | | Somewhat often | | |
| | ☐ More than 40 hours per week | | | Very often | | |
| H1 | family have to quit a job, not take a job, or greatly change your job because of problems with child care for this | 16 | hous | ch of these statements best describes sehold's ability to afford the food you ING THE PAST 12 MONTHS? | | |
| | child? | | Ш | We could always afford to eat good nut | | |
| | ☐ Yes | | | We could always afford enough to eat I the kinds of food we should eat. | out not always | |
| | □ No | | | Sometimes we could not afford enough | to eat. | |
| | I. About Your Family and Household | | | Often we could not afford enough to ea | t. | |
| Œ | | 7 | | ny time DURING THE PAST 12 MONT month, did anyone in your family rec | | |
| | meal together? | | | Cash assistance from a government velfare program? | | |
| | 0 days | | | Food Stamps or Supplemental Nutrition | | |
| | 1-3 days | | | Assistance Program (SNAP) benefits? | | |
| | 4-6 days | | | Free or reduced-cost breakfasts or unches at school? | | |
| | □ Every day | | | School meal debit/Electronic Benefits Fransfer (EBT) cards? | | |
| 12 | Does anyone living in your household use cigarettes, cigars, or pipe tobacco? | | | Benefits from the Women, Infants, and Children (WIC) Program? | | |
| | Yes | | | | | |
| | □ No → SKIP to question 14 | | | | | |
| E | If yes, does anyone smoke inside your home? | | | | | |
| | ☐ Yes | | | | | |
| | □ No | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



| 18 | Does this child receive SSI, that is, Supplemental | (113) | In | your neighborhood, | is/are th | oro | | |
|----|---|-------|----------|---|------------------|-----------------------|-------------------|---------------------|
| ٦ | Security Income? SSI is different from Social Security. | • | | your neighborhood, | 13/410 111 | 010 | Yes | No |
| ١ | ☐ Yes ☐ No | | a. | Sidewalks or walking | paths? | | | |
| ١ | ☐ If yes, is this for a disability they have? | | b. | A park or playground | l? | | | |
| ١ | ☐ Yes ☐ No | | c. | A recreation center, ocenter, or boys' and | | | | |
| 19 | DURING THE PAST 12 MONTHS, was there a time when | | d. | A library or bookmob | ile? | | | |
| J | you were not able to pay the mortgage or rent on time? Yes | | e. | Litter or garbage on to sidewalk? | the stree | t | | |
| ١ | | | f. | Poorly kept or rundov | wn housi | ng? | | |
| ١ | □ No □ Don't know | | g. | Vandalism such as b windows or graffiti? | roken | | | |
| ١ | _ Bont know | | | | | | | |
| (I | | (14) | To ab | what extent do you out your neighborho | agree wood or co | ith these ommunity | statemen ? | ts |
| | worried or stressed about being evicted, foreclosed on, or having your housing condemned? | | | | Definitely agree | Somewhat agree | Somewhat disagree | Definitely disagree |
| ١ | □ Always | | a. | People in this neighborhood help | | | | |
| ١ | Usually | | | each other out | | | | |
| ı | Sometimes | | b. | We watch out for each other's children in this | | | | |
| ١ | Rarely | | | neighborhood | | | | |
| ı | Never | | C. | This child is safe in our neighborhood | | | | |
| 4 | DURING THE PAST 12 MONTHS, how many times has this child moved to a new address? | | d. | When we encounter difficulties, we know where to go for help in our community | | | | |
| ١ | □ 0 times | | | in our community | | | | |
| ١ | 1 time | | | | | | | |
| ١ | 2 or more times | | | | | | | |
| Œ | SINCE THIS CHILD WAS BORN, have they ever been homeless or lived in a shelter? Include living in a shelter, motel, temporary or transitional living situation, scattered site housing, or having no steady place to sleep at night. | 9 | | | | | | |
| ١ | Yes | | | | | | | |
| ١ | □ No | | | | | | | |
| ١ | ☐ Don't know | | | | | | | |
| ١ | | | | | | | | |
| ı | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



| Œ | The next questions are about events that happened during this child's life. These happen in any family, but some people in uncomfortable with these questions. You any questions you do not want to answer | things can nay feel u may skip | J. This Child's Caregivers About You | | | | | |
|-----|---|--------------------------------------|---|--|--|--|--|--|
| | To the best of your knowledge, has this experienced any of the following? | child EVER | 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 | Yes No | Biological or Adoptive Parent Step-parent Grandparent Foster Parent Other: Relative | | | | | |
| | home e. Was a victim of violence or witnessed violence in their neighborhood | | Other: Non-Relative J2 What is your sex? | | | | | |
| | f. Lived with anyone who was mentally ill, suicidal, or severely depressed | | ☐ Male | | | | | |
| | g. Lived with anyone who had a problem with alcohol or drugs | | Female | | | | | |
| | Treated or judged unfairly because of their race or ethnic group | | J3 What is your age? | | | | | |
| | Treated or judged unfairly because of a health condition or disability | | Age in years | | | | | |
| 116 | When your family faces problems, how o | often are you | Where were you born? | | | | | |
| ٦ | likely to do each of the following? | · | ☐ In the United States | | | | | |
| | the time the time | Some of None of the time | | | | | | |
| | a. Talk together about what to dob. Work together to solve our problems | | What is the highest grade or level of school you have completed? Mark ONE box. | | | | | |
| | c. Know we have strengths to draw on | | 8th grade or less | | | | | |
| | d. Stay hopeful even in difficult | | 9th-12th grade; No diploma High School Graduate or GED Completed | | | | | |
| | times | | Completed a vocational, trade, or business school program | | | | | |
| 4 | DURING THE PAST 12 MONTHS, has this any health care visits by video or phone? | | Some College Credit, but no Degree | | | | | |
| | ☐ Yes ☐ No | | 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 | V | Vha | t is your marital status? | O Hav | ve you ever served on active duty in the S. Armed Forces, Reserves, or the National Guard? |
|----|----|------|---|-----------|--|
| ı | | | Married | | rk ONE box. |
| ı | | | Not married, but living with a partner | | Never served in the military → SKIP to question 112 |
| ı | | | Never Married | | Only on active duty for training in the Reserves or National Guard → SKIP to question |
| ı | | | Divorced | | Now on active duty |
| ı | | | Separated | | On active duty in the past, but not now |
| ı | | | Widowed | | |
| Jz | lı | n ge | eneral, how is your physical health? | We | re you deployed at any time during this child's life? Yes |
| Ī | | | Excellent | | No |
| ı | | | Very good | | |
| ı | | | Good | Doo wh | es this child have another parent or adult caregiver o lives in this household? |
| ı | | | Fair | | Yes → Complete questions 113 - 123 on page 21 for this other parent or adult caregiver |
| ı | | | Poor | | No → SKIP to question K1 on page 22 |
| J | ı | n ge | eneral, how is your mental or emotional health? | | |
| Ī | | | Excellent | | |
| ı | | | Very good | | |
| ı | | | Good | | |
| ı | | | Fair | | |
| ı | | | Poor | | |
| Je | е | mp | ch of the following best describes your current loyment status? ONE box. | | |
| | | | Employed full-time | | |
| | | | Employed part-time | | |
| ı | | | Working WITHOUT pay | | |
| ı | | | Not employed but looking for work | | |
| ı | | | Not employed and not looking for work | | |
| | | | Retired | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 1 | | | | | |



| How is this other caregiver related to this child? Biblogical or Adoptive Parent 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) What is this caregiver's age? Maried Not married, but living with a partner Never Married Divorced Separated Widowed Separated Widowed Fair Poor | | Other Parent or Caregiver in the Household | ① | care | t is the highest grade or level of school this giver has completed? |
|--|----------|--|----------|-------|---|
| Step-parent 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 (BA, BS, AB) Master's Degree (BA, BS, AB) Master's Degree (BA, BS, AB) Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD) Maried The What is this caregiver's marital status? Married Not married, but living with a partner Never Married Divorced Separated Widowed Midowed | 13 How i | is this other caregiver related to this child? | | | 8th grade or less |
| Grandparent Completed a vocational, trade, or business school program 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) What is this caregiver's age? Married Not married, but living with a partner Never Married Divorced Separated Uitside of the United States Divorced Separated Widowed 19 In general, how is this caregiver's physical health? Excellent Very good Good Fair Poor | E | Biological or Adoptive Parent | | | 9th-12th grade; No diploma |
| Foster Parent Dother: Relative Associate Degree (AA, AS) Bachelor's Degree (BA, BS, AB) Master's Degree (BA, MS, MSW, MBA) Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD) Mat is this caregiver's age? Married Not married, but living with a partner Never Married Divorced Separated Widowed Midowed Midowed Pair Poor | | Step-parent | | | High School Graduate or GED Completed |
| Foster Parent 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) What is this caregiver's age? Married Not married, but living with a partner Never Married Divorced Separated Widowed Midowed Midowe | | Grandparent | | | |
| Other: Non-Relative | F | Foster Parent | | | |
| Bachelor's Degree (BA, BS, AB) | | Other: Relative | | | Associate Degree (AA, AS) |
| What is this caregiver's sex? Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD) | | Other: Non-Relative | | | Bachelor's Degree (BA, BS, AB) |
| Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD) Female | What | in this corrective wile cov? | | | Master's Degree (MA, MS, MSW, MBA) |
| Female | | | | | Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD) |
| Mhat is this caregiver's age? Age in years Where was this caregiver born? In the United States Outside of the United States In general, how is this caregiver's physical health? Excellent Very good Good Fair Poor In general, how is this caregiver's mental or emotional health? Excellent | □ F | Female | J18 | Wha | |
| Age in years Not married, but living with a partner Never Married Divorced Separated Widowed Outside of the United States Widowed Excellent Very good Good Fair Poor In general, how is this caregiver's mental or emotional health? Excellent Excellent | | | | | Married |
| Divorced Divorced Separated Widowed Outside of the United States In general, how is this caregiver's physical health? Excellent Very good Good Fair Poor Poor Lingeneral, how is this caregiver's mental or emotional health? Excellent Excellent | 15 What | is this caregiver's age? | | | Not married, but living with a partner |
| Where was this caregiver born? In the United States Outside of the United States In general, how is this caregiver's physical health? Excellent Very good Good Fair Poor In general, how is this caregiver's mental or emotional health? Excellent Excellent Excellent | | Age in years | | | Never Married |
| In the United States | | | | | Divorced |
| Outside of the United States In general, how is this caregiver's physical health? Excellent Very good Good Fair Poor In general, how is this caregiver's mental or emotional health? Excellent | | | | | Separated |
| In general, how is this caregiver's physical health? Excellent Very good Good Fair Poor Poor In general, how is this caregiver's mental or emotional health? Excellent | | n the United States | | | Widowed |
| Excellent Very good Good Fair Poor In general, how is this caregiver's mental or emotional health? Excellent | | Outside of the United States | J19 | In ge | eneral, how is this caregiver's physical health? |
| □ Very good □ Good □ Fair □ Poor In general, how is this caregiver's mental or emotional health? □ Excellent | | | | | |
| □ Fair □ Poor In general, how is this caregiver's mental or emotional health? □ Excellent | | | | | |
| Poor In general, how is this caregiver's mental or emotional health? Excellent | | | | | Good |
| In general, how is this caregiver's mental or emotional health? Excellent | | | | | Fair |
| health? | | | | | Poor |
| health? | | | J20 | In ge | eneral, how is this caregiver's mental or emotional |
| | | | | | |
| ☐ Very good | | | | | Excellent |
| | | | | | Very good |
| Good | | | | | Good |
| □ Fair | | | | | Fair |
| Poor | | | | | Poor |



| J2 | Which of the following best describes this caregiver's current employment status? Mark ONE box. Employed full-time | Income in 2024 Mark 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 the "No" box to show types of income NOT received. |
|----|--|--|
| | Employed part-time | a. Wages, salary, commissions, bonuses, or tips from all jobs. |
| | ☐ Working WITHOUT pay | ☐ Yes → \$.00 |
| | □ Not employed but looking for work | □ No TOTAL AMOUNT |
| | □ Not employed and not looking for work | in the last calendar year b. Self-employment income from own nonfarm |
| | 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 ONE box. | No TOTAL AMOUNT in the last calendar year |
| | 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 |
| | 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 | Was this caregiver deployed at any time during this child's life? | □ Yes → \$, |
| | Yes | No TOTAL AMOUNT in the last calendar year |
| | □ No | e. Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office. |
| | K. Household Information | □ Yes → \$ |
| Ki | | No TOTAL AMOUNT in the last calendar year |
| | Include everyone who usually lives or stays at this address. 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 |
| K: | How many of these people in your household are family | No TOTAL AMOUNT in the last calendar year |
| | manufacino Cambiba in defina de a cambia material de this abilid | The following question is about your 2024 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. |
| | | TOTAL AMOUNT |
| | | in the last calendar year |



This Child's Race and/or Ethnicity

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.

| | riease think of the china selected for this survey when answering this question. | | | |
|--------------|---|--|--|--|
| What Mark | t is this child's race and/or ethnicity? all that apply and enter additional details in the spaces below. | | | |
| | American Indian or Alaska Native – 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. | | | |
| | | | | |
| | Asian – Provide details below. | | | |
| | ☐ Chinese ☐ Asian ☐ Filipino ☐ Vietnamese ☐ Korean ☐ Japanese | | | |
| | Enter, for example, Pakistani, Hmong, Afghan, etc. | | | |
| | | | | |
| П | Black or African American – Provide details below. | | | |
| | — African | | | |
| | American | | | |
| | Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc. | | | |
| | | | | |
| | Hispanic or Latino – Provide details below. | | | |
| | ☐ Mexican ☐ Puerto Rican ☐ Salvadoran ☐ Cuban ☐ Dominican ☐ Guatemalan | | | |
| | Enter, for example, Colombian, Honduran, Spaniard, etc. | | | |
| | | | | |
| | Middle Eastern or North African – Provide details below. | | | |
| | ☐ Lebanese ☐ Iranian ☐ Egyptian ☐ Syrian ☐ Iraqi ☐ Israeli | | | |
| | Enter, for example, Moroccan, Yemeni, Kurdish, etc. | | | |
| | | | | |
| | Native Hawaiian or Pacific Islander – <i>Provide details below.</i> | | | |
| | Native Semes Chemerre Tangen Silien Merchellese | | | |
| | Enter, for example, Chuukese, Palauan, Tahitian, etc. | | | |
| | | | | |
| | | | | |
| Ш | White – Provide details below. | | | |
| | □ English □ German □ Irish □ Italian □ Polish □ Scottish | | | |
| | Enter, for example, French, Swedish, Norwegian, etc. | | | |
| | | | | |



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 second part of 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 ADDP.NSCH.List@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 U.S. Census Bureau is required by law to protect your information. The U.S. Census Bureau is not permitted to publicly release your responses in a way that could identify this household. The U.S. Census Bureau is conducting the National Survey of Children's Health on behalf of the Department of Health and Human Services (HHS) under Title 13, U.S.C. Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. The data collected under this agreement are confidential under Title 13 U.S.C. Section 9. All access to Title 13 data from this survey is restricted to Census Bureau employees and those holding Census Bureau Special Sworn Status pursuant to 13 U.S.C. Section 23(c).

Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. Any information you provide will be shared among a limited number of Census Bureau employees and HHS staff with Special Sworn Status for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and in accordance with System of Records Notice COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

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.

2025 NSCH-T2 (03/13/2025) Draft 5



| 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 aske | ad about the | following? Yes No |
| children usually living or staying at this add Thank you for taking the time to complete t | dress. | 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 child listed above is not correct or do correspond to a child living in this househo call 1-800-845-8241 for assistance. For Tele Device for the Deaf (TDD) assistance, pleas | old, please phone | d. Repeated or chronic physical pain, including headaches or other back or body pain |
| 1-800-582-8330. | | e. Toothaches |
| We have selected only one child per house effort to minimize the amount of time you v complete the follow-up questions. | | f. Bleeding gums |
| The survey should be completed by a parel | nt or adult | g. Decayed teeth or cavities |
| caregiver who lives in this household and very familiar with this child's health and health of | vho is A4 | Does this child have any of the following? Yes No |
| Your participation is important. Thank you. | | a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition |
| A. This Child's Hea | alth | b. Serious difficulty walking or climbing stairs |
| | | c. Difficulty dressing or bathing |
| In general, how would you describe this ch (the one named above)? | ild's health | d. Deafness or problems with hearing |
| Excellent | | e. Blindness or problems with seeing, even when wearing glasses |
| ☐ Very good | | Has a doctor or other health care provider EVER told |
| Good | A5 | you that this child has 5 Allergies (such as food, drug, insect, seasonal, or other) |
| ☐ Fair | | ☐ Yes ☐ No |
| Poor | | If yes, does this child CURRENTLY have the condition? |
| How would you describe the condition of the teeth? | nis child's | ☐ Yes ☐ No |
| Excellent | | → If yes, is it: |
| ☐ Very good | A6 | |
| Good | Ĭ | ☐ Yes ☐ No |
| Fair | | → If yes, does this child CURRENTLY have the condition? |
| Poor | | 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 |



| | 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)? | 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 | | ☐ Mild ☐ Moderate ☐ Severe |
| | ☐ Yes ☐ No | Anviety Broblems? |
| | → If yes, is it: Mild Moderate Severe | Anxiety Problems? Yes No |
| | □ IMIId □ 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, are they: |
| | ☐ Yes ☐ No | Mild Moderate Severe |
| | | A15 Depression? |
| | ☐ Mild ☐ Moderate ☐ Severe | ☐ Yes ☐ No |
| | Full and an Original Pinandara | → If yes, does this child CURRENTLY have the condition? |
| A10 | Epilepsy or Seizure Disorder? | |
| | | ☐ Yes ☐ No ☐ If yes, is it: |
| | condition? | ☐ Mild ☐ Moderate ☐ Severe |
| | □ Yes □ No | |
| | If yes, is it: A | A16 Down Syndrome? |
| | ☐ Mild ☐ Moderate ☐ Severe | ☐ Yes ☐ No |
| A11 | Heart Condition? | 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 | → If yes, is it: Mild Moderate Severe |
| | Does this child CURRENTLY have the condition? | |
| | ☐ Yes ☐ No | Was this child diagnosed with: |
| | → If yes, is it: | Sickle Cell Disease? |
| | ☐ Mild ☐ Moderate ☐ Severe | Thalassemia? |
| | | Hemophilia? |
| A12 | Frequent or severe headaches, including migraine? | 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 Don't know |
| | → 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 Examples of educators are teachers and school nurses. |
|----|--|--|
| A1 | | Speech or other language disorder? |
| ١ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| ١ | ☐ If yes, is it: | If yes, does this child CURRENTLY have the |
| ١ | ☐ Mild ☐ Moderate ☐ Severe | condition? |
| ١ | Was this condition identified through a blood test done shortly after birth? These tests are | ☐ Yes ☐ No |
| ١ | sometimes called newborn screening. | ☐ If yes, is it: |
| ١ | ☐ Yes ☐ No ☐ Don't know | ☐ Mild ☐ Moderate ☐ Severe |
| | Az | Learning Disability? |
| A1 | 9 Fetal Alcohol Spectrum Disorder (FASD)? | ☐ Yes ☐ No |
| ١ | ☐ Yes ☐ No | If yes, does this child CURRENTLY have the |
| ١ | If yes, how old was this child when a doctor or other | disability? |
| ١ | health care provider FIRST told you that they had a Fetal Alcohol Spectrum Disorder? | Yes No |
| ١ | | ☐ If yes, is it: |
| ١ | Age in years Don't know | ☐ Mild ☐ Moderate ☐ Severe |
| ١ | Has a doctor, other health care provider, or educator | |
| ١ | EVER told you that this child has Examples of educators are teachers and school nurses. | you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder |
| A2 | | or Pervasive Developmental Disorder (PDD). |
| ٦ | | Yes No → SKIP to question A30 on page 5 |
| ١ | Yes No | ☐ If yes, does this child CURRENTLY have the condition? |
| ١ | | ☐ Yes ☐ No |
| ١ | ☐ Yes ☐ No | ☐ res ☐ No ☐ If yes, is it: |
| ١ | ☐ If yes, are they: | |
| ١ | | ☐ Mild ☐ Moderate ☐ Severe How old was this child when a doctor or other health |
| | _ made at a corone | care provider FIRST told you that they had Autism, ASD, |
| A2 | Developmental Delay? | Asperger's Disorder or PDD? |
| ١ | ☐ Yes ☐ No | Age in years Don't know |
| ١ | If yes, does this child CURRENTLY have the | |
| ١ | condition? | the FIRST to tell you that this child had Autism, ASD, |
| ١ | ☐ Yes ☐ No | Asperger's Disorder or PDD? Mark ONE box. |
| ١ | ☐ If yes, is it: | Primary Care Provider |
| ١ | ☐ Mild ☐ Moderate ☐ Severe | ☐ Specialist |
| A2 | 22 Intellectual Disability (formerly known as Mental | School Psychologist/Counselor |
| ٦ | Retardation)? | |
| | ☐ Yes ☐ No | Other Psychologist (Non-School) |
| | If yes, does this child CURRENTLY have the | ☐ Psychiatrist |
| | disability? | ☐ Other, specify: ✓ |
| | ☐ Yes ☐ No | |
| | → If yes, is it: | |
| | ☐ Mild ☐ Moderate ☐ Severe | ☐ Don't know |



| - 1 | | | |
|-----|---|-----------|---|
| A2 | Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD? | A35 | 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? |
| | ☐ Yes ☐ No | | This child does not have any health conditions → SKIP to question B1 |
| A2 | child receive behavioral treatment for Autism, ASD, | | □ Never → SKIP to question B1 |
| ١ | Asperger's Disorder or PDD, such as training or an intervention that you or this child received to help with their behavior? | | Sometimes |
| ١ | ☐ Yes ☐ No | | Usually |
| АЗ | 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? | A36 | To what extent do this child's health conditions or problems affect their ability to do things? |
| ١ | ☐ Yes ☐ No → SKIP to question A34 | | ☐ Very little |
| ١ | If yes, does this child CURRENTLY have the condition? | | Somewhat |
| ١ | ☐ Yes ☐ No | | A great deal |
| ١ | ☐ If yes, is it: | | B. This Child as an Infant |
| | ☐ Mild ☐ Moderate ☐ Severe | B1 | Was this child born more than 3 weeks before their due date? |
| А3 | Is this child CURRENTLY taking medication for ADD or ADHD? | | ☐ Yes ☐ No |
| | ☐ Yes ☐ No | B2 | What month and year was this child born? Birth Month / 4-Digit Birth Year |
| АЗ | DURING THE PAST 12 MONTHS, have medication shortages negatively impacted this child's ADD or ADHD treatment? | | 1 20 |
| ١ | Yes | B3 | How much did they weigh when born? Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine. |
| ١ | No No | | estimate is line. |
| | This child did not have an ADD or ADHD prescription during the past 12 months. | | pounds AND ounces |
| АЗ | 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? | | kilograms AND grams |
| ١ | ☐ Yes ☐ No | | C. Health Care Services |
| 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. | G | DURING THE PAST 12 MONTHS, did this child see a 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. Yes |
| ١ | ☐ Yes ☐ No | | No → SKIP to question C4 on page 6 |
| | If yes, did you seek medical care from a doctor or other health care provider? | G2 | If yes, DURING THE PAST 12 MONTHS, how many times 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 or injured. |
| | ☐ Yes ☐ No ☐ If yes, did a doctor or other health care | | such as an annual or sports physical, or well-child visit. |
| | provider tell you that your child had a concussion or brain injury? | | U 0 visits |
| | ☐ Yes ☐ No | | ☐ 2 or more visits |
| | | | |



| C | | Thinking about the LAST TIME you took a PREVENTIVE check-up, about how long doctor or health care provider who exam child in the room with you? Your best estable. Less than 10 minutes | g was the ined this | | 9 | leas ques For | wer question co only if you marked "Yes" for at tone item in question co. Otherwise skip to stion co. question co. consider only the behaviors you | | | | | |
|----|------|--|------------------------|---------|----|-----------------------------|--|--|--|--|--|--|
| | | 10-20 minutes | | | | | ked "Yes" to in question (3). | | | | | |
| | | More than 20 minutes | | | | | you about this child engaging in these behaviors? | | | | | |
| C. | 4 | What is this child's CURRENT height? | | | | H | Very much | | | | | |
| | | Your best estimate is fine. | | | | Ш | Somewhat | | | | | |
| | | feet AND inches | | | | ☐ Not at all | | | | | | |
| | | OR | | Q | 10 | | RING THE PAST 12 MONTHS, how concerned was child about their weight, body shape, or body size? | | | | | |
| | | meters AND centimet | iers | | | | Very much | | | | | |
| C | | How much does this child CURRENTLY very sest estimate is fine. | veigh? | | | | Somewhat | | | | | |
| ١ | | pounds | | | | | Not at all | | | | | |
| | [| OR | | • | 10 | take | ere a place you or another caregiver USUALLY this child when they are sick or you need advice ut their health? | | | | | |
| | | kilograms | ia h42 | | | | Yes | | | | | |
| C | ، رو | Are you concerned about this child's wei | gnt? | | | | No → SKIP to question C13 | | | | | |
| | | Yes, it's too high Yes, it's too low | | Ć | 12 | If ye <i>Mark</i> | s, where does this child USUALLY go first? | | | | | |
| | | No, I am not concerned | | | | | Doctor's Office | | | | | |
| C | | Has a doctor or other health care provide | er ever to | ld | | | Hospital Emergency Room | | | | | |
| ٦ | | you that this child is overweight? | | | | | Hospital Outpatient Department | | | | | |
| ١ | | Yes | | | | | Urgent Care Center | | | | | |
| | | No | | | | | Clinic within a drug store or grocery store | | | | | |
| C | | DURING THE PAST 12 MONTHS, did this any of the following? Mark Yes or No for EACH item. | child eng | gage in | | | School (Nurse's Office, Athletic Trainer's Office) | | | | | |
| ١ | | a. Skipping meals or fasting (Do NOT | Yes | No | | | Other Clinic or Health Center | | | | | |
| | | include skipping meals or fasting for religious reasons) | Ш | | | | Some other place | | | | | |
| | | b. Having low interest in food | | | 13 | Is th | nere a place that this child USUALLY goes when reed routine preventive care, such as a physical | | | | | |
| ١ | | c. Extremely picky eating | | | | | mination or well-child check-up? | | | | | |
| ١ | | d. Binge eating | | | | | Yes | | | | | |
| | | e. Purging or vomiting after eating | | | | | No → SKIP to question C15 on page 7 | | | | | |
| | • | f. Using diet pills, laxatives, or diuretics (water pills) to lose or maintain weight without a doctor's orders | | | 14 | | es, is this the same place this child goes when they sick? | | | | | |
| | | g. Over-exercising | | | | | Yes | | | | | |
| | | Not eating due to fear of vomiting or choking | | | | | No | | | | | |



