



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001

# 2016 National Survey of Children's Health

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## Methodology Report

U.S. Census Bureau

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## Abstract

### Objectives

This report details the development, plan, and operation of the 2016 National Survey of Children's Health (NSCH). This survey is designed to provide national and state-level estimates on key indicators of the health and well-being of children, their families and their communities, as well as information about the prevalence and impact of special health care needs. Funding and direction for this survey was provided by the Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB) within the U.S. Department of Health and Human Services. The U.S. Census Bureau conducted the survey on behalf of HRSA MCHB.

### Methods

A sample of 364,150 households was selected from the Census Master Address File and allocated across the 50 states and the District of Columbia. The sample was stratified by state and a child-presence indicator that allowed the Census Bureau to oversample households that were more likely to have children. The child-presence indicator was developed by the Census Bureau's Center for Administrative Records Research and Applications and builds on multiple sources of administrative data.

During data collection, a screener was first used to identify households with children. If children were present, the respondent created a roster of children in the household. The roster included the age and other demographics of each child as well as a battery of questions designed to identify children with special health care needs. After completing this screener component of the survey, one child was randomly selected from all children in each household to be the subject of an age-specific topical survey. The respondent was a parent or guardian who knew about the child's health and health care needs.

### Results

The weighted Overall Response Rate for the 2016 NSCH was 40.7%. A total of 138,009 screener questionnaires were completed from June 2016 to January 2017, and 67,047 of those were eligible for topical questionnaire follow-up. Of those topical-eligible households, 50,212 completed the topical questionnaire. Weighted estimates from the Topical file generalize to state and national resident child populations. Weighted estimates from the Screener file generalize to state and national resident child populations (using the child weight) and households with children by state and nationally (using the household weight).

## Introduction

The 2016 National Survey of Children’s Health (NSCH) was conducted by the U.S. Census Bureau for the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), Department of Health and Human Services. As stated in the Office of Management and Budget Clearance Package, the purpose of the NSCH is to “collect information on factors related to the well-being of children, including access to and quality of health care, family interactions, parental health, school and after-school experiences, and neighborhood characteristics.” This document details the objectives, methodologies, and results of the 2016 NSCH. It is organized in 9 sections.

- Survey History. The 2016 NSCH is the first production implementation following the redesign and merging of the previous NSCH and National Survey of Children with Special Health Care Needs.
- Frame, Sample, and Subsampling Specifications. A screener instrument identified households with children and enumerated the children in those households. The topical instrument collected detailed information about one child selected at random from the household.
- Content Development and Instrument Specifications. Data were collected using a two-stage paper survey instrument and a single-stage web-based survey instrument.
- Data Collection. This section discusses the mail schedule and data capture methods for web, paper, and telephone questionnaire assistance operations.
- Response Analysis. This section discusses the calculation of response rates along with analysis of survey breakoffs, item nonresponse, and treatment group comparisons.
- Data Processing and Editing. Web and paper survey responses were unduplicated, standardized across modes, and prepared for analysis.
- Weighting Specifications. Weights allow for generalizations of state and national child resident populations (Screener and Topical file) and households with children (Screener file).
- Imputation Specifications. Missing values were imputed for a subset of variables used as controls in weighting and as inputs in estimating the family poverty ratio.
- Estimation and Data Usage. This section discusses best practices for data users and limitations of the 2016 NSCH.

## Survey History

The Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB), within the U.S. Department of Health and Human Services (HHS), has sponsored the National Survey of Children's Health (NSCH)<sup>1</sup> and its companion survey, the National Survey of Children with Special Health Care Needs (NS-CSHCN),<sup>2</sup> since 2001. HRSA MCHB has provided funding and direction for the two periodic surveys in order to provide both national and state estimates of key indicators of child health and well-being for children ages 0-17 years.

Together, these surveys have provided critical data on key measures of child health; the presence and impact of special health care needs; health care access, utilization, and quality; and the family and community factors that impact child and adolescent health and well-being. Both surveys were fielded three times (NS-CSHCN 2001, 2005-06, and 2009-10; NSCH 2003, 2007, and 2011-12) as modules of the State and Local Area Integrated Telephone Survey (SLAITS) system by the Centers for Disease Control and Prevention's National Center for Health Statistics. As part of the SLAITS system, the surveys utilized a random-digit-dial sample of landline telephone numbers, with cell-phone supplementation in the last year of administration for both surveys.

While the geographic representation, sample size, and content breadth remained significant strengths of the surveys, over time HRSA MCHB and its stakeholders came to realize that a redesign of the two surveys was warranted. Declining response rates along with the declining proportion of households in the U.S. with landline telephones led to the decision to change the underlying sampling frame from telephone numbers to household addresses. Efforts were made to address this trend through the addition of a cell-phone frame to the last administration of both the NSCH and the NS-CSHCN. However, consistent with industry-wide challenges, the inclusion of cell-phone samples proved to be both costly and inefficient.

In 2015, HRSA MCHB redesigned the NSCH and the NS-CSHCN into a single combined survey that utilized an Address-Based Sampling frame. This newly consolidated survey incorporated questions from both of these surveys and retained the NSCH name. The U.S. Census Bureau now conducts the NSCH on the behalf of HRSA MCHB and HHS under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies.

### **Challenges faced by NSCH/NS-CSHCN and Redesign**

The telephone interview methodology utilized for the NSCH and NS-CSHCN allowed for a complex questionnaire as it ensured that skip patterns were properly followed. Furthermore, it protected against

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<sup>1</sup> Blumberg SJ, Foster EB, Frasier AM, et al. 2012. Design and Operation of the National Survey of Children's Health, 2007. National Center for Health Statistics. *Vital Health Stat*, 1(55).

[http://www.cdc.gov/nchs/data/series/sr\\_01/sr01\\_055.pdf](http://www.cdc.gov/nchs/data/series/sr_01/sr01_055.pdf)

<sup>2</sup> Bramlett MD, Blumberg SJ, Ormson AE, et al. 2014. Design and Operation of the National Survey of Children with Special Health Care Needs, 2009–2010. National Center for Health Statistics. *Vital Health Stat*, 1(57).

[http://www.cdc.gov/nchs/data/series/sr\\_01/sr01\\_057.pdf](http://www.cdc.gov/nchs/data/series/sr_01/sr01_057.pdf)

data entry error through preprogrammed range and logic checks on responses. Interviewers were able to address respondent questions and concerns as they arose, helping reduce response error. However, in recent years declining willingness of the public to participate in surveys and changes in household telephone use resulted in declining response rates for Computer-Assisted Telephone Interviewing surveys.<sup>3</sup> Of particular concern was the increasing prevalence of households that had substituted wireless service for their landline telephone. Efforts to include these non-landline households within the telephone sampling frames for the former NSCH and NS-CSHCN through the addition of cell-phones to the frame were ultimately not cost efficient or effective. Furthermore, because the former NSCH and NS-CSHCN were administered using the Centers for Disease Control and Prevention's National Immunization Surveys (NIS) sampling frame and followed behind the NIS interview, they experienced additional impacts in response rates when cases failed to move through the NIS itself.

The surveys were no longer sustainable in the face of declining response rates and rising costs. Therefore, considerable work was done to determine how to address these concerns, and the decision was reached to utilize a two-phase multimode data collection design for a combined NSCH/NS-CSHCN survey, henceforth known as the NSCH. The proposed approach to data collection and nonresponse follow-up was based on previous project experience and recommendations made by Dillman and colleagues (2009).<sup>4</sup>

The redesigned NSCH consists of two questionnaires: (1) an initial household screener to assess the presence of children in the home and facilitate the selection of a target child within the household (with oversampling of children with special health care needs and young children ages 0-5 years), and (2) a substantive topical questionnaire that combines selected content from the former NSCH and NS-CSHCN questionnaires along with some newly relevant content.

In 2015, the U.S. Census Bureau conducted a pretest of this redesign on behalf of HRSA MCHB. The pretest was a one-time national data collection activity, based on a national sample of 16,000 addresses, to evaluate and refine survey methodology, the survey instruments, and the operation procedures and processes used in the 2016 production survey.

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<sup>3</sup> Blumberg SJ, Luke JV. 2010. Wireless Substitution: Early Release of Estimates from the National Health Interview Survey, January–June 2010. National Center for Health Statistics. Available from: <http://www.cdc.gov/nchs/nhis.htm>

<sup>4</sup> Dillman DA, Smyth JD, Christian LM. 2009. Internet, Mail and Mixed-Mode Surveys: The Tailored Design Method, 3rd edition. Hoboken, NJ: John Wiley & Sons.



## Frame, Sample, and Subsampling Specifications

The 2016 NSCH used an address-based sample covering the 50 states and the District of Columbia. Addresses were randomly sampled within states, with a roughly equal number of addresses selected within each state, as described in the Frame Development sub-section below. Administrative records from multiple sources were utilized to match a list of child identifiers to residential addresses. When a child identifier was matched to an address, the address was flagged as being more likely to include children and designated as ‘Stratum 1’; the remaining addresses were designated as ‘Stratum 2’. Addresses in Stratum 1 were sampled at a higher rate than those in Stratum 2.

If a household reported more than one child, the age and special health care needs status of those children were used to select a single child from the household and assign the household to receive one of the three age-based topical questionnaires: T1 for 0 to 5 year old children, T2 for 6 to 11 year old children, or T3 for 12 to 17 year old children. The subsampling of a single child from a household was random, but children with special health care needs and young children (0 to 5 years old) had a higher probability of selection. To limit respondent burden, no more than one child was sampled and no more than one topical survey was administered in any given household.

The target population for the NSCH consisted of children ages 17 or younger. Households were first mailed an invitation to respond to the survey using the web instrument, but were given the option to respond to a paper instrument through nonresponse follow-up. Addresses flagged as Low Web – the 30% of addresses with the lowest probability of responding by web – received a paper instrument sooner in nonresponse follow-up. The methodology for assigning addresses to High Web and Low Web mailing groups is discussed in the Results Analysis section, Web Group Effectiveness sub-section, below. One third of the sample received a \$5 bill and one third received a \$2 bill with the initial invitation as an incentive to complete the survey. One third of the sample did not receive an incentive and represented the control group for testing the effectiveness of the two incentive treatments. Also, in the second follow-up mailing, half of the sample received materials with HRSA MCHB branding while the other half received materials with Census Bureau branding to test the effect of logo branding on response.

### Overview of the Key Sampling Processes

- Initial Sample Size and Treatment Groups
  - Sample Size: 364,150 addresses nationwide
    - 5,871 (Minnesota) to 9,490 (Hawaii) addresses per state
  - Treatment Groups:
    - Incentive Groups
      - \$0 (control): 121,346 (33%)
      - \$2 bill: 121,420 (33%)
      - \$5 bill: 121,384 (33%)
    - Logo Branding Groups
      - Census: 182,046 (50%)
      - HRSA MCHB: 182,104 (50%)

- Web Groups
  - High Web: 254,618 (70%)
  - Low Web: 109,532 (30%)
- Initial Sample Stratification and Selection:
  - 222,750 (61%) addresses from Stratum 1 (Flagged as households with children)
  - 141,400 (39%) addresses from Stratum 2 (Not flagged)
- Selection of the Sample Child
  - Oversample children with special health care needs (CSHCN): 80%  
(Note that the 80% oversample was only applied for those households having both CSHCN and Non-CSHCN present.)
  - Oversample young children (0 to 5 years old): 60%  
(Note that the 60% oversample was only applied for those households having all or no CSHCN.)

### **Frame Development**

The 2016 NSCH utilized a sample of 364,150 household addresses randomly drawn from the Census Master Address File (MAF), a complete listing of all known living quarters in the 50 states and the District of Columbia that is used to support the decennial census. The Census Bureau's Center for Administrative Records Research and Applications (CARRA) appended indicators to the MAF to sort and stratify the sample.

The sample file was selected from the Census MAF and supplemented with an administrative records based flag identifying households likely to include children. CARRA developed this child indicator based on multiple sources of administrative data which were used for the first time to identify households more likely to have children, to improve sampling efficiency in the NSCH.

The child-presence flag was used to create two mutually exclusive sampling strata: Stratum 1 (flagged addresses) and Stratum 2 (all other addresses). The sample sizes were allocated based on the relative sizes of Stratum 1 and Stratum 2, and the efficiency of the flag (i.e., the probability that a flagged household did have children) in each state. State-level samples were allocated to produce an equal number of completed topical interviews in each state and the District of Columbia. Nationally, 61% of the sample was drawn from Stratum 1. This represents an average oversample ratio of about 5.2:1 for Stratum 1 versus Stratum 2.

Within strata, addresses were sorted by receipt of Supplemental Security Income (SSI) benefits (in Stratum 1 only) and the block group<sup>5</sup> poverty rate (greater than 30% or less than or equal to 30%) with the net result that addresses within states were listed in the following order for sampling:

- Stratum 1: Households with the 'child present' flag

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<sup>5</sup> A Census block group is a geographical unit with 600 to 3,000 population. Census blocks are grouped into block groups; block groups, in turn, are grouped into Census tracts. The block group is the smallest scale geographical unit for which the Census Bureau publishes sample statistics, i.e., estimates based on a sample of residents in the block group. Consequently, it is the smallest scale geographical unit that could be used for this exercise.

- SSI benefit recipients
- Addresses in high poverty block groups, but not SSI benefit recipients
- Remaining Stratum 1 households
- Stratum 2: Households without the 'child present' flag
  - Addresses in high poverty block groups
  - Remaining Stratum 2 households

### Sample Size and Allocation

State sample sizes were determined objectively to produce an equal number of completed topicals per state while summing to a total sample of 364,150 addresses nationwide (see Table 1). For a sampled address to complete the topical, it must complete each of the following stages: 1) it must be a valid residential address, 2) the residents must complete the screener, 3) the screener must report that children are present and the age for at least one child, and 4) the topical-eligible household must complete the topical. Before mailing, we estimated screener and topical response rates using response rates from the 2015 Pretest. We audited the CARRA child-presence flag against American Community Survey (ACS) returns to estimate the percent of households that have children by state and stratum. Based on the experience of other address-based surveys at Census, we estimated that 11% of sampled addresses would not be valid, either undeliverable as addressed or non-residential addresses.

**Table 1. Anticipated Returns from the 2016 NSCH**

Initial Sample	Stratum Stratum 1: 61.2% Stratum 2: 38.8%	Incentive Group \$0: 33.3% \$2: 33.3% \$5: 33.3%	Valid 89%	Screeners		Households With Children		Completed Topicals		
				Web (\$0): 42% <sup>a</sup> Web (\$2): 45% <sup>a</sup> Web (\$5): 48% <sup>a</sup> Paper: (1-Web)*.25 <sup>a</sup>		Stratum 1: 77.1% <sup>b</sup> Stratum 2: 10.2% <sup>b</sup>		Web: 95% <sup>a</sup> Paper: 25% <sup>a</sup>		
				Web:	Paper:	Web:	Paper:	Web:	Paper:	
364,150	1: 222,750	\$0	74,281	66,110	27,766	9,586	21,403	7,389	20,332	1,847
		\$2	74,286	66,115	29,752	9,091	22,933	7,007	21,786	1,752
		\$5	74,183	66,023	31,691	8,583	24,428	6,616	23,206	1,654
	2: 141,400	\$0	47,065	41,888	17,593	6,074	1,793	619	1,703	155
		\$2	47,134	41,949	18,877	5,768	1,924	588	1,828	147
		\$5	47,201	42,009	20,164	5,461	2,055	557	1,952	139
Totals			324,094		190,406		97,310		76,502	
Average per State			6,355		3,733		1,908		1,500	

<sup>a</sup> Response rates estimated based on response rates from the 2015 Pretest.

<sup>b</sup> Percent of households with children estimated based on ACS audit.

Based on these estimators, we anticipated approximately 76,500 completed topical interviews or 1,500 interviews per state. Ultimately, we collected 50,212 completed topical interviews. Actual returns fell short of expected returns in part because more than 11% of sampled addresses were invalid residences. Specifically, in the 2016 NSCH production, 16% of addresses resolved as invalid and we estimate that an additional 5% of addresses were also invalid but not resolved (no letters were returned from those addresses). Based on this experience, we have implemented measures for the 2017 NSCH to improve

the quality of sampled addresses. Audit results indicate that these new measures should reduce the rate of undeliverable addresses by 40%.

Actual topical returns also fell short of anticipated topical returns because screener returns for the 2016 NSCH did not match screener returns for the 2015 Pretest. Based on the Pretest, we anticipated that 59% of eligible addresses would return a screener, but only 49% did. Further evaluation suggests that the difference reflects a bias in the 2015 Pretest sample to represent households that were more likely to respond to surveys, particularly by web.

### **Subsampling Specifications: Selection of Sampled Child**

Eligible children within households that completed a screener were sampled for one of the three age-based topical surveys: T1 for 0 to 5 year old children, T2 for 6 to 11 year old children, or T3 for 12 to 17 year old children. Only one child per household was selected for the topical questionnaire in an effort to minimize respondent burden.

To select the sample child from a household, we first determined whether each eligible child was a Child with Special Health Care Needs (CSHCN) or a Child without Special Health Care Needs (Non-CSHCN). This determination was based on answers to a standard set of questions included in the screener questionnaire.<sup>6</sup>

Next, based on the count of children and the CSHCN status of those children, each household was assigned to a specific Household Type (HHTYP) (See Table 2). For households having both CSHCN and Non-CSHCN present (i.e., HHTYP=4, 6, and 7), an 80% oversample of CSHCN was applied. An additional 60% oversampling of children aged 0-5 years was applied in HHTYP=3 and 5. The second oversample was added in response to internal evaluations that showed that approximately 4,433,000 households with children aged 0-5 years were potentially not included in Stratum 1 (versus 7,256,000 households in that age range that were correctly flagged). In other words, the child presence flag used to define Stratum 1 and Stratum 2 performed less well for the very youngest children (aged 0-2 years) since some of the administrative records used to identify those households are older than the children they need to identify.

For subsampling purposes, all eligible children on the household roster were sorted and assigned a line number. In most cases, children were sorted first by CSHCN status (CSHCN then Non-CSHCN) and then by age (youngest to oldest). If there was only one child (HHTYP=2), the sort was not applicable. Finally, in households with four or more eligible children, children were sorted first on CSHCN status, then by name, and then by age. The line number to be selected in a given scenario was pre-assigned to each household for each of the eight household types consistent with the probabilities listed in the Probability of Selection column in Table 2.

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<sup>6</sup> Bethell CD, Read D, Neff J, Blumberg SJ, Stein RE, Sharp V, Newacheck PW. 2002. "Comparison of the Children with Special Health Care Needs Screener to the Questionnaire for Identifying Children with Chronic Conditions—Revised." *Ambulatory Pediatrics*, Jan-Feb 2(1): 49-57.

Table 2. Strategies for Selecting the 2016 NSCH Sample Child

Household Type (HHTYP)	Number of Eligible Children in Household	Number of Eligible Non-CSHCN, CSHCN	% Probability of Selection for Non-CSHCN	% Probability of Selection for CSHCN	Notes
1	0 or 'blank'	0,0	0%		No eligible children in household.
2	1	1,0 or 0,1	100%		Single child is always selected.
3	2	2,0 or 0,2	If only 1 child is aged 0-5 years, that child's probability of selection is 62% and the other child's probability of selection is 38%. Otherwise, each child has an equal chance of selection of 50%.		Includes 60% oversampling of children aged 0-5 years.
4	2	1,1	36%	64%	Includes 80% oversampling of CSHCN.
5	3	3,0 or 0,3	If only 1 child is aged 0-5 years, that child's probability of selection is 44% and each of the other two children have an equal chance of selection of 28%. If 2 children are aged 0-5 years, each has a probability of selection of 38% and the other child has a probability of selection of 24%. If all 3 children are aged 0-5 years or all 3 children are aged 6-17 years, then each child has an equal chance of selection of 33%.		Includes 60% oversampling of children aged 0-5 years.
6	3	2,1	52%	48%	Includes 80% oversampling of CSHCN.
7	3	1,2	22%	78%	Includes 80% oversampling of CSHCN.
8	4 or more	Any combination	Before the sort, each of the first 4 children has an equal 25% probability of selection.		Simple random selection of 1 of the first 4 (sorted) children, regardless of Non-CSHCN or CSHCN.

## Instrument Specifications

### Content Development

A key objective in developing the redesigned National Survey of Children's Health (NSCH) instrument was to consolidate the previous NSCH and the National Survey of Children with Special Health Care Needs (NS-CSHCN) content into one survey, reducing redundancy in the collection of data and the burden on households that accompanied the administration of two separate surveys. The selection and refinement of content for the redesigned survey reflected the need to retain critical content that is uniquely available through the NSCH while creating room for emergent priorities.

Every effort was made to retain survey items from previous iterations of the NSCH and NS-CSHCN within the redesigned questionnaire. Revisions to existing items were generally made for the following reasons: 1) a desire for consistency with federal policies or programs and harmonization of content across U.S. Department of Health and Human Services surveys (e.g., the item on physical activity was edited to reflect the new Dietary Guidelines for Americans); 2) changes in the field or our understanding of a topic or issue (e.g., with direction and support from co-sponsors, content on attention deficit/hyperactivity disorder treatment was expanded to include separate items on behavioral and medication treatment); and 3) self-administered surveys require wording and framing that differs from interviewer-assisted surveys (i.e., instructional text throughout the instrument was refined and simplified).

Concomitantly, the addition (or deletion) of content was driven by four factors: 1) the need to include the most critical content from both previous surveys; 2) the prioritization of topics highly relevant to HRSA MCHB investments (e.g., items required to track 18 National Performance and Outcome Measures for the Title V Maternal and Child Health Services Block Grant program); 3) the commitment to improve methods for assessing key topics; and 4) the desire to address emergent priorities as identified by states and the broader maternal and child health field (e.g., the addition of items to assess readiness to learn among children aged 3-5 years).

### Survey Content

Consistent with previous administrations, the 2016 NSCH retained a two-phase data collection approach: (1) an initial household screener to assess the presence, basic demographic characteristics, and special health care need status of any children in the home; and (2) a substantive topical questionnaire to be completed by a parent or caregiver of the selected child.

The screener questionnaire consisted of two sections. The first section contained three questions about the presence of children in the home and the primary language spoken. The next section contained detailed questions about the demographics and health of up to four children, from youngest to oldest. If there were more than four children in a household, the first name (or initials or nickname), age, and sex were asked for up to ten children.

There were three different topical questionnaires tailored to three different age groups of the selected children: T1 for 0 to 5 year old children, T2 for 6 to 11 year old children, and T3 for 12 to 17 year old children. All three questionnaires contained 11 sections about the child, their family, and neighborhood,

but the specific questions were tailored to be relevant to children in that age range. Copies of the screener and topical questionnaires can be found in Attachment F. The questionnaire sections are summarized below:

**Section A: This Child's Health** – Questions about whether the child has acute or chronic physical, mental, behavioral, learning, or developmental conditions; if the child's health conditions affect his or her ability to do things.

**Section B: This Child as an Infant** – Birth-related questions including birth weight, breastfeeding, and use of formula. Infant feeding questions are only included on T1.

**Section C: Health Care Services** – Questions about availability and use of a usual place for health care, need for and use of medical, dental, mental, and specialized health services in the last 12 months.

**Section D: Experience with This Child's Health Care Providers** – Questions about frequency of care and satisfaction with the child's health care providers. Also questions about how the child's doctor or health care provider worked with the child. T3 includes questions about the child's preparation for transition into adult health care.

**Section E: This Child's Health Insurance Coverage** – Questions about whether the child has adequate health care coverage, and whether there were any gaps in health care coverage in the past 12 months, including at the time of the survey.

**Section F: Providing for this Child's Health** – Questions on cost of health care in the past 12 months and time spent providing and arranging for the child's health care.

**Section G: This Child's Learning/Schooling and Activities** – Questions on early learning (e.g., speaking, rhyming, counting, attentiveness, making friends, social/emotional development) for children ages 3 to 5 years. For children ages 6 to 17 years, questions about experience at school, participation in organized activities, and physical activities.

**Section H: About You and This Child** – Questions about daily life and household activities, including the child's sleep habits and computer and television use and the demands of parenting on the respondent.

**Section I: About Your Family and Household** – Questions about the frequency of family meals, the use of tobacco in the household, how the family copes with problems, and if any assistance is needed to provide food for the family. Also questions about the respondent's perception of their neighborhood (e.g., amenities, safety), and questions about if the child has ever experienced any adverse childhood experiences.

**Section J: About You** – Questions on demographic information about up to two adults in the household who are the child's primary caregivers.

**Section K: Household Information** – Questions on household count, family count, and family income.

## Web Instrument Specifications

All households selected to participate in the 2016 NSCH initially received an invitation by mail to respond to the survey by web. The invitation included the website URL, a unique 8-digit username, and an 8-digit password. After logging in and reviewing the Privacy Act statement, respondents were asked to verify their address and asked about the number of children (0-17 years of age) that usually reside at that address. If the respondent answered that the address selected for the sample (and displayed on screen) did not match her own or that there were no children that usually reside at the address, then the survey was concluded and the household was removed from further mailings.

If the respondent answered that there were children that usually reside at the address, the respondent was presented with a battery of questions about each child (the screener portion of the survey). The respondent was required to provide at least a first name, initials, or nickname and age for each child on the household roster, as these elements were necessary for subsampling (discussed previously) and name fills in question wording. The respondent was also asked about the race, ethnicity, and English language ability of each child. Finally, there was a series of five questions to determine the special health care need status of each child.

After the respondent entered and confirmed this information about all children in the household, the web instrument applied the subsampling methodology to select one child from the household roster to be the subject of the topical portion of the instrument. Once a child was selected, the web instrument did not allow respondents to revise their answers to the screener portion of the instrument.

Respondents for households without children needed about 52 seconds on average to complete the web instrument. Respondents for households with children completed the screener portion of the instrument in 5 minutes and 21 seconds, the web topical portion in 30 minutes and 40 seconds, and the entire web instrument in 36 minutes on average. Table 3 details the mean and median time needed to complete the web instrument.

**Table 3. Web Submission Times (in minutes)**

	Children		No Children	
	Mean	Median	Mean	Median
Screener	5.4	4.2	0.9	0.5
Topical	30.7	26.5	-	-
Total	36.0	31.5	0.9	0.5

After respondents answered all questions in the topical portion of the instrument, they were presented with the opportunity to review and edit any answers before submitting. Once the survey was submitted, a submission confirmation screen appeared with the date and time of completion. The instrument was then locked and the respondent was only able to view the submission confirmation screen if they logged back in.



## **Programming the Web Instrument**

The web survey was conducted using the U.S. Census Bureau's Centurion system for internet data collection. This software presented the questionnaire on a computer screen. The interview was self-administered by the respondent; the respondent logged in to the instrument with the username and password provided in the web invitation letter.

There were two hard edits programmed into the web instrument which required respondents to provide a valid answer before continuing. These answers were necessary for subsampling: child's first name, initials, or nickname; and age. Otherwise, respondents were able to skip all other questions and continue the survey. There were soft edits for some questions that prompted respondents to provide an answer or revise an existing answer, but respondents were able to skip past these edits. Online help screens and text were also available in the instrument to aid respondents. Submitted responses were saved in a survey data file. The use of the web instrument reduced the time required to transfer, process, and release data.

The web instrument guided respondents through skip patterns, established legitimate ranges for numerical write-in items, and offered "pick lists" for some response categories. Also in an effort to reduce respondent burden, the instrument integrated the screener and topical instruments into a single self-administered interview. After the respondent completed the screener questions and the web instrument confirmed that the household was eligible to complete the topical questionnaire, the instrument applied the subsampling methodology to select one child from the household to receive the topical portion of the survey. Fills were then used to prefill the name of the selected child into the topical survey questions.

Once programming of the instrument was completed, the various requirements of the instrument – respondent login, screener subsampling, topical selection, skip pattern implementation, fills, data output – were tested to ensure that the Centurion system was functioning correctly.

## **Paper Instrument Specifications**

All web non-respondents received a two-phase, self-administered mail survey. In the first phase, households received (a) an invitation letter to participate in the NSCH, and (b) a paper screener instrument. Using the paper questionnaire, households were screened to determine if there were any children 17 years or younger who usually lived or stayed at the address. Those households that met the eligibility criteria went on to roster the children living at the address and answered questions to determine the special needs status of each child (up to 4 children). Detailed information was collected for Child 1 through Child 4, while basic information (name, age, sex) was collected for Child 5 through Child 10.

If the respondent mailed back the screener, it was then processed to determine if eligible children usually reside at the address. If the respondent answered that the address selected for the sample did not match her own or that there were no children that usually reside at the address, the survey was concluded and the household was removed from further mailings. If the respondent answered that

there were children usually residing at the address, the subsampling methodology was applied to select one child from the household roster to be the subject of the topical questionnaire.

In the second phase, households that were deemed to have eligible children were mailed one of the three age-based topical questionnaires requesting more information about one selected child living at the address. Docuprint systems were used to print the selected child's first name, initials, or nickname, age, and sex if provided on the topical questionnaires in order to ensure that respondents answered the topical questions for the selected child.

The paper and web instruments were designed to be as similar as possible to minimize the influence of mode on responses. While automatic skips and soft edits could not be implemented in the paper instrument, the questionnaire did include skip instructions within the question wording to mimic the web instrument.

Paper questionnaires were created using Amgraf One Form Plus. Returned forms were processed by iCADE to capture responses through OMR (optical mark recognition), OCR (optical character recognition), and KFI (keying from image). Questionnaires were printed, trimmed, and stitched through an in-house print on-demand process using a Docuprint system that allowed personalization to each respondent.

## Data Collection

Data collection efforts for the 2016 National Survey of Children’s Health (NSCH) began on June 10, 2016 and included five screener mailings and up to four topical mailings. The first mailing of the web survey invitation was sent on June 10, 2016. The dates for the label creation, late mail return (LMR) pulls (packages for addresses that responded after the initial mailing list was created are pulled and destroyed shortly before the mailing), and mailout for each mailing are detailed in Table 4. Copies of the invitation letters and postcards can be found in Attachment E. Respondents also had the opportunity to initiate and complete the interview by phone via Telephone Questionnaire Assistance (TQA).

### Mailout Specifications

In order to maintain a reasonable assembly workload at the Census Bureau’s National Processing Center (NPC), the mailings were split into two equal groups mailed two weeks apart. Addresses were randomly assigned to one of the two mail groups. Each mail group had a total of five possible mailings that included web invitations. The second mailing included a branding experiment in which households received an invitation letter branded with either the Census logo or the Health Resources and Services Administration’s Maternal and Child Health Bureau (HRSA MCHB) logo. Finally, in the second follow-up mailing (third mailing), addresses in Low Web block groups received their first paper screener; addresses in High Web block groups received their first paper screener in the third follow-up mailing (fourth mailing).

All sampled addresses received an initial invitation letter with instructions to participate by web. The letter included the web survey URL along with a unique username and password. Some invitations also included a \$2 bill (33% of addresses) or a \$5 bill (33% of addresses) as an incentive; the remaining addresses (33%) represented the control group and did not receive an incentive. Addresses were randomly assigned to one of the three incentive groups.

If a household did not complete their survey via the web by four weeks after the initial letter was mailed, they were mailed a follow-up letter. This letter again included instructions for responding via web. Half of all addresses were assigned to receive the follow-up letter with Census branding on the letter and envelope, with the other half receiving HRSA MCHB branded materials. Results from the incentive and branding experiments are discussed in the Response Analysis section below.

Nonresponding addresses after the first follow-up mailing received a second follow-up mailing. The 30% of addresses with the lowest probability of completing a web survey (based on block group web response performance to past data collection efforts) were assigned to the Low Web group and received a paper screener with the second follow-up mailing. All nonresponding addresses received paper screeners in the third and subsequent follow-up mailings.

Sampled addresses received up to six screener mailings; addresses received fewer mailings if the residents submitted a web survey, returned a complete paper screener, explicitly refused to participate, or if the address was out-of-scope (i.e., not an occupied residence). Nonresponding addresses in the Low Web group received up to four follow-up mailings, five screener mailings total. A fifth follow-up was

added and mailed to High Web addresses so that all sampled addresses received up to three paper screeners.

Respondents that returned a paper screener, and did not submit a web survey, were assigned to one of four topical mailing groups. Group assignments were dependent on the date that the paper screener form was received at the Census Bureau. All forms that were received before the first topical label file was created were assigned to Topical Group 1. Non-duplicate forms received from that time until the second topical label file was created were assigned to Group 2, and so forth. Respondents received up to four topical survey packages; respondents received fewer packages if they returned a topical form or explicitly refused to participate, the selected child changed residence before the topical form was received, or the household was assigned to a later topical group (due to time constraints based on survey closeout; see Table 5).

**Table 4. Screener Mailout Schedule**

<b>Screener Mailout Schedule</b>			
<b>Mailing</b>	<b>Label file date</b>	<b>LMR file date</b>	<b>Mail date</b>
Group 1 – Initial Web Invitation Letter (\$0, \$2, or \$5 incentive)	5/24/2016	NA	6/10/2016
Group 2 – Initial Web Invitation Letter (\$0, \$2, or \$5 incentive)	5/24/2016	NA	6/13/2016
Group 1 – First Follow-Up Letter (Census vs. HRSA MCHB branding)	6/30/2016	NA	7/14/2016
Group 2 – First Follow-Up Letter (Census vs. HRSA MCHB branding)	7/15/2016	NA	7/21/2016
Group 1 – Second Follow-Up: Low Web group = first mailed paper screener High Web group = Web invitation letter ONLY	7/25/2016	8/2/2016	High Web: 8/4/2016 Low Web: 8/8/2016
Group 2 – Second Follow-Up: Low Web group= first mailed paper screener High Web group = Web invitation letter ONLY	8/5/2016	8/15/2016	8/18/2016
Group 1 – Third Follow-Up: Low Web group= second mailed paper screener High Web group = first mailed paper screener	8/23/2016	8/30/2016	High Web: 9/9/2016 Low Web: 9/8/2016
Group 2 – Third Follow-Up: Low Web group= second mailed paper screener High Web group = first mailed paper screener	9/2/2016	9/12/2016	High Web: 9/19/2016 Low Web: 9/16/2016
Group 1 – Fourth Follow-Up: Low Web group= third mailed paper screener High Web group = second mailed paper screener	9/23/2016	10/6/2016	High Web: 10/13/2016 Low Web: 10/12/2016

<b>Screeener Mailout Schedule</b>			
Group 2 – Fourth Follow-Up: Low Web group= third mailed paper screener High Web group = second mailed paper screener	10/4/2016	10/19/2016	High Web: 10/31/2016 Low Web: 10/24/2016
Group 1 – Fifth Follow-Up: High Web group only = third mailed paper screener	10/27/2016	11/14/2016	11/16/2016

Table 5. Topical Mailout Schedule

<b>Group 1 Topical Mailout Schedule</b>			
<b>Mailing</b>	<b>Label file date</b>	<b>LMR file date</b>	<b>Mail date</b>
Group A – Initial Topical Paper Questionnaire Mailing	9/23/2016	10/5/2016	10/7/2016

<b>Group 2 Topical Mailout Schedule</b>			
<b>Mailing</b>	<b>Label file date</b>	<b>LMR file date</b>	<b>Mail date</b>
Group A – First Follow-Up Topical Paper Questionnaire Mailing	10/21/2016	11/2/2016	11/4/2016
Group B – Initial Topical Paper Questionnaire Mailing	10/21/2016	11/2/2016	11/4/2016

<b>Group 3 Topical Mailout Schedule</b>			
<b>Mailing</b>	<b>Label file date</b>	<b>LMR file date</b>	<b>Mail date</b>
Group A – Second Follow-Up Topical Paper Questionnaire Mailing	11/22/2016	11/30/2016	12/7/2016
Group B – First Follow-Up Topical Paper Questionnaire Mailing	11/22/2016	11/30/2016	12/9/2016
Group C – Initial Topical Paper Questionnaire Mailing	11/22/2016	11/30/2016	12/12/2016

<b>Group 4 Topical Mailout Schedule</b>			
<b>Mailing</b>	<b>Label file date</b>	<b>LMR file date</b>	<b>Mail date</b>
Group A – Third Follow-Up Topical Paper Questionnaire Mailing	12/22/2016	1/3/2017	1/10/2017
Group B – Second Follow-Up Topical Paper Questionnaire Mailing	12/22/2016	1/3/2017	1/10/2017
Group C – First Follow-Up Topical Paper Questionnaire Mailing	12/22/2016	1/3/2017	1/9/2017
Group D – Initial Topical Paper Questionnaire Mailing	12/22/2016	1/3/2017	1/9/2017

## Telephone Questionnaire Assistance (TQA)

A toll-free telephone line was provided to respondents to allow them to call if they had questions about the survey, wanted to complete the interview over the phone, or submit feedback. All invitation letters, the web instrument, and the paper instrument identified this toll-free number.

