

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 and is not permitted to publicly release your responses in a way that could identify you or your household. The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 13, United States Code, 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 the purpose of understanding the health and well-being of children in the United States. Federal law protects your privacy and keeps your answers confidential under 13 U.S.C. Section 9. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Any information you provide will be shared for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and SORN 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.

NSCH-S1 (04/26/2017)



Start Here

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, please have an adult who is familiar with their health and health care answer all of the questions that apply.

If your household does not have any children, please answer question 1 below AND return the questionnaire.

If you need help or have 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.

Si necesita ayuda o tiene preguntas sobre cómo completar este formulario, llame al 1-800-845-8241. La llamada es gratuita.

Para recibir ayuda relacionada con el Dispositivo Telefónico para Personas Sordas (TDD), llame al 1-800-582-8330. La llamada es gratuita.

In Your Home

•	Are	e 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.
E	Ho	w many children 0-17 years old usually live or stay at this address?
		Number of children living or staying at this address
3	Wh	nat is the primary language spoken in the household?
		English
		Spanish
		Other Language, specify
Ę		nswer the remaining questions for each of the children 0-17 years old who usually live or stay this address.



Start with the YOUNGEST CHILD, who we call "Child 1" and continue with the next oldest until you have answered the questions for all children who usually live or stay at this address.

	Ī	CHILD 1 (Youngest)					Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
							☐ Yes ☐ No
1		First name, initials, or nickname of the youngest child					☐ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
				_	•		
Ę		NO	FE: Answer BOTH quest in and question 3 abou	ion ıt ra	2 about Hispanic		☐ Yes ☐ No
			panic origins are not rac		ice. I of this survey,		
2			is child of Hispanic, Latino		Spanish origin?		
			No, not of Hispanic, Latino,				Ooes this child need or use more medical care, mental
		П	Yes, Mexican, Mexican Amo	orioo	un Chicano		nealth, or educational services than is usual for most children of the same age?
			Tes, Mexican, Mexican Ann	31100	iri, Criicario		☐ Yes ☐ No
			Yes, Puerto Rican			'	☐ If yes, is this child's need for medical care, mental
			Yes, Cuban				health, or educational services because of ANY medical, behavioral or other health condition?
			Yes, another Hispanic, Latin	no, c	or Spanish origin		Yes
3		Wha	t is this child's race? Mark	(X)	one or more boxes.		If yes, is this a condition that has lasted or is expected to last 12 months or longer?
			White		Vietnamese		Yes No
			Black or African American		Other Asian		s this child limited or prevented in any way in his or her ability to do the things most children of the same age
			American Indian or Alaska Native		Native Hawaiian	C	can do?
			Asian Indian		Guamanian or Chamorro		Yes No If yes, is this child's limitation in abilities because of
			ASIAH IHUIAH				ANY medical, behavioral, or other health condition?
			Chinese		Samoan Other Pacific Islander		☐ Yes ☐ No
		Ш	Filipino		Other Pacific Islander		If yes, is this a condition that has lasted or is expected to last 12 months or longer?
			Japanese		Some other race		
		П					☐ Yes ☐ No
4	1	Ном	Korean old is this child? If the chi	ld is	Vesethan one month		Does this child need or get special therapy, such as physical, occupational, or speech therapy?
٦			round age in months to 1.		vices than one menti		☐ Yes ☐ No
					′		☐ If yes, is this because of ANY medical, behavioral, or other health condition?
			Years OR		Months		☐ Yes ☐ No
5		Wha	t is this child's sex?				☐ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
			Male Female				Yes No
6			is child is YOUNGER THAN to question 7.	141	YEARS OLD, please		Does this child have any kind of emotional,
			well does this child speak	En	glish?		developmental, or behavioral problem for which he or she needs treatment or counseling?
			Very well			[Yes No
			Well				If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?
			Not well				Yes No
			Not at all				