| G1 | DURING THE PAST 2 YEARS, has this child received a vision screening from a care provider other than an eye doctor? The screening could have occurred at a pediatrician's office, in a school, preschool/child care center, or a community setting, using pictures, shapes, letters, or a camera like tool. | | DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. |
|----|--|------------|--|
| 1 | ☐ Yes ☐ No | | Yes |
| 1 | lf yes, was it recommended that this child see an | | No, but this child needed to see a mental health professional |
| ı | eye doctor or other eye care provider for an eye examination or additional vision services as a result of the vision screening? An eye doctor may be referred to as an optometrist or ophthalmologist. | | No, this child did not need to see a mental health professional → SKIP to question 622 |
| ١ | □ Yes □ No | C21 | How difficult was it to get the mental health treatment or counseling that this child needed? |
| C1 | DURING THE PAST 2 YEARS, has this child seen an eye doctor? An eye doctor may be referred to as an | | □ Not difficult |
| 1 | optometrist or ophthalmologist. | | ☐ Somewhat difficult |
| 1 | Yes No | | ☐ Very difficult |
| ١ | If yes, what care has this child received from the eye doctor? Mark ALL that apply. | | ☐ It was not possible to obtain care |
| 1 | Received eye examination | C22 | |
| 1 | Prescribed eyeglasses or contact lenses | | any medication because of difficulties with their emotions, concentration, or behavior? |
| ١ | Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism | | Yes |
| 1 | ☐ Some other care | | □ No |
| C1 | 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? Mark ALL that apply. | C23 | DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional? Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one |
| 1 | Yes, saw a dentist | | area of health care. |
| ١ | Yes, saw other oral health care provider | | Yes |
| ١ | No → SKIP to question C20 | | ☐ No, but this child needed to see a specialist |
| C1 | If yes, DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for PREVENTIVE dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments? | C24 | No, this child did not need to see a specialist → SKIP to question How difficult was it to get the specialist care that this |
| 1 | No preventive visits in the | | child needed? |
| 1 | past 12 months → SKIP to question ©20 | | □ Not difficult |
| | ☐ Yes, 1 visit | | □ Somewhat difficult |
| | Yes, 2 or more visits | | ☐ Very difficult |
| C1 | If yes, DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive? Mark ALL that apply. | | ☐ It was not possible to obtain care |
| 1 | Check-up | C25 | DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not |
| | Cleaning | | received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services. |
| | Instruction on tooth brushing and oral health care | | Yes |
| | ☐ X-Rays | | No → SKIP to question c28 on page 8 |
| | Fluoride treatment | | |
| | Sealant (plastic coatings on back teeth) | | |
| | ☐ Don't know | | |



| C2 | | | es, which types of care were not received ALL that apply. | ved? | | C31 | 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 (IER) |
|----|---|------|--|------------|-------|------------|--|
| ١ | | | Medical Care | | | | Individualized Education Plan (IEP). |
| ١ | | Ш | Dental Care | | | | Yes |
| ١ | | | Vision Care | | | | No → SKIP to question C34 |
| ١ | | | Hearing Care | | | C32 | If yes, how old was this child at the time of the FIRST plan? |
| ١ | | | Mental Health Services | | | | years AND months |
| ١ | | | Other, specify: \nearrow | | | C33 | Is this child CURRENTLY receiving services under |
| ١ | | | | | | Τ | one of these plans? |
| C2 | | Did | any of the following reasons contribu | te to this | child | | ☐ Yes ☐ No |
| 1 | | | receiving needed health services? k Yes or No for EACH item. | Yes | No | C34 | their developmental needs? Special services can include |
| | â | | This child was not eligible for the services | | | | therapies such as speech, occupational, physical or behavioral or other services received to meet developmental needs. |
| ١ | k | | The services this child needed were not available in your area | | | | Yes |
| | (| a | There were problems getting an appointment when this child needed one | | | | No → SKIP to question (37) |
| | C | | There were problems with getting ransportation or child care | | | (REE) | If yes, how old was this child when they began receiving these special services? |
| ١ | 6 | | The clinic or doctor's office wasn't open when this child needed care | | | | years AND months |
| ١ | f | f. 7 | There were issues related to cost | | | C36 | Is this child CURRENTLY receiving these special services? |
| C2 | | | RING THE PAST 12 MONTHS, how ofte trated in your efforts to get services f | | | | □ Yes □ No |
| ١ | | | Never | | | C37 | Has this child EVER received an evaluation for a Fetal Alcohol Spectrum Disorder? |
| ١ | | | Sometimes | | | | Yes |
| ١ | | | Usually | | | | □ No |
| ١ | | | Always | | | | ☐ Don't know |
| C2 | t | this | RING THE PAST 12 MONTHS, how man child visit a hospital emergency room NOT include visits to urgent care centers | า?้ | lid | | D. Experience with This |
| ١ | | | None | | | | Child's Health Care Providers |
| ١ | | | 1 time | | | | 1 TOVIGETS |
| | | | 2-3 times | | | 01 | this child's personal doctor or nurse? A personal |
| | | | 4 or more times | | | | 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 |
| C3 | | | RING THE PAST 12 MONTHS, was this itted to the hospital to stay for at leas | | ht? | | doctor, a nurse practitioner, or a physician assistant. |
| | | | Yes No | | | | Yes, one person |
| | | | | | | | Yes, more than one person |
| | | | | | | | No |

| D ₂ | | | RING THE PAST 12 N | | | | | D7 | a | rrar | ING THE PAST 12 MONTHS, did anyone help you age or coordinate this child's care among the rent doctors or services that this child uses? | | | | | |
|----------------|---|---|---|------------|----------|-------------|-----------|-----|--------|--|--|--|--|--|--|--|
| 1 | | | Yes | | | | | | 1 | | Yes | | | | | |
| ١ | | | No → SKIP to ques | tion D4 | | | | | | | No | | | | | |
| D: |) H | łov | v difficult was it to g | et referra | ls? | | | | | | | | | | | |
| ٦ | | How difficult was it to get referrals? Not difficult | | | | | | | | | Did not see more than one health care provider in the past 12 months → SKIP to question | | | | | |
| ١ | | _ | | | | | | | | | ING THE PAST 12 MONTHS, have you felt that you | | | | | |
| ١ | | Somewhat difficult | | | | | | | | could have used extra help arranging or coordinating this child's care among the different health care | | | | | | |
| ١ | | | Very difficult | | | | | | р | rov | iders or services? | | | | | |
| | | Ш | It was not possible to | o get a re | ferral | | | | l | 4 | Yes | | | | | |
| D ² | Answer the following questions only if this child had a health care visit IN THE PAST 12 MONTHS. Otherwise skip to question | | | | | | | | | No → SKIP to question D10 | | | | | | |
| ١ | | _ | RING THE PAST 12 N | | how of | ten did thi | s | D9 | d | id y | s, DURING THE PAST 12 MONTHS, how often ou get as much help as you wanted with | | | | | |
| ١ | | | d's doctors or other | health ca | re prov | iders | | | a | rrar | nging or coordinating this child's health care? | | | | | |
| ١ | a | ı. ; | Spend enough time | Always l | Jsually | Sometimes | Never | | l | 丩 | Usually | | | | | |
| ١ | L | | with this child? | | | | | | | | Sometimes | | | | | |
| ١ | r. | | Listen carefully to you? | | | | | | [| | Never | | | | | |
| | C | , | Show sensitivity to your family's values and customs? | | | | | 01 | y | ou ' | ING THE PAST 12 MONTHS, how satisfied were with the communication between this child's ors and other health care providers? | | | | | |
| ١ | C | | Provide the specific information you | | | | | | ſ | | Very satisfied | | | | | |
| ١ | | - 1 | needed concerning this child? | | | | | | | | Somewhat satisfied | | | | | |
| ١ | e | . I | Help you feel like a | | | | | | | | | | | | | |
| ١ | | | partner in this child's care? | | | | | | L | 4 | Somewhat dissatisfied | | | | | |
| D | | | RING THE PAST 12 N | | | | | | | _ | Very dissatisfied | | | | | |
| Ī | V | lec vhe | egiver, or a health ca isions regarding this ether to get prescript cedures? | child's h | nealth c | are, such | any as | 01 | C | are | ING THE PAST 12 MONTHS, did this child's health provider communicate with the child's school, child provider, or special education program? | | | | | |
| | | | Yes | | | | | | [| | Yes | | | | | |
| ١ | | | No → SKIP to ques | tion D7 | | | | | [| | No → SKIP to question E1 on page 10 | | | | | |
| D | | | es, DURING THE PAS child's doctors or o | | | | | | [| | Did not need health care provider to communicate with these providers → SKIP to question e1 on page 10 | | | | | |
| | | | | Always | | Sometimes | | D12 | | | s, during this time, how satisfied were you with the | | | | | |
| ı | а | l (| Discuss with you the range of options to consider for their healt | th | | | | | h c | ealt hild | th care provider's communication with the school, care provider, or special education program? | | | | | |
| | ŀ | | care or treatment? Make it easy for you | | | | | | | 4 | Very satisfied | | | | | |
| | i, | 1 | to raise concerns or disagree with | | | | | | [| | Somewhat satisfied | | | | | |
| | | 1 | recommendations for this child's health care? | | | | | | [| | Somewhat dissatisfied | | | | | |
| | c | :. \ (| Work with you to decide together which health care and treatment choices woube best for this child? | | | | | | | | Very dissatisfied | | | | | |



E. This Child's Health Insurance Coverage

| | | E. This Child's Ho Insurance Cover | | | | F. Providing for T Child's Health | This | | | | | | | |
|---|----|--|-------------|----------------|------------------------------------|---|--|-----|----|--|--|--|--|--|
| E | C | URING THE PAST 12 MONTHS, was this overed by ANY kind of health insurance overage plan? Yes, this child was covered all 12 months → SKIP to question Yes, but this child had a gap in covers | e or health | (3) | Savi (FSA med PAS pren | 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. | | | | | | | | |
| | | No → SKIP to question F1 | ago | | | | \$0 (No medical or health-related expenses) → SKIP to question | | | | | | | |
| B | | this child CURRENTLY covered by AN alth insurance or health coverage plan | | | | \$1-\$249 \$250-\$499 | | | | | | | | |
| | | Yes | | | | | □ \$250-\$499 □ \$500-\$999 | | | | | | | |
| | | No → SKIP to question F1 | | | | | \$1,000-\$5,000 | | | | | | | |
| E | ty | this child CURRENTLY covered by an pes of health insurance or health cove | y of the fo | ollowing s? | g | | More than \$5,000 | | | | | | | |
| | | ark Yes or No for EACH item. | Yes | No | F2 | How | often are these costs reasonable? | | | | | | | |
| | a. | Insurance through a current or former employer or union | | | | | Always | | | | | | | |
| | b. | Insurance purchased directly from an insurance company | | | | | Usually | | | | | | | |
| | C. | Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability | | | | | Sometimes Never | | | | | | | |
| | | TRICARE or other military health care | | | F 3 | prok | RING THE PAST 12 MONTHS, did you plems paying for any of this child's m th care bills? | | | | | | | |
| | | Indian Health Service | | | | neai | Yes | | | | | | | |
| | f. | Other, specify: | | | | | | | | | | | | |
| | | | | | | | No | | | | | | | |
| E | | ow often does this child's health insur | | | F4 | | RING THE PAST 12 MONTHS, have you | | | | | | | |
| | be | enefits or cover services that meet this | child's n | eeds? | | | eft a job or taken a leave of | Yes | No | | | | | |
| | | Always | | | | | absence because of this child's nealth or health conditions? | | | | | | | |
| | | Usually | | | | b. (| Cut down on the hours you work pecause of this child's health or | | | | | | | |
| | | Sometimes | | | | | nealth conditions? Avoided changing jobs because of | | | | | | | |
| | | Never | | | | C | concerns about maintaining health | | | | | | | |
| E | | ow often does this child's health insur- em to see the health care providers th | | v | | | | | | | | | | |
| | | Always | | | | | | | | | | | | |
| | | Usually | | | | | | | | | | | | |
| | | Sometimes | | | | | | | | | | | | |
| | | Never | | | | | | | | | | | | |



| F5 | othe | IN AVERAGE WEEK, how many hours do you or er family members spend providing health care at the for this child? Care might include changing bandages, | 33 | | oss all subjects, what grades did this c ng the 2024-2025 school year? | hild get | |
|----|--------------|--|-----------|------|---|----------|----|
| | | iving medication and therapies when needed. | | | Mostly A's | | |
| | | This child does not need health care provided at home on a weekly basis | | | Mostly A's and B's | | |
| | | Less than 1 hour per week | | | Mostly B's and C's | | |
| | | 1-4 hours per week | | | Mostly C's and D's | | |
| | | 5-10 hours per week | | | Mostly D's or lower | | |
| | | 11 or more hours per week | | | This child's school does not give these g | rades | |
| F6 | othe heal | IN AVERAGE WEEK, how many hours do you or our family members spend arranging or coordinating th or medical care for this child, such as making cointments or locating services? | G4 | | CE STARTING KINDERGARTEN, has the ated any grades? | is child | |
| | арр | This child does not need health care coordinated | | Н | Yes | | |
| | Ш | on a weekly basis | | | No | | |
| | | Less than 1 hour per week | G5 | | RING THE PAST 12 MONTHS, did this cicipate in | hild | |
| | | 1-4 hours per week | | | • | Yes | No |
| | | 5-10 hours per week | | S | A sports team or did they take sports lessons after school or on weekends? | | |
| | | 11 or more hours per week | | | Any clubs or organizations after school or on weekends? | | |
| | 0 | 6. This Child's Schooling and Activities | | l. | Any other organized activities or essons, such as music, dance, anguage, or other arts? | | |
| G1 | did | RING THE PAST 12 MONTHS, about how many days this child miss school because of illness or injury? | | V | Any type of community service or rolunteer work at school, place of worship, or in the community? | | |
| | | No missed school days | | j | Any paid work, including regular bbs as well as babysitting, cutting grass, or other occasional work? | | |
| | | 1-3 days | G6 | | ING THE PAST 12 MONTHS, how ofter nd events or activities that this child pa | | |
| | | 4-6 days | | | Always | | |
| | | 7-10 days | | | • | | |
| | | 11 or more days | | | Usually Sometimes | | |
| | | This child was not enrolled in school → SKIP to | | | | | |
| | | question G3 | | | Rarely | | |
| G2 | this | RING THE PAST 12 MONTHS, how many times has child's school contacted you or another adult in | | | Never | | |
| | | school? | G7 | this | ING THE PAST WEEK, on how many dischild exercise, play a sport, or participal sical activity for at least 60 minutes? | | |
| | | None | | | 0 days | | |
| | H | 1 time | | | 1-3 days | | |
| | | 2 or more times | | | 4-6 days | | |
| | | | | | Every day | | |