The telephone line was answered by NSCH trained interviewers in one of the three Census Bureau call center locations: Jeffersonville, IN, Hagerstown, MD, or Tucson, AZ. During the course of data collection there were 11,904 calls made to the toll-free line. If a respondent requested to respond to the survey over the phone, the TQA interviewer would administer the survey using the Centurion web instrument. There were a total of 6,943 cases completed over the phone. Out of those completed interviews, 6,080 households were topical ineligible (no children in the household) and 863 were eligible (children in the household). Of those eligible households, 710 completed the topical over the phone. Table 6 lists all possible TQA purpose codes that could be assigned during a call or interview.

**Table 6. TQA Purpose Codes used in ATAC System**

<b>TQA Purpose Codes</b>	<b>Definitions</b>
01	Internet instrument completed over the phone
02	Refusal to participate
03	Address correction (topical)
04	Wrong address – Web respondent
05	Address is not a residence (out-of-scope)
06	Paper questionnaire status
20	Questions about monetary incentive
30	Request replacement survey or other language materials
40	Trouble filling out the paper questionnaire
50	Username/Password request
51	Problem logging into Internet instrument
52	Other instrument issues
60	Question regarding the survey (General FAQ)
80	Comments

TQA interviewer training was conducted prior to the initial 2016 mailing. There were a total of 128 interviewers trained to answer respondent questions about the NSCH and conduct interviews over the phone using the web instrument. A background of the survey was provided, along with details on the mailout schedule and incentives used. Interviewers were trained on how to determine and assign the correct purpose code in the ATAC (Automated Tracking and Control) system. They were given examples on how to search for the respondent's case in the web instrument and how to administer the survey over the phone. Finally, they were trained on how to properly close out the case and assign a purpose code to identify that the web questionnaire was completed over the phone. TQA interviewers were

given a manual that included these details and answers to frequently asked questions that they were able to reference during the 2016 NSCH production cycle.

Call monitoring sessions of recorded TQA calls were scheduled throughout data collection. If any changes were needed to the ATAC TQA instrument based on comments received from interviewers, the survey team coordinated programming updates. All updates to procedures were communicated to the TQA interviewers. Incoming call volumes were also monitored throughout data collection and scheduling of the interviewers was adjusted accordingly.

### **Email Questionnaire Assistance (EQA)**

In addition to the toll-free telephone line, respondents were able to interact with Census Bureau staff via email. An email address ([childrenshealth@census.gov](mailto:childrenshealth@census.gov)) was listed in the web invitation letters and paper questionnaire package letters. Emails were answered by call center staff in Hagerstown, MD. Staff checked the email inbox daily and replied to respondents' messages within 2 business days when possible. Emails were logged in a tracking spreadsheet and cases were assigned purpose codes similar to the TQA purpose codes in Table 6.

EQA agents employed scripted responses for common concerns and questions. These scripts ensured consistent and accurate information. When replying to the messages, agents removed any information in the response email that could be considered personally identifiable (e.g., address, phone number, name).

### **Respondent Demographics**

Web and mail survey instructions requested that the respondent be a parent or guardian who lived in the household and knew about the health and health care of the selected child. TQA interviewers were not permitted to conduct an interview with a respondent below the age of 18 years. Table 7 shows the proportion of respondents by their relationship with the selected child for the topical survey; 91% of topical survey respondents were biological or adoptive parents of the selected child.

**Table 7. Respondent Relation to Selected Child**

<b>Relationship</b>	<b>Relative Frequency</b>
Biological or Adoptive Parent	91.0%
Step-parent	1.7%
Grandparent	4.1%
Foster Parent	0.2%
Aunt or Uncle	0.5%
Other Relative	0.3%
Other Non-Relative	0.3%
Response Missing	2.0%

## **Confidentiality**

Participation in the 2016 NSCH was voluntary, and all data collected that could potentially identify an individual person are confidential. Data are kept private in accordance with applicable law. Respondents are assured of the confidentiality of their replies in accordance with 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). In compliance with this law, all data released to the public are only in a statistical format. No information that could personally identify a respondent or household may be released. The Census Bureau ensured that all HRSA MCHB staff obtained Special Sworn Status prior to receiving access to any confidential data. The Screener and Topical public use data files went through a thorough disclosure review process and were approved by the Census Disclosure Review Board prior to release.

## **Spanish Language Availability**

The NSCH paper and web instruments were available in both English and Spanish. The Spanish translation was originally provided by a contractor for the NSCH Pretest. For the 2016 NSCH, the Census Bureau reviewed and verified the previously translated paper and web Spanish instruments and provided new translations where necessary. Census also provided translations for the Spanish language invitation letters that were included in the mailings, printed on the back of each letter. The letters provided details about the survey and instructions for requesting a Spanish language paper questionnaire through the TQA line.

If a respondent returned a Spanish language paper screener questionnaire indicating the presence of children in the household, the Spanish language topical questionnaire was subsequently mailed to the household. Twenty-two addresses requested and received a Spanish language paper screener, approximately half returned a Spanish language paper screener, and roughly a quarter of those households returned a Spanish language topical questionnaire.

The web instrument offered a toggle on the login page that allowed respondents to select the English or Spanish language version of the instrument. Of the web respondents, 348 completed the screener portion and 254 completed the topical portion of the instrument using the Spanish language version of the instrument.

Spanish-speaking respondents that called the TQA line were placed in a Spanish language calling queue; a trained Spanish language agent then answered any questions or administered the Spanish language web instrument over the phone. The agent flagged the case if a Spanish paper questionnaire was requested and informed the respondent that a questionnaire would arrive in the mail within three weeks. Even though the paper and web instruments were only available in English and Spanish, additional language support was available when calling into the TQA line.

## **Efforts to Maximize Response Rates**

Cash incentives, follow-up mailings, toll-free telephone numbers, and translated questionnaires were used to maximize response. The NSCH screener and topical questionnaires were specifically designed to encourage cooperation by prospective respondents. Questions were developed and grouped by subject



area to create logical, clear questionnaires with concrete question wording and simple grammar. Both the paper and web versions of the questionnaires used design elements to enhance respondent comprehension and make instructions clear and simple. In addition, the respondent contact strategies and letters were carefully designed to capture the attention of the respondent and pique interest in the subject matter.

Data collection for the 2016 NSCH involved a series of mailings and nonresponse follow-up activities, emphasizing questionnaire completion. The approach to data collection and nonresponse follow-up was based on previous project experience and recommendations made by Dillman and colleagues (2009):<sup>7</sup>

- *Invitation letter.* An initial invitation letter was mailed to all potential respondents providing details about the study, a web URL with the username and password for accessing the web version of the questionnaire (which combined the screener and topical into a consolidated instrument), and a toll-free number for individuals to call if there were questions or comments. In addition to the invitation letter, two-thirds of the sample also received a one-time cash incentive to complete the survey in the amount of \$2 or \$5. Each household was contacted up to five times to participate in the survey.
- *Additional mailings.* Subsequent to the first invitation mailing, the Census Bureau sent all remaining non-respondents a second invitation letter. The second mailing included an experiment using two different types of letterhead (Census Bureau and HRSA MCHB). After the second mailing, the remaining non-respondents were divided based on an internet usage flag. Those households that were flagged as having low internet usage (Low Web) received their first paper screener questionnaire while those households flagged as having high internet usage (High Web) received a third web invitation letter. The fourth and fifth mailings included paper screener questionnaires to all remaining non-respondents.
- *Paper topical questionnaire mailing.* For respondents who returned a paper screener, the topical questionnaire and accompanying cover letter were personalized to fill in the sample child's name and other identifying information to ensure that the survey was completed for the correct child. This level of personalization in the questionnaire improved data quality by reducing the opportunity for skip logic errors. It also resulted in a questionnaire that was as short as possible for the selected child, increasing the likelihood that the respondent would complete it.

These operational strategies both facilitated response and reduced differential response and nonresponse by mode.

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<sup>7</sup> Dillman DA, Smyth JD, Christian LM. 2009. Internet, Mail and Mixed-Mode Surveys: The Tailored Design Method, 3rd edition. Hoboken, NJ: John Wiley & Sons.

## Response Analysis

### Response Rates

For the purposes of calculating response rates, all sampled addresses were assigned screener and topical outcomes codes. These outcomes can generally be categorized as not eligible, eligible but not complete, or complete.

For some addresses, we did not receive sufficient correspondence to determine if the address was eligible to complete the screener or topical questionnaires. These addresses were classified as unresolved. Among these addresses, we estimated the share that were occupied residences using the Household Rate, the proportion of resolved addresses that are occupied residences.<sup>8</sup> We also estimated the Child Rate, the share of those households that include children, based on the proportion of households that have children by state and stratum in the 2015 American Community Survey (ACS). The product of the Household Rate and Child Rate is the Eligibility Rate (*e*), the estimated proportion of unresolved addresses that are households with children. Using this approach, we estimated that 86% (weighted) of unresolved addresses were households and 27% (weighted) were households with children.

$$e = \text{Household Rate} * \text{Child Rate}$$

Three different response rates were calculated based on the estimated proportion of eligible addresses that completed the screener and topical questionnaires. Definitions of completion and calculation of these three response rates are detailed below.

A completed screener must 1) be returned from a sampled address, and 2) indicate that there are no children present or provide a valid age for at least one child. 138,009 households completed a screener survey. Of those, 67,047 households with children completed the screener instrument and are included on the Screener data file. There were 70,962 households without children that completed the screener instrument and are not included in any published data files.

Complete and sufficient partial topical surveys are included on the Topical data file. Of the 67,047 eligible screened-in households, 50,212 households with children returned a complete or sufficient partial topical survey. A returned topical survey was considered complete if at least 40 of 50 “check items” had valid answers, and 1) the respondent completed at least one item in Section K (family income, household and family count) or 2) the respondent submitted the topical web instrument. Check items are on-path for all respondents, are distributed across all sections of the survey, and offer an

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<sup>8</sup> Specifically, we used the midpoint between the Household Rate including undeliverable addresses (the proportion of all resolved addresses that are occupied residences) and the Household Rate excluding undeliverable addresses (UAAs) by state and stratum. Because UAAs are identified by the United States Postal Service, it is assumed that UAAs are identified at a higher rate than other noneligible addresses (businesses, vacant residences, etc.) that must be self-identified. The midpoint assumes that there are some UAAs still unresolved but at a lower rate than they appear among the resolved addresses.

indication that the responses represent progress through those survey items. Of the 50,212 returned topicals, 48,389 returned topical surveys were complete.

A returned topical survey was considered a sufficient partial if at least 25 of 50 check items had valid answers, and 1) the respondent completed at least one item in Section H or beyond or 2) the respondent submitted the topical web instrument. Of the 50,212 valid topical questionnaires, 1,823 were sufficient partials. Overall, there were 16,835 households with children that completed screeners, but did not complete the topical survey or returned an insufficient partial topical survey.

**Table 8. Final Disposition of Screener and Topical Returns**

<b>Final Disposition</b>	<b>Count</b>
Completed Screener	138,009
Topical-Eligible Screeners	67,047
Completed Topicals	50,212
Complete	48,389
Sufficient Partial	1,823

***Screener Completion Rate***

The Screener Completion Rate is the estimated proportion of households (occupied residences) that completed a screener. The denominator includes both screened households and the number of unresolved addresses that are estimated to be households. This approach yielded a national weighted screener completion rate of 53.0%.

$$\frac{\text{Completed Screeners}}{\text{Screened HHs} + \text{Unresolved Addresses} * \text{Household Rate}}$$

***Topical Completion Rate***

The Topical Completion Rate is the estimated proportion of households with children that completed the topical questionnaire. The denominator includes both screened households with children and the number of unresolved addresses that are estimated to be households with children. This approach yields a national weighted topical completion rate of 33.0%.

$$\frac{\text{Completed Topicals}}{\text{Screened HHs with Children} + \text{Unresolved Addresses} * e}$$

***Interview Completion Rate and Overall Response Rate***

The Interview Completion Rate is the product of the proportion of resolved households that completed the screener questionnaire (Screener Conversion Rate – 99.2%) and the proportion of screened households with children that completed the topical questionnaire (Topical Conversion Rate – 70.3%). The Overall Response Rate is the product of the Interview Completion Rate and the proportion of addresses that were resolved (Resolution Rate – 58.4%). Equivalently, the Overall Response Rate is the product of the Resolution Rate, the Screener Conversion Rate, and the Topical Conversion Rate. This

approach yields a national weighted Interview Completion Rate of 69.7% and a weighted Overall Response Rate of 40.7%.

$$\text{Resolution Rate} = \frac{\text{Resolved Addresses}}{\text{Total Addresses}}$$

$$\text{Screener Conversion Rate} = \frac{\text{Completed Screeners}}{\text{Resolved Households}}$$

$$\text{Topical Conversion Rate} = \frac{\text{Completed Topicals}}{\text{Screened Households with Children}}$$

### **Response Rates by State**

The probability of response varied by state (see Attachment C). Weighted Screener Completion Rates ranged from 44.6% in Louisiana to 64.5% in Vermont. In 8 states, more than 60% of households completed a screener. In another 8 states, fewer than half of households completed a screener.

Weighted Topical Completion Rates also ranged across states, from 24.5% of households with children completing the topical in Mississippi to 44.2% in Minnesota. Of the 51 states plus the District of Columbia, 38 had a weighted Topical Completion Rate between 30% and 40%.

States with higher screener and topical response rates generally produced more completed topicals. Twenty-six states exceeded 1,000 completed topicals. Fewer than 700 topicals were completed in Louisiana and Mississippi.

Response varied by region as well as state. States in the Census South Region performed poorly on average; of the 13 states in the region, only Maryland, Virginia, and the District of Columbia had a higher Topical Completion Rate than the national average. These same three states were the only ones in the region to complete more than 1,000 topicals. In contrast, the Midwest Region performed particularly well; only Indiana fell short of 1,000 completed topicals.

### **Web Survey Breakoffs**

In addition to respondent answers, the web instrument produces data that can be used to analyze how respondents interact with the instrument. A set of events – link and button clicks, field entries, and page entries and exits – are recorded and time stamped. Collectively, web instrument paradata offers a valuable tool for evaluating instrument performance and identifying areas for instrument optimization.

The vast majority of respondents that accessed the web instrument completed the survey in the web instrument. Of the respondents that reached the first question in the web instrument, 91% completed the web survey. Effectively all households that reported no children by web completed the survey by web. Of the households that reported children by web, 81% met the requirements of a complete or sufficient partial topical.

Using the web instrument paradata, we can also track the experience of respondents that did not complete the web survey. For example, we can identify the last page viewed by each respondent. Respondents break off from an interview for many reasons, most of which are not tied to a particular element of the survey instrument. But if breakoffs accumulate on a particular page, it could be an indication of an off-putting set of questions or a difficult transition.

Particular sections of the instrument proved more difficult for some respondents to complete and were associated with higher breakoff rates. Table 9 lists the number of respondent breakoffs by section and the percent of all breakoffs that occurred in that section. Because some sections were longer than others, and were therefore more likely to see breakoffs by chance alone, the final two columns list the percent of all respondent time spent and items completed in each section.

**Table 9. Breakoffs by Survey Section**

<b>Section</b>	<b># of Breakoffs</b>	<b>% of Breakoffs</b>	<b>% of Resp. Time</b>	<b>% of Items</b>
Verify Household	497	4.2%	2.8%	2.0%
Screen Household	186	1.6%	1.5%	1.5%
Roster Children	2585	21.9%	14.4%	6.9%
A. This Child's Health	1717	14.5%	15.6%	24.0%
B. This Child as an Infant	734	6.2%	3.9%	2.4%
C. Health Care Services	2167	18.3%	15.3%	11.8%
D. Health Care Providers	753	6.4%	7.1%	6.5%
E. Health Insurance Coverage	648	5.5%	3.7%	4.1%
F. Providing for Child's Health	504	4.3%	3.9%	3.3%
G. School and Activities	266	2.3%	4.1%	4.6%
H. About You and This Child	281	2.4%	7.2%	8.2%
I. Family and Household	440	3.7%	9.1%	13.6%
J. About You	160	1.4%	4.6%	7.2%
K. Household Information	812	6.9%	6.7%	3.8%
Instructions and FAQs	68	0.6%	0.2%	0.0%
<b>Total</b>	<b>11,818</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

More respondents broke off in 'Roster Children' and 'C. Health Care Services' sections than any other section. Combined, 40% of incomplete web surveys ended in these two sections. In the 'Roster Children' section, respondents were asked to provide names, ages, and other demographic and health-related details for each child in the household. It was the first section in the instrument to ask for detailed personal information. Also, because the number of children varied from household to household, 'Roster Children' was not linear. Respondents returned to a dashboard to begin reporting for each successive child. The net result was that more respondents broke off in this section than in any other, and respondents with more children broke off more frequently than respondents with fewer children.

Within ‘C. Health Care Services’, the webpage ‘hcsheightweight’ was particularly troublesome, which included a series of questions about the child’s current height and weight. Respondents were asked to type (or tap) in the child’s height (feet and inches or meters and centimeters) and weight (pounds or kilograms, and ounces or grams if the child was 5 years old or younger). Respondents needed an average of 21 seconds per completed item on this page, the most time per item of any page in the topical instrument. In general, because write-in response items were more burdensome for respondents, both in terms of time to respond and the inherent request for precision, these items were associated with higher breakoff rates.

Table 10 highlights the 17 (of 105) pages responsible for more than 200 breakoffs. The first column lists a page number indicating the sequence in which respondents typically reached a particular page. Pages are listed in the table in descending order by the number of breakoffs. In addition to the number of breakoffs, the final column reports the percentage of respondents that broke off upon reaching that page.

The two biggest hurdles for respondents, both in terms of total breakoffs and the rate at which they broke off, were again ‘childdashboard’ (in ‘Screen Household’) and ‘hcsheightweight’. A number of other pages on this list required respondents to type in responses – ‘ihddbwmma’ (birth weight), ‘ayincome’ (income), ‘childname’ (child’s name), and ‘ayhowmany’ (household and family count) – or immediately preceded one of those pages. Finally, breakoff rates were relatively high through a series of pages on health care coverage and the adequacy of that coverage – ‘hiccoveredtype’, ‘hichowoften’, ‘pchhowmuchprob’.

**Table 10. Breakoffs by Survey Web Page (breakoffs>200)**

<b>Pg #</b>	<b>Survey Web Page</b>	<b>Description</b>	<b># of Breakoffs</b>	<b>% of Resp. Breaking Off</b>
5	childdashboard	Children at this Address	970	2.2%
49	hcsheightweight	Height and Weight	827	1.9%
46	ihddbwmma	Due Date and Birth Weight	593	1.3%
48	hcscheckup	Doctor Check-up	510	1.1%
99	ayincome	Income	465	1.2%
6	childname	Child N Name	382	0.8%
71	pchhowmuchprob	How Much and Problems Paying	328	0.8%
2	streetaddress	Street Address Verification	300	0.3%
4	hhlanguage	Household Language	296	0.6%
98	ayhowmany	How Many People	288	0.7%
16	howwell	How Well Items	284	0.6%
70	hichowoften	How Often	269	0.7%
45	ebdhcability	Health Condition Ability	259	0.6%
13	childreview	Review Your Responses	245	0.6%
69	hiccoveredtype	Child Currently Covered and Type	227	0.6%
62	hcphowoften	How Often Did Providers	207	0.5%
12	childtreatcouns	Child N Treatment or Counseling	202	0.4%

### Item Level Response and Skip Patterns

The item response rate is the proportion of item-eligible respondents that provided a valid response to a particular item. Many items were applicable to a subset of survey respondents only; for example, some questions were applicable to children in a specific age range. In that case, the denominator for the item response rate is the count of children in the eligible age range, and the numerator is the count of those children with valid responses.

In some cases, it is uncertain if the child was eligible for an item. For example, before asking about the severity of a condition, we asked if the child currently had the condition. The severity item was applicable if the child currently had the condition, and it was not applicable if the child did not currently have the condition. If the respondent chose to skip the current condition filter item, we cannot know definitively if the severity item was applicable or not.

We accounted for this situation in the item response rate by assigning eligibility to cases with unknown eligibility equal to the proportion of cases that were eligible when eligibility was known. For example, if 10% of respondents reported that the child did have the condition currently, and so were eligible for the severity follow-up question, the denominator for the severity item response rate becomes

$$\# \textit{Eligible} + (\# \textit{Eligibility Unknown} * .1)$$

Across all survey items, more than 98% of eligible items (estimated using this methodology) generated a valid response.

Table 11 lists all items with item response rates significantly below 95% (two-tail,  $p < .05$ ). In this case, the Item Response Rate is the quotient of the valid responses divided by the potential valid responses (i.e., on-path respondents). Low response items fell in two categories. The first category of items were classified as “false mark multiples” (‘Health Insurance – Source?’ and ‘Needed Health Care Not Received – Why?’). In the instrument, these questions were presented as a list, with “Yes” and “No” answer options available for each. Many respondents treated this series as a “mark multiple”, marking “Yes” for those items that applied and skipping the rest rather than checking “Yes” or “No” for each item in the list. In both cases, approximately 99% of eligible respondents answered at least one item in the series (see Table 12).

The second category of items with low response rates were write-in items. These items were more burdensome to answer than questions asking only for a checked box. Also, there was a greater likelihood that write-in items produced an invalid response that had to be removed. Notably missing from this list was the item recording total family income, another write-in item. Because total family income was not reported in the 2016 National Survey of Children’s Health (NSCH) Public Use File, we did not include it in the item level response evaluation. Instead, that item served as an input in calculating the family poverty ratio (FPL); 18.6% of FPL values were imputed when respondents did not provide a valid family size or total family income.

Table 11. Item Response Rate below 95%, p<.05

Variables	Description	Item was On-Path	Item had a Valid Response	Item Response Rate
<b>Health Insurance - Source?</b>				
K12Q04	Insurance Company	48,575	39,819	82.0%
K12Q12	Government Assistance	48,576	40,956	84.3%
TRICARE	TRICARE	48,575	39,334	81.0%
K11Q03R	Indian Health Service	48,575	39,148	80.6%
HCCOVOTH	Other	48,575	31,320	64.5%
<b>Needed Health Care Not Received - Why?</b>				
NOTELIG	Not Eligible	1,162	1,020	87.8%
AVAILABLE	Not Available	1,162	995	85.6%
APPOINTMENT	Getting Appointment	1,162	1,011	87.0%
TRANSPORTCC	Getting Transportation	1,163	983	84.5%
NOTOPEN	Office Not Open	1,163	977	84.0%
ISSUECOST	Cost	1,162	1,078	92.8%
<b>Write-In Items</b>				
K2Q35A_1_YEARS	Autism - Age in years	1,261	1,142	90.5%
BIRTHWT	Birth Weight	50,212	46,803	93.2%
BMICLASS	BMI	26,094	24,405	93.5%
MOMAGE	Mom's Age at Birth	50,212	47,383	94.4%
LIVEUSA_MO	Months in the U.S.	1,633	1,518	93.0%
LIVEUSA_YR	Years in the U.S.	1,633	1,520	93.1%
A1_LIVEUSA	Entered the U.S. (Year)	6,619	6,173	93.3%
A2_LIVEUSA	Entered the U.S. (Year)	6,831	6,259	91.6%

Item nonresponse varied between web and paper responses. On the whole, item nonresponse was higher on paper than web (3.5% versus 2.0%). The difference between paper and web was not consistent across items; nonresponse was significantly (two-tail, p<.05) higher on paper for 58% of items, but significantly higher on web for 17% of items.

There are several reasons nonresponse would differ between web and paper; two are particularly important. First, the web instrument was structured to navigate respondents through the survey; respondents using the paper instrument needed to follow skip instructions to navigate skip patterns. Second, the web and paper instruments recorded information differently. User experience differs substantially from pen and paper versus mouse and keyboard or handheld touch device. Further, paper responses were converted from marks on paper to a digital record. Substantial research and testing inform this process, yet it is still vulnerable to translation errors that are avoided in the web instrument's digital record.

The items with the highest differential between web and paper nonresponse are also those items with the highest nonresponse across all instruments: the 'Health Insurance – Source?' series and the 'Needed



Health Care Not Received – Why?’ series. Eligible respondents on web were approximately 50% more likely to respond than paper respondents.

The large differential, though, appears to be more a result of how respondents chose to interact with the instruments than a difference in their willingness to provide information. Eligible web respondents were significantly more likely to provide a response for all items in the series (see “% of Respondents who Answered All Items in the Series”, Table 12). But few web or paper respondents skipped the series entirely (see “% of Respondents who Answered Any Item in the Series”, Table 12). Instead, it appears that paper respondents were more likely to mark the item that applied to their situation and skip the rest, whereas web respondents were more likely to complete each item individually.

**Table 12. Item Response Rates for Yes/No Series, by Mode**

<b>Yes/No Series</b>	<b>% of Respondents who Answered All Items in the Series</b>		<b>% of Respondents who Answered Any Item in the Series</b>	
	<b>Paper</b>	<b>Web</b>	<b>Paper</b>	<b>Web</b>
Needed Health Care Not Received - Why?	39%	68%	98%	100%
Health Insurance - Source?	53%	90%	97%	99%
Reason Not Covered	32%	58%	88%	98%

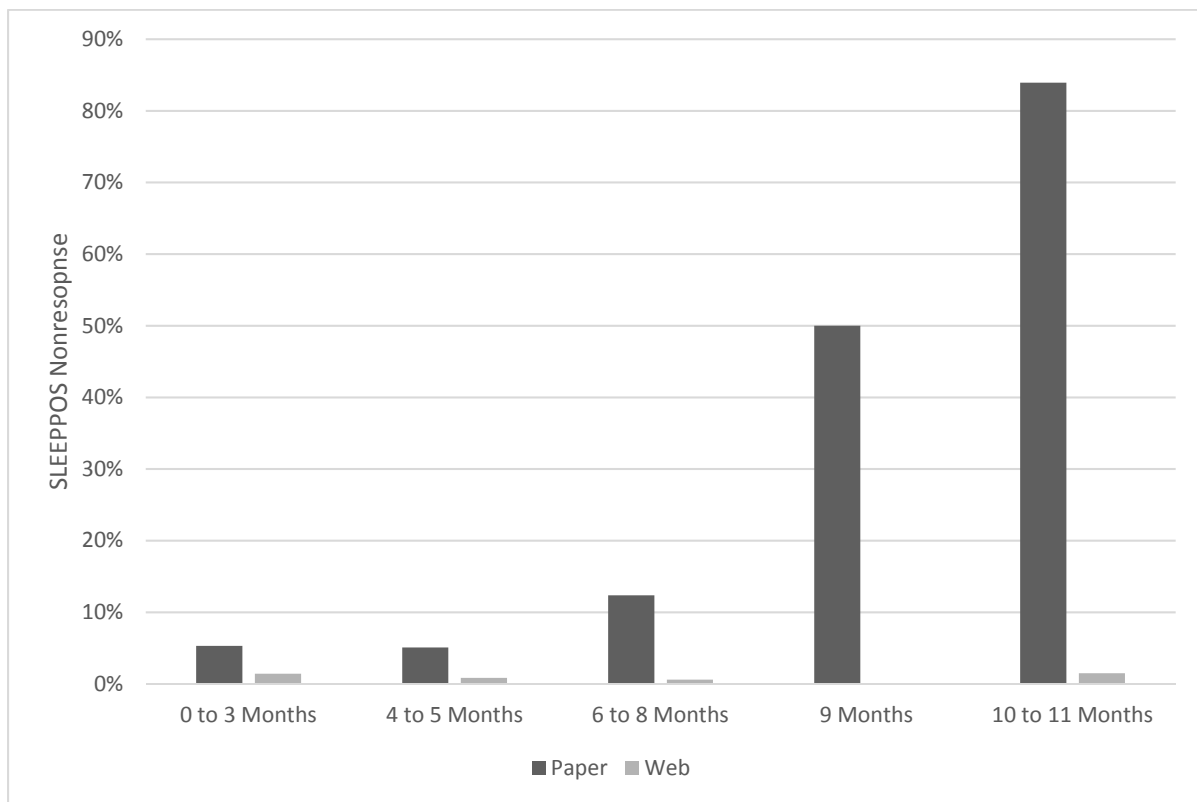
This pattern does not hold up for items in the ‘Reason Not Covered’ series. Of the eligible web respondents, 98% marked at least one item in the series, but only 88% of paper respondents did the same. The ‘Reason Not Covered’ series is in the same section and has the same structure as the ‘Health Insurance – Source?’ series. In this case, it is likely that a share of paper respondents misunderstood the skip instruction. Specifically, 19% of respondents that answered “No” on paper to “was this child EVER covered by ANY kind of health insurance” skipped the ‘Reason Not Covered’ series, but only 0.4% of paper respondents that marked “Yes, but this child had a gap in coverage” and 2.5% of web respondents that marked “No” skipped the ‘Reason Not Covered’ series.

One possible explanation for high nonresponse from this particular subset of paper respondents is that some respondents for children that had no coverage did not see the ‘Reason Not Covered’ options as applicable. The ‘Reason Not Covered’ series points to specific events that would cause a change in coverage – “Change in employer”, “Cancellation due to overdue premiums”, “Dropped coverage” – and identifies the past 12 months as the reference period. If the child was not covered during the past 12 months, a respondent that was manually navigating instrument skip patterns may have felt that these items were not applicable and skipped them.

Table 13 lists items with a 5 percentage point absolute difference in item response between web and paper, removing the Yes/No series items from the list. One other item had a nonresponse rate that was more than 10 percentage points higher on paper than on web: SLEEPPOS – “In which position do you most often lay this child down to sleep now?” In this case, higher nonresponse on paper was a product of skip patterns and, specifically, the time delay between screener and topical questionnaires.

SLEEPPOS was asked only to respondents with children less than 12 months old. We determined eligibility based on the age of the child provided on the screener. In the web instrument, the instrument determined eligibility automatically based on the age of the child entered only moments earlier. In the case of the paper instrument, the respondent returned the screener by mail to be processed, and a topical survey form was then mailed out to the respondent. Respondents were asked to complete the question for children less than 12 months old, but the delay between screener and topical mailings meant that some children that were eligible for the question based on the screener instrument were no longer eligible by the time the respondent completed the topical because their child had turned 1 year of age in the interim. The net result was higher than anticipated nonresponse from paper respondents for children near 12 months of age on the screener instrument.

**Figure 1. Probability of Nonresponse to SLEEPPOS by Age of Child in Months**



Items K6Q12, K6Q14A, and K6Q14B also depended on age-based skip patterns, but respondents may have also been confused when using the paper instrument by the relatively complicated skip pattern used for this series of questions. K2Q32B, K2Q35D, K4Q26, TREATNEED and K2Q34B were follow-up items, again indicating that respondents may not have been properly navigating skip patterns when asked to do so manually.

Finally, a series of questions in the paper instrument followed a skip instruction: “Answer the following question only if this child had a health care visit IN THE PAST 12 MONTHS.” In the web instrument, this skip was determined internally using the respondent’s answer to S4Q01: “DURING THE PAST 12 MONTHS, did (fill with SC\_NAME) 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?” Some paper respondents may have misinterpreted the skip instruction, or have remembered medical care received only when more thoroughly prompted with item S4Q01, resulting in a higher nonresponse for these items – K5Q40, K5Q41, K5Q42, K5Q43, K5Q44, K5Q20\_R, K5Q21, K5Q22, K5Q31\_R – when respondents were using the paper instrument.

Two items, SUBABUSE\_DESC and CYSTFIB\_CURR, had nonresponse that was more than 5 percentage points higher on web than on paper, but the number of respondents in these cases was very small and the difference was not statistically significant; differences are significant for all other items in Table 13.

Table 13. Item Response by Mode, where abs(Web-Paper)>.05

Variable	Description	Web		Paper		Web - Paper	
		Item was On-Path (%)	Item Response Rate	Item was On-Path (%)	Item Response Rate	Item was On-Path (%)	Item Response Rate
SLEEPPPOS	Position Most Often Lay Your Baby Down to Sleep	4%	99%	4%	76%	0%	22.8%
K5Q30	Communication Satisfaction Among Doctors	54%	99%	50%	89%	4%	9.6%
K2Q32B	Depression Currently	4%	99%	5%	89%	-1%	9.6%
K2Q35D	Autism ASD - Doctor Diagnose	3%	99%	2%	90%	0%	9.1%
K6Q12	Questionnaire - Development Concerns	26%	98%	26%	90%	1%	8.4%
K5Q21	Arrange Or Coordinate Care Extra Help	54%	98%	50%	90%	4%	8.2%
K4Q26	Specialist Visit - Problem	18%	98%	19%	91%	-1%	7.5%
TREATNEED	Mental Health Professional Treatment - Problem	12%	99%	13%	91%	-1%	7.1%
K5Q22	Arrange Or Coordinate As Much Help As Wanted	4%	98%	4%	91%	0%	6.8%
K5Q20_R	Arrange Or Coordinate Care Among Doctors	90%	100%	86%	93%	3%	6.3%
K6Q14B	Behaves and Gets Along Concerns	7%	99%	6%	93%	2%	6.3%
K6Q14A	Words and Phrases Concerns	7%	99%	6%	93%	2%	6.3%
K5Q42	How Often - Show Sensitivity	90%	99%	86%	93%	3%	6.1%
K5Q40	How Often - Spend Enough Time	90%	99%	86%	93%	3%	6.0%
K2Q34B	Behavior Problems Currently	8%	99%	8%	93%	0%	6.0%
K5Q41	How Often - Listen Carefully	90%	99%	86%	93%	3%	5.9%
K5Q31_R	Communication with School, Child Care, Special Education Program	90%	100%	86%	94%	3%	5.7%
K5Q43	How Often - Provide Specific Information	90%	99%	86%	93%	3%	5.5%
K5Q44	How Often - Feel Like a Partner	90%	99%	86%	93%	3%	5.5%
LIVEUSA_YR	How Long Living in the United States - Years	3%	94%	3%	89%	1%	5.0%
SUBABUSE_DESC	Substance Abuse Disorder Description	0%	94%	0%	99%	0%	-5.2%
CYSTFIB_CURR	Cystic Fibrosis Currently	0%	93%	0%	99%	0%	-6.3%

## Incentive Effort

Survey research indicates that incentives are a necessary and cost-effective expense for achieving a response rate that minimizes nonresponse bias.<sup>9</sup> Due to a preponderance of such research, incentives were used in all previous administrations of the NSCH and National Survey of Children with Special Health Care Needs (NS-CSHCN), and the 2016 NSCH included an incentive in the screener and topical mailings.

### Screener Incentive

The 2015 NSCH Pretest tested the effectiveness of providing an unconditional incentive in the initial screener mailing to boost respondent cooperation and reduce nonresponse bias. The Pretest included both \$5 and \$10 cash incentive treatment groups. Response did not differ significantly between those respondents that were provided \$5 versus \$10 (72.5% vs. 73.2%, respectively). The \$10 incentive did not produce the additional response necessary to justify the added cost, so that treatment was dropped from consideration for the 2016 NSCH production survey.

In the 2016 NSCH, sampled addresses received either a \$2 or a \$5 cash incentive or they were part of the control group that did not receive a cash incentive in the initial screener mailing. The 2016 NSCH project plan addressed two gaps in knowledge related to the payment of unconditional incentives in an address-based administration of the NSCH. The first was the determination of the baseline response for the NSCH from a general sample of addresses. The second was the relative response benefit associated with the \$2 and \$5 incentives. The sample was divided into thirds, with each third randomly assigned to one of the three incentive treatment groups. The sample distribution is presented in Table 14.

**Table 14. Treatment Group by Incentive Amount, Mailing Logo Branding, and Web Response Likelihood**

Incentive Treatment Group	Cases	Mailing Logo Branding Treatment		Web Group		Cases	
			Cases				
Control (\$0)	121,346	Census	60,644	High	Low	42,427	18,217
		HRSA MCHB	60,702	High	Low	42,432	18,270
\$2	121,420	Census	60,737	High	Low	42,502	18,235
		HRSA MCHB	60,683	High	Low	42,324	18,359
\$5	121,384	Census	60,665	High	Low	42,441	18,224
		HRSA MCHB	60,719	High	Low	42,492	18,227

The screener incentives were included in the initial mailing letter, and therefore their impact on response was largely limited to the first month of data collection. During this month, households were more likely to respond when provided with an incentive (see Table 15). When compared to the control group, a \$2 incentive resulted in 1.5 times more response and a \$5 incentive resulted in 2 times more

<sup>9</sup> Brick JM, Williams D, Montaquila JM. 2011. "Address-Based Sampling for Subpopulation Surveys". *Public Opinion Quarterly*, 75(3): 409-28; Foster EB, Frasier AM, Morrison HM, O'Connor KS, Blumberg SJ. 2010. "All Things Incentive: Exploring the Best Combination of Incentive Conditions". Paper presented at the American Association for Public Opinion Research annual conference, Chicago, IL.

response. The initial letter only provided respondents with the option to respond by web. Therefore, when looking at response rates after the first month, the effect of the incentive was negligible. At the end of data collection, the response rate was 2.9 percentage points higher for the \$2 incentive group compared to the control group and 5.0 percentage points higher for the \$5 incentive group compared to the control group.