	Ī	CHILD 2 (Next oldest)					Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
							☐ Yes ☐ No
1		First	t name, initials, or nicknam	ne of	the next oldest child		☐ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
					A		□ M ₂
Ę		NO1	ΓE: Answer BOTH quest in and question 3 abou	ion	2 about Hispanic		Yes No
			panic origins are not rac		ice. I of this survey,		→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
2			is child of Hispanic, Lating		Spanish origin?		
٦		13 (11	no orma or mopanio, Launi	J, UI	opanion origin:		☐ Yes ☐ No
			No, not of Hispanic, Latino,	or S	Spanish origin	8	Does this child need or use more medical care, mental health, or educational services than is usual for most
		Ш	Yes, Mexican, Mexican Am	erica	n, Chicano		children of the same age?
		П	Yes, Puerto Rican				Yes ☐ No
			Yes, Cuban				→ If yes, is this child's need for medical care, mental health, or educational services because of ANY medical behavioral on other health and the services.
			Was another Discours Lati		- On aniah aniah		medical, behavioral or other health condition?
		Ш	Yes, another Hispanic, Lati	no, c	r Spanish origin		Yes
3		Wha	t is this child's race? Mark	(X)	one or more boxes.		If yes, is this a condition that has lasted or is expected to last 12 months or longer?
			White		Vietnamese		Yes No
			Black or African American		Other Asian	9	Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
			American Indian or Alaska Native		Native Hawaiian	6	can do?
			Asian Indian		Guamanian or Chamorro	\Rightarrow	Yes □ No If yes, is this child's limitation in abilities because of
					Samoan	$\downarrow \downarrow$	ANY medical, behavioral, or other health condition?
		Ш	Chinese		~ \		□ Yes □ No
			Filipino	Ш	Other Pacific Islander		→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
			Japanese		Some other race		Yes No
			Korean	,		10	
4		How	old is this child? If the ch	ild is	less than one month		physical, occupational, or speech therapy?
٦			round age in months to 1.		>		☐ Yes ☐ No
							If yes, is this because of ANY medical, behavioral, or other health condition?
			Years OR		Months		☐ Yes ☐ No
5		Wha	t is this child's sex?				→ If yes, is this a condition that has lasted or
			Male Female				is expected to last 12 months or longer?
6		lf thi	is child is YOUNGER THAI	N 4 Y	YEARS OLD, please	7	Yes No
Ĭ		SKIF	P to question 7.			D	Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?
		IIOW	well does this child speal Very well	v ∈II(guəli:		Yes No
			Well				behavioral problem lasted or is it expected to last 12 months or longer?
			Not well				☐ Yes ☐ No
			Not at all				



	CHILD 3 (Next oldest)									need or use medicine than vitamins?	
1						Yes		□ No			
1	First	t name, initials, or nicknam	L	→ If ye		this child	's nee	d for prescription medicir l, behavioral, or other hea			
								_			
E		E: Answer BOTH quest					Yes	L	No		
1		in and question 3 about anic origins are not rac		ice. For this survey,		→				dition that has lasted or 12 months or longer?	
6		•		Spenish origin?				•	last	_	
Ť	15 111	is child of Hispanic, Latino), OI	Spanish origin?			Ш	Yes	Ш	No	
		No, not of Hispanic, Latino,	or S	Spanish origin	he	alth, or	educ	ational s	ervice	nore medical care, mental es than is usual for most	
1	Ш	Yes, Mexican, Mexican Am	erica	in, Chicano	Cn	lliaren (or the	same ag	e r		
1		Yes, Puerto Rican				Yes		□ No			
1		. 55, 1 45115 1 15411			۱ ـ					d for medical care, menta	ıl
1	Ш	Yes, Cuban								ervices because of ANY other health condition?	
		Yes, another Hispanic, Latin	10, C	or Spanish origin			Yes	Ā	No		
3	Wha	t is this child's race? Mark	(X)	one or more boxes.		\rightarrow	If yes	s, is this	a con	dition that has lasted or	
٦							is ex	pected to	o last	12 months or longer?	
1	Ш	White	Ш	Vietnamese				Yes		No	
		Black or African American		Other Asian	9 Is ab	this ch	ild lim	nited or p e things	reven most	ted in any way in his or h children of the same age	er
		American Indian or Alaska Native		Native Hawaiian		n do?					
1				Guamanian or Chamorro	1	Yes		□ No			
1	Ш	Asian Indian		Chamoro						tation in abilities because l, or other health condition	
		Chinese		Samoan		ANI	Yes	cai, beile	,	i, or other nearth condition	11:
	П	Filipino		Other Pacific Islander				e ie thie	No Son	dition that has lasted or	
	-	ГШРШО								12 months or longer?	
		Japanese	Ш	Some other race				Yes		No	
1		Korean			0.0	41-!-			4		
			<u>,, (</u>	()) ~						pecial therapy, such as eech therapy?	
4		old is this child? If the chiround age in months to 1.	la is	less than one month							
1	ora, i	round ago in monaro to 1.		>		Yes		□ No			
		Years OR		Months	L			this beca lealth co		f ANY medical, behavioral n?	,
							Yes		No		
5	Wha	t is this child's sex?				-				dition that has lasted or 12 months or longer?	
		Male Female						Yes		No	
6		is child is YOUNGER THAI	۱4۱	YEARS OLD, please	n Do	ne this	child	l have or	v kino	l of emotional,	
Ĭ		P to question 7. well does this child speak	Fn		de	velopm	nental,		vioral	problem for which he or	
		Very well				Yes		□ No		-	
					L		s. has			otional, developmental, o	r
		Well				beha	aviora		n laste	ed or is it expected to last	
		Not well					Yes		No		
		Not at all									