| G | 8 | Compared to difficulty does friends? | | | | | | | | H. About You and This Child | | | |
|----|-------------------------------|--|----------------------------|---------------------------|-----------------------------------|--------------|-------|--|---------------|---|--|--|--|
| | | ☐ No difficul | ty | | | | C | 1 | Was | this child born in the United States? | | | |
| | | ☐ A little diff | iculty | | | | | | | Yes → SKIP to question H3 | | | |
| | | ☐ A lot of di | fficulty | | | | | | | No | | | |
| G | 9 | DURING THE I child bullied, p Do not include throughout the | oicked on, siblings. If | or excluing the frequency | u <mark>ded by</mark> uency ch | other child | | If no, how long has this child been living in the United States? years AND months | | | | | |
| | Never (in the past 12 months) | | | | | | | | | many times has this child moved to a new address | | | |
| | | ☐ 1-2 times | (in the pas | st 12 moi | nths) | | | | sinc | e they were born? | | | |
| | | ☐ 1-2 times | per month | | | | _ | | | Number of times | | | |
| | | ☐ 1-2 times | per week | | | | G | 4 | How time | often does this child go to bed at about the same on weeknights? | | | |
| | | ☐ Almost ev | ery day | | | | | | | Always | | | |
| G1 | | DURING THE I | DAST 12 N | MONTHS | how of | fton did thi | e | | | Usually | | | |
| g | | child bully oth Do not include | ers, pick | on them | , or excl | ude them? | | | | Sometimes | | | |
| | | throughout the | | | | | | | | Rarely | | | |
| | | ☐ Never (in | the past 1 | 2 months | s) | | | | | Never | | | |
| | | 1-2 times | (in the pas | st 12 moi | nths) | | C | 5 | DUR | ING THE PAST WEEK, how many hours of sleep this child get on most weeknights? | | | |
| | | 1-2 times | per month | | | | | ' | | Less than 6 hours | | | |
| | | 1-2 times | per week | | | | | | | 6 hours | | | |
| | | ☐ Almost ev | ery day | | | | | | П | 7 hours | | | |
| G1 | b | How often doe | s this chi | ld | | | | | П | 8 hours | | | |
| | | | | Always | Usually | Sometimes | Never | | | 9 hours | | | |
| | | a. Show intere | learning | | | | | | | | | | |
| | | new things? b. Work to finish | | | | | | | | 10 hours | | | |
| | | they start? c. Stay calm a | and in | | | | | 16 | | 11 or more hours | | | |
| | | control whe | n faced | | | | | | child spor | d drink sugary drinks such as soda, fruit drinks, ts drinks, or sweet tea? Do not include 100% fruit | | | |
| | | d. Care about well in scho | | | | | | J | iuice | . This child did not drink sugary drinks | | | |
| | | e. Do all requi | | | | | | | | 1-3 times during the past week | | | |
| | | f. Argue too n | | | | | | | | | | | |
| | | | | | | | | | | 4-6 times during the past week | | | |
| | | | | | | | | | | 1 time per day | | | |
| | | | | | | | | | | 2 times per day | | | |
| | | | | | | | | | Ш | 3 or more times per day | | | |

| H | child eat vegetables? Include any that were fresh, frozen, or canned. Do not include French fries, fried potatoes, or | 1 | | well do you t nds of raisin | | | ındling tl | ne day-to | -day |
|----|---|-------------|---------------------------------------|---|----------|-----------|------------|-------------|---------|
| | potato chips. | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Very well | | | | | |
| | This child did not eat vegetables | | | Somewhat we | ell | | | | |
| | 1-3 times during the past week | | _ I | Not very well | | | | | |
| | 4-6 times during the past week | | | Not well at all | | | | | |
| | 1 time per day | H12 | DURII | NG THE PAS | T MON | TH, how | often ha | ve you f | elt |
| | 2 times per day | Τ | | | Never | Rarely S | ometimes | Usually | Always |
| | 3 or more times per day | | is ha | nat this child much order to care | | | | | |
| H | DURING THE PAST WEEK, how many times did this child eat fruit? Include any that were fresh, frozen, canned, or dried. Do not include juice. | | ch | r than most ildren eir age? | | | | | |
| | This child did not eat fruit | | do | nat this child bes things | | | | | |
| | 1-3 times during the past week | | bo | at really other you lot? | | | | | |
| | 4-6 times during the past week | | | ngry with | | | | | |
| | 1 time per day | | thi | is child? | | | | | |
| | 2 times per day | H13 | that y | NG THE PAS | n to foi | r day-to- | day emo | | |
| | 3 or more times per day | | with p | parenting or | raising | children | ? | | |
| H | ON MOST WEEKDAYS, about how much time did this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media? Do not include time spent doing schoolwork. | | | About | | ur F | | y an | d |
| | Less than 1 hour | | DUDU | NO THE DAG | T MEE | V on ho | | ماديد مانما | all tha |
| | 1 hour | Ψ | | NG THE PAS / members w her? | | | | | |
| | 2 hours | | | 0 days | | | | | |
| | 3 hours | | | 1-3 days | | | | | |
| | 4 or more hours | | | 4-6 days | | | | | |
| Hí | How well can you and this child share ideas or talk about things that really matter? | | | Every day | | | | | |
| | ☐ Very well | (2) | | anyone livin s, or pipe tok | | ur house | hold use | e cigarett | es, |
| | Somewhat well | | | Yes | Jacco : | | | | |
| | Not very well | | | No → SKIP to | n augsti | ion 🕡 c | nn naga | 14 | |
| | Not well at all | | | NO FORTER | questi | | page | | |
| | | 13 | If yes | , does anyor | ne smol | ke inside | your ho | me? | |
| | | | | Yes | No | | | | |
| | | | | | | | | | |



| L | Does anyone vape or use e-cigarettes inside your home? | 19 | DURING THE PAST 12 MONTHS, was there a time when you were not able to pay the mortgage or rent on time? |
|----|---|------|--|
| | Yes | | Yes |
| | □ No | | □ No |
| IE | SINCE THIS CHILD WAS BORN, how often has it been | | ☐ Don't know |
| | very hard to cover the basics, like food or housing, on your family's income? | (110 | DURING THE PAST 12 MONTHS, how often were you |
| | Never | | worried or stressed about being evicted, foreclosed on, or having your housing condemned? |
| | Rarely | | Always |
| | Somewhat often | | Usually |
| | ☐ Very often | | Sometimes |
| 16 | Which of these statements best describes your | | Rarely |
| | household's ability to afford the food you need DURING THE PAST 12 MONTHS? | | Never |
| | ☐ We could always afford to eat good nutritious meals. | 1 | |
| | We could always afford enough to eat but not always the kinds of food we should eat. | | this child moved to a new address? |
| | ☐ Sometimes we could not afford enough to eat. | | 1 time |
| | Often we could not afford enough to eat. | | 2 or more times |
| 17 | one month, did anyone in your family receive Yes No a. Cash assistance from a government welfare program? b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? c. Free or reduced-cost breakfasts or lunches at school? d. School meal debit/Electronic Benefits | | SINCE THIS CHILD WAS BORN, have they ever been homeless or lived in a shelter? Include living in a shelter, motel, temporary or transitional living situation, scattered site housing, or having no steady place to sleep at night. Yes Don't know |
| | Transfer (EBT) cards? e. Benefits from the Women, Infants, | 113 | In your neighborhood, is/are there Yes No |
| | and Children (WIC) Program? | | a. Sidewalks or walking paths? |
| IE | Security Income? | | b. A park or playground? |
| | SSI is different from Social Security. | | c. A recreation center, community |
| | ☐ Yes ☐ No ☐ If yes, is this for a disability they have? | | center, or boys' and girls' club? |
| | | | d. A library or bookmobile?e. Litter or garbage on the street |
| | ☐ Yes ☐ No | | or sidewalk? |
| | | | f. Poorly kept or rundown housing? |
| | | | g. Vandalism such as broken windows or graffiti? |
| -1 | | | |



| 1 | | | hat extent do you a | | | | ts (| D | | n your famil y to do each | | | | often are | you | |
|----|-------------|---------------------|--|------------------------------------|----------------------------------|-------------------------------------|---------------------|----|-------------------------------|--|------------|----------|------------------|------------------|------------------|--|
| | | | ı | Definitely agree | Somewhat agree | Somewhat disagree | Definitely disagree | | | | | All of | Most of the time | Some of the time | None of the time | |
| | а | n | People in this eighborhood help ach other out | | | | | | а | alk together bout what to | do | | | | | |
| | b | е | Ve watch out for ach other's hildren in this | | | | | | c. k | Vork together colve our prob Know we have strengths to di | olems e | | | | | |
| | С | . T | eighborhood 'his child is afe in our eighborhood | | | | | | d . 8 | Stay hopeful en difficult time | even | | | | | |
| | d | l. V e d k | Vhen we incounter ifficulties, we now where to of for help in ur community | | | | | 18 | any | ting THE PA health care v Yes | visits by | y video | or phone | ? | | |
| | е | | his child is safe t school | | | | | | J | . This | Chi | ld's | Care | give | rs | |
| 11 | le o | east | er than you or other t one other adult in ommunity who know rely on for advice o | this chil ws this o | ld's scho child well | ool, neighb | orhood, they | n | How | are you rela | | out ` | | | | |
| | | | Yes | | | | | | | Biological or | Adoptiv | e Parer | nt | | | |
| | | | No | | | | | | | Step-parent | | | | | | |
| 11 | h h u | app app inco | next questions are bened during this c ben in any family, b omfortable with the questions you do n | hild's life ut some se quest | e. These people i ions. Yo | things car may feel u may ski | n | | ☐ Grandparent ☐ Foster Parent | | | | | | | |
| | Т | o ti | he best of your kno | wledge, | has this | | R | | Other: Relative | | | | | | | |
| | | - | erienced any of the | | • | Yes | No | | | Other: Non-F | Relative | | | | | |
| | | s | arent or guardian diversited | | | | | J2 | Wha | t is your sex | k? | | | | | |
| | | | Parent or guardian die Parent or guardian se | | e in | | | T | | Male | | | | | | |
| | d | ر ا. S h | ail or prison Saw or heard parents it, kick, punch one a ome | | | | | | | Female | | | | | | |
| | е | . V | Vas a victim of violer vitnessed violence in eighborhood | | | | | 13 | Wha | Age in | | | | | | |
| | f. | | ived with anyone wh l, suicidal, or severel | | | | | J4 | Whe | re were you | born? | | | | | |
| | g | | ived with anyone wh | o had a | problem | | | | | In the United | d States | | | | | |
| | h | | reated or judged unf f their race or ethnic | | ause | | | | | Outside of the | he Unite | d States | 6 | | | |
| | i. | Т | reated or judged unf f a health condition o | airly bec | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |



| J | con | at is the highest grade or level of school you have appleted? k ONE box. | 9 | emp | ch of the following best describes your current loyment status? |
|---|-------|---|----|------|--|
| | | 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) | 10 | | e you ever served on active duty in the Armed Forces, Reserves, or the National Guard? |
| | | Master's Degree (MA, MS, MSW, MBA) | | | ONE box. |
| | | Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD) | | | Never served in the military → SKIP to question 12 |
| | 10/16 | | | | Only on active duty for training in the Reserves or National Guard → SKIP to question 12 |
| J | wn | at is your marital status? | | | Now on active duty |
| | Ш | Married | | | On active duty in the past, but not now |
| | | Not married, but living with a partner | | Wor | e you deployed at any time during this child's life? |
| | | Never Married | | vvei | |
| | | Divorced | | | Yes |
| | | Separated | | Ш | No |
| | | Widowed | 12 | | s this child have another parent or adult caregiver lives in this household? |
| J | In g | eneral, how is your physical health? | | | Yes → Complete questions J13 - 123 for this other parent or adult caregiver |
| | | Excellent | | | No → SKIP to question K1 on page 18 |
| | | Very good | | | on page 1 |
| | | Good | | | Other Parent or Caregiver |
| | | Fair | | | in the Household |
| | | Poor | 13 | How | is this other caregiver related to this child? |
| J | In g | eneral, how is your mental or emotional health? | | | Biological or Adoptive Parent |
| | | Excellent | | | Step-parent |
| | | Very good | | | Grandparent |
| | | Good | | | Foster Parent |
| | | Fair | | | Other: Relative |
| | | Poor | | | Other: Non-Relative |
| | | | | | |



| J1 | 4 | Wha | t is this caregiver's sex? | 19 | In g | eneral, how is this caregiver's physical health? |
|-----|---|------|--|----|------|---|
| | | | Male | | | Excellent |
| | | | Female | | | Very good |
| .11 | 5 | Wha | t is this caregiver's age? | | | Good |
| | | | | | | Fair |
| | | | Age in years | | | Poor |
| J1 | 6 | Whe | re was this caregiver born? | | | eneral, how is this caregiver's mental or emotional |
| | | | In the United States | | heal | tn? Excellent |
| | | | Outside of the United States | | | |
| J1 | 7 | Wha | t is the highest grade or level of school this | | | Very good |
| ٦ | | care | giver has completed? | | | Good |
| | | | 8th grade or less | | | Fair |
| | | | 9th-12th grade; No diploma | | | Poor |
| | | | High School Graduate or GED Completed | | curr | ch of the following best describes this caregiver's ent employment status? |
| | | П | Completed a vocational, trade, or business school | | Mark | K ONE box. |
| | | | program | | | Employed full-time |
| | | | Some College Credit, but no Degree | | | Employed part-time |
| | | | Associate Degree (AA, AS) | | | Working WITHOUT pay |
| | | | Bachelor's Degree (BA, BS, AB) | | | Not employed but looking for work |
| | | | Master's Degree (MA, MS, MSW, MBA) | | | Not employed and not looking for work |
| | | | Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD) | | | Retired |
| J1 | 8 | Wha | t is this caregiver's marital status? | | | this caregiver ever served on active duty in the Armed Forces, Reserves, or the National Guard? |
| | | | Married | | | K ONE box. |
| | | | Not married, but living with a partner | | | Never served in the military → SKIP to question (K1) on page 18 |
| | | | Never Married | | | Only on active duty for training in the Reserves or |
| | | | Divorced | | | National Guard → SKIP to question (K1) on page 18 |
| | | | Separated | | | Now on active duty |
| | | | Widowed | | Ш | On active duty in the past, but not now |
| | | | J | | | this caregiver deployed at any time during this d's life? |
| | | | | | | Yes |
| | | | | | | No |
| | | | | | | |
| | | | | | | |