**Table 15. Response by Incentive Group**

<b>Incentive Group</b>	<b>\$0</b>	<b>\$2</b>	<b>\$5</b>
<b>Sample Size</b>	121,346	121,420	121,384
<b>First Month Return Rate</b>	7.4%	11.3%	14.4%
<b>Final Screener Returns</b>	42,621	46,465	48,923
<b>Final Screener Completion Rate (Weighted)</b>	50.3%	53.2%	55.3%

On the whole, providing an unconditional screener incentive in the initial mailing was an effective but more expensive strategy for encouraging response. Table 16 gives an overview of the cost effectiveness of each incentive strategy. As noted earlier, the incentive was effective at encouraging response – the share of eligible households that completed the screener (Screeners/Eligible Household) and completed the topical (Topicals/Eligible Household) was higher for the \$2 and \$5 incentive groups. But the difference in response was not enough to overcome the additional cost of providing the incentive. An additional \$3.29 and \$7.46 were spent for each screener and topical, respectively, for the \$2 incentive group relative to the control group. The cost difference was even greater for the \$5 incentive group.

**Table 16. Mailing Costs by Incentive Group**

<b>Strategy</b>	<b>Cost/HH</b>	<b>Screeners/ Eligible Household</b>	<b>Cost/ Screener</b>	<b>Topicals/ Eligible Household</b>	<b>Cost/Topical</b>
NSCH 2016	\$9.90	48.2%	\$25.92	33.1%	\$71.23
No Incentive	\$7.85	45.1%	\$22.17	29.7%	\$63.49
\$2 Incentive	\$9.82	48.7%	\$25.47	33.0%	\$70.94
\$5 Incentive	\$12.57	50.9%	\$30.97	36.4%	\$81.25

Screener incentives increased the cost per screener and topical collected, but the effort was cost effective at generating response from a hard-to-reach segment of the sample. The cost of collecting an additional percentage point of response increases with the response rate as it requires more effort to convert the more reluctant respondents. Those few percentage points of additional response from the incentives represent responses that could not be converted with six rounds of mailings without incentives.

When evaluating the cost effectiveness of the screener incentive, then, it is more appropriate to compare it against other high effort strategies. Table 17 identifies stages of data collection in the 2016 NSCH and treats them as unique strategies. For example, the lowest effort respondents required only a single web invitation to complete the topical and represented approximately 7.8% of households with

children (Topicals/Eligible HH). Pursuing this strategy, the cost per topical would have been \$26.71, but the response rate would have been unacceptably low. An additional two web invitation letters increased the cost per household to \$2.41 from \$0.86 and the cost per topical to \$31.29, but this strategy also increased topical response to 18.5% of households with children. Adding a single paper invitation again increased both costs and topical response.

Ultimately, the complete mail strategy without incentives produced responses from 29.7% of households with children at a cost of \$63.49 per completed topical (consistent with the ‘No Incentive’ strategy in Table 16). More important, though, this approach allowed us to evaluate the unique contribution of these additional mailings (Strategy Specific Results in Table 17). The final stage of screener mailings increased response by 4.7 percentage points, but at a cost of \$134.88 per completed topical, five times more than the lowest effort respondents.

The \$2 incentive increased response an additional 3.3 percentage points at \$133.02 per topical. Despite the otherwise escalating cost of additional response, the \$2 incentive produced additional response at the same cost as the highest effort, no incentive strategy. The \$5 incentive produced an additional 3.3 percentage points of response over the \$2 incentive, but at \$168.46 per completed topical.

**Table 17. Cost Effectiveness of Data Collection Strategies**

Strategy	Cumulative Results			Strategy Specific Results		
	Cost/HH	Topicals/ Eligible Household	Cost/Topical	Cost/ Household	Topicals/ Eligible Household	Cost/Topical
One Web Invitation	\$0.86	7.8%	\$26.71	\$0.86	7.8%	\$26.71
+Two Web Invitations	\$2.41	18.5%	\$31.29	\$1.55	10.7%	\$34.60
+One Paper Invitation	\$5.23	25.1%	\$50.22	\$2.83	6.6%	\$103.66
+Two Paper Invitations	\$7.85	29.7%	\$63.49	\$2.61	4.7%	\$134.88
+\$2 Incentive	\$9.82	33.0%	\$70.94	\$1.97	3.3%	\$133.02
+\$5 Incentive	\$12.57	36.4%	\$81.25	\$2.76	3.3%	\$168.46

**Topical Incentive**

The 2016 NSCH also included a cash incentive in the third paper topical mailing. Approximately 10% of cases were assigned to the control group (no incentive), with the remaining cases split between \$2, \$5, and \$10 incentive groups. Households were assigned to topical mail groups and began receiving topical mailings soon after returning a paper screener. They continued receiving mailings until they returned a topical questionnaire. Because the incentive was included in the third topical mailing, some cases were receiving a first topical mailing (mail group C), others a second (mail group B), and others a third topical mailing (mail group A). A fourth group of cases that completed the web screener but not the web topical was also included in the third topical mailing.

As anticipated, response was higher for cases receiving a larger incentive and cases receiving a first or second topical mailing. Response was lowest for the web screener respondents. On average, the \$2 incentive increased the probability of response by 59% over the control group (17.3% response versus 10.9%), the \$5 incentive doubled response, and the \$10 incentive increased response by 119%.

**Table 18. Topical Response by Mail Group and Incentive**

<b>Control (\$0)</b>			
Mail Group	N	% Response	
C (1st Attempt)	462	21.4%	
B (2nd Attempt)	887	10.8%	
A (3rd Attempt)	230	6.1%	
Web	639	5.0%	
Total <sup>a</sup>		10.9%	
<b>\$2 Incentive</b>			
Mail Group	N	% Response	vs. Control
C (1st Attempt)	1,362	27.0%	+5.6%
B (2nd Attempt)	2,535	18.1%	+7.3%
A (3rd Attempt)	730	15.8%	+9.7%
Web	1,837	9.4%	+4.4%
Total <sup>a</sup>		17.3%	+6.4%
<b>\$5 Incentive</b>			
Mail Group	N	% Response	vs. Control
C (1st Attempt)	1,091	32.0%	+10.6%
B (2nd Attempt)	2,018	23.4%	+12.6%
A (3rd Attempt)	582	17.4%	+11.3%
Web	1,453	14.5%	+9.5%
Total <sup>a</sup>		22.0%	+11.1%
<b>\$10 Incentive</b>			
Mail Group	N	% Response	vs. Control
C (1st Attempt)	1,092	35.0%	+13.6%
B (2nd Attempt)	2,015	25.9%	+15.0%
A (3rd Attempt)	574	17.9%	+11.9%
Web	1,440	15.1%	+10.1%
Total <sup>a</sup>		23.9%	+13.0%

<sup>a</sup> Incentive group totals are standardized to the distribution of all cases by mail group: A = 11.2%, B = 39.3%, C = 21.1%, and Web = 28.3%.

The merits of the monetary incentives in the 2016 NSCH hinge on methodological goals. There are a variety of statistical benefits to a higher response rate, but there is a practical trade-off with sample size. Returns to the NSCH could be maximized by sending only a single web invitation to a much larger sample of addresses, but the response rate would be unacceptably low. Shifting resources to follow-up mailings with alternative modes of response and incentives increased the overall rate of response, but



ultimately generated fewer completed surveys due to a decrease in the underlying sample. However, the \$2 screener incentive and topical incentive were cost effective compliments to the full mail strategy.

### **Branding Effectiveness**

An experiment was also included in the second follow-up web invitation mailing to test whether an alternative branding using the Health Resources and Services Administration’s Maternal and Child Health Bureau (HRSA MCHB) logo improved response to the NSCH over the Census Bureau’s standard logo branding. Both the envelope and letter used either the HRSA MCHB logo and letterhead or the Census Bureau’s standard logo and letterhead. These letter designs can be found in Attachment E. Half of all addresses received the Census branded materials and the other half received HRSA MCHB branded materials.

From the 2016 NSCH response, the results showed that there was no statistically significant difference in the return rates when households received Census versus HRSA MCHB branding of envelopes and letters in the second follow-up mailing (36.4% vs 35.9%, respectively). Without any evidence of a benefit in response associated with the HRSA MCHB logo and branding, we will continue to use the Census Bureau’s standard branding in subsequent survey years since it did have a slightly higher response rate.

### **Web Group Effectiveness**

We conducted an experiment that modified data collection procedures based on the tract-level web response likelihood. Based on evaluation of information from the ACS paradata, we developed a tract-level categorization of response mode choices in the ACS.

Since 2012, ACS respondents have been able to submit survey forms over the internet. ACS paradata record whether a respondent chose the online option. The ACS paradata were summarized at the tract level. Our internet-accessible household measure was equal to a weighted proportion of the respondents that chose to submit the ACS survey over the internet if given the option to do so. Based on the tract-level identification of internet response rates, NSCH sample households were ranked by tract. The lowest 30% of households by tract-level internet response were assigned to the Low Web group. Low Web non-responders to the initial web invitation and first follow-up were sent paper screener questionnaires earlier than the households in the remaining tracts. See Table 19 for an overview of the data collection procedures for both the Low Web and High Web groups.

**Table 19. Data Collection for High Web vs. Low Web Addresses**

	<b>High Web</b>	<b>Low Web</b>
Mailing 1	Web	Web
Mailing 2	Web	Web
Mailing 3	Web	Web+Paper
Mailing 4	Web+Paper	Web+Paper
Mailing 5	Web+Paper	Web+Paper

We initially operated under the assumption that addresses in Low Web tracts would tend to prefer paper instruments relative to addresses in High Web tracts. In practice, we found that High Web addresses certainly preferred the web instrument, but the relationship with the paper instrument was more complicated. Addresses flagged as High Web were more likely to return the screener (+38%), report children (+15%), and return the topical (+98%). Generally, we found that not only were Low Web addresses less likely to respond by web, they were also less likely to respond in general. The results from the 2016 NSCH showed that our Web Group indicator was a better predictor of any response than response by mode. The indicator has been revised for the 2017 NSCH to better identify households most likely to bypass the web option and choose to respond by paper.

## Data Editing

We processed the data for inconsistent, out-of-range, and out-of-path responses, and we constructed new indicators from respondent answers that were useful for evaluation and analysis by end users. Finally, we applied a completeness test to label cases as completed interviews, sufficient partials, or insufficient partials, and we removed the insufficient partials from the data files.

### Unduplication

All nonresponding households were offered two modes, web and paper, for completing the survey. In some cases, respondents utilized both options. In these cases, we selected one response, web or paper, to include in the data file. We chose the record based on the type of return and the level of completeness. Completed web surveys were always chosen over completed paper returns. However, completed paper returns were chosen over partial web survey returns. The web/paper unduplication hierarchy is detailed in Table 20.

**Table 20. Unduplication Criteria for both Web and Paper Returns**

Order Chosen	Type of Return
1	Completed web survey - Household with children
2	Completed paper screener and topical
3	Completed web survey - Household w/o children
4	Completed paper screener - Household w/o children
5	Partially completed web survey
6	Out of scope paper return
7	Refusal paper return, Hard Refusal
8	Incomplete, Duplicate
9	Blank, Soft Refusal
10	Deceased
11	Undeliverable address (UAA) with address correction – mail forwarded, UAA with address correction
12	UAAs, Forwarding Order Expired, Moved out of U.S.
13	Default
14	Blank form

Multiple follow-up mailings including the screener and topical questionnaires were sent out so it was also possible that respondents received more than one paper questionnaire and sent back two paper submissions. In these cases, only one return was chosen to be included in the data file. A completed paper return for a household with children was always chosen first. Completed paper returns without children were then chosen. A blank form was always the last type of return to be chosen. If both returns were complete screeners without eligible children, the record with the most number of variables that contained data was chosen. For all other Automated Tracking and Control (ATAC) status codes, if there were two of the same code, the return with the earliest received date was chosen. The paper/paper unduplication hierarchy is detailed in Table 21.

**Table 21. Unduplication Criteria for Two Paper Returns**

<b>Order Chosen</b>	<b>Type of Return</b>
1	Completed paper screener/topical - Household with children
2	Completed paper screener - Household w/o children
3	Out of scope paper return
4	Refusal paper return, Hard Refusal
5	Incomplete, Duplicate
6	Blank, Soft Refusal
7	Deceased
8	UAA with address correction – mail forwarded, UAA with address correction
9	UAAs, Forwarding Order Expired, Moved out of U.S.
10	Default
11	Blank form

### **Paper to Web Standardization**

Responses were standardized across web and paper so they could be appended in a single data file. Although the majority of the survey questions had the same valid values for the paper and web instruments, sometimes the values did not appear in the same order on the paper questionnaire as in the web survey instrument. For instance, the first screener question on both the paper and the web instruments asked respondent if there were any children 0-17 years living or staying at their address. For the paper screener, in order to provide the appropriate skip pattern, the “No” response option was listed first with an instruction to the respondent that they were done with the survey; “Yes” was the second response option with an instruction to continue with the rest of the screener questionnaire. In the web instrument, there was no benefit to listing “No” as the first response option, because skips were programmed into the web instrument and “No” is traditionally listed after the “Yes” response option. Therefore, prior to appending web and paper responses into a single data file, paper responses were reformatted to the proper valid values. After the topical responses were combined, screener and sampling data were merged into the data file.

### **Data Processing**

The 2016 National Survey of Children’s Health (NSCH) raw output was processed to manage inconsistent and invalid responses in nine sequential steps: stop process, not in universe, range, backfill, yes/no, consistency, legitimate skip, missing in error, and disclosure.

- Stop Process Edit. A case is removed from the data file if the case fails address verification (the respondent indicates that their address does not match the address on file), the respondent indicates that there are no children in the household, or the respondent does not complete a screener for a household with children. The cases are not eligible to be included on a NSCH data file, so are removed from processing.

- Not in Universe Edit. An item is not in universe if it is not included in the instrument the respondent received. Some items are unique to web or paper, and others are specific to a version of the topical instrument, T1, T2, or T3. The value for an item that is not in universe is set to '.N'.
- Range Edit. If a value falls outside the bounds of a defined minimum and maximum for that item, the value is replaced with an indicator that the response is missing. The minimum and maximum are selected to represent a reasonable range of possible responses to the item.
- Backfill Edit. The backfill edit imputes values to some items based on responses to subsequent items that necessarily indicate the correct response to the edited item. Backfill edits apply almost exclusively to paper questionnaires, which cannot prevent a respondent from skipping a root item but answering follow-up questions. For example, INCWAGES is a binary item that filters respondents on whether the family did (INCWAGES=1) or did not (INCWAGES=2) receive wage or salary income. If a respondent does not answer INCWAGES, but provides a valid and non-zero value for INCWAGES\_AMT, the dollar amount of wage and salary income, then it is necessarily correct that INCWAGES=1.
- Yes/No Edit. The NSCH includes several series that ask respondents to select all applicable items from a list. These series may or may not allow the respondent to answer in the negative, indicating that the item is not applicable. In most cases, if a respondent answers in the affirmative (=1) to at least one item in the series, it is assumed that all other items in the series do not apply (=2) unless otherwise noted. If a respondent is only able to respond in the affirmative, and the items in the series are not comprehensive (e.g., they do not include an "Other" option), then it is assumed that all unanswered items do not apply (=2) without imposing the requirement that at least one item is answered in the affirmative.
- Consistency Edit. If responses to two items in the survey are fundamentally inconsistent, one response is maintained and the other is removed and changed to missing. Most consistency edits require that a child does not experience a life event at an age greater than her current age. Because the instrument generally trends from more general, fundamental information to more specific, priority is given to the item that appears first in the instrument.
- Legitimate Skip Edit. Unlike the 'Not in Universe Edit', the legitimate skip edit applies to items that are on the respondent's instrument, but not on path. The value for an item that is in universe but not on path is set to '.L'.
- Missing in Error Edit. If an item is in universe (does not equal .N), is on path (does not equal .L), but does not hold a valid value, that item is missing in error, identified as '.M'.
- Disclosure Edit. Some survey responses, if published, could compromise a respondent's confidentiality. Disclosure edits involve removing entire items (e.g., child's name) or suppressing rare or unique values (e.g., top codes on the family poverty ratio). Census disclosure avoidance standards make reference to weighted and unweighted cell counts (i.e., the number of children with a characteristic or set of characteristics), the size of the underlying population (e.g., the number of children in Kentucky Metropolitan Statistical Areas), and the existence of outside data sources that could be matched to the NSCH (e.g., a registry of children diagnosed with Cerebral Palsy).

Edits were applied in two stages. In the first stage, edits for screener items were applied to completed screeners with children. When these edits were completed, cases that did not return a completed topical were removed from edits, and the second stage edits to topical items were applied.

## Recoded and Standardized Variables

### *Standardized Variables*

Several questions in the 2016 NSCH allowed respondents to provide an answer using more than one unit (e.g., years and months) and to choose from two systems of units (e.g., imperial or metric). In these cases, we provide standardized variables that convert responses across units and systems to a single unit. See Table 22 for a list and description of these variables.

**Table 22. List of Standardized Variables**

<b>Variable</b>	<b>Description</b>	<b>Units</b>
BIRTHWT_OZ_S	Child birth weight	Ounces
BREASTFEDEND_DAY_S	Stopped breastfeeding	Days
BREASTFEDEND_WK_S	Stopped breastfeeding	Weeks
BREASTFEDEND_MO_S	Stopped breastfeeding	Months
FRSTFORMULA_DAY_S	First fed formula	Days
FRSTFORMULA_WK_S	First fed formula	Weeks
FRSTFORMULA_MO_S	First fed formula	Months
FRSTSOLIDS_DAY_S	First fed solids	Days
FRSTSOLIDS_WK_S	First fed solids	Weeks
FRSTSOLIDS_MO_S	First fed solids	Months

### *Recoded Variables*

A number of variables were derived and recoded from existing variables on the survey. A list and description of these variables are detailed in Table 23.

**Table 23. List of Recoded Variables**

<b>Variable</b>	<b>Description</b>	<b>Derived from</b>
AGEPOS4	Birth position of the selected child relative to other children in household	C_AGE_YEARS C_AGE_MONTHS
TOTMALE	Count of male children in household	C_SEX
TOTFEMALE	Count of female children in household	C_SEX
C_CSHCN	Special Health Care Needs (SHCN) status	C_K2Q10 - C_K2Q23
SC_CSHCN	SHCN status of selected child	C_CSHCN
TOTCSHCN	Count of children with SHCN	CSHCN
TOTNONSHCN	Count of children that do not have SHCN	C_K2Q10 - C_K2Q23
TOTAGE_0_5	Count of children 0 to 5 years old in household	C_AGE_YEARS
TOTAGE_6_11	Count of children 6 to 11 years old in household	C_AGE_YEARS
TOTAGE_12_17	Count of children 12 to 17 years old in household	C_AGE_YEARS
SC_AGE_LT4	Age of selected child (less than 4 months)	SC_AGE_YEARS SC_AGE_MONTHS

<b>Variable</b>	<b>Description</b>	<b>Derived from</b>
SC_AGE_LT6	Age of selected child (less than 6 months)	SC_AGE_YEARS SC_AGE_MONTHS
SC_AGE_LT9	Age of selected child (less than 9 months)	SC_AGE_YEARS SC_AGE_MONTHS
SC_AGE_LT10	Age of selected child (less than 10 months)	SC_AGE_YEARS SC_AGE_MONTHS
C_RACER	Race of child	C_RACE_R
C_RACEASIA	Asian race category is included for the following states: CA, HI, MA, MD, MN, NJ, NV, NY, VA, WA	C_RACE_R
C_RACEAIAN	American Indian/Alaska Native race category is included for the following states: AK, AZ, NM, MT, ND, OK, SD	C_RACE_R
C_HISPANIC_R	Hispanic origin	C_HISPANIC
SC_RACER	Race of selected child	SC_RACE_R
SC_RACEASIA	Asian race category is included for the following states: CA, HI, MA, MD, MN, NJ, NV, NY, VA, WA (Selected Child)	SC_RACE_R
SC_RACEAIAN	American Indian/Alaska Native race category is included for the following states: AK, AZ, NM, MT, ND, OK, SD (Selected Child)	SC_RACE_R
SC_HISPANIC_R	Hispanic origin of selected child	SC_HISPANIC
HOUSE_GEN	Parental nativity	BORNUSA A1_RELATION A1_BORN A2_RELATION A2_BORN
FAMILY	Family structure	A1_RELATION A2_RELATION A1_MARITAL A2_MARITAL A1_SEX A2_SEX
CURRINS	Current health insurance coverage status	K3Q04_R CURRCOV K12Q03, K12Q04, K12Q12, TRICARE, HCCOVOTH, K11Q03R
INSTYPE	Type of insurance	CURRINS K12Q03, K12Q04, K12Q12, TRICARE, HCCOVOTH, K11Q03R
INSGAP	Health insurance coverage over the past 12 months	K3Q04_R, CURRINS
FPL	Family poverty ratio	FAMCOUNT TOTINCOME

Variable	Description	Derived from
HIGRADE	Highest level of education for reported adults (three categories)	A1_GRADE A2_GRADE
HIGRADE_TVIS	Highest level of education for reported adults (four categories)	A1_GRADE A2_GRADE
BIRTHWT	Birth weight status	BIRTHWT_OZ_S
BIRTHWT_L	Low birth weight (<2500g)	BIRTHWT_OZ_S
BIRTHWT_VL	Very low birth weight (<1500g)	BIRTHWT_OZ_S
BMICLASS	Body Mass Index	WEIGHT_* HEIGHT_*

### ***Specification of Select Derived Variables***

*Family Poverty Ratio (FPL)* - The family poverty ratio is calculated as the ratio of total family income and the family poverty threshold, and reported as a rounded percentage. Respondents reported total family income in item K4 on the paper instrument: “The following question is about your 2015 income. Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount?” Additional text instructed respondents to include all money incomes, for example, social security, dividends, and child support. Responses to K4 were edited for consistency against answers in K3, a series of questions about specific sources of income. Finally, missing or invalid responses were replaced with multiply imputed values.

The family poverty threshold is derived from the Census Bureau’s poverty thresholds. Thresholds vary by family size and the number of related children under 18 years. They do not vary across geographies. Family size was reported in K2 of the paper instrument. Missing or invalid values were assigned using reported or multiply imputed values of household count adjusted for the number of nonfamily members in the household. The number of related children was determined by the number of children reported in the screener.

To protect the confidentiality of respondents, only FPL is reported in the Public Use File; total family income and the family poverty threshold are not included. Further, FPL is top and bottom coded. Reported values range from 50 (total family income is 50% of the family poverty threshold) to 400 (total family income is 400% of the family poverty threshold). Values beyond this range are reported as 50 or 400, respectively.

*Household Nativity (HOUSE\_GEN)* - Household nativity is determined by the birth location of the child (BORNUSA) and parents (A1\_BORN and A2\_BORN). If the child was born outside of the U.S. and all reported parents were born outside of the U.S., the household is reported as a 1<sup>st</sup> generation household.

Second generation households have members born both inside and outside of the U.S. For example, the child was born in the U.S. and at least one parent was born outside of the U.S., or the child was born outside of the U.S. and one of two parents was born in the U.S.

Finally, in 3<sup>rd</sup>+ generation households, all parents were born in the U.S. A fourth category, “Other”, captures households with insufficient information about the nativity of the parents.



*Family Structure (FAMILY)* - A family structure variable uses the reported information on the child's primary caregivers to organize households into common types. Notably, the NSCH collects information on only two adults in the household and requires only that the two adults be primary caregivers of the child. As a result, in multigenerational households, this can mean that a biological, adoptive, or step parent is not reported.

Further, respondents do not report their relationship to other adult members of the household, only to the child; consequently, we may know that the two reported adults are married, but we do not know if they are married to each other. Instead of making assumptions about the relationship of the reported adults with each other, the family structure variable depends only on the number of adults, their relationship to the child, and their individual marital statuses. For example, a reported value of 1 for FAMILY means that the two reported adults are biological/adoptive parents of the child and they are currently married; one may assume that they are married to each other, but in some cases that will not be true.

Two family structure categories (FAMILY=5 and 6) are also defined by the sex of the respondent. In these cases, it is specified that the responding caregiver is a female and that no other adults are in the household.

*Insurance* - The 2016 NSCH reports several variables that include information on the child's health insurance status and insurance type. We strongly recommend that data users interested in current health insurance status and insurance type use the derived variables CURRINS (Currently Insured), INSGAP (Gaps in Coverage), and INSTYPE (Insurance Type) in their analyses.

*Currently Covered (CURRINS)* - CURRINS is derived primarily from the respondent-reported values in K3Q04\_R (Health Insurance Coverage – Past 12 Months) and CURRCOV (Health Insurance Coverage – Currently Covered). We indicate that the child is currently insured (CURRINS=1) if the respondent reported that the child had coverage for all of the last 12 months (K3Q04\_R=1) or reported that the child is currently covered (CURRCOV=1), but with an important caveat. If the respondent reported that the child is currently insured but reported only Indian Health Service or health care sharing ministry as the type of coverage, we indicate that the child does not have current insurance coverage (CURRINS=2). Consequently, a respondent may report that a child is insured, but we consider that the child is not insured.

*Gaps in Coverage (INSGAP)* - INSGAP is derived primarily from the respondent reported values in K3Q04\_R (Health Insurance Coverage – Past 12 Months) and CURRCOV (Health Insurance Coverage – Currently Covered). We indicate that the child had consistent coverage (INSGAP=1) if the respondent reported that the child had coverage for all of the last 12 months (K3Q04\_R=1) but with an important caveat. If the respondent reported that the child is currently insured but reported only Indian Health Service or health care sharing ministry as the type of coverage, we indicate that information as to the consistency of the child's coverage is missing (INSGAP=.M).

*Insurance Type (INSTYPE)* - INSTYPE is derived from CURRINS (Currently Insured) and respondent answers to questions on the coverage type: K12Q03 (Current/Former Employer or Union), K12Q04

(Directly Purchased), K12Q12 (Government Assistance Plan), TRICARE (TRICARE or other military health care), K11Q03 (Indian Health Service), and HCCOVOTH\_WRITEIN (Other Type, Write-in). Any insurance reported as coming from an employer or union, directly purchased, TRICARE or other military health care, or the Affordable Care Act is considered private. Coverage from any government assistance plan is considered public. Both the private and public coverage categories reflect a single reported source of coverage; a combined category for children with both public and private coverage is also included.

HCCOVOTH\_WRITEIN - Write-in responses were back-coded to flag public and private insurance types, religious health care sharing ministry, and Indian Health Service coverage. These flags were used in the derivation of CURRINS and INSTYPE. To protect respondent confidentiality, answers to HCCOVOTH\_WRITEIN are not reported in the Public Use File.

***Suppressed Variables***

A number of variables had range caps or suppressed values to protect respondent confidentiality. A list and description of these variables are detailed in Table 24.

**Table 24. List of Suppressed Variables**

<b>Variable</b>	<b>Description</b>	<b>Valid Values</b>
TOTKIDS_R	Number of children living in the household	1 = 1 2 = 2 3 = 3 4 = 4+
MOMAGE	Age of mother when child was born	18 = 18 years or younger 45 = 45 years or older
K2Q35A_1_YEARS	Age of child when first diagnosed with autism	1 = 1 year or younger 16 = 16 years or older
BIRTHWT_OZ_S	Birth weight	72 = 72 oz. or less 155 = 155 oz. or more
K11Q43R	Number of time the child has moved to a new address	15 = 15 or more times
A1_AGE	Age of Adult 1	75 = 75 years or older
A2_AGE	Age of Adult 2	75 = 75 years or older
A1_LIVEUSA	When Adult 1 came to live in the U.S.	1972 = Before or in 1972 2015 = In or after 2015
A2_LIVEUSA	When Adult 2 came to live in the U.S.	1972 = Before or in 1972 2015 = In or after 2015
BREASTFEDEND_DAY_S	Stopped breastfeeding, age in days	7 = 7 or more
BREASTFEDEND_WK_S	Stopped breastfeeding, age in weeks	13 = 13 or more
BREASTFEDEND_MO_S	Stopped breastfeeding, age in months	30 = 30 or more
FRSTFORMULA_DAY_S	First fed formula, age in days	6 = 6 or more
FRSTFORMULA_WK_S	First fed formula, age in weeks	10 = 10 or more
FRSTFORMULA_MO_S	First fed formula, age in months	12 = 12 or more
FRSTSOLIDS_DAY_S	First fed solids, age in days	4 = 4 or more
FRSTSOLIDS_WK_S	First fed solids, age in weeks	4 = 4 or more
FRSTSOLIDS_MO_S	First fed solids, age in months	15 = 15 or more
FPL	Family poverty ratio	50 = 50% or less 400 = 400% or more

**Geography Variables**

The 2016 NSCH includes four geographic variables on the Public Use File: FIPSST (State of Residence), CBSAFP\_YN (Core-Based Statistical Area Status), METRO\_YN (Metropolitan Statistical Area Status), and MPC\_YN (Metropolitan Principal City Status) (see Table 25). The intersection of CBSAFP\_YN and METRO\_YN also identifies children in Micropolitan Statistical Areas (see Table 26).

Core-Based Statistical Areas (CBSAs) are defined as a county or counties with at least one urbanized area or urban cluster (a core) of at least 10,000 population, plus adjacent counties that have a high degree of social and economic integration with the core (as measured through commuting ties). There are two types of CBSAs: Metropolitan Statistical Areas (MSAs) and Micropolitan Statistical Areas (μSAs). The differentiating factor between these types is that MSAs have a larger core, with a population of at least 50,000. Principal Cities include the largest incorporated place or census designated place (CDP) in a CBSA

and any other incorporated place or CDP that meets specific population and workforce requirements.<sup>10</sup>  
 The NSCH reports Principal City status only for addresses in MSAs.

The intersection of CBSAFP\_YN, METRO\_YN, and MPC\_YN identifies four geographic areas (see Table 26):

- Not in a CBSA (CBSAFP\_YN=2)
- Micropolitan Statistical Area (CBSAFP\_YN=1 and METRO\_YN=2)
- Metropolitan Statistical Area, not Principal City (METRO\_YN=1 and MPC\_YN=2)
- Metropolitan Principal City (MPC\_YN=1)

To protect respondent confidentiality, CBSAFP\_YN, METRO\_YN, and MPC\_YN are not reported in some states. If a variable or intersection of variables could be used to identify a geographic area within a state with a child population under 100,000, reported values for that variable were replaced with ".D", indicating "Suppressed for Confidentiality". Note that values identifying both the suppressed area and the counterpart area must be suppressed; for example, if the child population in non-MSAs for a particular state is less than 100,000, then any indicator of MSA status (i.e., both non-MSA and MSA) in that state is suppressed. CBSA status is suppressed in 27 states, MSA status is suppressed in 16 states, and Metropolitan Principal City status is suppressed in 21 states.

**Table 25. List of Geography Variables**

Variable	Description	Valid Values
CBSAFL_YN	Core Based Statistical Area (CBSA): County or counties associated with at least one core (urbanized area or urban cluster) of at least 10,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties.	.D = Suppressed for confidentiality 1 = Located within a CBSA 2 = Located outside a CBSA
METRO_YN	Metropolitan Statistical Area (MSA): County or counties associated with at least one urbanized area of at least 50,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties.	.D = Suppressed for confidentiality 1 = In MSA 2 = Not in MSA
MPC_YN	Metropolitan Principal City: An incorporated place or census designated place in a Metropolitan Statistical Area that meets specific population and workforce requirements.	.D = Suppressed for confidentiality 1 = In Metropolitan Principal City 2 = Not in Metropolitan Principal City

**Table 26. Geographies Identified at the Intersections**

Intersection	Geography Levels	Definitions
CBSAFP_YN x METRO_YN	In MSA	County or counties associated with at least one urbanized area of at least

<sup>10</sup> See [https://www.census.gov/geo/reference/gtc/gtc\\_cbsa.html](https://www.census.gov/geo/reference/gtc/gtc_cbsa.html)

Intersection	Geography Levels	Definitions
		50,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties.
	In Micropolitan Statistical Area	County or counties (or equivalent entities) associated with at least one urban cluster of at least 10,000 but less than 50,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties.
	Not in CBSA (Metro or Micro)	
METRO_YN x MPC_YN	In Metropolitan Principal City	An incorporated place or census designated place in a Metropolitan Statistical Area that meets specific population and workforce requirements.
	In MSA, not in Principal City	In an MSA but not in a Principal City.
	Not in MSA	
CBSAFP_YN x METRO_YN x MPC_YN	In Metropolitan Principal City	An incorporated place or census designated place in in a Metropolitan Statistical Area that meets specific population and workforce requirements.
	In MSA, not in Principal City	In an MSA but not in a Principal City.
	In Micropolitan Statistical Area	County or counties (or equivalent entities) associated with at least one urban cluster of at least 10,000 but less than 50,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties.
	Not in CBSA	

## Weighting Plan

### Overview

To obtain population-based estimates, each selected child for whom an interview was completed was assigned a weight. The child's weight was composed of a base sampling weight, adjustments for both screener and topical nonresponse, an adjustment for the selection of a single child within the sample household, and adjustments used to control to population counts for various demographics obtained from the 2015 American Community Survey (ACS) one-year data. In addition to a final weight for selected children, household and child screener weights were assigned for all households and children with completed screeners. These additional weights were comprised mostly of a subset of the adjustments used to assign final weights to selected children. The various steps in the production of the weights are described below.

### *Base Sampling Weights*

The weighting process began with the base sampling weight for each sample household. The base weight (i.e., sampling interval) for each sample housing unit was the inverse of its probability of selection for the screener. Base weights were calculated separately for each of the two strata and each state, including the District of Columbia. If there had been no nonresponse and the survey frame was complete, using this weight would give unbiased estimates for the survey population.

### *Adjustment for Screener Nonresponse*

Following the base weight, an adjustment for screener nonresponse was implemented to increase the weights of the households that responded to the screener in order to account for all of the households that did not respond to the screener. Households were put into one of sixteen cells defined by stratum, a block group poverty measure variable (yes or no) indicating the proportion of households with income less than 150% of the federal poverty level, a measure of internet accessibility (high/medium or low), and whether they reside inside or outside of a Core Based Statistical Area. The screener nonresponse adjustment factor was calculated within each cell using the following formula:

$$\left( \frac{\text{weighted sum of screener interviews} + \text{weighted number of screener non-interviews}}{\text{weighted sum of screener interviews}} \right)$$

where the number of screener non-interviews =

$$\left( \frac{\text{weighted sum of screener interviews}}{\text{weighted sum of screener interviews} + \text{weighted sum of screener ineligible households}} \right)$$

×

$$(\text{weighted sum of households with unknown screener eligibility})$$

In other words, the count of screener non-interviews was an estimate of the expected number of eligible households from those cases for which nothing was received back. The term "eligible" here refers to the address belonging to an occupied, residential household. The expected number of eligible

cases was estimated by taking the eligibility rate among the known cases and applying it to the unknown cases. The screener nonresponse adjustment was the last step of the weight processing that included the households for which there was no screener interview and the screener-interviewed households that indicated no eligible children.

#### ***Adjustment to Population Controls at the Household Level***

All households with children that completed a screener were given a household-level weight. In addition to the base weight and screener nonresponse adjustment, a household post-stratification adjustment was applied in order to achieve the final household screener weight. This factor consisted of ratio adjustments to population controls at the household level obtained from the 2015 ACS data. Households were put into one of 255 cells defined by state, race of the child selected for the topical, and Hispanic origin (yes or no) of the selected child if the selected child's race was White. Within each cell, the household post-stratification adjustment was calculated as the ACS population count for the cell divided by the cell's weighted total. The product of the base weight, screener nonresponse adjustment, and this household post-stratification adjustment constituted the final household screener weight.

#### ***First Raking to Population Controls: All Screener Children***

All eligible children (four at most) from completed screener interviews were given a child-level screener weight. The weights of children from completed screener interviews were adjusted to match the 2015 ACS estimates for the following characteristics:

- Dimension #1 – State by Child's Race (White, Black, Asian, Other)
- Dimension #2 – State by Child's Ethnicity (Hispanic, Non-Hispanic)
- Dimension #3 – State by Child's Sex by Child's Age Group (0-5, 6-11, 12-17 years)

Each iteration of this process consisted of calculating three ratio adjustments, one for each dimension, sequentially. The adjustment factor calculated for Dimension 1 was applied to the weights accordingly and this newly adjusted weight went into the calculation of the adjustment factor for Dimension 2. This iterative raking process continued until the difference between the sum of the weights and the control total associated with each cell was less than 10% of the control. The resulting weight from this process was the final child-level screener weight for each eligible child. Only the children selected for the topical continued in the weighting process to eventually receive a final interviewed child weight.

#### ***Adjustment for Households with More than One Child***

In households with multiple children, the selected child represented all eligible children in their household. Thus, a within-household subsampling factor was applied to account for the selection of a single child, as well as the oversampling for young children and children with special health care needs (CSHCN). The value of this adjustment was the inverse of the probability of selection for the selected child. Probabilities varied by the number of children in the household, the presence of children aged 0-5, and the presence of CSHCN.

### ***Adjustment for Topical Nonresponse***

Similar to the screener nonresponse adjustment, the weights of the households responding to the topical needed to be increased to account for all of the households not responding to the topical. If the respondent reached Section H of the topical questionnaire and answered at least 50% of the key items, then it was considered a topical interview. A returned topical that did not meet these conditions was considered a topical non-interview.