	Ī	CHILD 4 (Next oldest)					Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
							☐ Yes ☐ No
1		First	t name, initials, or nicknam	ne of	the next oldest child		☐ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
4			FE A DOTU		A . I (112)		☐ Yes ☐ No
Ę		NO I	ΓE: Answer BOTH quest in and question 3 abou	ion ut ra	about Hispanic		117
ı			panic origins are not rac		icc. For this survey,		→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
2			is child of Hispanic, Lating		Spanish origin?		
Ĭ		.c u	No, not of Hispanic, Latino,			8	☐ Yes ☐ No Does this child need or use more medical care, mental
ı			Ho, not of Phoparilo, Latino,	, 01 0	panion ongin		health, or educational services than is usual for most
		Ш	Yes, Mexican, Mexican Am	erica	n, Chicano		children of the same age?
			Yes, Puerto Rican				✓ Yes✓ No→ If yes, is this child's need for medical care, mental
ı			Yes, Cuban				health, or educational services because of ANY medical, behavioral, or other health condition?
			Yes, another Hispanic, Lati	no, c	r Spanish origin		☐ Yes No
3)	Wha	nt is this child's race? Mark	(X)	one or more boxes.		→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
ı			White		Vietnamese		Yes 🗆 No
ı			Black or African American		Other Asian	9	Is this child limited or prevented in any way in his or her ability to do the things most children of the same age
ı			American Indian or Alaska Native		Native Hawaiian		can do?
			Asian Indian		Guamanian or Chamorro		Yes □ No If yes, is this child's limitation in abilities because of
		П	Chinese		Samoan	4	ANY medical, behavioral, or other health condition?
		_			Other Pacific Islander		Yes No
			Filipino				→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
		Ш	Japanese		Some other race		☐ Yes ☐ No
			Korean	۸ (()) ~	10	Does this child need or get special therapy, such as physical, occupational, or speech therapy?
4			old is this child? If the chiround age in months to 1.	ild is	less than one month		Yes No
ı				<u> </u>	>		☐ If yes, is this because of ANY medical, behavioral,
ı			Years OR		Months		or other health condition?
			4. 4. 1				☐ Yes ☐ No
5		wha	It is this child's sex?				→ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
			Male				☐ Yes ☐ No
6			is child is YOUNGER THAI to question 7.	N 4 Y	YEARS OLD, please	D	Does this child have any kind of emotional, developmental, or behavioral problem for which he or
		How	well does this child speal	k En	glish?		she needs treatment or counseling?
			Very well				Yes No
			Well				→ If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?
			Not well				Yes No
			Not at all				



or nickname for ea	nan four children 0-17 years old who usually live or stay at this address, list the first name, initials, ch child as well as their age and sex. nation for children already included for Child 1 through Child 4.								
Child 5 (Next oldest) ▶	First name, initials, or nickname								
	Age Years OR Months Sex Male Female								
Child 6	First name, initials, or nickname								
(Next oldest) ▶	Age Years OR Months Sex Male Female								
Child 7 (Next oldest) ▶	First name, initials, or nickname								
(Noxt oldest)	Age Years OR Months Sex Male Female								
Child 8 (Next oldest) ▶	First name, initials, or nickname								
(Next oldest)	Age Months Sex Male Female								
Child 9 (Next oldest) ▶	First name, initials, or nickname								
[Next oldest/	Age Years OR Months Sex Male Female								
Child 10	First name, initials, or nickname								
(Next oldest) ▶	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

You may also call 1-800-845-8241 to request a replacement envelope.