| | | ŀ | ⟨. | Hou | SE | h | 0 | d | l | 1f | 0 | rn | na | ti | or | n | (|
|---|---|------------------|-----------------------|--|----------------------------|----------------------------|-----------------------------|---------------------------------|-------------|-------------------|-------------------|--------------------|------------------------|-----------------------|--------------|---------------|----------|
| K | 9 | Inc. Do mo | lude NOT re tha | any peop everyone include an two m one in th | e wh any onti e A | no u rone hs, rme | isua e wh suc ed F | lly li no is h as orce | ves livi | or ing coll | sta sor ege | ays nev e st | at th where uden | is a e el t liv | nddr se i | ess. for | |
| K | 2 | me | mbe | any of th rs? Fami d, marriag | ly is | s de | efine | d as | ar | iyo. | ne | rela | ated : | to th | his | mily chila | / |
| | | Number of people | | | | | | | | | | | | | | | |
| Income in 2024 Mark 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 the "No" box to show types of income NOT received. a. Wages, salary, commissions, bonuses, or tips from | | | | | | | | | | | | | | | | | |
| | | | all jo | | ф. | | | | 7 | | | | 00 | | | | |
| | | | H | Yes → | \$ | | , | TAL | , | O. III | UT. | | .00 | | | | |
| | | | Ш | No | | in | | TAL ast c | | | | ar | | | | | |
| | | b. | busi | employr inesses o prietorsh | or f | arm | າ bu | sine | ess | , in | clu | nc ıdir | nfar Ig | m | | | |
| | | | | Yes → | \$ | | | | | | | | .00 | | | Los | SS |
| | | | | No | | in | | TAL . | | | | ar | | | | | |
| | | c. | Inter inco | rest, divi me, or i | den 1co | ıds, | , ne | t rei | ntal | in | cor | ne, | roy: rusts | alty S. | | | |
| | | | | Yes → | \$ | | | | | | | | .00 | 1 | | Los | ss |
| | | | | No | | in | | TAL . | | | | or | | | | | |
| | | d. | Soci surv | ial Secur | ity disa | or l | Rail | road | d R | etiı | , | | t; re | tireı | mei | nt, | |
| | | | | Yes → | \$ | | | | | | | | .00 | | | | |
| | | | | No | | in | | TAL . | | | | ar | | | | | |
| | | e. | assi | plementa stance o I welfare | r w | ecu elfa | ırity are | Inc | om | e (| SS | l); a | any the s | oub stat | lic e o | r | |
| | | | | Yes → | \$ | | | | | | | | .00 | | | | |
| | | | | No | | in | | TAL ast c | | | | ar | | | | | |
| | | f. | such | other so n as Vete pensatio | erar | າຣ' | (VA |) pa | ym | ent | s, | une | empl | ula oyn | rly nen | t | |

The following question is about your 2024 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

Yes →

No

.00

TOTAL AMOUNT

in the last calendar year

This Child's Race and/or Ethnicity

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.

| Please think of the child selected for this survey when answering this question. | | | | | | | |
|--|---|--|--|--|--|--|--|
| What is this child's race and/or ethnicity? Mark all that apply and enter additional details in the spaces below. | | | | | | | |
| | American Indian or Alaska Native – 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. | | | | | | |
| | | | | | | | |
| | Asian – Provide details below. | | | | | | |
| | ☐ Chinese ☐ Asian ☐ Filipino ☐ Vietnamese ☐ Korean ☐ Japanese | | | | | | |
| | Enter, for example, Pakistani, Hmong, Afghan, etc. | | | | | | |
| | | | | | | | |
| | Black or African American – Provide details below. | | | | | | |
| | African American American Haitian Nigerian Ethiopian Somali | | | | | | |
| | Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc. | | | | | | |
| | | | | | | | |
| | Hispanic or Latino – Provide details below. | | | | | | |
| | ☐ Mexican ☐ Puerto Rican ☐ Salvadoran ☐ Cuban ☐ Dominican ☐ Guatemalan | | | | | | |
| | Enter, for example, Colombian, Honduran, Spaniard, etc. | | | | | | |
| | | | | | | | |
| | Middle Eastern or North African – Provide details below. | | | | | | |
| | □ Lebanese □ Iranian □ Egyptian □ Syrian □ Iraqi □ Israeli | | | | | | |
| | Enter, for example, Moroccan, Yemeni, Kurdish, etc. | | | | | | |
| | | | | | | | |
| | Native Hawaiian or Pacific Islander – Provide details below. | | | | | | |
| | □ Native □ Samoan □ Chamorro □ Tongan □ Fijian □ Marshallese | | | | | | |
| | Enter, for example, Chuukese, Palauan, Tahitian, etc. | | | | | | |
| | | | | | | | |
| | White – Provide details below. | | | | | | |
| | □ English □ German □ Irish □ Italian □ Polish □ Scottish | | | | | | |
| | Enter, for example, French, Swedish, Norwegian, etc. | | | | | | |
| | | | | | | | |
| | | | | | | | |



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 second part of 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 ADDP.NSCH.List@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 U.S. Census Bureau is required by law to protect your information. The U.S. Census Bureau is not permitted to publicly release your responses in a way that could identify this household. The U.S. Census Bureau is conducting the National Survey of Children's Health on behalf of the Department of Health and Human Services (HHS) under Title 13, U.S.C. Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. The data collected under this agreement are confidential under Title 13 U.S.C. Section 9. All access to Title 13 data from this survey is restricted to Census Bureau employees and those holding Census Bureau Special Sworn Status pursuant to 13 U.S.C. Section 23(c).

Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. Any information you provide will be shared among a limited number of Census Bureau employees and HHS staff with Special Sworn Status for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and in accordance with System of Records Notice COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

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.

2025 NSCH-T3 (03/13/2025) Draft 4



| | Start Here | DURING THE PAST 12 MONTHS, has this child ha FREQUENT or CHRONIC difficulty with any of the | d |
|---|--|--|---------|
| | Recently, you completed a survey that asked about the children usually living or staying at this address. Thank you for taking the time to complete that survey. | following? a. Breathing or other respiratory problems (such as wheezing or shortness of breath) | No |
| | 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 child listed above is not correct or does not correspond to a child living in this household, please call 1-800-845-8241 for assistance. For Telephone | d. Repeated or chronic physical pain, including headaches or other back or body pain | |
| | Device for the Deaf (TDD) assistance, please call: 1-800-582-8330. | e. Toothaches | |
| | We have selected only one child per household in an | f. Bleeding gums | |
| | effort to minimize the amount of time you will need to complete the follow-up questions. | g. Decayed teeth or cavities | |
| | The survey should be completed by a parent or adult | Does this child have any of the following? Yes | No |
| | caregiver who lives in this household and who is familiar with this child's health and health care. Your participation is important. Thank you. | a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition | |
| | , can parao panon to importante suam you | b. Serious difficulty walking or climbing stairs | |
| | A. This Child's Health | c. Difficulty dressing or bathing | |
| D | In general, how would you describe this child's health (the one named above)? | d. Difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical, mental, or emotional condition | |
| | Excellent | e. Deafness or problems with hearing | |
| | ☐ Very good | f. Blindness or problems with seeing, even when wearing glasses | |
| | ☐ Good | Has a doctor or other health care provider EVER t you that this child has | old |
| | ☐ Fair | A5 Allergies (such as food, drug, insect, seasonal, or | other)? |
| | Poor | Yes ☐ No If yes, does this child CURRENTLY have the condition? | |
| 2 | How would you describe the condition of this child's teeth? | ☐ Yes ☐ No | |
| | Excellent | → If yes, is it: | vere |
| | ☐ Very good | A6 Asthma? | CIC |
| | Good | ☐ Yes ☐ No | |
| | Fair | | |
| | Poor | ☐ Yes ☐ No ☐ H yes, is it: | |
| | | | |
| | | ☐ Mild ☐ Moderate ☐ Sev | |
| | | had an episode of asthma or an asthma | |
| | | ☐ Yes ☐ No | |



| | 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 | |
|----|---|---|-----|
| A | Autoimmune disease (such as Type 1 Diabetes, | Tourette Syndrome? | |
| 1 | Celiac, or Juvenile Idiopathic Arthritis)? | ☐ Yes ☐ No | |
| | ☐ Yes ☐ No ☐ No ☐ If yes, is it: | If yes, does this child CURRENTLY have the condition? | |
| ١ | ☐ Mild ☐ Moderate ☐ Severe | ☐ Yes ☐ No | |
| A | B Cerebral Palsy? | → If yes, is it: | |
| ٦ | Yes No | □ Mild □ Moderate □ Severe | |
| ١ | | Anxiety Problems? | |
| ١ | ☐ Mild ☐ Moderate ☐ Severe | ☐ Yes ☐ No | |
| | | → If yes, does this child CURRENTLY have these | |
| A | Type 2 Diabetes? | problems? | |
| ١ | Yes No | Yes □ No □ If yes, are they: | |
| ١ | → If yes, does this child CURRENTLY have the condition? | | |
| ١ | ☐ Yes ☐ No | ☐ Mild ☐ Moderate ☐ Severe | |
| ١ | → If yes, is it: A | Depression? | |
| ١ | ☐ Mild ☐ Moderate ☐ Severe | ☐ Yes ☐ No | |
| A1 | Epilepsy or Seizure Disorder? | ☐ If yes, does this child CURRENTLY have the condition? | |
| ٦ | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| ١ | If yes, does this child CURRENTLY have the | → If yes, is it: | |
| ١ | condition? | ☐ Mild ☐ Moderate ☐ Severe | |
| ١ | Yes No | 116 Down Syndrome? | |
| ١ | → If yes, is it: | Yes No | |
| | ☐ Mild ☐ Moderate ☐ Severe | | |
| A1 | 1 Heart Condition? | Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)? | |
| ١ | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| ١ | → If yes, was this child born with the condition? | → If yes, is it: | |
| ١ | ☐ Yes ☐ No | ☐ Mild ☐ Moderate ☐ Severe | |
| ١ | Does this child CURRENTLY have the condition? | Was this child diagnosed with: | |
| ١ | ☐ Yes ☐ No ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | Sickle Cell Disease? | |
| ١ | | Thalassemia? | |
| | ☐ Mild ☐ Moderate ☐ Severe | Hemophilia? ☐ Yes ☐ No | |
| A1 | | Other Blood | |
| | ☐ Yes☐ No☐ If yes, does this child CURRENTLY have the | Disorders ! | |
| | condition? | Were any of these blood disorders identified through a blood test done shortly after birth? | |
| | ☐ Yes ☐ No | These tests are sometimes called newborn screenin | ıg. |
| | ☐ If yes, is it: | ☐ Yes ☐ No ☐ Don't know | |
| | ☐ Mild ☐ Moderate ☐ Severe | | |
| -1 | | | |



| | 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 Examples of educators are teachers and school nurses. | | | | | |
|----|--|--|--|--|--|--|--|
| A1 | | Speech or other language disorder? | | | | | |
| ١ | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | | |
| ١ | ☐ If yes, is it: | If yes, does this child CURRENTLY have the | | | | | |
| ١ | ☐ Mild ☐ Moderate ☐ Severe | condition? | | | | | |
| ١ | Was this condition identified through a blood test done shortly after birth? These tests are | ☐ Yes ☐ No | | | | | |
| ١ | sometimes called newborn screening. | ☐ If yes, is it: | | | | | |
| ١ | ☐ Yes ☐ No ☐ Don't know | ☐ Mild ☐ Moderate ☐ Severe | | | | | |
| | Az | Learning Disability? | | | | | |
| A1 | 9 Fetal Alcohol Spectrum Disorder (FASD)? | ☐ Yes ☐ No | | | | | |
| ١ | ☐ Yes ☐ No | If yes, does this child CURRENTLY have the | | | | | |
| ١ | If yes, how old was this child when a doctor or other | disability? | | | | | |
| ١ | health care provider FIRST told you that they had a Fetal Alcohol Spectrum Disorder? | Yes No | | | | | |
| ١ | | ☐ If yes, is it: | | | | | |
| ١ | Age in years Don't know | ☐ Mild ☐ Moderate ☐ Severe | | | | | |
| ١ | Has a doctor, other health care provider, or educator | | | | | | |
| ١ | EVER told you that this child has Examples of educators are teachers and school nurses. | you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder | | | | | |
| A2 | | or Pervasive Developmental Disorder (PDD). | | | | | |
| ٦ | | Yes No → SKIP to question A30 on page 5 | | | | | |
| ١ | Yes No | ☐ If yes, does this child CURRENTLY have the condition? | | | | | |
| ١ | | ☐ Yes ☐ No | | | | | |
| ١ | ☐ Yes ☐ No | ☐ res ☐ No ☐ If yes, is it: | | | | | |
| ١ | ☐ If yes, are they: | | | | | | |
| ١ | | ☐ Mild ☐ Moderate ☐ Severe How old was this child when a doctor or other health | | | | | |
| | made at the constant constant | care provider FIRST told you that they had Autism, ASD, | | | | | |
| A2 | Developmental Delay? | Asperger's Disorder or PDD? | | | | | |
| ١ | ☐ Yes ☐ No | Age in years Don't know | | | | | |
| ١ | If yes, does this child CURRENTLY have the | | | | | | |
| ١ | condition? | the FIRST to tell you that this child had Autism, ASD, | | | | | |
| ١ | ☐ Yes ☐ No | Asperger's Disorder or PDD? Mark ONE box. | | | | | |
| ١ | ☐ If yes, is it: | Primary Care Provider | | | | | |
| ١ | ☐ Mild ☐ Moderate ☐ Severe | ☐ Specialist | | | | | |
| A2 | 22 Intellectual Disability (formerly known as Mental | School Psychologist/Counselor | | | | | |
| ٦ | Retardation)? | | | | | | |
| | ☐ Yes ☐ No | Other Psychologist (Non-School) | | | | | |
| | If yes, does this child CURRENTLY have the | ☐ Psychiatrist | | | | | |
| | disability? | ☐ Other, specify: ✓ | | | | | |
| | ☐ Yes ☐ No | | | | | | |
| | → If yes, is it: | | | | | | |
| | ☐ Mild ☐ Moderate ☐ Severe | ☐ Don't know | | | | | |