All topical-eligible households were put into one of 96 cells depending on imputed poverty/non-poverty status, web group (high/medium vs. low), total number of eligible children, presence of CSHCN, and race of the selected child. The topical nonresponse adjustment was calculated within each of the 96 cells as:

$$\left( \frac{\text{weighted sum of topical interviews} + \text{weighted sum of topical non-interviews}}{\text{weighted sum of topical interviews}} \right)$$

After this adjustment, the selected children from topical non-interview households were no longer involved in the weighting process and only interviewed children continued to the last steps.

### ***Second Raking to Population Controls: Topical Interviewed Children***

The final step of the weighting was accomplished through a second iterative raking process to ACS population controls. The process was equivalent to that of the child-level screener weight, with the exception of additional and different dimensions. The following seven analytical domains of interest were used:

- Dimension #1 – State by Family Poverty Ratio ( $\leq 100\%$ , 101-200%,  $> 200\%$ )
- Dimension #2 – State by Household Size (2, 3, 4,  $> 4$ )
- Dimension #3 – State by Respondent’s Education ( $<$ High School, High School,  $>$ High School)
- Dimension #4 – State by Selected Child’s Race (White, Black, Asian, Other)
- Dimension #5 – State by Selected Child’s Ethnicity (Hispanic, Non-Hispanic)
- Dimension #6 – State by Selected Child’s Special Health Care Needs Status
- Dimension #7 – Selected Child’s Sex by Single Age (at the national level)

Once again, the set of seven ratio adjustments were repeated until the difference between the weighted total and the control total associated with each cell was less than 10% of the control.

### ***Trimming of Large Weights***

The resulting weights from the raking process were checked for extreme values in order to prevent a small number of cases with large weights from having undue influence on estimates and increasing the variance. An extreme value was determined to be a weight that exceeded the median weight plus six times the interquartile range (IQR) of the weights in each state. These extreme weights were truncated to this cutoff (median plus six times the IQR of weights in that state) and the raking process was applied again. This process of trimming and re-raking was reiterated until there were few extreme weights left. In general, the remaining extreme weights were observed to be very close to the cutoff. The remaining



extreme weights were truncated a final time to the median plus six times the IQR in the state and the process was complete.

### Population Controls

Population controls used throughout the weighting were derived from the 2015 ACS one-year estimates. By using the 2015 ACS data, the weighted totals were ensured to match the most up-to-date population control totals available for key demographic variables for children and households in the U.S. The controls were used in the household post-stratification adjustment, the raking to attain the child-level screener weights, and the raking to attain the final topical interviewed children weights. Almost all controls used were at the state level, with the exception of the last dimension where national-level controls by single age years were used in the second raking process.

For the household post-stratification adjustment, the National Survey of Children’s Health (NSCH) household weights were adjusted so that the sum of the weights equaled the 2015 ACS estimates for the number of households in each state by race (White, Black, Asian, Other) and by Hispanic origin (yes or no) if the selected child’s race was White. In the first raking process, up to four children from each screener received adjustments so that the sum of the weights of all children listed on screeners equaled the ACS estimates for the number of children in each state by race, state by Hispanic origin, and state by sex by age group (0-5, 6-11, 12-17 years). Finally, in the second raking process, the weights of the NSCH topical interviewed children were adjusted so that the sum of their weights equaled the ACS estimates for each state by family poverty ratio ( $\leq 100\%$ , 101-200%,  $>200\%$ ), household size (2, 3, 4,  $>4$ ), respondent’s highest level of education ( $<$ High School, High School,  $>$ High School), race, Hispanic origin, and special health care needs status as well as sex by age in years at the national level.

### Limitations

In order to minimize the variability of the weights caused by large adjustment factors, cells having fewer than 30 cases were collapsed with a neighboring cell. The adjustment factors were then calculated for the merged cells by combining the population controls and the sample cases for the two cells. Since the individual cells were combined, and only one adjustment factor was created per cell, only the weighted total for the *combined* cell will match the control following the raking procedure. Consequently, the weighted totals for the individual cells will most likely not match the population controls for the original individual cells.

As shown in Table 27, cells were collapsed in three of the dimensions in the last raking step.

**Table 27. Collapsed Dimensions and Affected States**

Dimension #3 - State by Respondent’s Education ( $<$ High School, High School, $>$ High School)	$<$ High School collapsed with High School in 17 states	Affected states: AL, AK, AR, CT, HI, ME, MA, MN, MT, NH, ND, SD, UT, VT, VA, WI, WY
Dimension #4 - State by Selected Child’s Race (White, Black, Asian, Other)	Black collapsed with Other in 20 states	Affected states: AK, AZ, CO, HI, ID, IA, KS, ME, MT, NE, NH, NM, ND, OR, SD, UT, VT, WV, WI, WY

	Asian collapsed with Other in 20 states	Affected states: AL, AR, ID, IN, LA, ME, MS, MO, MT, NE, NM, ND, OK, SC, SD, TN, UT, VT, WV, WY
Dimension #5 - State by Selected Child's Ethnicity (Hispanic, Non-Hispanic)	Hispanic and Non-Hispanic collapsed in 5 states	Affected states: AL, ME, MS, VT, WV

## Imputation

### Overview of Missing Data

Data from the 2016 National Survey of Children’s Health (NSCH) can be missing due to a few reasons: a respondent did not answer a question, a question was not on path for a respondent, or a respondent’s answer to a question was removed in order to protect their privacy. The SAS and Stata data files for the NSCH include special missing value codes for analysts who may wish to differentiate between different types of missing values.

- (.L) Legitimate Skip – The item is not applicable to the respondent, as determined by a previous answer to a root question.
- (.M) Missing in Error – The value is missing due to respondent or system errors, or the respondent did not provide a valid answer.
- (.N) Not in Universe – The item was not included on the respondent’s age-appropriate version of the topical questionnaire.
- (.D) Suppressed for Confidentiality – The value is suppressed in order to protect respondent confidentiality.

### Imputed Variables and Flags

A small number of variables were imputed to be used in weighting and to estimate the family poverty ratio (FPL) for all families (see Table 28). Race, ethnicity, and sex were imputed using hot-deck imputation for all children with missing values on those items. Adult 1 education, household size, and total family income were imputed using regression imputation methods.

**Table 28. List of Imputed Variables**

Variable	Description	Public Use File
C_SEX	Child’s sex	Screener
C_RACE_R	Child’s race, detailed	Screener
C_HISPANIC_R	Child’s Hispanic origin	Screener
SC_SEX	Selected child’s sex	Topical
SC_RACE_R	Selected child’s race, detailed	Topical
SC_HISPANIC_R	Selected child’s Hispanic origin	Topical
A1_GRADE_I	Adult 1 highest completed year of school	Topical
HHSIZE_I	Household size	Topical
FPL	Family poverty ratio	Topical

The Public Use Files include imputation flags to indicate which records contain imputed values (see Table 29).

**Table 29. List of Imputation Flags and Frequencies**

Flag Variable	Associated Variable(s)	Imputation Rate
C_SEX_IF	C_SEX	0.21%
C_RACE_R_IF	C_RACER, C_RACE_R, C_RACEASIA, C_RACEAIAN	0.70%

C_HISPANIC_R_IF	C_HISPANIC_R	0.99%
SC_SEX_IF	SC_SEX	0.10%
SC_RACE_R_IF	SC_RACER, SC_RACE_R, SC_RACEASIA, SC_RACEAIAN	0.32%
SC_HISPANIC_R_IF	SC_HISPANIC_R	0.57%
A1_GRADE_IF	A1_GRADE_I	3.04%
HHSIZE_IF	HHSIZE_I	3.67%
FPL_IF	FPL	18.56%

### Multiple Imputation

Household size (HHCOUNT, HHSIZE\_I), Adult 1 education (A1\_GRADE, A1\_GRADE\_I), and total family income (TOTINCOME\_I) were multiply imputed, creating six implicates of each. In turn, these variables were used to create six implicates of FPL. The imputation was executed by sequential regression modeling imputation<sup>11</sup> using IVEWare.<sup>12</sup> The primary motivation for the multiple imputation is to allow interested researchers to appropriately account for uncertainty in estimates using FPL that is hidden when using a single implicate.<sup>13</sup>

The Topical Public Use File includes the first implicate of HHSIZE\_I, A1\_GRADE\_I, and FPL. An additional file with all six implicates of FPL, and statistical guidelines on their use is available for data users.

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<sup>11</sup> Raghunathan TE, Lepkowski JM, Hoewyk JV, Solenberger PW. 2001. "A Multivariate Technique for Multiply Imputing Missing Values using a Sequence of Regression Models". *Survey Methodology*, 27: 85–95.

<sup>12</sup> Raghunathan TE, Solenberger PW, Hoewyk JV. 2016. IVEware: Imputation and Variance Estimation Software User's Guide (Version 0.3). Ann Arbor, MI: Institute for Social Research, University of Michigan.  
[www.isr.umich.edu/c/smp/ive/](http://www.isr.umich.edu/c/smp/ive/)

<sup>13</sup> Schaefer JL, Graham JW. 2002. "Missing Data: Our View of State of the Art". *Psychological Methods*, 7(2): 147-77.

## Estimation and Hypothesis Testing

### Variance Estimation

When survey weights are used, the resulting estimates from the 2016 National Survey of Children's Health (NSCH) are representative of all non-institutionalized children aged 0 to 17 years in the U.S. and in each state and the District of Columbia who live in housing units. These weighted estimates do not generalize to the population of parents, mothers, or pediatric health care providers. Analysts are advised to avoid statements such as "the percent of parents".

Two stratum identifiers should be used to estimate variance: FIPSST (state of residence) and STRATUM (identifies households flagged with children). Each record in the data file is assigned a unique household identifier, HHID. Some analysts may be using statistical programs that only permit the specification of a single stratum variable. These users should define a new variable with 102 levels by crossing STRATUM (2 levels) with FIPSST (51 levels). This new variable can then be used as the stratum variable. For example, Stata users can specify only one variable in the strata() option of svyset. This new variable (named here as STRATACROSS) can be created using the following statement:

- `EGEN STRATACROSS = GROUP (FIPSST STRATUM)`

SUDAAN users can identify both FIPSST and STRATUM in the NEST statement. However, SUDAAN users should note that the first variable listed after the word NEST is assumed to be the stratum variable, and the second variable listed is assumed to be the PSU. To properly identify the PSU variable, the PSULEV option must be invoked in the NEST statement as shown here:

- `NEST FIPSST STRATUM HHID / PSULEV = 3;`

Data should not be subsetted before analysis. The procedure of keeping only select records and list-wise deleting other records is called subsetting the data. Most software packages that analyze complex survey data will incorrectly compute standard errors for subsetted data, because subsetting the data can delete important design information needed for variance estimation. Analysts should not subset the data, with one exception: Subsetting the survey data to a particular state does not compromise the design structure. Analysts interested in examining specific population subgroups (such as children living in poverty) must use the appropriate options in their software package (e.g., SUBPOPN in SUDAAN).

### Guidelines for Data Use

The U.S. Census Bureau is conducting the NSCH on the behalf of the Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB) within the U.S. 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 for the purpose of understanding the health and well-being of children in the U.S. The data collected under this agreement are confidential under 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).

Any effort to determine the identity of any reported case is prohibited. The Census Bureau and HRSA MCHB take extraordinary measures to assure that the identity of survey subjects cannot be disclosed. All direct identifiers, as well as characteristics that might lead to identification, have been omitted from the data set. Any intentional identification or disclosure of a person or establishment violates the assurances of confidentiality given to the providers of the information. Therefore, users must:

- Use the data in this data set for statistical reporting and analysis only
- Make no use of the identity of any person discovered, inadvertently or otherwise
- Not link this data set with individually identifiable data from any other Census Bureau or non-Census Bureau data sets

Use of the data set signifies users' agreement to comply with the previously stated statutory-based requirements. Before releasing any statistics to the public, the Census Bureau reviews them to make sure none of the information or characteristics could identify someone. For more information about the Census Bureau's privacy and confidentiality protections, contact the Policy Coordination Office toll-free at 1-800-923-8282.

## Supporting Material

### References

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**Attachment A – 2016 NSCH Sample Sizes, by Stratum and by State**

<b>State Sample Sizes</b>	<b>Oversample Ratio 'k'</b>	<b>Proportion of Households with Children from 2014 ACS 'p'</b>	<b>Total Sample</b>	<b>Stratum 1 Sample (Admin Flag for Households w/ Children)</b>	<b>Stratum 2 Sample (Admin Flag for Households w/o Children)</b>
Alabama	5.4	23.0%	7,827	4,636	3,191
Alaska	3.8	26.8%	8,468	4,099	4,369
Arizona	5.4	23.7%	7,553	4,486	3,067
Arkansas	4.9	24.1%	7,965	4,576	3,389
California	5.3	29.8%	6,406	4,264	2,142
Colorado	5.8	26.5%	6,549	4,122	2,427
Connecticut	6.7	24.8%	6,525	4,361	2,164
Delaware	6.8	23.1%	6,890	4,552	2,338
District of Columbia	7.2	17.1%	8,439	4,970	3,468
Florida	6.5	19.9%	8,035	4,938	3,097
Georgia	4.7	27.7%	7,238	4,469	2,769
Hawaii	3.4	26.4%	9,490	3,524	5,966
Idaho	5.4	26.6%	6,812	4,205	2,607
Illinois	6.3	25.8%	6,574	4,428	2,146
Indiana	6.4	25.6%	6,542	4,425	2,117
Iowa	7.9	25.2%	5,938	4,238	1,700
Kansas	6.7	26.5%	6,319	4,401	1,918
Kentucky	5.2	25.1%	7,379	4,410	2,969
Louisiana	4.7	24.9%	8,057	4,841	3,216
Maine	8.3	17.4%	7,385	4,484	2,901
Maryland	6.1	26.6%	6,511	4,363	2,148
Massachusetts	7.3	24.5%	6,237	4,253	1,984
Michigan	8.6	22.7%	6,205	4,423	1,782
Minnesota	8.3	24.8%	5,871	4,217	1,654
Mississippi	4.6	25.9%	7,856	4,663	3,193
Missouri	6.4	23.6%	6,939	4,512	2,427
Montana	6.4	20.4%	7,605	4,352	3,253
Nebraska	6.8	26.6%	6,072	4,147	1,925
Nevada	4.8	24.1%	8,031	4,466	3,565
New Hampshire	7.9	21.6%	6,460	4,243	2,217
New Jersey	6.0	26.9%	6,447	4,247	2,200
New Mexico	4.4	23.8%	8,582	4,345	4,237
New York	4.8	24.2%	7,919	4,307	3,612
North Carolina	5.6	24.4%	7,214	4,448	2,766
North Dakota	5.8	24.1%	7,038	4,151	2,887
Ohio	7.5	24.2%	6,402	4,497	1,905
Oklahoma	4.5	25.8%	7,908	4,490	3,418
Oregon	7.0	24.0%	6,414	4,224	2,190
Pennsylvania	7.7	22.7%	6,461	4,391	2,070
Rhode Island	6.8	23.3%	6,713	4,359	2,354
South Carolina	6.0	22.5%	7,543	4,694	2,849
South Dakota	5.5	23.7%	7,440	4,381	3,059
Tennessee	5.4	25.1%	7,241	4,500	2,741
Texas	4.1	30.7%	7,132	4,254	2,878
Utah	4.4	35.2%	6,126	4,081	2,045
Vermont	7.1	19.8%	7,150	4,105	3,045
Virginia	6.0	26.8%	6,513	4,314	2,199
Washington	6.2	25.4%	6,583	4,269	2,314
West Virginia	5.0	20.3%	9,117	4,165	4,952
Wisconsin	8.0	23.7%	6,136	4,267	1,869
Wyoming	4.8	24.1%	7,894	4,193	3,701
<b>Total</b>			<b>364,150</b>	<b>222,750</b>	<b>141,400</b>
<b>Proportion by Strata</b>				<b>61.2%</b>	<b>38.8%</b>



## **Attachment B – Child with Special Health Care Needs Question Battery**

For an address that is eligible for topical sampling, the following is required to determine if an eligible child has special health care needs (CSHCN). One or more of the following five groups must have “Yes” responses to all of its variable/questionnaire items.

- (1) *All of the following are marked "Yes":*  
K2Q10 - Does ... currently need or use medicine prescribed by a doctor, other than vitamins?  
K2Q11 - Is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?  
K2Q12 - If yes, is this a condition that has lasted or is expected to last 12 months or longer?
- (2) *All of the following are marked "Yes":*  
K2Q13 - Does ... need or use more medical care, mental health, or educational services than is usual for most children of the same age?  
K2Q14 - Is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?  
K2Q15 - If yes, is this a condition that has lasted or is expected to last 12 months or longer?
- (3) *All of the following are marked "Yes":*  
K2Q16 - Is ... limited or prevented in any way in his/her ability to do the things most children of the same age can do?  
K2Q17 - Is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?  
K2Q18 - If yes, is this a condition that has lasted or is expected to last 12 months or longer?
- (4) *All of the following are marked "Yes":*  
K2Q19 - Does ... need or get special therapy, such as physical, occupational, or speech therapy?  
K2Q20 - Is this child's need for special therapy because of ANY medical, behavioral, or other health condition?  
K2Q21 - If yes, is this a condition that has lasted or is expected to last 12 months or longer?
- (5) *Both of the following are marked "Yes":*  
K2Q22 - Does ... have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?  
K2Q23 - If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

For an address that is eligible for topical sampling, an eligible child is classified as Non-CSHCN if no group of questions listed above has “Yes” answers to all questions in the group.

### Attachment C - Completed Screeners and Topicals and Weighted Response Rates by State

State	Sample	Screeners	Screener Completion Rate	Topicals	Topical Completion Rate	Resolution Rate	Screener Conversion Rate	Topical Conversion Rate	Interview Completion Rate	Overall Response Rate
United States	364,150	138,009	53.0%	50,212	33.0%	58.4%	99.2%	70.3%	69.7%	40.7%
Alabama	7,827	2,492	48.7%	830	29.4%	57.1%	99.4%	69.5%	69.1%	39.4%
Alaska	8,468	2,445	58.3%	823	37.8%	72.7%	99.4%	74.4%	73.9%	53.7%
Arizona	7,553	2,602	56.6%	887	33.7%	64.9%	99.1%	69.1%	68.4%	44.4%
Arkansas	7,965	2,681	53.0%	829	31.3%	61.1%	99.4%	69.0%	68.6%	41.9%
California	6,406	2,412	48.1%	942	30.3%	51.9%	98.9%	68.1%	67.3%	34.9%
Colorado	6,549	2,760	55.2%	1,101	36.0%	60.3%	99.2%	72.5%	72.0%	43.4%
Connecticut	6,525	2,733	53.6%	1,090	33.9%	56.9%	99.2%	69.1%	68.5%	39.0%
Delaware	6,890	2,508	53.5%	918	31.0%	59.0%	99.5%	72.2%	71.8%	42.4%
District of Columbia	8,438	3,230	50.5%	1,001	33.9%	53.7%	99.6%	72.8%	72.5%	39.0%
Florida	8,035	2,788	51.2%	905	30.6%	58.1%	99.3%	65.2%	64.7%	37.6%
Georgia	7,238	2,336	46.5%	795	27.7%	53.4%	98.9%	67.1%	66.3%	35.4%
Hawaii	9,490	4,018	58.0%	1,122	40.3%	63.9%	99.4%	72.9%	72.5%	46.3%
Idaho	6,812	2,787	59.0%	1,068	37.4%	65.7%	99.1%	73.7%	73.0%	48.0%
Illinois	6,574	2,734	54.6%	1,115	35.9%	58.5%	99.3%	71.6%	71.1%	41.6%
Indiana	6,542	2,572	55.3%	942	32.1%	60.0%	99.5%	69.9%	69.5%	41.7%
Iowa	5,938	2,627	60.0%	1,132	38.3%	63.7%	99.4%	75.1%	74.7%	47.6%
Kansas	6,319	2,535	57.2%	1,007	34.4%	61.9%	99.4%	68.9%	68.5%	42.4%
Kentucky	7,379	2,756	55.1%	879	31.1%	61.8%	99.2%	66.7%	66.2%	40.9%
Louisiana	8,057	2,346	44.6%	687	24.9%	52.2%	99.3%	66.8%	66.3%	34.6%
Maine	7,385	2,741	62.1%	986	34.8%	71.3%	99.8%	70.7%	70.5%	50.3%
Maryland	6,511	2,682	53.7%	1,095	35.3%	57.7%	98.9%	71.9%	71.2%	41.1%
Massachusetts	6,237	2,735	54.6%	1,185	37.3%	58.1%	99.2%	73.0%	72.5%	42.1%
Michigan	6,205	2,662	57.7%	1,127	35.9%	62.8%	99.0%	69.1%	68.4%	42.9%
Minnesota	5,871	2,912	63.2%	1,351	44.2%	66.8%	99.2%	75.1%	74.5%	49.7%
Mississippi	7,856	2,334	47.9%	638	24.5%	56.7%	99.4%	60.1%	59.8%	33.9%
Missouri	6,939	2,699	55.3%	1,015	34.8%	61.4%	99.4%	70.2%	69.8%	42.8%

<b>State</b>	<b>Sample</b>	<b>Screeners</b>	<b> Screener Completion Rate</b>	<b>Topicals</b>	<b>Topical Completion Rate</b>	<b>Resolution Rate</b>	<b>Screener Conversion Rate</b>	<b>Topical Conversion Rate</b>	<b>Interview Completion Rate</b>	<b>Overall Response Rate</b>
Montana	7,605	2,958	61.5%	1,018	36.9%	70.0%	99.6%	70.9%	70.6%	49.4%
Nebraska	6,072	2,583	58.0%	1,073	37.0%	62.5%	99.3%	74.0%	73.5%	45.9%
Nevada	8,031	2,620	47.4%	774	29.7%	53.5%	99.3%	72.1%	71.6%	38.3%
New Hampshire	6,460	2,528	57.7%	995	35.9%	64.5%	99.4%	73.3%	72.9%	47.0%
New Jersey	6,447	2,623	50.9%	1,081	33.5%	54.6%	98.8%	70.0%	69.2%	37.8%
New Mexico	8,582	2,729	54.1%	792	31.5%	64.5%	99.4%	70.3%	69.8%	45.0%
New York	7,919	3,081	49.8%	950	30.7%	53.8%	99.4%	69.9%	69.5%	37.4%
North Carolina	7,214	2,614	52.2%	951	32.7%	58.6%	99.3%	72.1%	71.6%	41.9%
North Dakota	7,038	2,796	61.0%	1,051	39.8%	68.2%	99.3%	72.2%	71.7%	48.9%
Ohio	6,402	2,604	54.7%	1,027	34.7%	58.6%	99.4%	72.9%	72.5%	42.5%
Oklahoma	7,908	2,406	50.6%	764	29.2%	60.5%	99.2%	67.4%	66.8%	40.5%
Oregon	6,414	2,783	58.0%	1,107	36.4%	62.9%	98.9%	71.6%	70.8%	44.5%
Pennsylvania	6,461	2,773	59.4%	1,099	36.0%	63.3%	99.5%	72.1%	71.8%	45.5%
Rhode Island	6,713	2,528	50.5%	893	29.6%	53.9%	99.6%	68.7%	68.5%	36.9%
South Carolina	7,543	2,661	51.8%	885	30.0%	58.5%	99.3%	67.9%	67.5%	39.5%
South Dakota	7,440	3,058	60.7%	1,133	40.1%	67.4%	99.5%	75.7%	75.3%	50.8%
Tennessee	7,241	2,709	51.9%	885	30.5%	56.9%	99.2%	70.9%	70.4%	40.1%
Texas	7,132	2,377	46.9%	813	29.3%	53.5%	98.7%	69.8%	68.8%	36.8%
Utah	6,126	2,677	56.7%	1,148	38.8%	61.9%	99.2%	75.3%	74.7%	46.2%
Vermont	7,150	2,842	64.5%	1,117	40.3%	73.3%	99.7%	73.6%	73.4%	53.8%
Virginia	6,513	2,823	56.6%	1,158	37.6%	60.8%	99.1%	72.5%	71.8%	43.7%
Washington	6,583	2,845	57.2%	1,141	39.4%	61.6%	99.4%	75.2%	74.7%	46.0%
West Virginia	9,117	2,794	58.3%	785	33.4%	71.1%	99.5%	69.6%	69.3%	49.3%
Wisconsin	6,136	2,957	63.4%	1,267	40.6%	67.2%	99.3%	73.4%	72.9%	49.0%
Wyoming	7,894	2,513	58.0%	835	35.0%	69.5%	99.4%	74.8%	74.4%	51.7%

**Attachment D – Summary of Last Raking Result before Final Trimming**

State	Min	Q1	Median	Q3	Max	IQR	Cutoff (Median+6*IQR)	No. Of Extremes
Alabama	204.9	549.0	868.1	1587.4	7190.8	1038.5	7099.0	13
Alaska	29.4	93.4	151.6	266.7	1193.8	173.3	1191.7	6
Arizona	215.6	652.2	1122.9	2165.6	11125.3	1513.4	10203.5	15
Arkansas	98.5	324.2	557.7	1010.7	4745.2	686.5	4676.5	7
California	1193.0	3427.2	5594.7	10823.4	51059.0	7396.2	49972.0	14
Colorado	229.6	519.0	763.2	1270.1	5534.0	751.1	5269.8	20
Connecticut	98.8	290.3	477.2	827.8	3755.3	537.5	3702.2	8
Delaware	27.9	84.8	147.4	265.1	1247.9	180.3	1228.9	5
District of Columbia	8.5	29.3	56.6	129.2	680.5	99.9	656.1	13
Florida	646.6	1709.5	2870.9	5435.7	25310.2	3726.2	25228.0	3
Georgia	381.4	1238.5	2088.3	3731.5	17188.6	2493.0	17046.4	7
Hawaii	47.6	125.2	199.9	330.7	1436.0	205.5	1432.8	1
Idaho	19.4	177.2	284.6	513.2	2307.3	336.0	2300.8	4
Illinois	454.7	1138.5	1728.8	3127.4	14001.0	1988.9	13661.9	15
Indiana	300.1	796.1	1204.2	1984.0	8375.0	1187.8	8331.1	5
Iowa	138.5	296.7	453.7	755.2	3264.8	458.5	3204.9	15
Kansas	138.9	317.4	474.4	860.8	3784.2	543.4	3734.9	9
Kentucky	99.7	481.9	765.0	1307.9	5750.5	826.0	5720.8	11
Louisiana	156.6	640.1	1109.8	1912.2	8779.0	1272.1	8742.5	4
Maine	64.2	123.3	180.0	293.2	1202.0	170.0	1199.8	3
Maryland	204.6	530.6	852.4	1448.8	6499.5	918.2	6361.5	11
Massachusetts	201.8	470.5	803.7	1339.8	6250.8	869.4	6019.8	17
Michigan	396.7	851.0	1307.7	2215.1	9687.9	1364.1	9492.3	13
Minnesota	200.3	395.0	585.4	1202.9	5493.2	807.9	5433.0	12
Mississippi	187.3	435.7	790.5	1361.4	6434.7	925.7	6344.5	6
Missouri	303.5	631.7	943.4	1595.4	6737.8	963.7	6725.3	7
Montana	40.7	93.1	143.6	262.3	1164.2	169.2	1158.6	7
Nebraska	84.5	192.7	331.1	530.0	2363.6	337.3	2355.1	1
Nevada	125.5	332.7	560.3	1026.8	4769.2	694.1	4724.9	10
New Hampshire	55.4	125.3	195.7	297.0	1226.4	171.7	1225.8	3
New Jersey	334.4	752.5	1134.4	2179.8	9885.4	1427.3	9697.9	16
New Mexico	80.9	247.0	395.0	729.9	3335.7	482.9	3292.1	7
New York	792.7	1839.8	2880.6	5081.3	23009.6	3241.5	22329.5	15
North Carolina	264.2	951.3	1485.8	2620.7	12748.7	1669.4	11502.1	23
North Dakota	32.3	73.9	116.7	207.6	923.3	133.7	918.9	3
Ohio	344.7	982.5	1705.9	3061.3	14203.2	2078.8	14178.6	2
Oklahoma	184.2	566.1	925.3	1483.8	6474.4	917.7	6431.4	8
Oregon	133.5	294.5	483.3	907.5	4280.5	613.0	4161.1	15

<b>State</b>	<b>Min</b>	<b>Q1</b>	<b>Median</b>	<b>Q3</b>	<b>Max</b>	<b>IQR</b>	<b>Cutoff (Median+6*IQR)</b>	<b>No. Of Extremes</b>
Pennsylvania	374.4	1019.3	1605.2	2786.7	12360.2	1767.4	12209.6	17
Rhode Island	37.8	95.1	152.9	259.3	1203.6	164.2	1137.9	14
South Carolina	156.7	458.4	851.4	1454.1	6878.7	995.7	6825.8	5
South Dakota	31.8	79.4	127.8	211.9	936.9	132.5	922.8	20
Tennessee	240.7	696.4	1087.1	1924.9	8695.8	1228.5	8457.8	15
Texas	868.2	3307.4	5551.2	10441.3	49507.8	7133.9	48354.6	4
Utah	161.0	385.1	622.6	1006.2	4356.1	621.1	4349.1	2
Vermont	15.5	47.4	71.1	116.2	485.8	68.8	484.0	4
Virginia	234.7	723.5	1093.1	1835.8	7807.8	1112.3	7767.1	11
Washington	255.1	548.2	834.5	1710.9	8081.9	1162.7	7810.6	15
West Virginia	44.9	220.8	344.0	599.8	2626.7	379.0	2618.2	3
Wisconsin	219.5	451.6	684.2	1148.1	4927.9	696.5	4863.2	19
Wyoming	31.6	64.4	117.4	199.5	937.7	135.1	928.2	12

## **Attachment E – Invitation Letters**

- [1-2] NSCH-11L(A)
- [3-4] NSCH-11L(B)
- [5-6] NSCH-12L(A)
- [7-8] NSCH-12L(B)
- [9-10] NSCH-13L(A)
- [11-12] NSCH-13L(B)
- [13-14] NSCH-14L(A)
- [15-16] NSCH-14L(B)
- [17-18] NSCH-15L(A)
- [19-20] NSCH-15L(B)
- [21-22] NSCH-21L(A)
- [23-24] NSCH-21L(B)
- [25-26] NSCH-21L(C)
- [27-28] NSCH-21L(D)
- [29-30] NSCH-22L(A)
- [31-32] NSCH-22L(B)
- [33-34] NSCH-23L(A)
- [35-36] NSCH-23L(B)

NSCH-11L(A)  
(5-2016)



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

The U.S. Census Bureau is conducting the National Survey of Children's Health (NSCH), an important national study for the U.S. Department of Health and Human Services. We need your help. This survey provides important information that is used to improve the health of children and families throughout the United States.

Filling out this survey is easy:

1. Type the following web address in the address bar at the top of your internet browser:

<https://respond.census.gov/nsch>

2. Enter the following information on the opening screen:

Username:

Password:

If you are unable to complete this survey online, need assistance, or have questions, please call toll-free at **1-800-845-8241** or email us at: [childrenshealth@census.gov](mailto:childrenshealth@census.gov). We are collecting this information online in order to be able to report results more quickly and at considerably less cost.

**Even if you have no children between the ages of 0 and 17 years in your household, it is important that you return this survey so that every type of household in America is represented.** You will be directed automatically to the questions that apply to your household. It usually takes less than 5 minutes if there is no one in your household 0 – 17 years old, and no longer than 30 minutes to answer the questions for households with children.

All information you provide will only be used for statistical purposes and will not be disclosed, or used, in an identifiable way for any other purpose in accordance with the Privacy Act of 1974 (5 U.S.C. Section 552a). The U.S. Census Bureau is conducting the National Survey of Children's Health on behalf of the U.S. Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b) and Title 42 U.S.C. Section 701(a)(2). The data collected are confidential under Title 13, U.S.C. Section 9. Additional information on these protections can be found on the Privacy Act Statement screen within the online survey. Your household was randomly selected as part of this voluntary study, and we cannot replace your household with another one.

This survey has been approved by the Office of Management and Budget (OMB) and have been given the number 0607-0990. Response to this collection of information is not required unless it displays a valid approval number from OMB. The eight-digit OMB number appears in the bottom left corner of the survey web page.

We greatly appreciate your help with this important national study. The results of this study will help educators, researchers, policymakers, child advocates, and the general public better understand and respond to the health care needs of children and families.

Sincerely,

A handwritten signature in blue ink, appearing to read "John H. Thompson".

John H. Thompson  
Director

NSCH-11L(A)  
(5-2016)



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Estimado residente:

La Oficina del Censo de los EE. UU. está llevando a cabo la Encuesta Nacional de Salud de los Niños, una importante investigación nacional para el Departamento de Salud y Servicios Humanos de los EE. UU. Necesitamos su ayuda. Esta encuesta proporciona información importante que se utiliza para mejorar la salud de los niños y familias en todos los Estados Unidos.

Es muy fácil completar esta encuesta:

1. Escriba en la siguiente dirección web en la barra de direcciones en la parte superior de su navegador de Internet:

<https://respond.census.gov/nsch>

2. Introduzca la siguiente información en la pantalla inicial:

ID de usuario:

Contraseña:

Si no puede completar esta encuesta por Internet, necesita ayuda o tiene preguntas, llame gratuitamente a este número **1-800-845-8241** o envíenos un correo electrónico a [childrenshealth@census.gov](mailto:childrenshealth@census.gov). Estamos recopilando esta información por Internet para poder reportar los resultados con más rapidez y a un costo considerablemente menor.

**Aunque no haya niños entre la edad de 0-17 en su hogar, es importante que usted regrese esta encuesta para que todos los tipos de hogares en los Estados Unidos estén representados.** Automáticamente lo van a guiar a las preguntas que correspondan a su hogar. Por lo general se toma menos de 5 minutos si no hay nadie que tenga entre 0 y 17 años de edad en su hogar, y no más de 30 minutos para responder a las preguntas para hogares con niños.

Toda la información que usted proporcione será utilizada solamente para fines estadísticos y no será divulgada ni utilizada de forma identificable para ningún otro fin, de acuerdo con la Ley de Privacidad de 1974 (Sección 552a del Título 5 Código de los Estados Unidos).

La Oficina del Censo está realizando la Encuesta Nacional de Salud de los Niños en nombre del Departamento de Salud y Servicios Humanos de EE UU. bajo la Sección 8(b) del Título 13 del Código de los Estados Unidos, y la Sección 701(a)(2) del Título 42 del Código de los Estados Unidos. Los datos recopilados son confidenciales bajo la Sección 9 del Título 13 del Código de los Estados Unidos. Se puede encontrar información adicional sobre estas protecciones en la pantalla de la declaración de la Ley de Privacidad en el cuestionario de Internet. Su hogar fue seleccionado al azar como parte de este estudio voluntario y no podemos reemplazar su hogar con otro.

Esta encuesta ha sido aprobado por la Oficina de Administración y Presupuesto (OMB) y se le ha dado el número 0607-0990. Este número aparece en la esquina superior derecha del formulario de la encuesta y confirma que tenemos aprobación de la OMB para llevar a cabo esta encuesta. Si no se muestra el número, no podemos solicitarle su participación en esta encuesta.

Le agradecemos mucho su ayuda con este importante estudio nacional. Los resultados de este estudio ayudarán a los educadores, investigadores, personas que formulan políticas, defensores de los derechos de los niños y el público en general a entender y responder mejor a las necesidades de salud de los niños y las familias.

Atentamente,

John H. Thompson  
Director



NSCH-11L(B)  
(5-2016)



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

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We greatly appreciate your help with this important national study, and have enclosed a small token of appreciation for your participation. The results of this study will help educators, researchers, policymakers, child advocates, and the general public better understand and respond to the health care needs of children and families.

Sincerely,

A handwritten signature in blue ink, appearing to read "John H. Thompson".

John H. Thompson  
Director

United States™  
**Census**  
Bureau

[census.gov](https://census.gov)

NSCH-11L(B)  
(5-2016)



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**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
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La Oficina del Censo está realizando la Encuesta Nacional de la Salud de los Niños en nombre del Departamento de Salud y Servicios Humanos de EE UU. bajo la Sección 8(b) del Título 13 del Código de los Estados Unidos, y la Sección 701(a)(2) del Título 42 del Código de los Estados Unidos. Los datos recopilados son confidenciales bajo la Sección 9 del Título 13 del Código de los Estados Unidos. Se puede encontrar información adicional sobre estas protecciones en la pantalla de la declaración de la Ley de Privacidad en el cuestionario de Internet. Su hogar fue seleccionado al azar como parte de este estudio voluntario y no podemos reemplazar su hogar con otro.

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Le agradecemos mucho su ayuda con este importante estudio nacional, y hemos incluido una pequeña muestra de agradecimiento por su participación. Los resultados de este estudio ayudarán a los educadores, investigadores, personas que formulan políticas, defensores de los derechos de los niños y el público en general a entender y responder mejor a las necesidades de salud de los niños y las familias.

Atentamente,

John H. Thompson  
Director

NSCH-12L(A)  
(5-2016)



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

Recently we requested your participation in the National Survey of Children's Health (NSCH). If you have completed the NSCH prior to receiving this mailing, please accept our thanks. This survey provides important information used to improve the health of children and families throughout the United States.