| A29 | ASD, Asperger's Disorder or PDD? Yes No 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 intervention that you or this child received to help with their behavior? Yes No | chill abil | RING THE PAST 12 MONTHS, how often have this d's health conditions or problems affected their lity to do things other children their age do? This child does not have any health conditions \rightarrow SKIP to question Never \rightarrow SKIP to question Sometimes Usually Always what extent do this child's health conditions or blems affect their ability to do things? Very little Somewhat |
|-----|---|----------------------------|---|
| | ☐ Yes ☐ No ☐ If yes, is it: ☐ Mild ☐ Moderate ☐ Severe | | A great deal B. This Child as an Infant |
| A31 | Is this child CURRENTLY taking medication for ADD or ADHD? Yes No | | s this child born more than 3 weeks before their date? Yes No |
| A32 | 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. | Birti Birti | at month and year was this child born? h Month / 4-Digit Birth Year 2 0 w much did they weigh when born? Answer in index and ounces OR kilograms and grams. Your best mate is fine. |
| A33 | 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? Yes No | | pounds AND ounces OR kilograms AND grams |
| A34 | 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. Yes No If yes, did you seek medical care from a doctor or other health care provider? Yes No If yes, did a doctor or other health care provider tell you that your child had a concussion or brain injury? Yes No | doc sicl hos Incl | C. Health Care Services RING THE PAST 12 MONTHS, did this child see a stor, nurse, or other health care professional for k-child care, well-child check-ups, physical exams, spitalizations or any other kind of medical care? ude health care visits done by video or phone. Yes No → SKIP to question con page 6 es, at their LAST medical care visit, did this child be a chance to speak with a doctor or other health be provider privately, without you or another egiver in the room? Yes No |



| C | If yes, DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? | 6 | any o | NG THE PAST 12 MONTHS, did this of the following? Yes or No for EACH item. | | |
|----|---|-------------|----------------|---|------------------|----------------|
| | A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit. | á | ind | cipping meals or fasting (Do NOT clude skipping meals or fasting for ligious reasons) | Yes | No |
| ١ | □ 0 visits | k | э. На | aving low interest in food | | |
| ١ | ☐ 1 visit | C | c. Ex | tremely picky eating | | |
| ١ | 2 or more visits | C | d. Bir | nge eating | | |
| C | Thinking about the LAST TIME you took this child for | € | e. Pu | rging or vomiting after eating | | |
| | a PREVENTIVE check-up, about how long was the doctor or health care provider who examined this child in the room with you? Your best estimate is fine. | f | (w | sing diet pills, laxatives, or diuretics ater pills) to lose or maintain weight thout a doctor's orders | | |
| ١ | Less than 10 minutes | ç | g. Ov | /er-exercising | | |
| | 10-20 minutes | ł | | ot eating due to fear of vomiting choking | | |
| ١ | More than 20 minutes | 10 / | Answ | er question C10 only if you marked " | Yes" fo | or at |
| C | What is this child's CURRENT height? Your best estimate is fine. | | | one item in question co. Otherwise ion c1). | skip to | |
| ١ | Tour best estimate is line. | | | uestion ^{©10} , consider only the behaved "Yes" to in question ©9. | iors yo | u |
| ١ | feet AND inches | | | NG THE PAST 12 MONTHS, how con | cerned | were |
| ١ | | | | bout this child engaging in these bel | | |
| ١ | meters AND centimeters | | | Very much Somewhat No | ot at all | |
| C | How much does this child CURRENTLY weigh? Your best estimate is fine. | ָן נ | DURII his c | NG THE PAST 12 MONTHS, how con- hild about their weight, body shape, | cerned or bod | was y size? |
| | pounds | | | Very much ☐ Somewhat ☐ No | ot at all | |
| | OR | 12 ! t | s the | re a place you or another caregiver l his child when they are sick or you r | JSUAL! | LY Ivice |
| ١ | kilograms | á | about | their health? | | |
| C | Are you concerned about this child's weight? | | | Yes | | |
| 1 | ☐ Yes, it's too high | | Г | No → SKIP to question C14 on page 7 | | |
| ١ | Yes, it's too low | | | , where does this child USUALLY go ONE box. | first? | |
| ١ | □ No, I am not concerned | | | Doctor's Office | | |
| Ci | Has a doctor or other health care provider ever told | | □ I | Hospital Emergency Room | | |
| ٦ | you that this child is overweight? | | □ I | Hospital Outpatient Department | | |
| | Yes | | □ l | Jrgent Care Center | | |
| | No | | | Clinic within a drug store or grocery stor | re | |
| | | | | School (Nurse's Office, Athletic Trainer's | Office) | |
| | | | | Other Clinic or Health Center | | |
| | | | | Some other place | | |



| C1 | Is there a place that this child USUALLY goes when they need routine preventive care, such as a physical examination or well-child check-up? | C20 | PŘE | es, DURING THE PAST 12 MONTHS, what VENTIVE dental service(s) did this child receive? | | | |
|----|---|-----|--------------|---|--|--|--|
| ı | ☐ Yes | | | Check-up | | | |
| ı | No → SKIP to question C16 | | | Cleaning | | | |
| C1 | | | | Instruction on tooth brushing and oral health care | | | |
| ١ | are sick? | | | X-Rays | | | |
| ١ | ☐ Yes ☐ No | | | Fluoride treatment | | | |
| C1 | DURING THE PAST 2 YEARS, has this child received a vision screening from a care provider other than an eye doctor? The screening could have occurred at a | | | Sealant (plastic coatings on back teeth) | | | |
| ı | pediatrician's office, in a school, preschool/child care center, or a community setting, using pictures, shapes, letters, or a | | | Don't know | | | |
| ı | camera like tool. Yes No | C21 | any | RING THE PAST 12 MONTHS, has this child received treatment or counseling from a mental health essional? Mental health professionals include | | | |
| ı | If yes, was it recommended that this child see an eye doctor or other eye care provider for an eye | | psyc | psychiatrists, psychologists, psychiatric nurses, and clinical social 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. Yes No | | | No, but this child needed to see a mental health professional | | | |
| | | | | No, this child did not need to see a mental health professional → SKIP to question (23) | | | |
| C1 | DURING THE PAST 2 YEARS, has this child seen an eye doctor? An eye doctor may be referred to as an optometrist or ophthalmologist. | C22 | | difficult was it to get the mental health treatment ounseling that this child needed? | | | |
| ı | ☐ Yes ☐ No | | | Not difficult | | | |
| ı | If yes, what care has this child received from the eye doctor? Mark ALL that apply. | | | Somewhat difficult | | | |
| ı | Received eye examination | | | Very difficult | | | |
| ı | Prescribed eyeglasses or contact lenses | | | It was not possible to obtain care | | | |
| ı | Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism | C23 | any | RING THE PAST 12 MONTHS, has this child taken medication because of difficulties with their tions, concentration, or behavior? | | | |
| ı | Some other care | | | Yes No | | | |
| C1 | dentist or other oral health care provider for any kind of dental or oral health care? Mark ALL that apply. | C24 | Spec doct | RING THE PAST 12 MONTHS, did this child see a cialist other than a mental health professional? cialists are doctors like surgeons, heart doctors, allergy ors, skin doctors, and others who specialize in one of health care. | | | |
| ı | Yes, saw a dentist | | | Yes | | | |
| ı | Yes, saw other oral health care provider | | | No, but this child needed to see a specialist | | | |
| | No → SKIP to question C21 | | | No, this child did not need to see a specialist → SKIP to question c26 on page 8 | | | |
| C1 | If yes, DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for PREVENTIVE dental care, such as check-ups, dental | C25 | How | difficult was it to get the specialist care that this | | | |
| | cleanings, dental sealants, or fluoride treatments? | | | Not difficult | | | |
| | No preventive visits in the past 12 months → SKIP to question (21) | | | Somewhat difficult | | | |
| | Yes, 1 visit | | | Very difficult | | | |
| | Yes, 2 or more visits | | | It was not possible to obtain care | | | |



| C2 | DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not received? By health care, we mean medical care as well 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 No |
|----|--|------------|--|
| | YesNo → SKIP to question C29 | C32 | 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). |
| C2 | If yes, which types of care were not received? Mark ALL that apply. | | Yes |
| | Medical Care | | No → SKIP to question C35 |
| | ☐ Dental Care | C33 | If yes, how old was this child at the time of the FIRST plan? |
| | ☐ Vision Care | | years AND months |
| | Hearing Care | C34 | Is this child CURRENTLY receiving services under |
| | Mental Health Services | | one of these plans? |
| | ☐ Other, specify: Other is pecify: Other is | C35 | |
| | | | their developmental needs? Special services can include therapies such as speech, occupational, physical or |
| C2 | Did any of the following reasons contribute to this child not receiving needed health services? Mark Yes or No for EACH item. | 1 | behavioral or other services received to meet developmental needs. |
| | a. This child was not eligible for the | | Yes |
| | h The services this child needed were | | No → SKIP to question C38 |
| | not available in your area | C36 | If yes, how old was this child when they began receiving these special services? |
| | c. There were problems getting an appointment when this child needed one | | years AND months |
| | d. There were problems with getting transportation or child care | C37 | Is this child CURRENTLY receiving these special services? |
| | e. The clinic or doctor's office wasn't open when this child needed care | | ☐ Yes ☐ No |
| | f. There were issues related to cost | C38 | |
| C2 | DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child? | | Alcohol Spectrum Disorder? Yes Don't know |
| | Never | | D = 10 =11 |
| | Sometimes | | D. Experience with This Child's Health Care |
| | Usually | | Providers |
| | Always | | |
| C3 | DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room? Do NOT include visits to urgent care centers. | O) | 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. |
| | None | | This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant. |
| | 1 time | | Yes, one person |
| | 2-3 times | | Yes, more than one person |
| | 4 or more times | | □ No |



| D | 3 | | RING THE PAST 12 Merral to see any doct | | | | | 07 | arra | 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? | | | | | |
|----------------|----|-----|--|-------------|-----------|-----------|-------|-----|--------------|--|--|--|--|--|--|
| ١ | | | Yes | | | | | | | Yes | | | | | |
| ١ | | | No → SKIP to ques | tion D4 | | | | | | No | | | | | |
| D: | 3 | Ho | w difficult was it to g | et referra | ıls? | | | | | Did not see more than one health care provider | | | | | |
| ١ | | | Not difficult | | | | | | | in the past 12 months → SKIP to question D11 | | | | | |
| | | | Somewhat difficult | | | | | D8 | coul this | 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 | | | | | |
| ١ | | H | Very difficult | | £ | | | | prov | providers or services? | | | | | |
| | | | It was not possible t | | | | | | H | Yes | | | | | |
| D ₄ | 4) | hea | swer the following qualith care visit IN THE | PAST 12 | | | | | Ш | No → SKIP to question D10 | | | | | |
| | | DU | o to question [013] on RING THE PAST 12 M Id's doctors or other | MONTHS, | | | s | D9 | did | es, DURING THE PAST 12 MONTHS, how often you get as much help as you wanted with nging or coordinating this child's health care? | | | | | |
| ١ | | | | | • | Sometimes | Never | | | Usually | | | | | |
| ١ | | a. | Spend enough time with this child? | | | | | | | · | | | | | |
| ١ | | | Listen carefully to you? | | | | | | H | Sometimes | | | | | |
| | | c. | Show sensitivity to your family's values and customs? | | | | | 010 | | Never RING THE PAST 12 MONTHS, how satisfied were with the communication between this child's | | | | | |
| ١ | | | Provide the specific | | П | | П | | | tors and other health care providers? | | | | | |
| ١ | | | information you needed concerning this child? | | | | | | | Very satisfied | | | | | |
| ١ | | | Help you feel like a | | | | | | | Somewhat satisfied | | | | | |
| ١ | | | partner in this child's care? | | | | | | | Somewhat dissatisfied | | | | | |
| D | 5 | | RING THE PAST 12 M | | | | | | | Very dissatisfied | | | | | |
| | | dec | egiver, or a health ca disions regarding this dether to get prescript cedures? | s child's l | health ca | are, such | | 011 | care | RING THE PAST 12 MONTHS, did this child's health provider communicate with the child's school, child provider, or special education program? | | | | | |
| ١ | | | Yes | | | | | | | Yes | | | | | |
| ١ | | | No → SKIP to ques | tion D7 | | | | | | No → SKIP to question D13 on page 10 | | | | | |
| D | 6 | | es, DURING THE PAS child's doctors or o | | th care | nroviders | | | | Did not need health care provider to communicate with these providers → SKIP to question on page 10 | | | | | |
| ١ | | a. | Discuss with you the | Always | Usually | Sometimes | Never | D12 | If ye | es, during this time, how satisfied were you with the | | | | | |
| | | | range of options to consider for their heal care or treatment? | th | | | | Ĭ | chile | th care provider's communication with the school, d care provider, or special education program? | | | | | |
| | | b. | Make it easy for you | | | | | | | Very satisfied | | | | | |
| | | | to raise concerns or disagree with recommendations for this child's health | | J | | | | | Somewhat satisfied Somewhat dissatisfied | | | | | |
| | | | care? | | | | | | | Very dissatisfied | | | | | |
| | | | Work with you to decide together which health care and treatment choices would be best for this child? | | | | | |] | Toly dissenting | | | | | |



| D1: | Do any of this child's doctors or other health care providers treat only children? | E. This Child's Health Insurance Coverage | |
|------------|--|---|---|
| | Yes No → SKIP to question D15 | msurance coverage | |
| D14 | If yes, have they talked with you about when this child will need to see doctors or other health care providers who treat adults? | DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan? | |
| 1 | ☐ Yes ☐ No | Yes, this child was covered all 12 months → SKIP to question | |
| D 1 | Has this child's doctor or other health care provider | Yes, but this child had a gap in coverage | |
| I | actively worked with this child to: Don't Yes No know | | |
| 1 | a. Make positive choices about their health. For example, by | No → SKIP to question F1 on page 11 | |
| 1 | eating healthy, getting regular exercise, not using tobacco, | ls this child CURRENTLY covered by ANY kind of health insurance or health coverage plan? | |
| 1 | alcohol or other drugs, or delaying sexual activity? | Yes | |
| | b. Gain skills to manage their health and health care. For | No → SKIP to question F1 on page 11 | |
| 1 | example, by understanding current health needs, knowing what to do in a medical emergency, or taking | Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans? | g |
| 1 | medications they may need? | Mark Yes or No for EACH item. Yes No | |
| | c. Understand the changes in health care that happen at | a. Insurance through a current or former employer or union | |
| | age 18. For example, by understanding changes in privacy, consent, access to information, or | b. Insurance purchased directly from an insurance company | |
| | decision-making? | c. Medicaid, Medical Assistance, or any kind of government | |
| D1 | Did you and this child receive a summary of your child's medical history (for example, medical conditions, allergies, medications, immunizations)? | of any kind of government | |
| | ☐ Yes ☐ No | d. TRICARE or other military health care | |
| 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? | e. maan realth octvice | |
| 1 | ☐ Yes ☐ No → SKIP to question D20 | f. Other, specify: | |
| D1 | If yes, do you and this child have access to this plan of care? | f | |
| 1 | Yes No | How often does this child's health insurance offer benefits or cover services that meet this child's needs? | |
| 04 | | Always | |
| D1 | Does this plan of care address transition to doctors and other health care providers who treat adults? | | |
| - | Yes | Usually | |
| 1 | □ No | Sometimes | |
| 1 | ☐ No, this child already sees providers who treat adults | Never | |
| D2 | Eligibility for health insurance often changes in young | How often does this child's health insurance allow them to see the health care providers they need? | |
| | adulthood. Do you know how this child will be insured as they become an adult? | Always | |
| | ☐ Yes → SKIP to question ☐ No | Usually | |
| D2 | If no, has anyone discussed with you how to obtain or keep some type of health insurance coverage as this | Sometimes | |
| | child becomes an adult? | □ Never | |
| | ☐ Yes ☐ No | | |



| F. | Providing | g for | This |
|----|------------------|-------|-------------|
| | Child's | Healt | h |

| F. Providing for Child's Healt | | 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? |
|---|--|--|
| Savings Accounts (HSA) and Flexible S | Spending Accounts | This child does not need health care coordinated on a weekly basis |
| medical, health, dental, and vision care | DURING THE | Less than 1 hour per week |
| | | ☐ 1-4 hours per week |
| \$0 (No medical or health-related expenses) → SKIP to question F4 | | 5-10 hours per week |
| \$1-\$249 | | ☐ 11 or more hours per week |
| \$250-\$499 | | G. This Child's Schooling |
| \$500-\$999 | | and Activities |
| \$1,000-\$5,000 | G1 | DURING THE PAST 12 MONTHS, about how many days did this child miss school because of illness or injury? |
| ☐ More than \$5,000 | | Include days missed from any formal home schooling. |
| How often are these costs reasonable? | | □ No missed school days |
| Always | | 1-3 days |
| Usually | | ☐ 4-6 days |
| Sometimes | | ☐ 7-10 days |
| Never | | ☐ 11 or more days |
| problems paying for any of this child's | medical or | This child was not enrolled in school → SKIP to question G3 |
| Yes No | G 2 | 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? |
| | you or other | |
| a. Left a job or taken a leave of | Yes No | None |
| absence because of this child's | | |
| health or health conditions? | | 1 time |
| | | 2 or more times |
| health or health conditions?b. Cut down on the hours you work because of this child's health or health conditions? | G3 | 2 or more times |
| health or health conditions?b. Cut down on the hours you work because of this child's health or | G3 | 2 or more times Across all subjects, what grades did this child get |
| health or health conditions? b. Cut down on the hours you work because of this child's health or health conditions? c. Avoided changing jobs because of concerns about maintaining health insurance for this child? IN AN AVERAGE WEEK, how many hou | urs do you or | 2 or more times Across all subjects, what grades did this child get during the 2024-2025 school year? |
| health or health conditions? b. Cut down on the hours you work because of this child's health or health conditions? c. Avoided changing jobs because of concerns about maintaining health insurance for this child? IN AN AVERAGE WEEK, how many hou other family members spend providing home for this child? Care might include bandages, or giving medication and therap | urs do you or health care at changing | 2 or more times Across all subjects, what grades did this child get during the 2024-2025 school year? Mostly A's Mostly A's and B's Mostly B's and C's |
| health or health conditions? b. Cut down on the hours you work because of this child's health or health conditions? c. Avoided changing jobs because of concerns about maintaining health insurance for this child? IN AN AVERAGE WEEK, how many hou other family members spend providing home for this child? Care might include in the conditions. | urs do you or health care at changing bies when | 2 or more times Across all subjects, what grades did this child get during the 2024-2025 school year? Mostly A's Mostly A's and B's Mostly B's and C's Mostly C's and D's |
| health or health conditions? b. Cut down on the hours you work because of this child's health or health conditions? c. Avoided changing jobs because of concerns about maintaining health insurance for this child? IN AN AVERAGE WEEK, how many hou other family members spend providing home for this child? Care might include bandages, or giving medication and therap needed. This child does not need health care | urs do you or health care at changing bies when | 2 or more times Across all subjects, what grades did this child get during the 2024-2025 school year? Mostly A's Mostly A's and B's Mostly B's and C's Mostly C's and D's Mostly D's or lower |
| health or health conditions? b. Cut down on the hours you work because of this child's health or health conditions? c. Avoided changing jobs because of concerns about maintaining health insurance for this child? IN AN AVERAGE WEEK, how many hou other family members spend providing home for this child? Care might include bandages, or giving medication and therap needed. This child does not need health care on a weekly basis | urs do you or health care at changing bies when | Across all subjects, what grades did this child get during the 2024-2025 school year? Mostly A's Mostly A's and B's Mostly B's and C's Mostly C's and D's Mostly D's or lower This child's school does not give these grades |
| health or health conditions? b. Cut down on the hours you work because of this child's health or health conditions? c. Avoided changing jobs because of concerns about maintaining health insurance for this child? IN AN AVERAGE WEEK, how many hou other family members spend providing home for this child? Care might include bandages, or giving medication and therap needed. This child does not need health care on a weekly basis Less than 1 hour per week | urs do you or health care at changing bies when | 2 or more times Across all subjects, what grades did this child get during the 2024-2025 school year? Mostly A's Mostly A's and B's Mostly B's and C's Mostly C's and D's Mostly D's or lower |
| | Including co-pays and amounts reimbur Savings Accounts (HSA) and Flexible S (FSA), how much money did you pay formedical, health, dental, and vision care PAST 12 MONTHS? Do not include health premiums or costs that were or will be rein insurance or another source. \$0 (No medical or health-related expenses) → SKIP to question \$1-\$249 \$250-\$499 \$500-\$999 \$1,000-\$5,000 More than \$5,000 How often are these costs reasonable? Always Usually Sometimes Never DURING THE PAST 12 MONTHS, did you problems paying for any of this child's health care bills? Yes No DURING THE PAST 12 MONTHS, have you family members | \$0 (No medical or health-related expenses) → SKIP to question \$1-\$249 \$250-\$499 \$500-\$999 \$1,000-\$5,000 More than \$5,000 How often are these costs reasonable? Always Usually Sometimes Never DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills? Yes No DURING THE PAST 12 MONTHS, have you or other family members |



| G | | | ING THE PAST 12 MONTHS, did this cipate in | child Yes | No | G10 | ch | ild | NG THE PAST 12 I | on then | n, or excl | ude them? | |
|---|---|------------------------|--|--------------------------|-------------|-----|------|-----|--|---------------|--------------------------|--------------|-------|
| | | a. A | a sports team or did they take sports essons after school or on weekends? | | | | cha | ang | ot include siblings or ged throughout the y | ear, rep | partners. Port the hi | ghest freque | ency. |
| | | | nny clubs or organizations after chool or on weekends? | | | | F | | Never (in the past 1 | | | | |
| | | le | any other organized activities or essons, such as music, dance, anguage, or other arts? | | | | | | 1-2 times (in the past1-2 times per month | | onths) | | |
| | | d. A | Any type of community service or colunteer work at school, place of worship, or in the community? | | | | | | 1-2 times per week Almost every day | | | | |
| | | e. A | Any paid work, including regular obs as well as babysitting, cutting grass, or other occasional work? | | | GII |) Ho | | often does this chi | ild Always | Usually | Sometimes | Never |
| G | | DUR | ING THE PAST 12 MONTHS, how often | | | | a. | CL | how interest and uriosity in learning ew things? | | | | |
| | | | Always | | | | b. | | ork to finish tasks ey start? | | | | |
| | | | Usually | | | | C. | CC | tay calm and in | | | | |
| | | | Sometimes | | | | d. | С | ith a challenge? are about doing | | | | |
| | | | Rarely | | | | e. | D | ell in school? o all required | | | | |
| G | | DUR | Never | davs did | | | f. | | omework? rgue too much? | | | | |
| | | this | child exercise, play a sport, or partici sical activity for at least 60 minutes? | pate in | | | | | H. About | Vou | and | This | |
| | | | 0 days | | | | | | | Chile | | | |
| | | | 1-3 days | | | H | Wa | as | this child born in t | he Unite | ed States | ? | |
| | | | 4-6 days | | | | | | Yes → SKIP to que | stion (| 3 | | |
| | | | Every day | | | | | | No | | | | |
| G | 3 | Com diffic frien | pared to other children their age, how culty does this child have making or l ds? | v much reeping | | H2 | | | how long has this | child b | een livin | g in the Ur | ited |
| | | | No difficulty | | | | | | years AND | | months | ; | |
| | | | A little difficulty | | | НЗ | | | many times has the they were born? | is child | moved t | o a new ad | dress |
| | | | A lot of difficulty | | | | | | | | | | |
| G | | child Do n | ING THE PAST 12 MONTHS, how often the bullied, picked on, or excluded by on the include siblings or dating partners. If any one the pear, report the high | ther child the freque | ren? ncy | H4 | | | often does this chi on weeknights? | | bed at a | about the s | ame |
| | | | Never (in the past 12 months) | | | | | | Always | | | | |
| | | | 1-2 times (in the past 12 months) | | | | |] | Usually | | | | |
| | | | 1-2 times per month | | | | |] | Sometimes | | | | |
| | | | 1-2 times per week | | | | | | Rarely | | | | |
| | | | Almost every day | | | | | | Never | | | | |

| | DURING THE PAST WEEK, how many hours of sleep did this child get on most weeknights? | | 19 | child spend in front of a TV, computer, cellphone or | | | | | | | |
|----|--|--|----|--|--|--|--|--|--|--|--|
| ı | | Less than 6 hours | | other electronic device watching programs, playing games, accessing the internet or using social media? Do not include time spent doing schoolwork. | | | | | | | |
| ı | | 6 hours | | | | | | | | | |
| ı | | 7 hours | | H | Less than 1 hour | | | | | | |
| ı | | 8 hours | | H | 1 hour | | | | | | |
| ı | | 9 hours | | Ш | 2 hours | | | | | | |
| ı | | 10 hours | | | 3 hours | | | | | | |
| ı | | 11 or more hours | | | 4 or more hours | | | | | | |
| He | chil | RING THE PAST WEEK, how many times did this d drink sugary drinks such as soda, fruit drinks, rts drinks, or sweet tea? Do not include 100% fruit juice. | 10 | | well can you and this child share ideas or talk ut things that really matter? Very well | | | | | | |
| ı | | This child did not drink sugary drinks | | | Somewhat well | | | | | | |
| ı | | 1-3 times during the past week | | | Not very well | | | | | | |
| ı | | 4-6 times during the past week | | | Not well at all | | | | | | |
| ı | | 1 time per day | m | How | well do you think you are handling the day-to-day | | | | | | |
| ı | | 2 times per day | | | ands of raising children? | | | | | | |
| ı | | 3 or more times per day | | | Very well | | | | | | |
| | DUE | RING THE PAST WEEK, how many times did this | | | Somewhat well | | | | | | |
| ٦ | chil | d eat vegetables? Include any that were fresh, frozen, anned. Do not include French fries, fried potatoes, or | | | Not very well | | | | | | |
| ı | | to chips. | | | Not well at all | | | | | | |
| ı | | This child did not eat vegetables | 12 | DUF | RING THE PAST MONTH, how often have you felt | | | | | | |
| ı | | 1-3 times during the past week | | | Never Rarely Sometimes Usually Always | | | | | | |
| ı | | 4-6 times during the past week | | | Fhat this child | | | | | | |
| ı | | 1 time per day | | f | narder to care or than most | | | | | | |
| ı | | 2 times per day | | | children heir age? | | | | | | |
| ı | | 3 or more times per day | | | That this child | | | | | | |
| H | chil | RING THE PAST WEEK, how many times did this d eat fruit? Include any that were fresh, frozen, canned, ried. Do not include juice. | | t k | hat really oother you a lot? | | | | | | |
| ı | | This child did not eat fruit | | | Angry with | | | | | | |
| | | 1-3 times during the past week | 13 | DUF | RING THE PAST 12 MONTHS, was there someone | | | | | | |
| | | 4-6 times during the past week | | that | you could turn to for day-to-day emotional support parenting or raising children? | | | | | | |
| | | 1 time per day | | | Yes | | | | | | |
| | | 2 times per day | | | No | | | | | | |
| | | 3 or more times per day | | | | | | | | | |