Filling out this survey is easy:

1. Type the following web address in the address bar at the top of your internet browser:

<https://respond.census.gov/nsch>

2. Enter the following information on the opening screen:

Username:

Password:

**Even if you have no children between the ages of 0 and 17 years in your household, it is important that you return this survey so that every type of household in America is represented.** It usually takes less than 5 minutes if there is no one in your household 0 – 17 years old, and no longer than 30 minutes to answer the questions for households with children.

We would not ask for your help in this study if your response was not essential. The information gathered in this survey is critical to understanding children's health care needs, both in your state and across the country. Your household was scientifically selected from all of the households in the country, and your response represents thousands of households like yours. The information you provide will only be used for statistical purposes and will not be disclosed or used in any way that identifies you or members of your household.

If you would prefer a paper version of the survey, need assistance or have questions, please call toll-free at **1-800-845-8241** or email us at: [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Thank you again for your consideration of this request for help. This study depends on your response. We hope to hear from you soon.

Sincerely,

John H. Thompson  
Director

NSCH-12L(A)  
(5-2016)



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Estimado residente:

Recientemente hemos solicitado su participación en la Encuesta Nacional de Salud de los Niños (NSCH). Si ha completado la NSCH antes de recibir este correo, por favor, acepte nuestro agradecimiento. Esta encuesta proporciona información importante que se utiliza para mejorar la salud de los niños y familias en todos los Estados Unidos.

Es muy fácil completar esta encuesta:

1. Escriba en la siguiente dirección web en la barra de direcciones en la parte superior de su navegador de Internet:

<https://respond.census.gov/nsch>

2. Introduzca la siguiente información en la pantalla inicial:

ID de usuario:

Contraseña:

**Aunque no haya niños entre la edad de 0—17 en su hogar, es importante que usted regrese esta encuesta para que todos los tipos de hogares en los Estados Unidos estén representados.** Por lo general se toma menos de 5 minutos si no hay nadie que tenga entre 0 y 17 años de edad en su hogar, y no más de 30 minutos para responder a las preguntas para hogares con niños.

No le pediríamos su ayuda para este estudio si su respuesta no fuera esencial. La información que se obtiene en este estudio es crítica para entender la salud de los niños y sus necesidades de cuidado de salud tanto en su estado como en todo el país. Su hogar fue seleccionado de manera científica entre todos los hogares en el país y su respuesta representa a miles de hogares como el suyo. La información que usted provea se usará solamente para fines estadísticos y no se divulgará ni se usará de ninguna manera que lo identifique a usted o a los miembros de su hogar.

Si prefiere una versión en papel de la encuesta, necesita ayuda, o tiene preguntas, llame gratuitamente a este número **1-800-845-8241** o envíenos un correo electrónico a [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Gracias una vez más por tener en cuenta esta solicitud de ayuda. Este estudio depende de su participación. Esperamos pronto su respuesta.

Atentamente,

John H. Thompson  
Director



**NSCH-12L(B)  
(5-2016)**

Dear Resident:

Recently we requested your participation in the National Survey of Children's Health (NSCH). If you have completed the NSCH prior to receiving this mailing, please accept our thanks. This survey is administered for the Maternal and Child Health Bureau by the U.S. Census Bureau and provides important information used to improve the health of children and families throughout the United States.

Filling out this survey is easy:

1. Type the following web address in the address bar at the top of your internet browser:

<https://respond.census.gov/nsch>

2. Enter the following information on the opening screen:

Username:

Password:

Even if you have no children between the ages of 0 and 17 years in your household, it is important that you return this survey so that every type of household in America is represented. It usually takes less than 5 minutes if there is no one in your household 0 – 17 years old, and no longer than 30 minutes to answer the questions for households with children.

We would not ask for your help in this study if your response was not essential. The information gathered in this survey is critical to understanding children's health care needs, both in your state and across the country. Your household was scientifically selected from all of the households in the country, and your response represents thousands of households like yours. The information you provide will only be used for statistical purposes and will not be disclosed or used in any way that identifies you or members of your household.

If you would prefer a paper version of the survey, need assistance or have questions, please call toll-free at **1-800-845-8241** or email us at: [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Thank you again for your consideration of this request for help. This study depends on your response. We hope to hear from you soon.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael C. Lu".

Michael C. Lu, M.D., M.S., M.P.H.  
Associate Administrator



**NSCH-12L(B)  
(5-2016)**

Estimado residente:

Recientemente hemos solicitado su participación en la Encuesta Nacional de Salud de los Niños (NSCH). Si ha completado la NSCH antes de recibir este correo, por favor, acepte nuestro agradecimiento. Esta encuesta está administrada para la Oficina de Maternidad y Salud del Niño por la Oficina del Censo y proporciona información importante que se utiliza para mejorar la salud de los niños y familias en todos los Estados Unidos.

Es muy fácil completar esta encuesta:

1. Escriba la siguiente dirección web en la barra de direcciones en la parte superior de su navegador de Internet:

**<https://respond.census.gov/nsch>**

2. Introduzca la siguiente información en la pantalla inicial:

ID de usuario:

Contraseña:

**Aunque no haya niños entre la edad de 0-17 en su hogar, es importante que usted regrese esta encuesta para que todos los tipos de hogares en los Estados Unidos estén representados.** Por lo general se toma menos de 5 minutos si no hay nadie que tenga entre 0 y 17 años de edad en su hogar, y no más de 30 minutos para responder a las preguntas para hogares con niños.

No le pediríamos su ayuda para este estudio si su respuesta no fuera esencial. La información que se obtiene en este estudio es crítica para entender la salud de los niños y sus necesidades de cuidado de salud tanto en su estado como en todo el país. Su hogar fue seleccionado de manera científica entre todos los hogares en el país y su respuesta representa a miles de hogares como el suyo. La información que usted provea se usará solamente para fines estadísticos y no se divulgará ni se usará de ninguna manera que lo identifique a usted o a los miembros de su hogar.

Si prefiere una versión en papel de la encuesta, necesita ayuda, o tiene preguntas, llame gratuitamente a este numero **1-800-845-8241** o envíenos un correo electrónico a [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Gracias una vez más por tener en cuenta esta solicitud de ayuda. Este estudio depende de su participación. Esperamos pronto su respuesta.

Atentamente,

Michael C. Lu, M.D., M.S., M.P.H.  
Administrador Asociado

NSCH-13L(A)  
(6-2016)



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

About three weeks ago, I asked for your help with the National Survey of Children's Health (NSCH). To the best of our knowledge, we have not yet received your completed survey. If you have completed the NSCH prior to receiving this mailing, please accept our thanks. This survey provides important information used to improve the health of children and families throughout the United States.

Filling out this survey is easy:

1. Type the following web address in the address bar at the top of your internet browser:

<https://respond.census.gov/nsch>

2. Enter the following information on the opening screen:

Username:

Password:

**Even if you have no children between the ages of 0 and 17 years in your household, it is important that you return this survey so that every type of household in America is represented.** It usually takes less than 5 minutes to complete if there is no one in your household 0 – 17 years old, and no longer than 30 minutes to answer the questions for households with children.

This first-of-its-kind national survey is the best way to get a complete picture of our children's health and their health care needs. Because households in all 50 states and the District of Columbia have been selected to participate, this study also will inform us about children's health and the availability of health care services in every location. We must make sure that the health care needs of children of all ages and in every state are met, both now and in the future.

If you would prefer a paper version of the survey, need assistance or have questions, please call toll-free at **1-800-845-8241** or email us at: [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Thank you again for your consideration. This study depends on your response. We hope to hear from you soon.

Sincerely,

John H. Thompson  
Director

NSCH-13L(A)  
(6-2016)



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Estimado residente:

Hace unas tres semanas le pedimos por su ayuda con la Encuesta Nacional de Salud de los Niños (NSCH). No tenemos conocimiento de haber recibido su encuesta completa. Si ha completado la NSCH antes de recibir este correo, por favor acepte nuestro agradecimiento. Esta encuesta proporciona información importante que se utiliza para mejorar la salud de los niños y familias en todo Estados Unidos.

Es muy fácil completar esta encuesta:

1. Escriba la siguiente dirección web en la barra de direcciones en la parte superior de su navegador de Internet:

<https://respond.census.gov/nsch>

2. Introduzca la siguiente información en la pantalla inicial:

ID de usuario:

Contraseña:

**Aunque no haya niños entre la edad de 0-17 en su hogar, es importante que usted regrese esta encuesta para que todos los tipos de hogares en los Estados Unidos estén representados.** Por lo general se toma menos de 5 minutos si no hay nadie que tenga entre 0 y 17 años de edad en su hogar, y no más de 30 minutos para responder a las preguntas para hogares con niños.

Esta encuesta nacional es la primera de su tipo y constituye la mejor manera de obtener un panorama completo de la salud de nuestros niños y de sus necesidades de cuidado de salud. Debido a que varios hogares en los 50 estados y el Distrito de Columbia han sido seleccionados para participar, este estudio nos dará información sobre la salud de los niños y la disponibilidad de servicios de salud en cada lugar. Tenemos que asegurarnos de que se satisfagan las necesidades de salud de los niños de todas de todas las edades y en todos los estados, tanto ahora como en el futuro.

Si prefiere una versión en papel de la encuesta, necesita ayuda, o tiene preguntas, llame gratuitamente a este número **1-800-845-8241** o envíenos un correo electrónico a: [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Gracias una vez más por su consideración. Este estudio depende de su participación. Esperamos pronto su respuesta.

Atentamente,

John H. Thompson  
Director



NSCH-13L(B)  
(6-2016)



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

Recently we requested your participation in the National Survey of Children's Health (NSCH). If you have completed the NSCH prior to receiving this mailing, please accept our thanks. The enclosed survey is the first step in a study that provides important information used to improve the health of children and families throughout the United States.

Please fill out this survey and mail it back in the postage-paid envelope provided. The survey will help us identify households with children to be part of this national study. This information is used later to ask those households about health issues that may affect their children.

The ability to complete this survey online is also still available:

1. Type the following web address in the address bar at the top of your internet browser:

<https://respond.census.gov/nsch>

2. Enter the following information on the opening screen:

Username:

Password:

**Even if you have no children between the ages 0 and 17 years in your household, it is important that you return this survey so that every type of household in America is represented.** It usually takes less than 5 minutes if there is no one in your household 0 – 17 years old, and no longer than 30 minutes to answer the questions for households with children.

We would not ask for your help in this study if your response was not essential. The information gathered in this survey is critical to understanding children's health care needs, both in your state and across the country. Your household was scientifically selected from all of the households in the country, and your response represents thousands of households like yours. The information you provide will only be used for statistical purposes and will not be disclosed or used in any way that identifies you or members of your household.

If you need assistance or have questions, please call toll-free at **1-800-845-8241** or email us at: [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Thank you again for your consideration of this request for help. This study depends on your response. We hope to hear from you soon.

Sincerely,

John H. Thompson  
Director

Enclosure

NSCH-13L(B)  
(6-2016)



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Estimado residente:

Recientemente hemos solicitado su participación en la Encuesta Nacional de Salud de los Niños (NSCH). Si ha completado la NSCH antes de recibir este correo, por favor acepte nuestro agradecimiento. La encuesta adjunta es el primer paso en un estudio que proporciona información importante que se utiliza para mejorar la salud de los niños y familias en todo Estados Unidos.

Haga el favor de completar esta encuesta y envíela de vuelta por correo en el sobre con franqueo pagado que se incluye. Esta encuesta nos ayudará a encontrar hogares con niños y jóvenes. Esta información se usará más adelante para preguntarles a esos hogares sobre temas de salud que pueden repercutir en sus hijos.

La habilidad de completar esta encuesta por Internet todavía está disponible:

1. Escriba la siguiente dirección web en la barra de direcciones en la parte superior de su navegador de Internet:

<https://respond.census.gov/nsch>

2. Introduzca la siguiente información en la pantalla inicial:

ID de usuario:

Contraseña:

**Aunque no haya niños entre la edad de 0–17 en su hogar, es importante que usted regrese esta encuesta para que todos los tipos de hogares en los Estados Unidos estén representados.** Por lo general se toma menos de 5 minutos si no hay nadie que tenga entre 0 y 17 años de edad en su hogar, y no más de 30 minutos para responder a las preguntas para hogares con niños.

No le pediríamos su ayuda para este estudio si su respuesta no fuera esencial. La información que se obtiene en este estudio es crítica para entender la salud de los niños y sus necesidades de cuidado de salud tanto en su estado como en todo el país. Su hogar fue seleccionado de manera científica entre todos los hogares en el país y su respuesta representa a miles de hogares como el suyo. La información que usted provea se usará solamente para fines estadísticos y no se divulgará ni se usará de ninguna manera que lo identifique a usted o a los miembros de su hogar.

Si necesita ayuda o tiene preguntas, llamar gratuitamente a este número **1-800-845-8241** o envíenos un correo electrónico a: [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Gracias una vez más por tener en cuenta esta solicitud de ayuda. Este estudio depende de su participación. Esperamos pronto su respuesta.

Atentamente,

John H. Thompson  
Director

Documento adjunto

NSCH-14L(A)  
(8-2016)



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

Recently we requested your participation in the National Survey of Children's Health (NSCH). If you have completed the NSCH prior to receiving this mailing, please accept our thanks. The enclosed survey is the first step in a study that provides important information used to improve the health of children and families throughout the United States.

Please fill out this survey and mail it back in the postage-paid envelope provided. The survey will help us identify households with children to be part of this national study. This information is used later to ask those households about health issues that may affect their children.

The ability to complete this survey online is also still available:

1. Type the following web address in the address bar at the top of your internet browser:

<https://respond.census.gov/nsch>

2. Enter the following information on the opening screen:

Username:

Password:

**Even if you have no children between the ages of 0 and 17 years in your household, it is important that you return this survey so that every type of household in America is represented.** It usually takes less than 5 minutes if there is no one in your household 0 – 17 years old, and no longer than 30 minutes to answer the questions for households with children.

We would not ask for your help in this study if your response was not essential. The information gathered in this survey is critical to understanding children's health care needs, both in your state and across the country. Your household was scientifically selected from all of the households in the country, and your response represents thousands of households like yours. The information you provide will only be used for statistical purposes and will not be disclosed or used in any way that identifies you or members of your household.

If you need assistance or have questions, please call toll-free at **1-800-845-8241** or email us at: [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Thank you again for your consideration of this request for help. This study depends on your response. We hope to hear from you soon.

Sincerely,

John H. Thompson  
Director

Enclosure

**NSCH-14L(A)**  
**(8-2016)**



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Estimado residente:

Recientemente hemos solicitado su participación en la Encuesta Nacional de Salud de los Niños (NSCH). Si ha completado la NSCH antes de recibir este correo, por favor acepte nuestro agradecimiento. La encuesta adjunta es el primer paso en un estudio que proporciona información importante que se utiliza para mejorar la salud de los niños y familias en todo Estados Unidos.

Haga el favor de completar esta encuesta y envíela de vuelta por correo en el sobre con franqueo pagado que se incluye. Esta encuesta nos ayudará a encontrar hogares con niños y jóvenes. Esta información se usará más adelante para preguntarles a esos hogares sobre temas de salud que pueden repercutir en sus hijos.

La habilidad de completar esta encuesta por Internet todavía está disponible:

1. Escriba la siguiente dirección web en la barra de direcciones en la parte superior de su navegador de Internet:

<https://respond.census.gov/nsch>

2. Introduzca la siguiente información en la pantalla inicial:

ID de usuario:

Contraseña:

**Aunque no haya niños entre la edad de 0-17 en su hogar, es importante que usted regrese esta encuesta para que todos los tipos de hogares en los Estados Unidos estén representados.** Por lo general se toma menos de 5 minutos si no hay nadie que tenga entre 0 y 17 años de edad en su hogar, y no más de 30 minutos para responder a las preguntas para hogares con niños.

No le pediríamos su ayuda para este estudio si su respuesta no fuera esencial. La información que se obtiene en este estudio es crítica para entender la salud de los niños y sus necesidades de cuidado de salud tanto en su estado como en todo el país. Su hogar fue seleccionado de manera científica entre todos los hogares en el país y su respuesta representa a miles de hogares como el suyo. La información que usted provea se usará solamente para fines estadísticos y no se divulgará ni se usará de ninguna manera que lo identifique a usted o a los miembros de su hogar.

Si necesita ayuda o tiene preguntas, llame gratuitamente a este número **1-800-845-8241** o envíenos un correo electrónico a: [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Gracias una vez más por tener en cuenta esta solicitud de ayuda. Este estudio depende de su participación. Esperamos pronto su respuesta.

Atentamente,

John H. Thompson  
Director

Documento adjunto

**NSCH-14L(B)**  
**(8-2016)**



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

In June, I wrote asking for your help with the National Survey of Children's Health (NSCH). As of today, it appears that we have not yet received your response. It may be that you did reply, but your questionnaire has not yet reached us. Thank you very much if you have already sent it.

If you have not been able to respond, we encourage you to fill out the enclosed survey or respond online today. The study period is drawing to a close.

You can also complete the survey online:

1. Type the following web address in the address bar at the top of your internet browser:

<https://respond.census.gov/nsch>

2. Enter the following information on the opening screen:

Username:

Password:

We very much want to hear from everyone we have contacted. If you prefer to complete the paper survey, we have enclosed a prepaid envelope for returning it. **It is important that we hear from you, even if there are no children living in your household.**

Your household was scientifically selected from all of the households in the country, and your response represents thousands of households like yours. The information you provide will only be used for statistical purposes and will not be disclosed or used in any way that identifies you or members of your household.

If you need assistance or have questions, please call toll-free at **1-800-845-8241** or email us at: [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Thank you again for your consideration. This study depends on your response. We hope to hear from you soon.

Sincerely,

John H. Thompson  
Director

Enclosure

NSCH-14L(B)  
(8-2016)



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Estimado residente:

En junio le escribimos para pedirle su ayuda con la Encuesta Nacional de Salud de los Niños. Hasta el momento, aparentemente no hemos recibido su respuesta. Es posible que ya usted haya respondido, pero su encuesta completa no la hemos recibido. Le agradecemos mucho si ya la ha enviado.

Si no ha podido responder, le recomendamos que complete la encuesta adjunta o responda por Internet hoy. El período del estudio está a punto de terminar.

También puede completar la encuesta por Internet:

1. Escriba la siguiente dirección web en la barra de direcciones en la parte superior de su navegador de Internet:

<https://respond.census.gov/nsch>

2. Introduzca la siguiente información en la pantalla inicial:

ID de usuario:

Contraseña:

Queremos mucho saber de las personas que hemos contactado. Si prefiere completar la encuesta en forma escrita, lo hemos enviado un formulario con franqueo pagado para de volverlo. **Es importante que nos conteste, aunque no haya niños viviendo en su hogar.**

Su hogar fue seleccionado de manera científica entre todos los hogares en el país y su respuesta representa a miles de hogares como el suyo. La información que usted provea se usará solamente para fines estadísticos y no se divulgará ni se usará de ninguna manera que lo identifique a usted o a los miembros de su hogar.

Si necesita ayuda o tiene preguntas, llame gratuitamente a este numero **1-800-845-8241** o envíenos un correo electrónico a: [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Gracias una vez más por su consideración. Este estudio depende de su participación. Esperamos pronto su respuesta.

Atentamente,

John H. Thompson  
Director

Documento adjunto

**NSCH-15L(A)**  
**(8-2016)**



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

Since June, we have been in contact with you about the National Survey of Children's Health (NSCH), which the U.S. Census Bureau is conducting on behalf of the U.S. Department of Health and Human Services. We are writing again as this is your last opportunity to participate in this very important study.

If you have responded to our request to participate in the study, please accept our sincere thanks. Your participation ensures that the information we gather is accurate and complete.

The information gathered in this survey is critical to understanding children's health care needs, both in your state and across the country, providing key insights into how the youngest members of our society are doing and what they need to thrive.

You can also complete the survey online:

1. Type the following web address in the address bar at the top of your internet browser:

**<https://respond.census.gov/nsch>**

2. Enter the following information on the opening screen:

Username:

Password:

We very much want to hear from everyone we have contacted. If you prefer to complete the paper survey, we have enclosed a postage-paid envelope for returning it. **It is important that we hear from you, even if there are no children living in your household.**

Since the study period will soon end, this is our last opportunity to write and ask for your help. We want to be sure that the study accurately reflects the experiences of households like yours.

If you have any hesitation or questions about participating in the study, please contact us toll-free at **1-800-845-8241** or by email at: [childrenshealth@census.gov](mailto:childrenshealth@census.gov) so we may address your concerns.

Thank you for your consideration.

Sincerely,

John H. Thompson  
Director

Enclosure

**NSCH-15L(A)**  
**(8-2016)**



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Estimado residente:

Desde el mes de junio nos hemos estado comunicando con usted sobre la Encuesta Nacional de Salud de los Niños que la Oficina del Censo de los EE. UU. está llevando a cabo para el Departamento de Salud y Servicios Humanos de los EE. UU. Le escribo de nuevo porque es su última oportunidad para participar en este estudio importante.

Si ya usted ha respondido a nuestra solicitud de participación en el estudio acepte nuestro sincero agradecimiento. Su participación garantiza que la información que recopilamos sea precisa y completa.

La información obtenida en esta encuesta es fundamental para comprender las necesidades de cuidado de la salud de los niños, tanto en su estado y en todo el país, y proporciona información clave respecto a cómo los miembros más jóvenes de nuestra sociedad están haciendo y lo que necesitan para prosperar.

También puede completar la encuesta por Internet:

1. Escriba la siguiente dirección web en la barra de direcciones en la parte superior de su navegador de Internet:

**<https://respond.census.gov/nsch>**

2. Introduzca la siguiente información en la pantalla inicial:

ID de usuario:

Contraseña:

Queremos mucho saber de las personas que hemos contactado. Si prefiere completar la encuesta en forma escrita, lo hemos enviado un formulario con franqueo pagado para devolverlo. **Es importante que nos conteste, aunque no haya niños viviendo en su hogar.**

Como el período del estudio está a punto de terminar, esta es la última oportunidad de escribir y pedir su ayuda. Queremos asegurarnos que el estudio refleje con precisión las experiencias de hogares como el suyo.

Si no está seguro sobre su participación en el estudio, comuníquese con nosotros mediante una llamada gratuita al **1-800-845-8241** o por correo electrónico a: [childrenshealth@census.gov](mailto:childrenshealth@census.gov) para que podamos responder a sus preocupaciones.

Gracias por su consideración.

Atentamente,

John H. Thompson  
Director

Documento adjunto



**NSCH-15L(B)**  
**(8-2016)**



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

Since June, we have been in contact with you about the National Survey of Children's Health (NSCH), which the U.S. Census Bureau is conducting on behalf of the U.S. Department of Health and Human Services. We are writing again as this is your last opportunity to participate in this very important study.

If you have responded to our request to participate in the study, please accept our sincere thanks. Your participation ensures that the information we gather is accurate and complete.

The information gathered in this survey is critical to understanding children's health care needs, both in your state and across the country, providing key insights into how the youngest members of our society are doing and what they need to thrive.

You can also complete the survey online:

1. Type the following web address in the address bar at the top of your internet browser:

**<https://respond.census.gov/nsch>**

2. Enter the following information on the opening screen:

Username:

Password:

We very much want to hear from everyone we have contacted. If you prefer to complete the paper survey, we have enclosed a postage-paid envelope for returning it. **It is important that we hear from you, even if there are no children living in your household.**

Since the study period will soon end, this is our last opportunity to write and ask for your help. We want to be sure that the study accurately reflects the experiences of households like yours.

If you have any hesitation or questions about participating in the study, please contact us toll-free at **1-800-845-8241** or by email at: [childrenshealth@census.gov](mailto:childrenshealth@census.gov) so we may address your concerns.

Thank you for your consideration.

Sincerely,

John H. Thompson  
Director

Enclosure

**NSCH-15L(B)**  
**(8-2016)**



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Estimado residente:

Desde el mes de junio nos hemos estado comunicando con usted sobre la Encuesta Nacional de Salud de los Niños que la Oficina del Censo de los EE. UU. está llevando a cabo para el Departamento de Salud y Servicios Humanos de los EE. UU. Le escribo de nuevo porque es su última oportunidad para participar en este estudio importante.

Si ya usted ha respondido a nuestra solicitud de participación en el estudio acepte nuestro sincero agradecimiento. Su participación garantiza que la información que recopilamos sea precisa y completa.

La información obtenida en esta encuesta es fundamental para comprender las necesidades de cuidado de la salud de los niños, tanto en su estado y en todo el país, y proporciona información clave respecto a cómo los miembros más jóvenes de nuestra sociedad están haciendo y lo que necesitan para prosperar.

También puede completar la encuesta por Internet:

1. Escriba la siguiente dirección web en la barra de direcciones en la parte superior de su navegador de Internet:

**<https://respond.census.gov/nsch>**

2. Introduzca la siguiente información en la pantalla inicial:

ID de usuario:

Contraseña:

Queremos mucho saber de las personas que hemos contactado. Si prefiere completar la encuesta en forma escrita, lo hemos enviado un formulario con franqueo pagado para devolverlo. **Es importante que nos conteste, aunque no haya niños viviendo en su hogar.**

Como el período del estudio está a punto de terminar, esta es la última oportunidad de escribir y pedir su ayuda. Queremos asegurarnos que el estudio refleje con precisión las experiencias de hogares como el suyo.

Si no está seguro sobre su participación en el estudio, comuníquese con nosotros mediante una llamada gratuita al **1-800-845-8241** o por correo electrónico a: [childrenshealth@census.gov](mailto:childrenshealth@census.gov) para que podamos responder a sus preocupaciones.

Gracias por su consideración.

Atentamente,

John H. Thompson  
Director

Documento adjunto

NSCH-21L(A)  
(8-2016)



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

A few weeks ago you responded to our request to help with the National Survey of Children's Health (NSCH). We greatly appreciate your participation and the participation of thousands of other parents and caregivers from every state who have made the first step of this effort a success.

The second and **final** step is to complete a more detailed survey about the child who is a member of your household.

This voluntary survey will collect more detailed information on the child's health status, visits to health care providers, health care costs, and health insurance coverage. The questionnaire should be filled out by an adult who is familiar with this child's health and health care. For most households, **it should take less than 30 minutes to complete.**

We want to assure you that your responses to this questionnaire are confidential, as explained on the front page of the survey. All information you provide will only be used for statistical purposes and will not be disclosed, or used, in an identifiable way for any other purpose in accordance with the Privacy Act of 1974 (5 U.S.C. Section 552a). The U.S. Census Bureau is conducting the National Survey of Children's Health on behalf of the U.S. Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b) and Title 42 U.S.C. Section 701(a)(2). The data collected are confidential under Title 13, U.S.C. Section 9.

This survey has been approved by the Office of Management and Budget (OMB) and has been given the number 0607-0990. Response to this collection of information is not required unless it displays a valid approval number from OMB. The eight-digit OMB number appears in the upper right corner of the questionnaire.

Your participation provides critical information on the health and health care needs of children in your state and ensures that households like yours are fairly represented.

If you have any questions about the study or need assistance, please call toll-free at **1-800-845-8241** or email us at: [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Thank you once again for your help.

Sincerely,

John H. Thompson  
Director

Enclosure

**NSCH-21L(A)  
(8-2016)**



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Estimado residente:

Hace unas semanas usted respondió a nuestra solicitud de ayuda con la Encuesta Nacional de Salud de los Niños. Le agradecemos mucho su participación y la participación de otros miles de padres y personas encargadas del cuidado de los niños de todos los estados que han convertido en un éxito el primer paso de este esfuerzo.

El segundo y **último** paso es completar una encuesta más detallada sobre el niño que es miembro de su hogar.

Esta encuesta voluntaria recopilará información más detallada sobre el estado de salud del niño, sus visitas a los proveedores de salud, los costos de los cuidados de salud y la cobertura de seguro de salud. El cuestionario lo debe completar un adulto que esté familiarizado con la salud y los cuidados de salud del niño. A la mayoría de los hogares **solo le debe tomar 30 minutos o menos para completar esta encuesta.**

Queremos asegurarle que sus respuestas a este cuestionario son confidenciales, como se explica en la primera página de la encuesta. Toda la información que usted proporcione será utilizada solamente para fines estadísticos y no será divulgada ni utilizada de forma identificable para ningún otro fin de acuerdo con la Ley de Privacidad de 1974 (Sección 552a del Título 5 del Código de los Estados Unidos). La Oficina del Censo está realizando la Encuesta Nacional sobre la Salud de los Niños en nombre del Departamento de Salud y Servicios Humanos de EE UU. bajo la Sección 8(b) del Título 13 del Código de los Estados Unidos, y la Sección 701(a)(2) del Título 42 del Código de los Estados Unidos. Los datos recogidos son confidenciales bajo la Sección 9 del Título 13 del Código de los Estados Unidos.

Esta encuesta ha sido aprobado por la Oficina de Administración y Presupuesto (OMB) y se le ha dado el número 0607-0990. Si no se muestra el número, no podemos solicitarle su participación en esta encuesta. Este número aparece en la esquina superior derecha del formulario de la encuesta y confirma que tenemos aprobación de la OMB para llevar a cabo esta encuesta.

Su participación proporciona información crítica sobre las necesidades de salud y cuidado de la salud de los niños en su estado y asegura que las familias como la suya están bien representados.

Si tiene alguna pregunta sobre el estudio o necesita asistencia, llámenos de manera gratuita al **1-800-845-8241** o envíenos un correo electrónico a [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Gracias una vez más por su ayuda.

Atentamente,

John H. Thompson  
Director

Documento adjunto

**NSCH-21L(B)  
(8-2016)**



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

A few weeks ago you responded to our request to help with the National Survey of Children's Health (NSCH). We greatly appreciate your participation and the participation of thousands of other parents and caregivers from every state who have made the first step of this effort a success.

The second and **final** step is to complete a more detailed survey about one child who is a member of your household. Since there is more than one child in your household, the one about whom we would like you to answer questions is:

We have selected only one child per household in order to minimize the amount of time needed to complete the questions. This child has been selected at random to make sure that we are able to represent every type of child and the full range of health situations across the country. It is important that you answer the questions about this selected child.

This voluntary survey will collect more detailed information on the child's health status, visits to health care providers, health care costs, and health insurance coverage. The questionnaire should be filled out by an adult who is familiar with this child's health and health care. For most households, **it should take less than 30 minutes to complete.**

We want to assure you that your responses to this questionnaire are confidential, as explained on the front page of the survey. All information you provide will only be used for statistical purposes and will not be disclosed, or used, in an identifiable way for any other purpose in accordance with the Privacy Act of 1974 (5 U.S.C. Section 552a). The U.S. Census Bureau is conducting the National Survey of Children's Health on behalf of the U.S. Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b) and Title 42 U.S.C. Section 701(a)(2). The data collected are confidential under Title 13, U.S.C. Section 9.

This survey has been approved by the Office of Management and Budget (OMB) and has been given the number 0607-0990. Response to this collection of information is not required unless it displays a valid approval number from OMB. The eight-digit OMB number appears in the upper right corner of the questionnaire.

Your participation provides critical information on the health and health care needs of children in your state and ensures that households like yours are fairly represented.

If you have any questions about the study or need assistance, please call toll-free at **1-800-845-8241** or email us at: [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Thank you once again for your help.

Sincerely,

John H. Thompson  
Director

Enclosure

**NSCH-21L(B)  
(8-2016)**



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Estimado residente:

Hace unas semanas usted respondió a nuestra solicitud de ayuda con la Encuesta Nacional de Salud de los Niños. Le agradecemos mucho su participación y la participación de otros miles de padres y personas encargadas del cuidado de los niños de todos los estados que han convertido en un éxito el primer paso de este esfuerzo.

El segundo y **último** paso es completar una encuesta más detallada sobre el niño que es miembro de su hogar. Puesto que hay más de un niño en su hogar, aquel de quien nos gustaría que conteste preguntas es:

Hemos seleccionado un solo hijo por familia con el fin de minimizar la cantidad de tiempo necesario para completar las preguntas. Este niño ha sido seleccionado al azar para asegurarse de que somos capaces de representar a cada tipo de niño y toda la gama de situaciones de salud en todo el país. Es importante que conteste las preguntas acerca de este niño seleccionado.

Esta encuesta voluntaria recopilará información más detallada sobre el estado de salud del niño, sus visitas a los proveedores de salud, los costos de los cuidados de salud y la cobertura de seguro de salud. El cuestionario lo debe completar un adulto que esté familiarizado con la salud y los cuidados de salud del niño. A la mayoría de los hogares **solo le debe tomar 30 minutos o menos para completar esta encuesta.**

Queremos asegurarle que sus respuestas a este cuestionario son confidenciales, como se explica en la primera página de la encuesta. Toda la información que usted proporcione será utilizada solamente para fines estadísticos y no será divulgada ni utilizada de forma identificable para ningún otro fin de acuerdo con la Ley de Privacidad de 1974 (Sección 552a del Título 5 del Código de los Estados Unidos). La Oficina del Censo está realizando la Encuesta Nacional de Salud de los Niños en nombre del Departamento de Salud y Servicios Humanos de EE UU. bajo la Sección 8(b) del Título 13 del Código de los Estados Unidos, y la Sección 701(a)(2) del Título 42 del Código de los Estados Unidos. Los datos recogidos son confidenciales bajo la Sección 9 del Título 13 del Código de los Estados Unidos.

Esta encuesta ha sido aprobado por la Oficina de Administración y Presupuesto (OMB) y se le ha dado el número 0607-0990. Si no se muestra el número, no podemos solicitarle su participación en esta encuesta. Este número aparece en la esquina superior derecha del formulario de la encuesta y confirma que tenemos aprobación de la OMB para llevar a cabo esta encuesta.

Su participación proporciona información crítica sobre las necesidades de salud y cuidado de la salud de los niños en su estado y asegura que las familias como la suya están bien representados.

Si tiene alguna pregunta sobre el estudio o necesita asistencia, llámenos de manera gratuita al **1-800-845-8241** o envíenos un correo electrónico a [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Gracias una vez más por su ayuda.

Atentamente,

A handwritten signature in blue ink, appearing to read "John H. Thompson".

John H. Thompson  
Director

Documento adjunto

**NSCH-21L(C)  
(8-2016)**



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

You recently responded to our request to help with the National Survey of Children's Health (NSCH). We greatly appreciate your participation and the participation of thousands of other parents and caregivers from every state who have made the first step of this effort a success.

The second, and **final** step is to complete a more detailed survey about the child who is a member of your household.

This voluntary survey will collect more detailed information on the child's health status, visits to health care providers, health care costs, and health insurance coverage. The questionnaire should be filled out by an adult who is familiar with this child's health and health care. For most households, **it should take less than 30 minutes to complete.**

We want to assure you that your responses to this questionnaire are confidential, as explained on the front page of the survey. All information you provide will only be used for statistical purposes and will not be disclosed, or used, in an identifiable way for any other purpose in accordance with the Privacy Act of 1974 (5 U.S.C. Section 552a). The U.S. Census Bureau is conducting the National Survey of Children's Health on behalf of the U.S. Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b) and Title 42 U.S.C. Section 701(a)(2). The data collected are confidential under Title 13, U.S.C. Section 9.

This survey has been approved by the Office of Management and Budget (OMB) and has been given the number 0607-0990. Response to this collection of information is not required unless it displays a valid approval number from OMB. The eight-digit OMB number appears in the upper right corner of the questionnaire.

Since the study period will soon end, this is the last time we will be able to write to ask for your help. We hope that you will complete the questionnaire and mail it back. Your participation provides critical information on the health and health care needs of children in your state and ensures that households like yours are fairly represented.

If you have any questions about the study or need assistance, please call toll-free at **1-800-845-8241** or email us at: [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Thank you once again for your help.

Sincerely,

John H. Thompson  
Director

Enclosure

**NSCH-21L(C)  
(8-2016)**



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Estimado residente:

Hace unas semanas usted respondió a nuestra solicitud de ayuda con la Encuesta Nacional de Salud de los Niños. Le agradecemos mucho su participación y la participación de otros miles de padres y personas encargadas del cuidado de los niños de todos los estados que han convertido en un éxito el primer paso de este esfuerzo.

El segundo y **último** paso es completar una encuesta más detallada sobre el niño que es miembro de su hogar.

Esta encuesta voluntaria recopilará información más detallada sobre el estado de salud del niño, sus visitas a los proveedores de salud, los costos de los cuidados de salud y la cobertura de seguro de salud. El cuestionario lo debe completar un adulto que esté familiarizado con la salud y los cuidados de salud del niño. A la mayoría de los hogares **solo le debe tomar 30 minutos o menos para completar esta encuesta.**

Queremos asegurarle que sus respuestas a este cuestionario son confidenciales, como se explica en la primera página de la encuesta. Toda la información que usted proporcione será utilizada solamente para fines estadísticos y no será divulgada ni utilizada de forma identificable para ningún otro fin de acuerdo con la Ley de Privacidad de 1974 (Sección 552a del Título 5 del Código de los Estados Unidos). La Oficina del Censo está realizando la Encuesta Nacional de Salud de los Niños en nombre del Departamento de Salud y Servicios Humanos de EE UU. bajo la Sección 8(b) del Título 13 del Código de los Estados Unidos, y la Sección 701(a)(2) del Título 42 del Código de los Estados Unidos. Los datos recogidos son confidenciales bajo la Sección 9 del Título 13 del Código de los Estados Unidos.