| | I. About Your Family and Household | D | | | G THE PAST 12 MONT yone in your family rec | eive | |
|----|--|----|---------------|------------------------------------|---|-----------|-------|
| | riodecitota | | a. C | ash assistance | from a government | Yes | No |
| Ф | DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal | | W | elfare program | ? | | |
| | together? | | | | Supplemental Nutrition ram (SNAP) benefits? | | |
| | ☐ 0 days | | | ree or reduced- inches at schoo | -cost breakfasts or bl? | | |
| | 1-3 days | | | chool meal deb ransfer (EBT) o | oit/Electronic Benefits | | |
| | 4-6 days | | e. B | enefits from the | e Women, Infants, | | |
| | ☐ Every day | | | nd Children (W | , | | |
| 12 | Does anyone living in your household use cigarettes, cigars, or pipe tobacco? | 18 | Secu | rity Income? | Social Security. | lemental | |
| | Yes | | | Yes | No | | |
| | No → SKIP to question 14 | | \rightarrow | If yes, is this | for a disability they ha | ve? | |
| 13 | If yes, does anyone smoke inside your home? | | | Yes | □ No | | |
| Ĭ | Yes | 19 | | | 12 MONTHS, was the | | |
| | □ No | | | Yes | to pay the mortgage or | r rent on | time? |
| | . D | | | | | | |
| 14 | Does anyone vape or use e-cigarettes inside your home? | | | No | | | |
| | ☐ Yes | | | Don't know | | | |
| | □ No | 10 | worri | ied or stressed | 「12 MONTHS, how ofted about being evicted, | | |
| 15 | 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? | | | Aving your hou Always | ising condemned? | | |
| | Never | | | Usually | | | |
| | Rarely | | | Sometimes | | | |
| | Somewhat often | | | Rarely | | | |
| | ☐ Very often | | | Never | | | |
| | | | | | T 42 MONTUS how mo | mu timo o | haa |
| 16 | household's ability to afford the food you need | U | | | T 12 MONTHS, how ma o a new address? | ny umes | ilas |
| | DURING THE PAST 12 MONTHS? | | | 0 times | | | |
| | ☐ We could always afford to eat good nutritious meals. | | | 1 time | | | |
| | We could always afford enough to eat but not always the kinds of food we should eat. | | | 2 or more time | S | | |
| | ☐ Sometimes we could not afford enough to eat. | | | | | | |
| | Often we could not afford enough to eat. | | | | | | |
| | | | | | | | |
| | | | | | | | |



| 1 | | hoı mo | MCE THIS CHILD WAS meless or lived in a s tel, temporary or trans using, or having no ste Yes | shelter? sitional liv | Include I ing situa | iving in a s tion, scatte | helter, | ha ha ur ar | ne next questions are appened during this cappen in any family, kneomfortable with the my questions you do not | hild's lit out some se ques not want | fe. These e people r tions. You to answe | things ca may feel u may ski er. | in |
|-----------|---|-------------|---|--------------------------|------------------------|------------------------------|---------------------|-----------------------------|---|---|---|---|------------------|
| | | | No | | | | | | o the best of your know experienced any of the | | | child EVE | ER No |
| | | | Don't know | | | | | a. | Parent or guardian di separated | vorced c | or | | |
| | | | DOIT KNOW | | | | | b. | Parent or guardian di | ed | | | |
| (1 | 3 | ln y | your neighborhood, i | s/are the | ere | Yes | No | | Parent or guardian se | | ne in | | |
| | | a. | Sidewalks or walking | paths? | | | | d. | Saw or heard parents | | | | |
| | | b. | A park or playground? | ? | | | | | hit, kick, punch one a home | inother ii | n the | | |
| | | C. | A recreation center, c center, or boys' and g | ommunity girls' club | y ? | | | e. | e. Was a victim of violence or witnessed violence in their neighborhood | | | | |
| | | d. | A library or bookmobil | le? | | | | f. | Lived with anyone whill, suicidal, or severe | | | | |
| | | e. | Litter or garbage on the or sidewalk? | he street | | | | g. | Lived with anyone whe with alcohol or drugs | • | | | |
| | | f. | Poorly kept or rundow | n housin | ng? | | | h. | Treated or judged un of their race or ethnic | | cause | | |
| | | g. | Vandalism such as br windows or graffiti? | oken | | | | i. | Treated or judged un of a health condition | fairly bed | cause litv | | |
| (1 | | | what extent do you | | | statemen | ts | | | | | | |
| | | abo | out your neighborhoo ז | | · | /? | ` | lik | hen your family faces tely to do each of the | | | often are | you |
| | | | | | · | | ` | lik | cely to do each of the | | ng? Most of | Some of the time | None of |
| | | a. | | Definitely | Somewhat | ? Somewhat | Definitely | lik | cely to do each of the | followin | ng? Most of | Some of | None of |
| | | a. | People in this neighborhood help each other out We watch out for | Definitely | Somewhat | ? Somewhat | Definitely | a. | Talk together | followin | ng? Most of | Some of | None of |
| | | a. | People in this neighborhood help each other out | Definitely | Somewhat | ? Somewhat | Definitely disagree | a. b. | Talk together about what to do Work together to | followin | ng? Most of | Some of | None of |
| | | a. b. | People in this neighborhood help each other out We watch out for each other's children in this | Definitely | Somewhat | ? Somewhat | Definitely disagree | a. b. | Talk together about what to do Work together to solve our problems Know we have | followin | ng? Most of | Some of | None of |
| | | a. b. | People in this neighborhood help each other out We watch out for each other's children in this neighborhood This child is safe in our | Definitely | Somewhat | ? Somewhat | Definitely disagree | a. b. c. d. | Talk together about what to do Work together to solve our problems Know we have strengths to draw on Stay hopeful even | following All of the time | Most of the time | Some of the time | None of the time |
| | | a. b. | People in this neighborhood help each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter difficulties, we know where to go for help in | Definitely | Somewhat agree | ? Somewhat | Definitely disagree | a. b. c. d. | Talk together about what to do Work together to solve our problems Know we have strengths to draw on Stay hopeful even in difficult times URING THE PAST 12 by health care visits by | following All of the time | Most of the time | Some of the time | None of the time |
| Œ | 5 | a. b. c. d. | People in this neighborhood help each other out We watch out for each other's children in this neighborhood This child is safe in our neighborhood When we encounter difficulties, we know where to go for help in our community This child is safe | Definitely agree | Somewhat agree | Somewhat disagree | Definitely disagree | lik a. b. c. d. | Talk together about what to do Work together to solve our problems Know we have strengths to draw on Stay hopeful even in difficult times URING THE PAST 12 by health care visits by | following All of the time | Most of the time | Some of the time | None of the time |



J. This 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 ONE box. employment status? Mark 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)



| J1 | Have you ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark ONE box. | 17 | care | t is the highest grade or level of school this giver has completed? |
|----|--|-----|-------|---|
| ١ | Never served in the military → SKIP to question J12 | | | 8th grade or less |
| ١ | Only on active duty | | | 9th-12th grade; No diploma |
| ١ | 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 |
| ١ | On active duty in the past, but not now | | | Some College Credit, but no Degree |
| J1 | Were you deployed at any time during this child's life? | | | Associate Degree (AA, AS) |
| ١ | ☐ Yes . | | | Bachelor's Degree (BA, BS, AB) |
| ١ | □ No | | | Master's Degree (MA, MS, MSW, MBA) |
| J1 | 2 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 parent or adult caregiver | J18 | Wha | t is this caregiver's marital status? |
| ١ | No → SKIP to question K1 on page 18 | | | Married |
| ١ | | | | Not married, but living with a partner |
| | Other Parent or Caregiver in the Household | | | Never Married |
| J1 | 3 How is this other caregiver related to this child? | | | Divorced |
| ٦ | Biological or Adoptive Parent | | | Separated |
| ١ | Step-parent | | | Widowed |
| | Grandparent | J19 | In ge | eneral, how is this caregiver's physical health? |
| ١ | ☐ Foster Parent | | | Excellent |
| ١ | Other: Relative | | | Very good |
| ١ | Other: Non-Relative | | | Good |
| J1 | 4 What is this caregiver's sex? | | | Fair |
| ۳ | Male | | | Poor |
| ١ | Female | | la a | |
| | | J20 | heal | eneral, how is this caregiver's mental or emotional th? |
| J1 | What is this caregiver's age? | | | Excellent |
| ١ | Age in years | | | Very good |
| | 6 Whore was this caregiver horn? | | | Good |
| J1 | Where was this caregiver born? In the United States | | | Fair |
| | | | | Poor |
| | Outside of the United States | | | |



| Employed full-time Employed part-time Working WITHOUT pay Not employed but looking for work Not employed and not looking for work Retired Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark ONE box. Never served in the military → SKIP to question (1) Only on active duty for training in the Reserves or National Guard → SKIP to question (1) | box to show types of income NOT received. a. Wages, salary, commissions, bonuses, or tips from all jobs. Yes → \$.00 No TOTAL AMOUNT in the last calendar year b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships. Yes → \$.00 Loss Interest, dividends, net rental income, royalty income, or income from estates and trusts. Yes → \$.00 Loss |
|--|---|
| Working WITHOUT pay Not employed but looking for work Not employed and not looking for work Retired Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark ONE box. Never served in the military → SKIP to question Only on active duty for training in the Reserves or | Yes → \$, |
| Not employed but looking for work Not employed and not looking for work Retired Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark ONE box. Never served in the military → SKIP to question (1) Only on active duty for training in the Reserves or | No TOTAL AMOUNT in the last calendar year b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships. Yes → \$.00 Loss No TOTAL AMOUNT in the last calendar year c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. |
| Not employed and not looking for work Retired Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark ONE box. Never served in the military → SKIP to question (1) Only on active duty for training in the Reserves or | b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships. Yes → \$.00 Loss No TOTAL AMOUNT in the last calendar year c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. |
| Has this caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark ONE box. Never served in the military → SKIP to question Only on active duty for training in the Reserves or | proprietorships and partnerships. ☐ Yes → \$, |
| U.S. Armed Forces, Reserves, or the National Guard? Mark ONE box. Never served in the military → SKIP to question Only on active duty for training in the Reserves or | No TOTAL AMOUNT in the last calendar year c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. |
| U.S. Armed Forces, Reserves, or the National Guard? Mark ONE box. Never served in the military → SKIP to question Only on active duty for training in the Reserves or | in the last calendar year c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. |
| military → SKIP to question Only on active duty for training in the Reserves or | income, or income from estates and trusts. |
| | ☐ Yes → \$ |
| | , |
| 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. |
| Was this caregiver deployed at any time during this | ☐ Yes → \$, |
| | No TOTAL AMOUNT in the last calendar year |
| □ No | Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office. |
| K. Household Information | □ Yes → \$ |
| How many people are living or staying 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 → \$, |
| How many of these people in your household are family | No TOTAL AMOUNT in the last calendar year |
| | The following question is about your 2024 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. |
| | Was this caregiver deployed at any time during this child's life? Yes No K. Household Information 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 more than two months, such as a college student living away or someone in the Armed Forces on deployment. Number of people How many of these people in your household are family members? Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care. |



This Child's Race and/or Ethnicity

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.

| | is this child's race and/or ethnicity? | | | | | |
|---|---|--|--|--|--|--|
| Mark all that apply and enter additional details in the spaces below. | | | | | | |
| | American Indian or Alaska Native – 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. | | | | | |
| | | | | | | |
| | Asian – Provide details below. | | | | | |
| | Chinasa Asian Filipina Vietnamasa Koroan I Japanesa | | | | | |
| | Chinese | | | | | |
| | Enter, for example, Fakistani, Finiong, Aighan, etc. | | | | | |
| | | | | | | |
| | Black or African American – Provide details below. | | | | | |
| | African American I Jamaican I Haitian I Nigerian I Ethiopian I Somali | | | | | |
| | Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc. | | | | | |
| | | | | | | |
| | Hispanic or Latino – Provide details below. | | | | | |
| | Movings Puerto Customalas Customalas | | | | | |
| | Enter, for example, Colombian, Honduran, Spaniard, etc. | | | | | |
| | | | | | | |
| | | | | | | |
| | Middle Eastern or North African – Provide details below. | | | | | |
| | □ Lebanese □ Iranian □ Egyptian □ Syrian □ Iraqi □ Israeli | | | | | |
| | Enter, for example, Moroccan, Yemeni, Kurdish, etc. | | | | | |
| | | | | | | |
| | Native Hawaiian or Pacific Islander – Provide details below. | | | | | |
| | □ Native □ Samoan □ Chamorro □ Tongan □ Fijian □ Marshallese | | | | | |
| | Enter, for example, Chuukese, Palauan, Tahitian, etc. | | | | | |
| | | | | | | |
| | White Dravide details below | | | | | |
| | White - Provide details below. | | | | | |
| | ☐ English ☐ German ☐ Irish ☐ Italian ☐ Polish ☐ Scottish | | | | | |
| | Enter, for example, French, Swedish, Norwegian, etc. | | | | | |
| | | | | | | |



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 second part of 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 ADDP.NSCH.List@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.