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Dado que el período de estudio terminará pronto, esta es la última vez que vamos a poder escribir para pedir su ayuda. Esperamos que va a completar el cuestionario y enviarlo por correo. Su participación proporciona información crítica sobre las necesidades de salud y cuidado de la salud de los niños en su estado y asegura que las familias como la suya están bien representados.

Si tiene alguna pregunta sobre el estudio o necesita asistencia, llámenos de manera gratuita al **1-800-845-8241** o envíenos un correo electrónico a [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Gracias una vez más por su ayuda.

Atentamente,

John H. Thompson  
Director

Documento adjunto



**NSCH-21L(D)  
(8-2016)**



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

You recently responded to our request to help with the National Survey of Children's Health (NSCH). We greatly appreciate your participation and the participation of thousands of other parents and caregivers from every state who have made the first step of this effort a success.

The second and **final** step is to complete a more detailed survey about one child who is a member of your household. Since there is more than one child in your household, the one about whom we would like you to answer questions is:

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Since the study period will soon end, this is the last time we will be able to write to ask for your help. We hope that you will complete the questionnaire and mail it back. Your participation provides critical information on the health and health care needs of children in your state and ensures that households like yours are fairly represented.

If you have any questions about the study or need assistance, please call toll-free at **1-800-845-8241** or email us at: [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Thank you once again for your help.

Sincerely,

John H. Thompson  
Director

Enclosure

**NSCH-21L(D)  
(8-2016)**



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Estimado residente:

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Esta encuesta voluntaria recopilará información más detallada sobre el estado de salud del niño, sus visitas a los proveedores de salud, los costos de los cuidados de salud y la cobertura de seguro de salud. El cuestionario lo debe completar un adulto que esté familiarizado con la salud y los cuidados de salud del niño. A la mayoría de los hogares **solo le debe tomar 30 minutos o menos para completar esta encuesta.**

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Gracias una vez más por su ayuda.

Atentamente,

John H. Thompson  
Director

Documento adjunto

**NSCH-22L(A)**  
**(8-2016)**



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

We wrote previously requesting your assistance in completing the final part of the National Survey of Children's Health (NSCH), which we are conducting for the U.S. Department of Health and Human Services.

To the best of our knowledge, we have not yet received your response. It may be that you returned the completed questionnaire, but our communications have crossed in the mail. If you did respond, thank you very much for participating.

If you have not had the chance to complete the questionnaire, please do so as soon as possible. For most households, **it should only take 30 minutes or less to complete this survey.**

Feel free to contact us toll-free at **1-800-845-8241** or by email at [childrenshealth@census.gov](mailto:childrenshealth@census.gov) if you have any questions or need any assistance in completing this survey.

The information collected in this study will be used to help today's children grow into tomorrow's healthy adults. We ask for your help because this survey is the only way we have to gather this important information. And because your household was selected to represent thousands of others, your response is even more important.

We want to assure you that your responses to this questionnaire are confidential as explained on the front page of the survey. The U.S. Census Bureau and the U.S. Department of Health and Human Services are required by law to protect the confidentiality of every individual's responses.

Thank you very much for your kind consideration of this request.

Sincerely,

A handwritten signature in blue ink, appearing to read "John H. Thompson".

John H. Thompson  
Director

Enclosure

NSCH-22L(A)  
(8-2016)



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Estimado residente:

Previamente escribimos para pedirle asistencia con la repuesta a la última parte de la Encuesta Nacional de Salud de los Niños, que estamos realizando para el Departamento de Salud y Servicios Humanos de los EE. UU.

No tenemos conocimiento de haber recibido su respuesta. Es posible que usted nos haya enviado su cuestionario respondido y nuestra correspondencia se haya cruzado. Si ya contestó, muchas gracias por participar.

Si todavía no ha podido completar el cuestionario, hágalo tan pronto como sea posible. A la mayoría de los hogares **debe tomarle alrededor de 30 minutos o menos para completar el cuestionario.**

Puede comunicarse con nosotros mediante una llamada gratuita al **1-800-845-8241** o enviando un correo electrónico a [childrenshealth@census.gov](mailto:childrenshealth@census.gov) si tiene alguna pregunta o necesita asistencia para completar la encuesta.

La información que se recopile en este estudio se usará para ayudar a que los niños de hoy para que se conviertan en los adultos saludables del futuro. Le pedimos su ayuda porque esta encuesta es la única manera que tenemos para recopilar esta importante información. También porque su hogar fue seleccionado para representar a miles de otros hogares, su respuesta es mucho más importante.

Quisiera asegurarle que sus respuestas a este cuestionario son confidenciales como se explica en la primera página de la encuesta. La ley estipula que la Oficina del Censo de los EE. UU. y el Departamento de Salud y Servicios Humanos de los EE. UU. tienen que proteger la confidencialidad de las respuestas de todas las personas.

Muchas gracias por la amabilidad de considerar esta solicitud.

Atentamente,

John H. Thompson  
Director

Documento adjunto

**NSCH-22L(B)**  
**(9-2016)**



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

We wrote previously requesting your assistance in completing the final part of the National Survey of Children's Health (NSCH), which we are conducting for the U.S. Department of Health and Human Services.

To the best of our knowledge, we have not yet received your response. It may be that you returned the completed questionnaire, but our communications have crossed in the mail. If you did respond, thank you very much for doing so.

If you have not had the chance to complete the questionnaire, please do so as soon as possible. For most households, **it should only take 30 minutes or less to complete this survey.**

In order to reduce the time it takes to complete the survey, we have selected one child from your household to focus on in the questionnaire. Please fill out the survey for:

Feel free to contact us toll-free at **1-800-845-8241** or by email at [childrenshealth@census.gov](mailto:childrenshealth@census.gov) if you have any questions or need any assistance in completing this survey.

The information collected in this study will be used to help today's children grow into tomorrow's healthy adults. We ask for your help because this survey is the only way we have to gather this important information. And because your household was selected to represent thousands of others, your response is even more important.

We want to assure you that your responses to this questionnaire are confidential as explained on the front page of the survey. The U.S. Census Bureau and the U.S. Department of Health and Human Services are required by law to protect the confidentiality of every individual's responses.

Thank you very much for your kind consideration of this request.

Sincerely,

A handwritten signature in blue ink, appearing to read "John H. Thompson".

John H. Thompson  
Director

Enclosure

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No tenemos conocimiento de haber recibido su respuesta. Es posible que usted nos haya enviado su cuestionario respondido y nuestra correspondencia se haya cruzado. Si ya contestó, muchas gracias por participar.

Si todavía no ha podido completar el cuestionario, hágalo tan pronto como sea posible. A la mayoría de los hogares **debe tomarle alrededor de 30 minutos o menos para completar el cuestionario.**

Con el fin de reducir el tiempo que toma para completar la encuesta, hemos seleccionado un niño de su hogar para responder sobre él en el cuestionario. Responda a la encuesta para:

Puede comunicarse con nosotros mediante una llamada gratuita al **1-800-845-8241** o enviando un correo electrónico a [childrenshealth@census.gov](mailto:childrenshealth@census.gov) si tiene alguna pregunta o necesita asistencia para completar la encuesta.

La información que se recopile en este estudio se usará para ayudar a que los niños de hoy para que se conviertan en los adultos saludables del futuro. Le pedimos su ayuda porque esta encuesta es la única manera que tenemos para recopilar esta importante información. También porque su hogar fue seleccionado para representar a miles de otros hogares, su respuesta es mucho más importante.

Quisiera asegurarle que sus respuestas a este cuestionario son confidenciales como se explica en la primera página de la encuesta. La ley estipula que la Oficina del Censo de los EE. UU. y el Departamento de Salud y Servicios Humanos de los EE. UU. tienen que proteger la confidencialidad de las respuestas de todas las personas.

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**Economics and Statistics Administration**  
**U.S. Census Bureau**  
Washington, DC 20233-0001  
OFFICE OF THE DIRECTOR

Dear Resident:

During the past couple months, we have contacted you seeking your participation in completing the final part of the National Survey of Children's Health (NSCH). The U.S. Census Bureau is conducting this important national survey on behalf of the U.S. Department of Health and Human Services.

As you might recall, the survey is designed to provide information about the health and health care needs of our nation's children. The information gathered in the study gives the public and our state and national governments key insights into how the youngest members of our society are doing, and what they need in order to thrive.

If you have responded to our request to participate in the second and final part of the survey, please accept our sincere thanks. Your participation ensures that the information we gather is accurate and complete. If you have not been able to participate thus far, we would like to ask you to do so now. We have enclosed another copy of this survey for your convenience.

Since the study period will soon end, this is the last time we will be able to write to ask for your help. We hope that you will complete the questionnaire and mail it back. We want to be sure that the study accurately reflects the experience of households like yours.

Hundreds of families have already returned their surveys. We would greatly appreciate it if you could respond soon so that families like yours are accurately represented.

We know there are many competing demands for your time and we appreciate your thoughtful consideration of this request. **It should take 30 minutes or less to complete the survey.** Once you have completed it, please enclose it in the postage-paid envelope and mail it as soon as possible.

Finally, thank you for your kind consideration of this request. If you have questions or need assistance, please contact us toll-free at **1-800-845-8241** or by email at [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Sincerely,

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**U.S. Census Bureau**  
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OFFICE OF THE DIRECTOR

Estimado residente:

Durante los últimos meses nos hemos comunicado con usted para que complete la última parte de la Encuesta Nacional de Salud de los Niños. La Oficina del Censo de los EE. UU. está llevando a cabo esta importante encuesta para el Departamento de Salud y Servicios Humanos de los EE. UU.

Como podrá recordar, la encuesta está diseñada para proveer información sobre las necesidades de salud y de servicios de salud de los niños de nuestro país. La información que se obtenga en el estudio les dará a la población, a los gobiernos estatales y al gobierno nacional una visión clave sobre cómo se encuentran los miembros más jóvenes de nuestra sociedad y lo que necesitan para su bienestar.

Si ya usted ha respondido a nuestra solicitud de que participe en la segunda y última parte de la encuesta, acepte nuestro sincero agradecimiento. Su participación garantiza que la información que recopilamos sea precisa y completa. Si hasta el momento no ha podido participar, le pediría que lo hiciera ahora. Hemos incluido otra copia de esta segunda encuesta para su conveniencia.

Dado que el período de estudio terminará pronto, esta es la última vez que vamos a poder escribir para pedir su ayuda. Esperamos que complete el cuestionario y lo envíe de vuelta por correo. Queremos asegurarnos que el estudio refleje con precisión las experiencias de hogares como el suyo.

Cientos de familias han devuelto ya sus encuestas. Le agradeceríamos mucho si usted pudiera responder pronto, de manera que las familias como la suya estén representadas con precisión.

Sabemos que usted tiene que dedicarles tiempo a muchas otras cosas, y le agradecemos la amabilidad de tener en cuenta esta solicitud. **Debe tomar 30 minutos o menos para completar la encuesta.** Una vez que la complete, póngala en el sobre con franqueo pagado y envíela por correo lo más pronto posible.

Por último, gracias por considerar esta solicitud de ayuda. Si tiene preguntas o necesita ayuda, comuníquese con nosotros mediante una llamada gratuita al **1-800-845-8241** o por correo electrónico a [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

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Documento adjunto



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If you have responded to our request to participate in the second and final part of the survey, please accept our sincere thanks. Your participation ensures that the information we gather is accurate and complete. If you have not been able to participate thus far, we would like to ask you to do so now. We have enclosed another copy of this survey for your convenience.

Since the study period will soon end, this is the last time we will be able to write to ask for your help. We hope that you will complete the questionnaire and mail it back. We want to be sure that the study accurately reflects the experience of households like yours. Please complete the survey for:

Since you have more than one child in your household, we have randomly selected one child to reduce the time it takes to fill out the questionnaire.

Hundreds of families have already returned their surveys. We would greatly appreciate it if you could respond soon so that families like yours are accurately represented.

We know there are many competing demands for your time and we appreciate your thoughtful consideration of this request. **It should take 30 minutes or less to complete the survey.** Once you have completed it, please enclose it in the postage-paid envelope and mail it as soon as possible.

Finally, thank you for your kind consideration of this request. If you have questions or need assistance, please contact us toll-free at **1-800-845-8241** or by email at [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

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Como hay más de un niño en su hogar, hemos seleccionado un niño al azar para reducir el tiempo que toma completar el cuestionario.

Cientos de familias han devuelto ya sus encuestas. Le agradeceríamos mucho si usted pudiera responder pronto, de manera que las familias como la suya estén representadas con precisión.

Sabemos que usted tiene que dedicarles tiempo a muchas otras cosas, y le agradecemos la amabilidad de tener en cuenta esta solicitud. **Debe tomar 30 minutos o menos para completar la encuesta.** Una vez que la complete, póngala en el sobre con franqueo pagado y envíela por correo lo más pronto posible.

Por último, gracias por considerar esta solicitud de ayuda. Si tiene preguntas o necesita ayuda, comuníquese con nosotros mediante una llamada gratuita al **1-800-845-8241** o por correo electrónico a [childrenshealth@census.gov](mailto:childrenshealth@census.gov)

Atentamente,

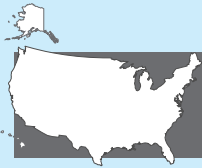
A handwritten signature in blue ink, appearing to read "John H. Thompson".

John H. Thompson  
Director

Documento adjunto

## **Attachment E – Survey Questionnaires**

- [1-68] English Questionnaires
  - [1-9] Screener
  - [9-28] Topical T1
  - [29-48] Topical T2
  - [49-68] Topical T3
- [69-136] Spanish Questionnaires
  - [69-76] Screener
  - [77-96] Topical T1
  - [97-116] Topical T2
  - [117-136] Topical T3



# 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.*



INFORMATIONAL COPY

The U.S. Census Bureau is conducting the National Survey of Children's Health on behalf of the U.S. 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 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 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).

Any information you provide will be shared among a limited number of Census Bureau and HHS staff only for work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a).

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**  
(04/11/2016)



## Start Here

If your household does not have any children, answer the first question below and then return the questionnaire.

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.

Thank you for helping us learn about the health and well-being of America's children.

If you:

- Need help or have questions about completing this form
- Need Telephone Device for the Deaf (TDD) assistance

Please call: 1-800-845-8241. The telephone call is free.

Si usted:

- ¿NECESITA AYUDA? para completar su cuestionario
- Necesita aparato con monitor telefónico para los discapacitados auditivos (TDD)

Por favor llame al: 1-800-845-8241. La llamada es gratis.

## In Your Home

**1** Are there any children 0-17 years old who usually live or stay at this address?

No

↳ If 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.

Yes

**2** How many children 0-17 years old usually live or stay at this address?

Number of children living or staying at this address

**3** What is the primary language spoken in the household?

English

Spanish

Other Language, specify:

→ Answer the remaining questions for each of the children 0-17 years old who usually live or stay at 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.



# CHILD 1

(Youngest)

First name, initials, or nickname of the youngest child

→ **NOTE: Answer BOTH question 1 about Hispanic origin and question 2 about race. For this survey, Hispanic origins are not races.**

**1** Is this child of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin

**2** What is this child's race? Mark one or more boxes.

- |   |   |
|---|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other Asian            |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian        |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Guamanian or Chamorro  |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Some other race        |
| <input type="checkbox"/> Korean                           |   |

**3** How old is this child? If the child is less than one month old, round age in months to 1.

<input type="text"/>	Years (or)	<input type="text"/>	Months
----------------------	------------	----------------------	--------

**4** What is this child's sex?

- Male  Female

**5** If this child is YOUNGER THAN 4 YEARS OLD, please SKIP to question 6.

How well does this child speak English?

- Very well
- Well
- Not well
- Not at all

**6** Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?

- Yes  No

↳ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**7** Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?

- Yes  No

↳ If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**8** Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

- Yes  No

↳ If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**9** Does this child need or get special therapy, such as physical, occupational, or speech therapy?

- Yes  No

↳ If yes, is this because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**10** Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?

- Yes  No

↳ If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

- Yes  No



## CHILD 2

(Next oldest)

First name, initials, or nickname of the next oldest child

→ **NOTE: Answer BOTH question 1 about Hispanic origin and question 2 about race. For this survey, Hispanic origins are not races.**

**1** Is this child of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin

**2** What is this child's race? Mark one or more boxes.

- |   |   |
|---|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other Asian            |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian        |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Guamanian or Chamorro  |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Some other race        |
| <input type="checkbox"/> Korean                           |   |

**3** How old is this child? If the child is less than one month old, round age in months to 1.

<input type="text"/>	Years (or)	<input type="text"/>	Months
----------------------	------------	----------------------	--------

**4** What is this child's sex?

- Male  Female

**5** If this child is YOUNGER THAN 4 YEARS OLD, please SKIP to question 6.

How well does this child speak English?

- Very well
- Well
- Not well
- Not at all

**6** Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?

- Yes  No

↳ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**7** Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?

- Yes  No

↳ If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**8** Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

- Yes  No

↳ If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**9** Does this child need or get special therapy, such as physical, occupational, or speech therapy?

- Yes  No

↳ If yes, is this because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**10** Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?

- Yes  No

↳ If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

- Yes  No



## CHILD 3

(Next oldest)

First name, initials, or nickname of the next oldest child

→ **NOTE: Answer BOTH question 1 about Hispanic origin and question 2 about race. For this survey, Hispanic origins are not races.**

**1** Is this child of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin

**2** What is this child's race? Mark one or more boxes.

- |   |   |
|---|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other Asian            |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian        |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Guamanian or Chamorro  |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Some other race        |
| <input type="checkbox"/> Korean                           |   |

**3** How old is this child? If the child is less than one month old, round age in months to 1.

<input type="text"/>	Years (or)	<input type="text"/>	Months
----------------------	------------	----------------------	--------

**4** What is this child's sex?

- Male  Female

**5** If this child is YOUNGER THAN 4 YEARS OLD, please SKIP to question 6.

How well does this child speak English?

- Very well
- Well
- Not well
- Not at all

**6** Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?

- Yes  No

↳ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**7** Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?

- Yes  No

↳ If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**8** Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

- Yes  No

↳ If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**9** Does this child need or get special therapy, such as physical, occupational, or speech therapy?

- Yes  No

↳ If yes, is this because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**10** Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?

- Yes  No

↳ If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

- Yes  No





## CHILD 4

(Next oldest)

First name, initials, or nickname of the next oldest child

→ **NOTE: Answer BOTH question 1 about Hispanic origin and question 2 about race. For this survey, Hispanic origins are not races.**

**1** Is this child of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin

**2** What is this child's race? Mark one or more boxes.

- |   |   |
|---|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other Asian            |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian        |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Guamanian or Chamorro  |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Some other race        |
| <input type="checkbox"/> Korean                           |   |

**3** How old is this child? If the child is less than one month old, round age in months to 1.

<input type="text"/>	Years (or)	<input type="text"/>	Months
----------------------	------------	----------------------	--------

**4** What is this child's sex?

- Male  Female

**5** If this child is YOUNGER THAN 4 YEARS OLD, please SKIP to question 6.

How well does this child speak English?

- Very well
- Well
- Not well
- Not at all

**6** Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?

- Yes  No

↳ If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**7** Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?

- Yes  No

↳ If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**8** Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

- Yes  No

↳ If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**9** Does this child need or get special therapy, such as physical, occupational, or speech therapy?

- Yes  No

↳ If yes, is this because of ANY medical, behavioral, or other health condition?

- Yes  No

↳ If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- Yes  No

**10** Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?

- Yes  No

↳ If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

- Yes  No



➔ If there are more than four children 0-17 years old who usually live or stay at this address, list the age and sex for each. Do not repeat information 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***(Next oldest)* ▶

First name, initials, or nickname

Age

Years (or)

Months

Sex

Male

Female

**Child 7***(Next oldest)* ▶

First name, initials, or nickname

Age

Years (or)

Months

Sex

Male

Female

**Child 8***(Next oldest)* ▶

First name, initials, or nickname

Age

Years (or)

Months

Sex

Male

Female

**Child 9***(Next oldest)* ▶

First name, initials, or nickname

Age

Years (or)

Months

Sex

Male

Female

**Child 10***(Next oldest)* ▶

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:

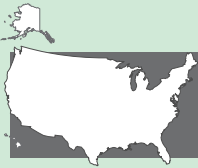
U.S. Census Bureau  
ATTN: DCB 60-A  
1201 E. 10th Street  
Jeffersonville, IN 47132-0001

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

INFORMATIONAL COPY

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO\_Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject.





# 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.*



INFORMATIONAL COPY

The U.S. Census Bureau is conducting the National Survey of Children's Health on behalf of the U.S. 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 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 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).

Any information you provide will be shared among a limited number of Census Bureau and HHS staff only for work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a).

Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining this much needed information is extremely important in order to ensure complete and accurate results.

**NSCH-T1**  
(05/02/2016)



## Start Here

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.

We now have some follow-up questions to ask about:

These questions will collect more detailed information on various aspects of this child's health including his or her health status, visits to health care providers, health care costs, and health insurance coverage.

We have selected only one child per household in an effort to minimize the amount of time necessary to complete the follow-up questions.

The survey should be completed by an adult who is familiar with this child's health and health care.

Your participation is important. Thank you.

## A. This Child's Health

**A1** In general, how would you describe this child's health (the one named above)?

- Excellent
- Very good
- Good
- Fair
- Poor

**A2** How would you describe the condition of this child's teeth?

- This child does not have any teeth
- Excellent
- Very good
- Good
- Fair
- Poor

**A3** How well do each of the following phrases describe this child?

	Definitely true	Somewhat true	Not true
a. This child is affectionate and tender with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This child bounces back quickly when things do not go his or her way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. This child shows interest and curiosity in learning new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. This child smiles and laughs a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A4** DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?

	Yes	No
a. Breathing or other respiratory problems (such as wheezing or shortness of breath)	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating or swallowing because of a health condition	<input type="checkbox"/>	<input type="checkbox"/>
c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
d. Repeated or chronic physical pain, including headaches or other back or body pain	<input type="checkbox"/>	<input type="checkbox"/>
e. Using his or her hands	<input type="checkbox"/>	<input type="checkbox"/>
f. Coordination or moving around	<input type="checkbox"/>	<input type="checkbox"/>
g. Toothaches	<input type="checkbox"/>	<input type="checkbox"/>
h. Bleeding gums	<input type="checkbox"/>	<input type="checkbox"/>
i. Decayed teeth or cavities	<input type="checkbox"/>	<input type="checkbox"/>

**A5** Does this child have any of the following?

	Yes	No
a. Deafness or problems with hearing	<input type="checkbox"/>	<input type="checkbox"/>
b. Blindness or problems with seeing, even when wearing glasses	<input type="checkbox"/>	<input type="checkbox"/>



**A6** Has a doctor or other health care provider EVER told you that this child has...

Allergies (including food, drug, insect, or other)?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A7** Arthritis?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A8** Asthma?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A9** Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A10** Brain Injury, Concussion, or Head Injury?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

(Has a doctor or other health care provider EVER told you that this child has...)

**A11** Cerebral Palsy?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A12** Cystic Fibrosis?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A13** Diabetes?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A14** Down Syndrome?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A15** Epilepsy or Seizure Disorder?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe



(Has a doctor or other health care provider EVER told you that this child has...)

**A16 Heart Condition?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A17 Frequent or Severe Headaches, including Migraine?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A18 Tourette Syndrome?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A19 Anxiety Problems?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A20 Depression?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A21 Other Genetic or Inherited Condition?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A22 Has a doctor, other health care provider, or educator EVER told you that this child has...**

*Examples of educators are teachers and school nurses.*

**Behavioral or Conduct Problems?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A23 Developmental Delay?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A24 Intellectual Disability (also known as Mental Retardation)?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A25 Speech or Other Language Disorder?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A26 Learning Disability?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe



**A27** Has a doctor or other health care provider EVER told you that this child has...

Any Other Mental Health Condition?

Yes  No

↳ If yes, specify:

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A28** Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).

Yes  No → **SKIP to question A33**

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A29** How old was this child when a doctor or other health care provider FIRST told you that he or she had Autism, ASD, Asperger's Disorder or PDD?

Age in years  Don't know

**A30** 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 only.

- Primary Care Provider  
 Specialist  
 School Psychologist/Counselor  
 Other Psychologist (Non-School)  
 Psychiatrist  
 Other, specify:

Don't know

**A31** Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?

Yes  No

**A32** 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 his or her behavior?

Yes  No

**A33** 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?

Yes  No → **SKIP to question A36**

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A34** Is this child CURRENTLY taking medication for ADD or ADHD?

Yes  No

**A35** 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 his or her behavior?

Yes  No

**A36** DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected his or her ability to do things other children his or her age do?

This child does not have any conditions → **SKIP to question B1**

- Never  
 Sometimes  
 Usually  
 Always

**A37** To what extent do this child's health conditions or problems affect his or her ability to do things?

- Very little  
 Somewhat  
 A great deal





## B. This Child as an Infant

**B1** Was this child born more than 3 weeks before his or her due date?

Yes

No

**B2** How much did he or she weigh when born?  
Answer in pounds and ounces OR kilograms and grams.  
Provide your best estimate.

pounds AND   ounces

OR

kilograms AND    grams

**B3** What was the age of the mother when this child was born?

Age in years

**B4** Was this child EVER breastfed or fed breast milk?

Yes

No → **SKIP to question B6**

**B5** If yes, how old was this child when he or she COMPLETELY stopped breastfeeding or being fed breast milk?

days

OR

weeks

OR

months

OR

Check this box if child is still breastfeeding

**B6** How old was this child when he or she was FIRST fed formula?

At birth

OR

days

OR

weeks

OR

months

OR

Check this box if child has never been fed formula

**B7** How old was this child when he or she was FIRST fed anything other than breast milk or formula? Include juice, cow's milk, sugar water, baby food, or anything else that your child might have been given, even water.

At birth

OR

days

OR

weeks

OR

months

OR

Check this box if child has never been fed anything other than breast milk or formula



## C. Health Care Services

**C1** 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?

Yes

No → **SKIP to question C4**

**C2** 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, such as an annual or sports physical, or well-child visit.*

0 visits → **SKIP to question C4**

1 visit

2 or more visits

**C3** Thinking about the LAST TIME you took this child for a preventive check-up, about how long was the doctor or health care provider who examined this child in the room with you? Your best estimate is fine.

Less than 10 minutes

10-20 minutes

More than 20 minutes

**C4** What is this child's CURRENT height?

feet AND  inches

OR

meters AND  centimeters

**C5** How much does this child CURRENTLY weigh?

pounds AND  ounces

OR

kilograms AND  grams

**C6** Are you concerned about this child's weight?

Yes, it's too high

Yes, it's too low

No, I am not concerned

**C7** DURING THE PAST 12 MONTHS, did this child's doctors or other health care providers ask if you have concerns about this child's learning, development, or behavior?

Yes

No

**C8** If this child is YOUNGER THAN 9 MONTHS, please SKIP to question **C9**.

DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about specific concerns or observations you may have about this child's development, communication, or social behaviors? Sometimes a child's doctor or other health care provider will ask a parent to do this at home or during a child's visit.

Yes  No

→ If yes, and this child is 9-23 Months:

Did the questionnaire ask about your concerns or observations about: Mark ALL that apply.

How this child talks or makes speech sounds?

How this child interacts with you and others?

→ If yes, and this child is 2-5 Years:

Did the questionnaire ask about your concerns or observations about: Mark ALL that apply.

Words and phrases this child uses and understands?

How this child behaves and gets along with you and others?

**C9** Is there a place that this child USUALLY goes when he or she is sick or you or another caregiver needs advice about his or her health?

Yes

No → **SKIP to question C11**

**C10** If yes, where does this child USUALLY go? Mark ONE only.

Doctor's Office

Hospital Emergency Room

Hospital Outpatient Department

Clinic or Health Center

Retail Store Clinic or "Minute Clinic"

School (Nurse's Office, Athletic Trainer's Office)

Some other place



**C11** Is there a place that this child **USUALLY** goes when he or she needs routine preventive care, such as a physical examination or well-child check-up?

- Yes
- No → **SKIP to question C13**

**C12** If yes, is this the same place this child goes when he or she is sick?

- Yes
- No

**C13** Has this child **EVER** had his or her vision tested with pictures, shapes, or letters?

- Yes
- No → **SKIP to question C15**

**C14** If yes, what kind of place or places did this child have his or her vision tested? *Mark ALL that apply.*

- Eye doctor or eye specialist (ophthalmologist, optometrist) office
- Pediatrician or other general doctor's office
- Clinic or health center
- School
- Other, specify:

**C15** **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?

- Yes, saw a dentist
- Yes, saw other oral health care provider
- No → **SKIP to question C18**

**C16** 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?

- No preventive visits in the past 12 months → **SKIP to question C18**
- Yes, 1 visit
- Yes, 2 or more visits

**C17** If yes, **DURING THE PAST 12 MONTHS**, what preventive dental services did this child receive? *Mark ALL that apply.*

- Check-up
- Cleaning
- Instruction on tooth brushing and oral health care
- X-Rays
- Fluoride treatment
- Sealant (plastic coatings on back teeth)
- Don't know

**C18** **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.*

- Yes
- 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 C20**

**C19** How much of a problem was it to get the mental health treatment or counseling that this child needed?

- Not a problem
- Small problem
- Big problem

**C20** **DURING THE PAST 12 MONTHS**, has this child taken any medication because of difficulties with his or her emotions, concentration, or behavior?

- Yes
- No

**C21** **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 area of health care.*

- Yes
- No, but this child needed to see a specialist
- No, this child did not need to see a specialist → **SKIP to question C23**



**C22** How much of a problem was it to get the specialist care that this child needed?

- Not a problem
- Small problem
- Big problem

**C23** DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? *Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.*

- Yes
- No

**C24** 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.*

- Yes
- No → **SKIP to question C27**

**C25** If yes, which types of care were not received? *Mark ALL that apply.*

- Medical Care
- Dental Care
- Vision Care
- Hearing Care
- Mental Health Services
- Other, specify:

**C26** Which of the following contributed to this child not receiving needed health services:

	Yes	No
a. This child was not eligible for the services?	<input type="checkbox"/>	<input type="checkbox"/>
b. The services this child needed were not available in your area?	<input type="checkbox"/>	<input type="checkbox"/>
c. There were problems getting an appointment when this child needed one?	<input type="checkbox"/>	<input type="checkbox"/>
d. There were problems with getting transportation or child care?	<input type="checkbox"/>	<input type="checkbox"/>
e. The (clinic/doctor's) office wasn't open when this child needed care?	<input type="checkbox"/>	<input type="checkbox"/>
f. There were issues related to cost?	<input type="checkbox"/>	<input type="checkbox"/>

**C27** DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?

- Never
- Sometimes
- Usually
- Always

**C28** DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?

- No visits
- 1 visit
- 2 or more visits

**C29** Has this child EVER had a special education or early intervention plan? *Children receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).*

- Yes
- No → **SKIP to question C32**

**C30** If yes, how old was this child at the time of the FIRST plan?

Years AND  Months

**C31** Is this child CURRENTLY receiving services under one of these plans?

- Yes
- No

**C32** Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?

- Yes
- No → **SKIP to question D1**

**C33** If yes, how old was this child when he or she began receiving these special services?

Years AND  Months

**C34** Is this child CURRENTLY receiving these special services?

- Yes
- No



## D. Experience with This Child's Health Care Providers

**D1** Do you have one or more persons you think of as this child's personal doctor or nurse? *A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.*

- Yes, one person
- Yes, more than one person
- No

**D2** DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?

- Yes
- No → **SKIP to question D4**

**D3** If yes, how much of a problem was it to get referrals?

- Not a problem
- Small problem
- Big problem

**D4** Answer the following questions only if this child had a health care visit **IN THE PAST 12 MONTHS**. Otherwise, **SKIP to question E1**.

DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers:

- |   | Always                   | Usually                  | Sometimes                | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Spend enough time with this child?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Listen carefully to you?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Show sensitivity to your family's values and customs?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Provide the specific information you needed concerning this child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Help you feel like a partner in this child's care?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D5** DURING THE PAST 12 MONTHS, were any decisions needed about this child's health care services or treatment, such as whether to start or stop a prescription or therapy services, get a referral to a specialist, or have a medical procedure?

- Yes
- No → **SKIP to question D7**

**D6** If yes, DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers:

- |   | Always                   | Usually                  | Sometimes                | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Discuss with you the range of options to consider for his or her health care or treatment?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Make it easy for you to raise concerns or disagree with recommendations for this child's health care?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Work with you to decide together which health care and treatment choices would be best for this child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D7** Does anyone help you arrange or coordinate this child's care among the different doctors or services that this child uses?

- Yes
- No
- Did not see more than one health care provider in PAST 12 MONTHS → **SKIP to question D11**

**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?

- Yes
- No → **SKIP to question D10**

**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?

- Usually
- Sometimes
- Never



**D10** Overall, how satisfied are you with the communication among this child’s doctors and other health care providers?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

**D11** 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?

- Yes
- No → **SKIP to question E1**
- Did not need health care provider to communicate with these providers → **SKIP to question E1**

**D12** If yes, overall, how satisfied are you with the health care provider’s communication with the school, child care provider, or special education program?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

## E. This Child’s Health Insurance Coverage

**E1** DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan?

- Yes, this child was covered all 12 months → **SKIP to question E4**
- Yes, but this child had a gap in coverage
- No

**E2** Indicate whether any of the following is a reason this child was not covered by health insurance DURING THE PAST 12 MONTHS:

	Yes	No
a. Change in employer or employment status	<input type="checkbox"/>	<input type="checkbox"/>
b. Cancellation due to overdue premiums	<input type="checkbox"/>	<input type="checkbox"/>
c. Dropped coverage because it was unaffordable	<input type="checkbox"/>	<input type="checkbox"/>
d. Dropped coverage because benefits were inadequate	<input type="checkbox"/>	<input type="checkbox"/>
e. Dropped coverage because choice of health care providers was inadequate	<input type="checkbox"/>	<input type="checkbox"/>
f. Problems with application or renewal process	<input type="checkbox"/>	<input type="checkbox"/>
g. Other, specify: ↴	<input type="checkbox"/>	<input type="checkbox"/>

**E3** Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?

- Yes
- No → **SKIP to question F1**

**E4** Is this child covered by any of the following types of health insurance or health coverage plans?

	Yes	No
a. Insurance through a current or former employer or union	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance purchased directly from an insurance company	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>
d. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>
e. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>
f. Other, specify: ↴	<input type="checkbox"/>	<input type="checkbox"/>

**E5** How often does this child’s health insurance offer benefits or cover services that meet this child’s needs?

- Always
- Usually
- Sometimes
- Never



**E6** How often does this child's health insurance allow him or her to see the health care providers he or she needs?

- Always
- Usually
- Sometimes
- Never

**E7** Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that meet these needs?

- This child does not use mental or behavioral health services
- Always
- Usually
- Sometimes
- Never

## F. Providing for This Child's Health

**F1** Including co-pays and amounts from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.

- \$0 (No medical or health-related expenses) → **SKIP to question F4**
- \$1-\$249
- \$250-\$499
- \$500-\$999
- \$1,000-\$5,000
- More than \$5,000

**F2** How often are these costs reasonable?

- Always
- Usually
- Sometimes
- Never

**F3** DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills?

- Yes
- No

**F4** DURING THE PAST 12 MONTHS, have you or other family members:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Stopped working because of this child's health or health conditions?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cut down on the hours you work because of this child's health or health conditions?          | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Avoided changing jobs because of concerns about maintaining health insurance for this child? | <input type="checkbox"/> | <input type="checkbox"/> |

**F5** IN AN AVERAGE WEEK, how many hours do you or other family members spend providing health care at home for this child? Care might include changing bandages, or giving medication and therapies when needed.

- This child does not need health care provided on a weekly basis
- No at home care was provided by me or other family members
- Less than 1 hour per week
- 1-4 hours per week
- 5-10 hours per week
- 11 or more hours per week

**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 appointments or locating services?

- This child does not need health care coordinated on a weekly basis
- No health or medical care was arranged or coordinated by me or other family members
- Less than 1 hour per week
- 1-4 hours per week
- 5-10 hours per week
- 11 or more hours per week

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## G. This Child's Learning

**G1** Has this child started school? *Include homeschooling.*

- This child is younger than 3 years old → **SKIP to question H1**
- Yes
- No

**G2** How well is this child learning to do things for him or herself?

- Very well
- Somewhat
- Poorly
- Not at all

**G3** How confident are you that this child will be successful in elementary or primary school?

- Very confident
- Mostly confident
- Somewhat confident
- Not confident at all

**G4** How often can this child recognize the beginning sound of a word? For example, can this child tell you that the word "ball" starts with the "bah" sound?

- All of the time
- Most of the time
- Some of the time
- None of the time

**G5** About how many letters of the alphabet can this child recognize?

- All of them
- Most of them
- Some of them
- None of them

**G6** Can this child rhyme words?

- Yes
- No

**G7** How often can this child explain things he or she has seen or done so that you get a very good idea what happened?

- All of the time
- Most of the time
- Some of the time
- None of the time

**G8** How often can this child write his or her first name, even if some of the letters aren't quite right or are backwards?

- All of the time
- Most of the time
- Some of the time
- None of the time

**G9** How high can this child count?

- Not at all
- Up to five
- Up to ten
- Up to 20
- Up to 50
- Up to 100 or more

**G10** How often can this child identify basic shapes such as a triangle, circle, or square?

- All of the time
- Most of the time
- Some of the time
- None of the time

**G11** How often is this child easily distracted?

- All of the time
- Most of the time
- Some of the time
- None of the time

**G12** How often does this child keep working at something until he or she is finished?

- All of the time
- Most of the time
- Some of the time
- None of the time





**G13** When he or she is paying attention, how often can this child follow instructions to complete a simple task?

- All of the time  
 Most of the time  
 Some of the time  
 None of the time

**G14** When this child holds a pencil, does he or she use fingers to hold, or does he or she grip it in his or her fist?

- Uses fingers  
 Grips in fist  
 Cannot hold a pencil

**G15** How often does this child play well with others?

- All of the time  
 Most of the time  
 Some of the time  
 None of the time

**G16** How often does this child become angry or anxious when going from one activity to another?

- All of the time  
 Most of the time  
 Some of the time  
 None of the time

**G17** How often does this child show concern when others are hurt or unhappy?

- All of the time  
 Most of the time  
 Some of the time  
 None of the time

**G18** How often can this child calm down when excited or all wound up?

- All of the time  
 Most of the time  
 Some of the time  
 None of the time

**G19** How often does this child lose control of his or her temper when things do not go his or her way?

- All of the time  
 Most of the time  
 Some of the time  
 None of the time

**G20** Compared to other children his or her age, how much difficulty does this child have making or keeping friends?

- No difficulty  
 A little difficulty  
 A lot of difficulty

**G21** Compared to other children his or her age, how often is this child able to sit still?

- All of the time  
 Most of the time  
 Some of the time  
 None of the time

**G22** IN THE PAST 12 MONTHS, were you ever asked to keep your child home from any child care or preschool because of their behavior (things like hitting, kicking, biting, tantrums or disobeying)? Mark ONE only.

- This child did not attend child care or preschool  
 No  
 Yes, I was told to pick up my child early on 1 or more days  
 Yes, I had to keep my child home for 1 full day or more  
 Yes permanently, I was told my child could no longer attend this child care center or preschool

## H. About You and This Child

**H1** Was this child born in the United States?

- Yes → **SKIP to question H3**  
 No

**H2** If no, how long has this child been living in the United States?

Years AND   Months



**H3** How many times has this child moved to a new address since he or she was born?

Number of times

**H4** How often does this child go to bed at about the same time on weeknights?

- Always
- Usually
- Sometimes
- Rarely
- Never

**H5** DURING THE PAST WEEK, how many hours of sleep did this child get during an average day (count both nighttime sleep and naps)?

- Less than 7 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12 or more hours

**H6** Answer the next question only if this child is LESS THAN 12 MONTHS OLD. Otherwise, SKIP to question **H7**.

In which position do you most often lay this baby down to sleep now? Mark ONE only.

- On his or her side
- On his or her back
- On his or her stomach

**H7** ON AN AVERAGE WEEKDAY, about how much time does this child usually spend in front of a TV watching TV programs, videos, or playing video games?

- None
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 or more hours

**H8** ON AN AVERAGE WEEKDAY, about how much time does this child usually spend with computers, cell phones, handheld video games, and other electronic devices, doing things other than schoolwork?

- None
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 or more hours

**H9** DURING THE PAST WEEK, how many days did you or other family members read to this child?

- 0 days
- 1-3 days
- 4-6 days
- Every day

**H10** DURING THE PAST WEEK, how many days did you or other family members tell stories or sing songs to this child?

- 0 days
- 1-3 days
- 4-6 days
- Every day

**H11** How well do you think you are handling the day-to-day demands of raising children?

- Very well
- Somewhat well
- Not very well
- Not at all

**H12** DURING THE PAST MONTH, how often have you felt:

	Never	Rarely	Sometimes	Usually	Always
a. That this child is much harder to care for than most children his or her age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. That this child does things that really bother you a lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Angry with this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**H13** DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?

- Yes
- No → **SKIP to question H15**

**H14** If yes, did you receive emotional support from:

	Yes	No
a. Spouse?	<input type="checkbox"/>	<input type="checkbox"/>
b. Other family member or close friend?	<input type="checkbox"/>	<input type="checkbox"/>
c. Health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
d. Place of worship or religious leader?	<input type="checkbox"/>	<input type="checkbox"/>
e. Support or advocacy group related to specific health condition?	<input type="checkbox"/>	<input type="checkbox"/>
f. Peer support group?	<input type="checkbox"/>	<input type="checkbox"/>
g. Counselor or other mental health professional?	<input type="checkbox"/>	<input type="checkbox"/>
h. Other person, specify: ↴	<input type="checkbox"/>	<input type="checkbox"/>

**H15** Does this child receive care for at least 10 hours per week from someone other than his or her parent or guardian? *This could be a day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter or relative.*

- Yes
- No

**H16** DURING THE PAST 12 MONTHS, did you or anyone in the family have to quit a job, not take a job, or greatly change your job because of problems with child care for this child?

- Yes
- No

## I. About Your Family and Household

**I1** DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal together?

- 0 days
- 1-3 days
- 4-6 days
- Every day

**I2** Does anyone living in your household use cigarettes, cigars, or pipe tobacco?

- Yes
- No → **SKIP to question I4**

**I3** If yes, does anyone smoke inside your home?

- Yes
- No

**I4** When your family faces problems, how often are you likely to do each of the following?

	All of the time	Most of the time	Some of the time	None of the time
a. Talk together about what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work together to solve our problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Know we have strengths to draw on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stay hopeful even in difficult times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I5** SINCE THIS CHILD WAS BORN, how often has it been very hard to get by on your family's income – hard to cover the basics like food or housing?

- Never
- Rarely
- Somewhat often
- Very often

**I6** The next question is about whether you were able to afford the food you need. Which of these statements best describes the food situation in your household IN THE PAST 12 MONTHS?

- We could always afford to eat good nutritious meals.
- We could always afford enough to eat but not always the kinds of food we should eat.
- Sometimes we could not afford enough to eat.
- Often we could not afford enough to eat.

**I7** At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive:

	Yes	No
a. Cash assistance from a government welfare program?	<input type="checkbox"/>	<input type="checkbox"/>
b. Food Stamps or Supplemental Nutrition Assistance Program benefits (SNAP)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Free or reduced-cost breakfasts or lunches at school?	<input type="checkbox"/>	<input type="checkbox"/>
d. Benefits from the Woman, Infants, and Children (WIC) Program?	<input type="checkbox"/>	<input type="checkbox"/>



- 18** In your neighborhood, is/are there:
- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Sidewalks or walking paths?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A park or playground?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A recreation center, community center, or boys' and girls' club? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A library or bookmobile?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Litter or garbage on the street or sidewalk?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Poorly kept or rundown housing?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Vandalism such as broken windows or graffiti?                    | <input type="checkbox"/> | <input type="checkbox"/> |

- 19** To what extent do you agree with these statements about your neighborhood or community?
- |  | Definitely agree         | Somewhat agree           | Somewhat disagree        | Definitely disagree      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. People in this neighborhood help each other out                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. We watch out for each other's children in this neighborhood                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. This child is safe in our neighborhood  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. When we encounter difficulties, we know where to go for help in our community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 110** *The next questions are about events that may have happened during this child's life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer.*
- To the best of your knowledge, has this child EVER experienced any of the following?
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Parent or guardian divorced or separated                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Parent or guardian died   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Parent or guardian served time in jail  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Saw or heard parents or adults slap, hit, kick, punch one another in the home | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Was a victim of violence or witnessed violence in neighborhood                | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Lived with anyone who was mentally ill, suicidal, or severely depressed       | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Lived with anyone who had a problem with alcohol or drugs                     | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Treated or judged unfairly because of his or her race or ethnic group         | <input type="checkbox"/> | <input type="checkbox"/> |

## J. About You

→ Complete the questions for each of the two adults in the household who are this child's primary caregivers. If there is just one adult, provide answers for that adult.

### ADULT 1 (Respondent)

- J1** How are you related to this child?
- Biological or Adoptive Parent
  - Step-parent
  - Grandparent
  - Foster Parent
  - Aunt or Uncle
  - Other: Relative
  - Other: Non-Relative

- J2** What is your sex?
- Male
  - Female

- J3** What is your age?
- 
- Age in years

- J4** Where were you born?
- In the United States → **SKIP to question J6**
  - Outside of the United States

- J5** When did you come to live in the United States?
- Year
- 





**J17 What is Adult 2's marital status?**

- Married
- Not married, but living with a partner
- Never Married
- Divorced
- Separated
- Widowed

**J18 In general, how is Adult 2's physical health?**

- Excellent
- Very Good
- Good
- Fair
- Poor

**J19 In general, how is Adult 2's mental or emotional health?**

- Excellent
- Very Good
- Good
- Fair
- Poor

**J20 Was Adult 2 employed at least 50 out of the past 52 weeks?**

- Yes
- No

## K. Household Information

**K1 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

**K2 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.*

--	--

Number of people

**K3 Income IN THE LAST CALENDAR YEAR**

**(January 1 - December 31, 2015)**

*Mark (X) the "Yes" box for each type of income this child's family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark (X) the "No" box to show types of income NOT received.*

**a. Wages, salary, commissions, bonuses, or tips from all jobs?**

- Yes  No

\$ 

--	--	--	--	--	--	--	--

 Total Amount

**b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships?**

- Yes  No

\$ 

--	--	--	--	--	--	--	--

 Total Amount

**c. Interest, dividends, net rental income, royalty income, or income from estates and trusts?**

- Yes  No

\$ 

--	--	--	--	--	--	--	--

 Total Amount

**d. Social security or railroad retirement; retirement, survivor, or disability pensions?**

- Yes  No

\$ 

--	--	--	--	--	--	--	--

 Total Amount

**e. Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office?**

- Yes  No

\$ 

--	--	--	--	--	--	--	--

 Total Amount

**f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony?**

- Yes  No

\$ 

--	--	--	--	--	--	--	--

 Total Amount

**K4 The following question is about your income and is very important. 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 business, farm, or rent, and any other money income received.**

\$ 

--	--	--	--	--	--	--	--

 Total Amount



## 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:**

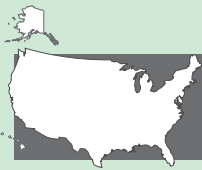
U.S. Census Bureau  
ATTN: DCB 60-A  
1201 E. 10th Street  
Jeffersonville, IN 47132-0001

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

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Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO\_Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject.





# 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.*



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The U.S. Census Bureau is conducting the National Survey of Children's Health on behalf of the U.S. 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 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 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).

Any information you provide will be shared among a limited number of Census Bureau and HHS staff only for work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a).

Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining this much needed information is extremely important in order to ensure complete and accurate results.

**NSCH-T2**  
(05/02/2016)





## Start Here

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.

We now have some follow-up questions to ask about:

These questions will collect more detailed information on various aspects of this child's health including his or her health status, visits to health care providers, health care costs, and health insurance coverage.

We have selected only one child per household in an effort to minimize the amount of time necessary to complete the follow-up questions.

The survey should be completed by an adult who is familiar with this child's health and health care.

Your participation is important. Thank you.

## A. This Child's Health

**A1** In general, how would you describe this child's health (the one named above)?

- Excellent
- Very good
- Good
- Fair
- Poor

**A2** How would you describe the condition of this child's teeth?

- Excellent
- Very good
- Good
- Fair
- Poor

**A3** How well do each of the following phrases describe this child?

	Definitely true	Somewhat true	Not true
a. This child shows interest and curiosity in learning new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This child works to finish tasks he or she starts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. This child stays calm and in control when faced with a challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. This child cares about doing well in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. This child does all required homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. This child is bullied, picked on, or excluded by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. This child bullies others, picks on them, or excludes them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. This child argues too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A4** DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?

	Yes	No
a. Breathing or other respiratory problems (such as wheezing or shortness of breath)	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating or swallowing because of a health condition	<input type="checkbox"/>	<input type="checkbox"/>
c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
d. Repeated or chronic physical pain, including headaches or other back or body pain	<input type="checkbox"/>	<input type="checkbox"/>
e. Toothaches	<input type="checkbox"/>	<input type="checkbox"/>
f. Bleeding gums	<input type="checkbox"/>	<input type="checkbox"/>
g. Decayed teeth or cavities	<input type="checkbox"/>	<input type="checkbox"/>

**A5** Does this child have any of the following?

	Yes	No
a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition	<input type="checkbox"/>	<input type="checkbox"/>
b. Serious difficulty walking or climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>
c. Difficulty dressing or bathing	<input type="checkbox"/>	<input type="checkbox"/>
d. Deafness or problems with hearing	<input type="checkbox"/>	<input type="checkbox"/>
e. Blindness or problems with seeing, even when wearing glasses	<input type="checkbox"/>	<input type="checkbox"/>



**A6** Has a doctor or other health care provider EVER told you that this child has...

Allergies (including food, drug, insect, or other)?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A7** Arthritis?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A8** Asthma?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A9** Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A10** Brain Injury, Concussion, or Head Injury?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

(Has a doctor or other health care provider EVER told you that this child has...)

**A11** Cerebral Palsy?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A12** Cystic Fibrosis?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A13** Diabetes?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A14** Down Syndrome?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A15** Epilepsy or Seizure Disorder?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe



(Has a doctor or other health care provider EVER told you that this child has...)

**A16 Heart Condition?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A17 Frequent or Severe Headaches, including Migraine?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A18 Tourette Syndrome?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A19 Anxiety Problems?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A20 Depression?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A21 Other Genetic or Inherited Condition?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A22 Has a doctor, other health care provider, or educator EVER told you that this child has...**

*Examples of educators are teachers and school nurses.*

**Behavioral or Conduct Problems?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A23 Substance Abuse Disorder?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A24 Developmental Delay?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A25 Intellectual Disability (also known as Mental Retardation)?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A26 Speech or Other Language Disorder?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A27 Learning Disability?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe



**A28** Has a doctor or other health care provider EVER told you that this child has...

Any Other Mental Health Condition?

Yes  No

↳ If yes, specify:

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A29** Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).

Yes  No → **SKIP to question A34**

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A30** How old was this child when a doctor or other health care provider FIRST told you that he or she had Autism, ASD, Asperger's Disorder or PDD?

Age in years  Don't know

**A31** 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 only.

Primary Care Provider

Specialist

School Psychologist/Counselor

Other Psychologist (Non-School)

Psychiatrist

Other, specify:

Don't know

**A32** Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?

Yes  No

**A33** 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 his or her behavior?

Yes  No

**A34** 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?

Yes  No → **SKIP to question A37**

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A35** Is this child CURRENTLY taking medication for ADD or ADHD?

Yes  No

**A36** 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 his or her behavior?

Yes  No

**A37** DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected his or her ability to do things other children his or her age do?

This child does not have any conditions → **SKIP to question B1**

Never

Sometimes

Usually

Always

**A38** To what extent do this child's health conditions or problems affect his or her ability to do things?

Very little

Somewhat

A great deal



## B. This Child as an Infant

**B1** Was this child born more than 3 weeks before his or her due date?

Yes

No

**B2** How much did he or she weigh when born?  
Answer in pounds and ounces OR kilograms and grams.  
Provide your best estimate.

pounds AND   ounces

OR

kilograms AND    grams

**B3** What was the age of the mother when this child was born?

Age in years

## C. Health Care Services

**C1** 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?

Yes

No → SKIP to question **C4**

**C2** 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, such as an annual or sports physical, or well-child visit.

0 visits → SKIP to question **C4**

1 visit

2 or more visits

**C3** Thinking about the LAST TIME you took this child for a preventive check-up, about how long was the doctor or health care provider who examined this child in the room with you? Your best estimate is fine.

Less than 10 minutes

10-20 minutes

More than 20 minutes

**C4** What is this child's CURRENT height?

feet AND   inches

OR

meters AND    centimeters

**C5** How much does this child CURRENTLY weigh?

pounds

OR

kilograms

**C6** Are you concerned about this child's weight?

Yes, it's too high

Yes, it's too low

No, I am not concerned



**C7** Is there a place that this child **USUALLY** goes when he or she is sick or you or another caregiver needs advice about his or her health?

- Yes
- No → **SKIP to question C9**

**C8** If yes, where does this child **USUALLY** go?  
Mark **ONE** only.

- Doctor's Office
- Hospital Emergency Room
- Hospital Outpatient Department
- Clinic or Health Center
- Retail Store Clinic or "Minute Clinic"
- School (Nurse's Office, Athletic Trainer's Office)
- Some other place

**C9** Is there a place that this child **USUALLY** goes when he or she needs routine preventive care, such as a physical examination or well-child check-up?

- Yes
- No → **SKIP to question C11**

**C10** If yes, is this the same place this child goes when he or she is sick?

- Yes
- No

**C11** **DURING THE PAST 2 YEARS**, has this child had his or her vision tested with pictures, shapes, or letters?

- Yes
- No → **SKIP to question C13**

**C12** If yes, what kind of place or places did this child have his or her vision tested? Mark **ALL** that apply.

- Eye doctor or eye specialist (ophthalmologist, optometrist) office
- Pediatrician or other general doctor's office
- Clinic or health center
- School
- Other, specify:

**C13** **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?

- Yes, saw a dentist
- Yes, saw other oral health care provider
- No → **SKIP to question C16**

**C14** 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?

- No preventive visits in the past 12 months → **SKIP to question C16**
- Yes, 1 visit
- Yes, 2 or more visits

**C15** If yes, **DURING THE PAST 12 MONTHS**, what preventive dental services did this child receive? Mark **ALL** that apply.

- Check-up
- Cleaning
- Instruction on tooth brushing and oral health care
- X-Rays
- Fluoride treatment
- Sealant (plastic coatings on back teeth)
- Don't know

**C16** **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.*

- Yes
- 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 C18**

**C17** How much of a problem was it to get the mental health treatment or counseling that this child needed?

- Not a problem
- Small problem
- Big problem



**C18** DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with his or her emotions, concentration, or behavior?

- Yes
- No

**C19** 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 area of health care.*

- Yes
- No, but this child needed to see a specialist
- No, this child did not need to see a specialist → **SKIP to question C21**

**C20** How much of a problem was it to get the specialist care that this child needed?

- Not a problem
- Small problem
- Big problem

**C21** DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? *Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.*

- Yes
- No

**C22** 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.*

- Yes
- No → **SKIP to question C25**

**C23** If yes, which types of care were not received? *Mark ALL that apply.*

- Medical Care
- Dental Care
- Vision Care
- Hearing Care
- Mental Health Services
- Other, specify:

**C24** Which of the following contributed to this child not receiving needed health services:

	Yes	No
a. This child was not eligible for the services?	<input type="checkbox"/>	<input type="checkbox"/>
b. The services this child needed were not available in your area?	<input type="checkbox"/>	<input type="checkbox"/>
c. There were problems getting an appointment when this child needed one?	<input type="checkbox"/>	<input type="checkbox"/>
d. There were problems with getting transportation or child care?	<input type="checkbox"/>	<input type="checkbox"/>
e. The (clinic/doctor's) office wasn't open when this child needed care?	<input type="checkbox"/>	<input type="checkbox"/>
f. There were issues related to cost?	<input type="checkbox"/>	<input type="checkbox"/>

**C25** DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?

- Never
- Sometimes
- Usually
- Always

**C26** DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?

- No visits
- 1 visit
- 2 or more visits

**C27** Has this child EVER had a special education or early intervention plan? *Children receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).*

- Yes
- No → **SKIP to question C30**

**C28** If yes, how old was this child at the time of the FIRST plan?

<input style="width: 100%; height: 100%;" type="text"/>	Years	AND	<input style="width: 100%; height: 100%;" type="text"/>	Months
---	-------	-----	---	--------

**C29** Is this child CURRENTLY receiving services under one of these plans?

- Yes
- No



**C30** Has this child **EVER** received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?

Yes

No → **SKIP to question D1**

**C31** If yes, how old was this child when he or she began receiving these special services?

Years AND   Months

**C32** Is this child **CURRENTLY** receiving these special services?

Yes

No

## D. Experience with This Child's Health Care Providers

**D1** Do you have one or more persons you think of as this child's personal doctor or nurse? A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.

Yes, one person

Yes, more than one person

No

**D2** **DURING THE PAST 12 MONTHS**, did this child need a referral to see any doctors or receive any services?

Yes

No → **SKIP to question D4**

**D3** If yes, how much of a problem was it to get referrals?

Not a problem

Small problem

Big problem

**D4** Answer the following questions only if this child had a health care visit **IN THE PAST 12 MONTHS**. Otherwise, **SKIP to question E1**.

**DURING THE PAST 12 MONTHS**, how often did this child's doctors or other health care providers:

	Always	Usually	Sometimes	Never
a. Spend enough time with this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Listen carefully to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Show sensitivity to your family's values and customs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Provide the specific information you needed concerning this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help you feel like a partner in this child's care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**D5** DURING THE PAST 12 MONTHS, were any decisions needed about this child's health care services or treatment, such as whether to start or stop a prescription or therapy services, get a referral to a specialist, or have a medical procedure?

Yes

No → **SKIP to question D7**

**D6** If yes, DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers:

- |   | Always                   | Usually                  | Sometimes                | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Discuss with you the range of options to consider for his or her health care or treatment?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Make it easy for you to raise concerns or disagree with recommendations for this child's health care?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Work with you to decide together which health care and treatment choices would be best for this child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D7** Does anyone help you arrange or coordinate this child's care among the different doctors or services that this child uses?

Yes

No

Did not see more than one health care provider in PAST 12 MONTHS → **SKIP to question D11**

**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?

Yes

No → **SKIP to question D10**

**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?

Usually

Sometimes

Never

**D10** Overall, how satisfied are you with the communication among this child's doctors and other health care providers?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

**D11** 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?

Yes

No → **SKIP to question E1**

Did not need health care provider to communicate with these providers → **SKIP to question E1**

**D12** If yes, overall, how satisfied are you with the health care provider's communication with the school, child care provider, or special education program?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied



## E. This Child's Health Insurance Coverage

**E1** DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan?

- Yes, this child was covered all 12 months → **SKIP to question E4**
- Yes, but this child had a gap in coverage
- No

**E2** Indicate whether any of the following is a reason this child was not covered by health insurance DURING THE PAST 12 MONTHS:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Change in employer or employment status                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cancellation due to overdue premiums                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Dropped coverage because it was unaffordable                            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Dropped coverage because benefits were inadequate                       | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Dropped coverage because choice of health care providers was inadequate | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Problems with application or renewal process                            | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other, specify: ↘   | <input type="checkbox"/> | <input type="checkbox"/> |

**E3** Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?

- Yes
- No → **SKIP to question F1**

**E4** Is this child covered by any of the following types of health insurance or health coverage plans?

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| d. TRICARE or other military health care  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Indian Health Service  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other, specify: ↘  | <input type="checkbox"/> | <input type="checkbox"/> |

**E5** How often does this child's health insurance offer benefits or cover services that meet this child's needs?

- Always
- Usually
- Sometimes
- Never

**E6** How often does this child's health insurance allow him or her to see the health care providers he or she needs?

- Always
- Usually
- Sometimes
- Never

**E7** Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that meet these needs?

- This child does not use mental or behavioral health services
- Always
- Usually
- Sometimes
- Never



## F. Providing for This Child's Health

**F1** Including co-pays and amounts from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.

- \$0 (No medical or health-related expenses) → **SKIP to question F4**
- \$1-\$249
- \$250-\$499
- \$500-\$999
- \$1,000-\$5,000
- More than \$5,000

**F2** How often are these costs reasonable?

- Always
- Usually
- Sometimes
- Never

**F3** DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills?

- Yes
- No

**F4** DURING THE PAST 12 MONTHS, have you or other family members:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Stopped working because of this child's health or health conditions?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cut down on the hours you work because of this child's health or health conditions?          | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Avoided changing jobs because of concerns about maintaining health insurance for this child? | <input type="checkbox"/> | <input type="checkbox"/> |

**F5** IN AN AVERAGE WEEK, how many hours do you or other family members spend providing health care at home for this child? Care might include changing bandages, or giving medication and therapies when needed.

- This child does not need health care provided on a weekly basis
- No at home care was provided by me or other family members
- Less than 1 hour per week
- 1-4 hours per week
- 5-10 hours per week
- 11 or more hours per week

**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 appointments or locating services?

- This child does not need health care coordinated on a weekly basis
- No health or medical care was arranged or coordinated by me or other family members
- Less than 1 hour per week
- 1-4 hours per week
- 5-10 hours per week
- 11 or more hours per week

## G. This Child's Schooling and Activities

**G1** DURING THE PAST 12 MONTHS, about how many days did this child miss school because of illness or injury?

- No missed school days
- 1-3 days
- 4-6 days
- 7-10 days
- 11 or more days

**G2** DURING THE PAST 12 MONTHS, how many times has this child's school contacted you or another adult in your household about any problems he or she is having with school?

- No times
- 1 time
- 2 or more times



**G3** SINCE STARTING KINDERGARTEN, has this child repeated any grades?

- Yes  
 No

**G4** DURING THE PAST 12 MONTHS, did this child participate in:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. A sports team or did he or she take sports lessons after school or on weekends?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Any clubs or organizations after school or on weekends?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Any other organized activities or lessons, such as music, dance, language, or other arts?              | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Any type of community service or volunteer work at school, church, or in the community?                | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work? | <input type="checkbox"/> | <input type="checkbox"/> |

**G5** DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in?

- Always  
 Usually  
 Sometimes  
 Rarely  
 Never

**G6** DURING THE PAST WEEK, on how many days did this child exercise, play a sport, or participate in physical activity for at least 60 minutes?

- 0 days  
 1-3 days  
 4-6 days  
 Every day

**G7** Compared to other children his or her age, how much difficulty does this child have making or keeping friends?

- No difficulty  
 A little difficulty  
 A lot of difficulty

## H. About You and This Child

**H1** Was this child born in the United States?

- Yes → *SKIP to question H3*  
 No

**H2** If no, how long has this child been living in the United States?

Years AND   Months

**H3** How many times has this child moved to a new address since he or she was born?

Number of times

**H4** How often does this child go to bed at about the same time on weeknights?

- Always  
 Usually  
 Sometimes  
 Rarely  
 Never

**H5** DURING THE PAST WEEK, how many hours of sleep did this child get on an average weeknight?

- Less than 6 hours  
 6 hours  
 7 hours  
 8 hours  
 9 hours  
 10 hours  
 11 or more hours



**H6** ON AN AVERAGE WEEKDAY, about how much time does this child usually spend in front of a TV watching TV programs, videos, or playing video games?

- None
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 or more hours

**H7** ON AN AVERAGE WEEKDAY, about how much time does this child usually spend with computers, cell phones, handheld video games, and other electronic devices, doing things other than schoolwork?

- None
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 or more hours

**H8** How well can you and this child share ideas or talk about things that really matter?

- Very well
- Somewhat well
- Not very well
- Not at all

**H9** How well do you think you are handling the day-to-day demands of raising children?

- Very well
- Somewhat well
- Not very well
- Not at all

**H10** DURING THE PAST MONTH, how often have you felt:

	Never	Rarely	Sometimes	Usually	Always
a. That this child is much harder to care for than most children his or her age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. That this child does things that really bother you a lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Angry with this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**H11** DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?

- Yes
- No → **SKIP to question 11**

**H12** If yes, did you receive emotional support from:

	Yes	No
a. Spouse?	<input type="checkbox"/>	<input type="checkbox"/>
b. Other family member or close friend?	<input type="checkbox"/>	<input type="checkbox"/>
c. Health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
d. Place of worship or religious leader?	<input type="checkbox"/>	<input type="checkbox"/>
e. Support or advocacy group related to specific health condition?	<input type="checkbox"/>	<input type="checkbox"/>
f. Peer support group?	<input type="checkbox"/>	<input type="checkbox"/>
g. Counselor or other mental health professional?	<input type="checkbox"/>	<input type="checkbox"/>
h. Other person, specify: ↴	<input type="checkbox"/>	<input type="checkbox"/>



## I. About Your Family and Household

**11** DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal together?

- 0 days
- 1-3 days
- 4-6 days
- Every day

**12** Does anyone living in your household use cigarettes, cigars, or pipe tobacco?

- Yes
- No → **SKIP to question 14**

**13** If yes, does anyone smoke inside your home?

- Yes
- No

**14** When your family faces problems, how often are you likely to do each of the following?

- |   | All of the time          | Most of the time         | Some of the time         | None of the time         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Talk together about what to do       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Work together to solve our problems  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Know we have strengths to draw on    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Stay hopeful even in difficult times | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**15** SINCE THIS CHILD WAS BORN, how often has it been very hard to get by on your family's income – hard to cover the basics like food or housing?

- Never
- Rarely
- Somewhat often
- Very often

**16** The next question is about whether you were able to afford the food you need. Which of these statements best describes the food situation in your household IN THE PAST 12 MONTHS?

- We could always afford to eat good nutritious meals.
- We could always afford enough to eat but not always the kinds of food we should eat.
- Sometimes we could not afford enough to eat.
- Often we could not afford enough to eat.

**17** At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Cash assistance from a government welfare program?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Food Stamps or Supplemental Nutrition Assistance Program benefits (SNAP)? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Free or reduced-cost breakfasts or lunches at school?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Benefits from the Woman, Infants, and Children (WIC) Program?             | <input type="checkbox"/> | <input type="checkbox"/> |

**18** In your neighborhood, is/are there:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Sidewalks or walking paths?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A park or playground?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A recreation center, community center, or boys' and girls' club? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A library or bookmobile?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Litter or garbage on the street or sidewalk?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Poorly kept or rundown housing?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Vandalism such as broken windows or graffiti?                    | <input type="checkbox"/> | <input type="checkbox"/> |



**19** To what extent do you agree with these statements about your neighborhood or community?

	Definitely agree	Somewhat agree	Somewhat disagree	Definitely disagree
a. People in this neighborhood help each other out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We watch out for each other's children in this neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. This child is safe in our neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When we encounter difficulties, we know where to go for help in our community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. This child is safe at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**110** Other than you or other adults in your home, is there at least one other adult in this child's school, neighborhood, or community who knows this child well and who he or she can rely on for advice or guidance?

- Yes
- No

**111** The next questions are about events that may have happened during this child's life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer.

To the best of your knowledge, has this child EVER experienced any of the following?

	Yes	No
a. Parent or guardian divorced or separated	<input type="checkbox"/>	<input type="checkbox"/>
b. Parent or guardian died	<input type="checkbox"/>	<input type="checkbox"/>
c. Parent or guardian served time in jail	<input type="checkbox"/>	<input type="checkbox"/>
d. Saw or heard parents or adults slap, hit, kick, punch one another in the home	<input type="checkbox"/>	<input type="checkbox"/>
e. Was a victim of violence or witnessed violence in neighborhood	<input type="checkbox"/>	<input type="checkbox"/>
f. Lived with anyone who was mentally ill, suicidal, or severely depressed	<input type="checkbox"/>	<input type="checkbox"/>
g. Lived with anyone who had a problem with alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>
h. Treated or judged unfairly because of his or her race or ethnic group	<input type="checkbox"/>	<input type="checkbox"/>

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## J. About You

→ Complete the questions for each of the two adults in the household who are this child's primary caregivers. If there is just one adult, provide answers for that adult.

### ADULT 1 (Respondent)

**J1** How are you related to this child?

- Biological or Adoptive Parent
- Step-parent
- Grandparent
- Foster Parent
- Aunt or Uncle
- Other: Relative
- Other: Non-Relative

**J2** What is your sex?

- Male
- Female

**J3** What is your age?

Age in years

**J4** Where were you born?

- In the United States → *SKIP to question J6*
- Outside of the United States

**J5** When did you come to live in the United States?

Year

**J6** What is the highest grade or year of school you have completed? *Mark ONE only.*

- 8th grade or less
- 9th-12th grade; No diploma
- High School Graduate or GED Completed
- Completed a vocational, trade, or business school program
- Some College Credit, but no Degree
- Associate Degree (AA, AS)
- Bachelor's Degree (BA, BS, AB)
- Master's Degree (MA, MS, MSW, MBA)
- Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

**J7** What is your marital status?

- Married
- Not married, but living with a partner
- Never Married
- Divorced
- Separated
- Widowed

**J8** In general, how is your physical health?

- Excellent
- Very Good
- Good
- Fair
- Poor

**J9** In general, how is your mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

**J10** Were you employed at least 50 out of the past 52 weeks?

- Yes
- No





## ADULT 2

**J11** How is Adult 2 related to this child?

- Biological or Adoptive Parent
- Step-parent
- Grandparent
- Foster Parent
- Aunt or Uncle
- Other: Relative
- Other: Non-Relative
- There is only one primary adult caregiver for this child → **SKIP to question K1**

**J12** What is Adult 2's sex?

- Male
- Female

**J13** What is Adult 2's age?

Age in years

**J14** Where was Adult 2 born?

- In the United States → **SKIP to question J16**
- Outside of the United States

**J15** When did Adult 2 come to live in the United States?

Year

**J16** What is the highest grade or year of school Adult 2 has completed? *Mark ONE only.*

- 8th grade or less
- 9th-12th grade; No diploma
- High School Graduate or GED Completed
- Completed a vocational, trade, or business school program
- Some College Credit, but no Degree
- Associate Degree (AA, AS)
- Bachelor's Degree (BA, BS, AB)
- Master's Degree (MA, MS, MSW, MBA)
- Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

**J17** What is Adult 2's marital status?

- Married
- Not married, but living with a partner
- Never Married
- Divorced
- Separated
- Widowed

**J18** In general, how is Adult 2's physical health?

- Excellent
- Very Good
- Good
- Fair
- Poor

**J19** In general, how is Adult 2's mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

**J20** Was Adult 2 employed at least 50 out of the past 52 weeks?

- Yes
- No

## K. Household Information

**K1** 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

**K2** 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.*

Number of people



**K3 Income IN THE LAST CALENDAR YEAR  
(January 1 - December 31, 2015)**

Mark (X) the "Yes" box for each type of income this child's family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark (X) the "No" box to show types of income NOT received.

a. Wages, salary, commissions, bonuses, or tips from all jobs?

Yes  No

\$           Total Amount

b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships?

Yes  No

\$           Total Amount

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts?

Yes  No

\$           Total Amount

d. Social security or railroad retirement; retirement, survivor, or disability pensions?

Yes  No

\$           Total Amount

e. Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office?

Yes  No

\$           Total Amount

f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony?

Yes  No

\$           Total Amount

**K4** The following question is about your income and is very important. 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 business, farm, or rent, and any other money income received.

\$           Total Amount

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## 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:**

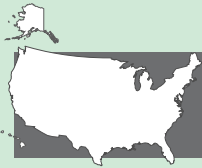
U.S. Census Bureau  
ATTN: DCB 60-A  
1201 E. 10th Street  
Jeffersonville, IN 47132-0001

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

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Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO\_Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject.





# 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.*



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The U.S. Census Bureau is conducting the National Survey of Children's Health on behalf of the U.S. 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 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 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).

Any information you provide will be shared among a limited number of Census Bureau and HHS staff only for work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a).

Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining this much needed information is extremely important in order to ensure complete and accurate results.

**NSCH-T3**  
(05/02/2016)



## Start Here

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.

We now have some follow-up questions to ask about:

These questions will collect more detailed information on various aspects of this child's health including his or her health status, visits to health care providers, health care costs, and health insurance coverage.

We have selected only one child per household in an effort to minimize the amount of time necessary to complete the follow-up questions.

The survey should be completed by an adult who is familiar with this child's health and health care.

Your participation is important. Thank you.

## A. This Child's Health

**A1** In general, how would you describe this child's health (the one named above)?

- Excellent
- Very good
- Good
- Fair
- Poor

**A2** How would you describe the condition of this child's teeth?

- Excellent
- Very good
- Good
- Fair
- Poor

**A3** How well do each of the following phrases describe this child?

	Definitely true	Somewhat true	Not true
a. This child shows interest and curiosity in learning new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This child works to finish tasks he or she starts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. This child stays calm and in control when faced with a challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. This child cares about doing well in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. This child does all required homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. This child is bullied, picked on, or excluded by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. This child bullies others, picks on them, or excludes them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. This child argues too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A4** DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?

	Yes	No
a. Breathing or other respiratory problems (such as wheezing or shortness of breath)	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating or swallowing because of a health condition	<input type="checkbox"/>	<input type="checkbox"/>
c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
d. Repeated or chronic physical pain, including headaches or other back or body pain	<input type="checkbox"/>	<input type="checkbox"/>
e. Toothaches	<input type="checkbox"/>	<input type="checkbox"/>
f. Bleeding gums	<input type="checkbox"/>	<input type="checkbox"/>
g. Decayed teeth or cavities	<input type="checkbox"/>	<input type="checkbox"/>

**A5** Does this child have any of the following?

	Yes	No
a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition	<input type="checkbox"/>	<input type="checkbox"/>
b. Serious difficulty walking or climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>
c. Difficulty dressing or bathing	<input type="checkbox"/>	<input type="checkbox"/>
d. Difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical, mental, or emotional condition	<input type="checkbox"/>	<input type="checkbox"/>
e. Deafness or problems with hearing	<input type="checkbox"/>	<input type="checkbox"/>
f. Blindness or problems with seeing, even when wearing glasses	<input type="checkbox"/>	<input type="checkbox"/>



**A6** Has a doctor or other health care provider EVER told you that this child has...

Allergies (including food, drug, insect, or other)?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A7** Arthritis?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A8** Asthma?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A9** Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A10** Brain Injury, Concussion, or Head Injury?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

(Has a doctor or other health care provider EVER told you that this child has...)

**A11** Cerebral Palsy?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A12** Cystic Fibrosis?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A13** Diabetes?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A14** Down Syndrome?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A15** Epilepsy or Seizure Disorder?

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe



(Has a doctor or other health care provider EVER told you that this child has...)

**A16 Heart Condition?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A17 Frequent or Severe Headaches, including Migraine?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A18 Tourette Syndrome?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A19 Anxiety Problems?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A20 Depression?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A21 Other Genetic or Inherited Condition?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A22 Has a doctor, other health care provider, or educator EVER told you that this child has...**

*Examples of educators are teachers and school nurses.*

**Behavioral or Conduct Problems?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A23 Substance Abuse Disorder?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A24 Developmental Delay?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A25 Intellectual Disability (also known as Mental Retardation)?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A26 Speech or Other Language Disorder?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A27 Learning Disability?**

Yes  No

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe



**A28** Has a doctor or other health care provider EVER told you that this child has...

Any Other Mental Health Condition?

Yes  No

↳ If yes, specify:

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A29** Has a doctor or other health care provider EVER told you that this child has Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).

Yes  No → **SKIP to question A34**

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A30** How old was this child when a doctor or other health care provider FIRST told you that he or she had Autism, ASD, Asperger's Disorder or PDD?

Age in years  Don't know

**A31** 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 only.

Primary Care Provider

Specialist

School Psychologist/Counselor

Other Psychologist (Non-School)

Psychiatrist

Other, specify:

Don't know

**A32** Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?

Yes  No

**A33** 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 his or her behavior?

Yes  No

**A34** 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?

Yes  No → **SKIP to question A37**

↳ If yes, does this child CURRENTLY have the condition?

Yes  No

↳ If yes, is it:

Mild  Moderate  Severe

**A35** Is this child CURRENTLY taking medication for ADD or ADHD?

Yes  No

**A36** 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 his or her behavior?

Yes  No

**A37** DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected his or her ability to do things other children his or her age do?

This child does not have any conditions → **SKIP to question B1**

Never

Sometimes

Usually

Always

**A38** To what extent do this child's health conditions or problems affect his or her ability to do things?

Very little

Somewhat

A great deal





## B. This Child as an Infant

**B1** Was this child born more than 3 weeks before his or her due date?

Yes

No

**B2** How much did he or she weigh when born?  
Answer in pounds and ounces OR kilograms and grams.  
Provide your best estimate.

pounds AND   ounces

OR

kilograms AND    grams

**B3** What was the age of the mother when this child was born?

Age in years

## C. Health Care Services

**C1** 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?

Yes

No → SKIP to question **C5**

**C2** 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, such as an annual or sports physical, or well-child visit.

0 visits → SKIP to question **C5**

1 visit

2 or more visits

**C3** Thinking about the LAST TIME you took this child for a preventive check-up, about how long was the doctor or health care provider who examined this child in the room with you? Your best estimate is fine.

Less than 10 minutes

10-20 minutes

More than 20 minutes

**C4** At his or her LAST preventive check-up, did this child have a chance to speak with a doctor or other health care provider privately, without you or another adult in the room?

Yes

No

**C5** What is this child's CURRENT height?

feet AND   inches

OR

meters AND    centimeters

**C6** How much does this child CURRENTLY weigh?

pounds

OR

kilograms

**C7** Are you concerned about this child's weight?

Yes, it's too high

Yes, it's too low

No, I am not concerned



**C8** Is there a place that this child **USUALLY** goes when he or she is sick or you or another caregiver needs advice about his or her health?

- Yes
- No → **SKIP to question C10**

**C9** If yes, where does this child **USUALLY** go?  
Mark **ONE** only.

- Doctor's Office
- Hospital Emergency Room
- Hospital Outpatient Department
- Clinic or Health Center
- Retail Store Clinic or "Minute Clinic"
- School (Nurse's Office, Athletic Trainer's Office)
- Some other place

**C10** Is there a place that this child **USUALLY** goes when he or she needs routine preventive care, such as a physical examination or well-child check-up?

- Yes
- No → **SKIP to question C12**

**C11** If yes, is this the same place this child goes when he or she is sick?

- Yes
- No

**C12** **DURING THE PAST 2 YEARS**, has this child had his or her vision tested with pictures, shapes, or letters?

- Yes
- No → **SKIP to question C14**

**C13** If yes, what kind of place or places did this child have his or her vision tested? Mark **ALL** that apply.

- Eye doctor or eye specialist (ophthalmologist, optometrist) office
- Pediatrician or other general doctor's office
- Clinic or health center
- School
- Other, specify: ↴

**C14** **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?

- Yes, saw a dentist
- Yes, saw other oral health care provider
- No → **SKIP to question C17**

**C15** 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?

- No preventive visits in the past 12 months → **SKIP to question C17**
- Yes, 1 visit
- Yes, 2 or more visits

**C16** If yes, **DURING THE PAST 12 MONTHS**, what preventive dental services did this child receive? Mark **ALL** that apply.

- Check-up
- Cleaning
- Instruction on tooth brushing and oral health care
- X-Rays
- Fluoride treatment
- Sealant (plastic coatings on back teeth)
- Don't know

**C17** **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.*

- Yes
- 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 C19**

**C18** How much of a problem was it to get the mental health treatment or counseling that this child needed?

- Not a problem
- Small problem
- Big problem



**C19** DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with his or her emotions, concentration, or behavior?

- Yes
- No

**C20** 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 area of health care.*

- Yes
- No, but this child needed to see a specialist
- No, this child did not need to see a specialist → **SKIP to question C22**

**C21** How much of a problem was it to get the specialist care that this child needed?

- Not a problem
- Small problem
- Big problem

**C22** DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? *Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.*

- Yes
- No

**C23** 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.*

- Yes
- No → **SKIP to question C26**

**C24** If yes, which types of care were not received? *Mark ALL that apply.*

- Medical Care
- Dental Care
- Vision Care
- Hearing Care
- Mental Health Services
- Other, specify:

**C25** Which of the following contributed to this child not receiving needed health services:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. This child was not eligible for the services?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The services this child needed were not available in your area?        | <input type="checkbox"/> | <input type="checkbox"/> |
| c. There were problems getting an appointment when this child needed one? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. There were problems with getting transportation or child care?         | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The (clinic/doctor's) office wasn't open when this child needed care?  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. There were issues related to cost?                                     | <input type="checkbox"/> | <input type="checkbox"/> |

**C26** DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?

- Never
- Sometimes
- Usually
- Always

**C27** DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?

- No visits
- 1 visit
- 2 or more visits

**C28** Has this child EVER had a special education or early intervention plan? *Children receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).*

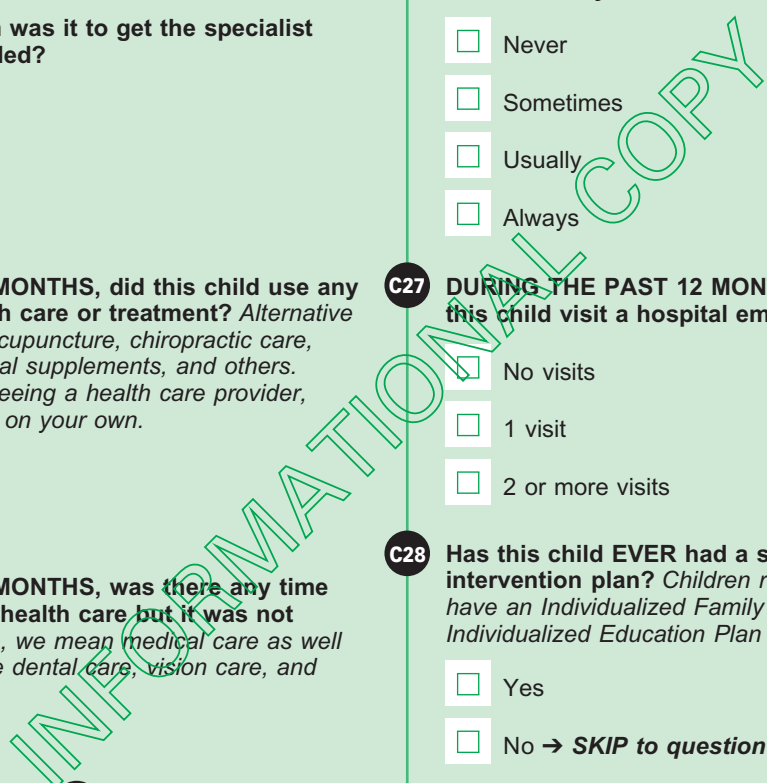
- Yes
- No → **SKIP to question C31**

**C29** If yes, how old was this child at the time of the FIRST plan?

		Years	AND			Months
--	--	-------	-----	--	--	--------

**C30** Is this child CURRENTLY receiving services under one of these plans?

- Yes
- No



**C31** Has this child **EVER** received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?

Yes

No → **SKIP to question D1**

**C32** If yes, how old was this child when he or she began receiving these special services?

Years AND   Months

**C33** Is this child **CURRENTLY** receiving these special services?

Yes

No

## D. Experience with This Child's Health Care Providers

**D1** Do you have one or more persons you think of as this child's personal doctor or nurse? A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.

Yes, one person

Yes, more than one person

No

**D2** **DURING THE PAST 12 MONTHS**, did this child need a referral to see any doctors or receive any services?

Yes

No → **SKIP to question D4**

**D3** If yes, how much of a problem was it to get referrals?

Not a problem

Small problem

Big problem

**D4** Answer the following questions only if this child had a health care visit **IN THE PAST 12 MONTHS**. Otherwise, **SKIP to question D13**.

**DURING THE PAST 12 MONTHS**, how often did this child's doctors or other health care providers:

	Always	Usually	Sometimes	Never
a. Spend enough time with this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Listen carefully to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Show sensitivity to your family's values and customs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Provide the specific information you needed concerning this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help you feel like a partner in this child's care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D5** **DURING THE PAST 12 MONTHS**, were any decisions needed about this child's health care services or treatment, such as whether to start or stop a prescription or therapy services, get a referral to a specialist, or have a medical procedure?

Yes

No → **SKIP to question D7**

**D6** If yes, **DURING THE PAST 12 MONTHS**, how often did this child's doctors or other health care providers:

	Always	Usually	Sometimes	Never
a. Discuss with you the range of options to consider for his or her health care or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Make it easy for you to raise concerns or disagree with recommendations for this child's health care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work with you to decide together which health care and treatment choices would be best for this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**D7** Does anyone help you arrange or coordinate this child's care among the different doctors or services that this child uses?

Yes

No

Did not see more than one health care provider in PAST 12 MONTHS → **SKIP to question D11**

**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?

Yes

No → **SKIP to question D10**

**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?

Usually

Sometimes

Never

**D10** Overall, how satisfied are you with the communication among this child's doctors and other health care providers?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

**D11** 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?

Yes

No → **SKIP to question D13**

Did not need health care provider to communicate with these providers → **SKIP to question D13**

**D12** If yes, overall, how satisfied are you with the health care provider's communication with the school, child care provider, or special education program?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

**D13** Do any of this child's doctors or other health care providers treat only children?

Yes

No → **SKIP to question D15**

**D14** If yes, have they talked with you about having this child eventually see doctors or other health care providers who treat adults?

Yes

No

**D15** Has this child's doctor or other health care provider actively worked with this child to:

- |  | Yes                      | No                       | Don't know               |
|--|--------------------------|--------------------------|--------------------------|
| a. Think about and plan for his or her future. For example, by taking time to discuss future plans about education, work, relationships, and development of independent living skills?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Make positive choices about his or her health. For example, by eating healthy, getting regular exercise, not using tobacco, alcohol or other drugs, or delaying sexual activity?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Gain skills to manage his or her health and health care. For example, by understanding current health needs, knowing what to do in a medical emergency, or taking medications he or she may need? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Understand the changes in health care that happen at age 18. For example, by understanding changes in privacy, consent, access to information, or decision-making?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D16** Have this child's doctors or other health care providers worked with you and this child to create a written plan to meet his or her health goals and needs?

Yes

No → **SKIP to question D20**



**D17** If yes, does this plan identify specific health goals for this child and any health needs or problems this child may have and how to get these needs met?

- Yes
- No

**D18** Did you and this child receive a written copy of this plan of care?

- Yes
- No

**D19** Is this plan CURRENTLY up-to-date for this child?

- Yes
- No

**D20** Eligibility for health insurance often changes in young adulthood. Do you know how this child will be insured as he or she becomes an adult?

- Yes → **SKIP to question E1**
- No

**D21** If no, has anyone discussed with you how to obtain or keep some type of health insurance coverage as this child becomes an adult?

- Yes
- No

## E. This Child's Health Insurance Coverage

**E1** DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan?

- Yes, this child was covered all 12 months → **SKIP to question E4**
- Yes, but this child had a gap in coverage
- No

**E2** Indicate whether any of the following is a reason this child was not covered by health insurance DURING THE PAST 12 MONTHS:

	Yes	No
a. Change in employer or employment status	<input type="checkbox"/>	<input type="checkbox"/>
b. Cancellation due to overdue premiums	<input type="checkbox"/>	<input type="checkbox"/>
c. Dropped coverage because it was unaffordable	<input type="checkbox"/>	<input type="checkbox"/>
d. Dropped coverage because benefits were inadequate	<input type="checkbox"/>	<input type="checkbox"/>
e. Dropped coverage because choice of health care providers was inadequate	<input type="checkbox"/>	<input type="checkbox"/>
f. Problems with application or renewal process	<input type="checkbox"/>	<input type="checkbox"/>
g. Other, specify: ↘	<input type="checkbox"/>	<input type="checkbox"/>

**E3** Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?

- Yes
- No → **SKIP to question F1**

**E4** Is this child covered by any of the following types of health insurance or health coverage plans?

	Yes	No
a. Insurance through a current or former employer or union	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance purchased directly from an insurance company	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>
d. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>
e. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>
f. Other, specify: ↘	<input type="checkbox"/>	<input type="checkbox"/>

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**E5** How often does this child's health insurance offer benefits or cover services that meet this child's needs?

- Always
- Usually
- Sometimes
- Never

**E6** How often does this child's health insurance allow him or her to see the health care providers he or she needs?

- Always
- Usually
- Sometimes
- Never

**E7** Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that meet these needs?

- This child does not use mental or behavioral health services
- Always
- Usually
- Sometimes
- Never

## F. Providing for This Child's Health

**F1** Including co-pays and amounts from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.

- \$0 (No medical or health-related expenses) → **SKIP to question F4**
- \$1-\$249
- \$250-\$499
- \$500-\$999
- \$1,000-\$5,000
- More than \$5,000

**F2** How often are these costs reasonable?

- Always
- Usually
- Sometimes
- Never

**F3** DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills?

- Yes
- No

**F4** DURING THE PAST 12 MONTHS, have you or other family members:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Stopped working because of this child's health or health conditions?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cut down on the hours you work because of this child's health or health conditions?          | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Avoided changing jobs because of concerns about maintaining health insurance for this child? | <input type="checkbox"/> | <input type="checkbox"/> |

**F5** IN AN AVERAGE WEEK, how many hours do you or other family members spend providing health care at home for this child? Care might include changing bandages, or giving medication and therapies when needed.

- This child does not need health care provided on a weekly basis
- No at home care was provided by me or other family members
- Less than 1 hour per week
- 1-4 hours per week
- 5-10 hours per week
- 11 or more hours per week



**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 appointments or locating services?

- This child does not need health care coordinated on a weekly basis
- No health or medical care was arranged or coordinated by me or other family members
- Less than 1 hour per week
- 1-4 hours per week
- 5-10 hours per week
- 11 or more hours per week

## G. This Child's Schooling and Activities

**G1** DURING THE PAST 12 MONTHS, about how many days did this child miss school because of illness or injury?

- No missed school days
- 1-3 days
- 4-6 days
- 7-10 days
- 11 or more days

**G2** DURING THE PAST 12 MONTHS, how many times has this child's school contacted you or another adult in your household about any problems he or she is having with school?

- No times
- 1 time
- 2 or more times

**G3** SINCE STARTING KINDERGARTEN, has this child repeated any grades?

- Yes
- No

**G4** DURING THE PAST 12 MONTHS, did this child participate in:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. A sports team or did he or she take sports lessons after school or on weekends?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Any clubs or organizations after school or on weekends?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Any other organized activities or lessons, such as music, dance, language, or other arts?              | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Any type of community service or volunteer work at school, church, or in the community?                | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work? | <input type="checkbox"/> | <input type="checkbox"/> |

**G5** DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in?

- Always
- Usually
- Sometimes
- Rarely
- Never

**G6** DURING THE PAST WEEK, on how many days did this child exercise, play a sport, or participate in physical activity for at least 60 minutes?

- 0 days
- 1-3 days
- 4-6 days
- Every day

**G7** Compared to other children his or her age, how much difficulty does this child have making or keeping friends?

- No difficulty
- A little difficulty
- A lot of difficulty





## H. About You and This Child

**H1** Was this child born in the United States?

- Yes → **SKIP to question H3**
- No

**H2** If no, how long has this child been living in the United States?

Years AND   Months

**H3** How many times has this child moved to a new address since he or she was born?

Number of times

**H4** How often does this child go to bed at about the same time on weeknights?

- Always
- Usually
- Sometimes
- Rarely
- Never

**H5** DURING THE PAST WEEK, how many hours of sleep did this child get on an average weeknight?

- Less than 6 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 or more hours

**H6** ON AN AVERAGE WEEKDAY, about how much time does this child usually spend in front of a TV watching TV programs, videos, or playing video games?

- None
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 or more hours

**H7** ON AN AVERAGE WEEKDAY, about how much time does this child usually spend with computers, cell phones, handheld video games, and other electronic devices, doing things other than schoolwork?

- None
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 or more hours

**H8** How well can you and this child share ideas or talk about things that really matter?

- Very well
- Somewhat well
- Not very well
- Not at all

**H9** How well do you think you are handling the day-to-day demands of raising children?

- Very well
- Somewhat well
- Not very well
- Not at all



**H10 DURING THE PAST MONTH, how often have you felt:**

- |  | Never                    | Rarely                   | Sometimes                | Usually                  | Always                   |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. That this child is much harder to care for than most children his or her age? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. That this child does things that really bother you a lot?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Angry with this child?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**H11 DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?**

- Yes
- No → **SKIP to question 11**

**H12 If yes, did you receive emotional support from:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Spouse?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Other family member or close friend?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Health care provider?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Place of worship or religious leader?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Support or advocacy group related to specific health condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Peer support group?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Counselor or other mental health professional?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other person, specify: ↴  | <input type="checkbox"/> | <input type="checkbox"/> |

## I. About Your Family and Household

**I1 DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal together?**

- 0 days
- 1-3 days
- 4-6 days
- Every day

**I2 Does anyone living in your household use cigarettes, cigars, or pipe tobacco?**

- Yes
- No → **SKIP to question 14**

**I3 If yes, does anyone smoke inside your home?**

- Yes
- No

**I4 When your family faces problems, how often are you likely to do each of the following?**

- |   | All of the time          | Most of the time         | Some of the time         | None of the time         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Talk together about what to do       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Work together to solve our problems  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Know we have strengths to draw on    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Stay hopeful even in difficult times | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**I5 SINCE THIS CHILD WAS BORN, how often has it been very hard to get by on your family's income – hard to cover the basics like food or housing?**

- Never
- Rarely
- Somewhat often
- Very often

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**16** The next question is about whether you were able to afford the food you need. Which of these statements best describes the food situation in your household IN THE PAST 12 MONTHS?

- We could always afford to eat good nutritious meals.
- We could always afford enough to eat but not always the kinds of food we should eat.
- Sometimes we could not afford enough to eat.
- Often we could not afford enough to eat.

**17** At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Cash assistance from a government welfare program?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Food Stamps or Supplemental Nutrition Assistance Program benefits (SNAP)? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Free or reduced-cost breakfasts or lunches at school?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Benefits from the Woman, Infants, and Children (WIC) Program?             | <input type="checkbox"/> | <input type="checkbox"/> |

**18** In your neighborhood, is/are there:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Sidewalks or walking paths?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A park or playground?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A recreation center, community center, or boys' and girls' club? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A library or bookmobile?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Litter or garbage on the street or sidewalk?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Poorly kept or rundown housing?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Vandalism such as broken windows or graffiti?                    | <input type="checkbox"/> | <input type="checkbox"/> |

**19** To what extent do you agree with these statements about your neighborhood or community?

- |  | Definitely agree         | Somewhat agree           | Somewhat disagree        | Definitely disagree      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. People in this neighborhood help each other out                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. We watch out for each other's children in this neighborhood                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. This child is safe in our neighborhood  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. When we encounter difficulties, we know where to go for help in our community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. This child is safe at school  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**110** Other than you or other adults in your home, is there at least one other adult in this child's school, neighborhood, or community who knows this child well and who he or she can rely on for advice or guidance?

- Yes  
 No

**111** The next questions are about events that may have happened during this child's life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer.

To the best of your knowledge, has this child EVER experienced any of the following?

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Parent or guardian divorced or separated                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Parent or guardian died   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Parent or guardian served time in jail  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Saw or heard parents or adults slap, hit, kick, punch one another in the home | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Was a victim of violence or witnessed violence in neighborhood                | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Lived with anyone who was mentally ill, suicidal, or severely depressed       | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Lived with anyone who had a problem with alcohol or drugs                     | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Treated or judged unfairly because of his or her race or ethnic group         | <input type="checkbox"/> | <input type="checkbox"/> |

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## J. About You

→ Complete the questions for each of the two adults in the household who are this child's primary caregivers. If there is just one adult, provide answers for that adult.

### ADULT 1 (Respondent)

**J1** How are you related to this child?

- Biological or Adoptive Parent
- Step-parent
- Grandparent
- Foster Parent
- Aunt or Uncle
- Other: Relative
- Other: Non-Relative

**J2** What is your sex?

- Male
- Female

**J3** What is your age?

Age in years

**J4** Where were you born?

- In the United States → *SKIP to question J6*
- Outside of the United States

**J5** When did you come to live in the United States?

Year

**J6** What is the highest grade or year of school you have completed? *Mark ONE only.*

- 8th grade or less
- 9th-12th grade; No diploma
- High School Graduate or GED Completed
- Completed a vocational, trade, or business school program
- Some College Credit, but no Degree
- Associate Degree (AA, AS)
- Bachelor's Degree (BA, BS, AB)
- Master's Degree (MA, MS, MSW, MBA)
- Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

**J7** What is your marital status?

- Married
- Not married, but living with a partner
- Never Married
- Divorced
- Separated
- Widowed

**J8** In general, how is your physical health?

- Excellent
- Very Good
- Good
- Fair
- Poor

**J9** In general, how is your mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

**J10** Were you employed at least 50 out of the past 52 weeks?

- Yes
- No



## ADULT 2

**J11** How is Adult 2 related to this child?

- Biological or Adoptive Parent
- Step-parent
- Grandparent
- Foster Parent
- Aunt or Uncle
- Other: Relative
- Other: Non-Relative
- There is only one primary adult caregiver for this child → **SKIP to question K1**

**J12** What is Adult 2's sex?

- Male
- Female

**J13** What is Adult 2's age?

Age in years

**J14** Where was Adult 2 born?

- In the United States → **SKIP to question J16**
- Outside of the United States

**J15** When did Adult 2 come to live in the United States?

Year

**J16** What is the highest grade or year of school Adult 2 has completed? *Mark ONE only.*

- 8th grade or less
- 9th-12th grade; No diploma
- High School Graduate or GED Completed
- Completed a vocational, trade, or business school program
- Some College Credit, but no Degree
- Associate Degree (AA, AS)
- Bachelor's Degree (BA, BS, AB)
- Master's Degree (MA, MS, MSW, MBA)
- Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

**J17** What is Adult 2's marital status?

- Married
- Not married, but living with a partner
- Never Married
- Divorced
- Separated
- Widowed

**J18** In general, how is Adult 2's physical health?

- Excellent
- Very Good
- Good
- Fair
- Poor

**J19** In general, how is Adult 2's mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

**J20** Was Adult 2 employed at least 50 out of the past 52 weeks?

- Yes
- No

## K. Household Information

**K1** 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

**K2** 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.*

Number of people



**K3 Income IN THE LAST CALENDAR YEAR  
(January 1 - December 31, 2015)**

Mark (X) the "Yes" box for each type of income this child's family received, and give your best estimate of the TOTAL AMOUNT IN THE LAST CALENDAR YEAR. Mark (X) the "No" box to show types of income NOT received.

a. Wages, salary, commissions, bonuses, or tips from all jobs?

Yes  No

\$           Total Amount

b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships?

Yes  No

\$           Total Amount

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts?

Yes  No

\$           Total Amount

d. Social security or railroad retirement; retirement, survivor, or disability pensions?

Yes  No

\$           Total Amount

e. Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office?

Yes  No

\$           Total Amount

f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony?

Yes  No

\$           Total Amount

**K4** The following question is about your income and is very important. 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 business, farm, or rent, and any other money income received.

\$           Total Amount

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## 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

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

INFORMATIONAL COPY

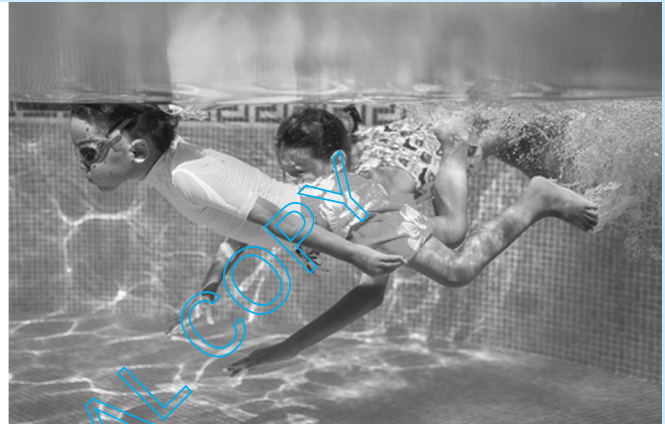
Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. You may e-mail comments to DEMO\_Paperwork@census.gov; use "Paperwork Project 0607-0990" as the subject.





# Encuesta Nacional de Salud de los Niños

*Un estudio del Departamento de Salud y Servicios Humanos de los EE. UU. para entender mejor los problemas de salud que enfrentan los niños en los Estados Unidos actualmente.*



La Oficina del Censo de los Estados Unidos está llevando a cabo la Encuesta Nacional de Salud Infantil en el nombre del Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS) bajo el Título 13, Código de los Estados Unidos, Sección 8 (b), que permite la Oficina del Censo para realizar encuestas en nombre de otras agencias. Título 42 USC Sección 701 (a) (2) permite HHS para recopilar información con el propósito de entender la salud y el bienestar de los niños en los Estados Unidos. Los datos recopilados en virtud de este acuerdo son confidenciales bajo 13 USC Sección 9. Todo el acceso al Título 13 datos de esta encuesta se limita a los empleados de la Oficina del Censo y los titulares del Estado jurado de la Oficina del Censo Especial de conformidad con 13 USC Sección 23 (c).

Cualquier información que proporcione será compartido entre un número limitado de la Oficina del Censo y el personal del HHS sólo para fines relacionados con el trabajo identificados anteriormente y según lo permitido por la Ley de Privacidad de 1974 (5 USC Sección 552a).

La participación en esta encuesta es voluntaria y no hay sanciones por negarse a responder a las preguntas. Sin embargo, su cooperación en la obtención de esta información necesaria es de suma importancia a fin de garantizar resultados completos y precisos.

**NSCH-S-S1**  
(07/20/2016)





## Inicio

Si su hogar no tiene niños, responder a la primera pregunta a continuación y luego devolver el cuestionario.

Si su hogar tiene niños de 0 - 17 años de edad, por favor responda a todas las preguntas que se aplican.

Si usted:

- ¿NECESITA AYUDA? para completar su cuestionario
- Necesita aparato con monitor telefónico para los discapacitados auditivos (TDD)

Por favor llame al: **1-800-845-8241**. La llamada es gratis.

If you:

- Need help or have questions about completing this form
- Need Telephone Device for the Deaf (TDD) assistance

Please call: **1-800-845-8241**. The telephone call is free.

## En su casa

**1** ¿Hay niños de 0 a 17 años que usualmente viven o se quedan en esta dirección?

No

↳ Si la respuesta es no, **NO CONTINUE**. Marque "No" y envíenos esta encuesta en el sobre adjunto. Es importante que recibamos una respuesta de cada hogar seleccionado para realizar este estudio.

Sí

**2** ¿Cuántos niños de 0 a 17 años de edad usualmente viven o se quedan en esta dirección?

Numero de niños que viven o se quedan en esta dirección

**3** ¿Qué idioma se habla principalmente en el hogar?

Inglés

Español

Otro idioma, especifique: ↴

➔ Responda a las preguntas restantes para cada uno de los niños de 0 a 17 años de edad que usualmente viven o se quedan en esta dirección.

Comience por el NIÑO MAS JOVEN, a quien llamaremos "Niño 1" y continúe con el siguiente niño mayor en edad hasta haber respondido las preguntas para todos los niños que usualmente viven o se quedan en esta dirección.



# NIÑO 1

(el más joven)

Nombre, Iniciales, o Apodo del niño más joven

→ **NOTA: Responda AMBAS PREGUNTAS, la pregunta 1 sobre el origen hispano Y la pregunta 2 sobre la raza. Para esta encuesta, origen hispano no es una raza.**

**1** ¿Es este niño de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español

**2** ¿Cuál es la raza del niño? Marque una o más casillas.

- |  |   |
|--|---|
| <input type="checkbox"/> Blanca                                      | <input type="checkbox"/> Vietnamita                     |
| <input type="checkbox"/> Negra o afroamericana                       | <input type="checkbox"/> Otra asiática                  |
| <input type="checkbox"/> Indígena de las Américas o nativa de Alaska | <input type="checkbox"/> Nativa de Hawaii               |
| <input type="checkbox"/> India asiática                              | <input type="checkbox"/> Guameña o Chamorro             |
| <input type="checkbox"/> China                                       | <input type="checkbox"/> Samoana                        |
| <input type="checkbox"/> Filipina                                    | <input type="checkbox"/> Otra de las Islas del Pacífico |
| <input type="checkbox"/> Japonesa                                    | <input type="checkbox"/> Alguna otra raza               |
| <input type="checkbox"/> Coreana                                     |   |

**3** ¿Qué edad tiene este niño? Si el niño tiene menos de un mes de edad, redondee la edad de meses a 1.

<input type="text"/>	Años (o)	<input type="text"/>	Meses
----------------------	----------	----------------------	-------

**4** ¿Cuál es el sexo del niño?

- Masculino  Femenino

**5** Si este niño es MENOR DE 4 AÑOS, PASE a la pregunta 6.

¿Cuán bien habla inglés el niño?

- Muy bien
- Bien
- No bien
- No habla inglés

**6** ¿ACTUALMENTE este niño necesita o toma medicamentos recetados por un médico, aparte de vitaminas?

- Sí  No

↳ Si la respuesta es sí, la necesidad de medicamentos recetados de este niño ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**7** ¿Necesita o utiliza este niño más servicios de atención médica, salud mental o educativos de los que normalmente requiere la mayoría de los niños de su misma edad?

- Sí  No

↳ Si la respuesta es sí, la necesidad de servicios de atención médica, salud mental o educativos de este niño ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**8** ¿Hay algo que le limite o le impida a este niño su capacidad de hacer las cosas que hacen la mayoría de los niños de su misma edad?

- Sí  No

↳ Si la respuesta es sí, la limitación en las capacidades de este niño ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**9** ¿Necesita o recibe este niño alguna terapia especial, como terapia física, ocupacional o del habla?

- Sí  No

↳ Si la respuesta es sí, ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**10** ¿Tiene este niño algún tipo de problema emocional, de desarrollo o de comportamiento para el cual necesita tratamiento o asesoramiento psicológico?

- Sí  No

↳ Si la respuesta es sí, este problema emocional, de desarrollo o de comportamiento ¿ha durado o se prevé que durará 12 meses o más?

- Sí  No



# NIÑO 2

(siguiente niño mayor en edad)

Nombre, Iniciales, o Apodo del siguiente niño mayor en edad

→ **NOTA: Responda AMBAS PREGUNTAS, la pregunta 1 sobre el origen hispano Y la pregunta 2 sobre la raza. Para esta encuesta, origen hispano no es una raza.**

**1** ¿Es este niño de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español

**2** ¿Cuál es la raza del niño? Marque una o más casillas.

- |  |   |
|--|---|
| <input type="checkbox"/> Blanca                                      | <input type="checkbox"/> Vietnamita                     |
| <input type="checkbox"/> Negra o afroamericana                       | <input type="checkbox"/> Otra asiática                  |
| <input type="checkbox"/> Indígena de las Américas o nativa de Alaska | <input type="checkbox"/> Nativa de Hawaii               |
| <input type="checkbox"/> India asiática                              | <input type="checkbox"/> Guameña o Chamorro             |
| <input type="checkbox"/> China                                       | <input type="checkbox"/> Samoana                        |
| <input type="checkbox"/> Filipina                                    | <input type="checkbox"/> Otra de las Islas del Pacífico |
| <input type="checkbox"/> Japonesa                                    | <input type="checkbox"/> Alguna otra raza               |
| <input type="checkbox"/> Coreana                                     |   |

**3** ¿Qué edad tiene este niño? Si el niño tiene menos de un mes de edad, redondee la edad de meses a 1.

<input type="text"/>	Años (o)	<input type="text"/>	Meses
----------------------	----------	----------------------	-------

**4** ¿Cuál es el sexo del niño?

- Masculino  Femenino

**5** Si este niño es MENOR DE 4 AÑOS, PASE a la pregunta 6.

¿Cuán bien habla inglés el niño?

- Muy bien
- Bien
- No bien
- No habla inglés

**6** ¿ACTUALMENTE este niño necesita o toma medicamentos recetados por un médico, aparte de vitaminas?

- Sí  No

↳ Si la respuesta es sí, la necesidad de medicamentos recetados de este niño ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**7** ¿Necesita o utiliza este niño más servicios de atención médica, salud mental o educativos de los que normalmente requiere la mayoría de los niños de su misma edad?

- Sí  No

↳ Si la respuesta es sí, la necesidad de servicios de atención médica, salud mental o educativos de este niño ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**8** ¿Hay algo que le limite o le impida a este niño su capacidad de hacer las cosas que hacen la mayoría de los niños de su misma edad?

- Sí  No

↳ Si la respuesta es sí, la limitación en las capacidades de este niño ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**9** ¿Necesita o recibe este niño alguna terapia especial, como terapia física, ocupacional o del habla?

- Sí  No

↳ Si la respuesta es sí, ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**10** ¿Tiene este niño algún tipo de problema emocional, de desarrollo o de comportamiento para el cual necesita tratamiento o asesoramiento psicológico?

- Sí  No

↳ Si la respuesta es sí, este problema emocional, de desarrollo o de comportamiento ¿ha durado o se prevé que durará 12 meses o más?

- Sí  No



# NIÑO 3

(siguiente niño mayor en edad)

Nombre, Iniciales, o Apodo del siguiente niño mayor en edad

→ **NOTA: Responda AMBAS PREGUNTAS, la pregunta 1 sobre el origen hispano Y la pregunta 2 sobre la raza. Para esta encuesta, origen hispano no es una raza.**

**1** ¿Es este niño de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español

**2** ¿Cuál es la raza del niño? Marque una o más casillas.

- |  |   |
|--|---|
| <input type="checkbox"/> Blanca                                      | <input type="checkbox"/> Vietnamita                     |
| <input type="checkbox"/> Negra o afroamericana                       | <input type="checkbox"/> Otra asiática                  |
| <input type="checkbox"/> Indígena de las Américas o nativa de Alaska | <input type="checkbox"/> Nativa de Hawaii               |
| <input type="checkbox"/> India asiática                              | <input type="checkbox"/> Guameña o Chamorro             |
| <input type="checkbox"/> China                                       | <input type="checkbox"/> Samoana                        |
| <input type="checkbox"/> Filipina                                    | <input type="checkbox"/> Otra de las Islas del Pacífico |
| <input type="checkbox"/> Japonesa                                    | <input type="checkbox"/> Alguna otra raza               |
| <input type="checkbox"/> Coreana                                     |   |

**3** ¿Qué edad tiene este niño? Si el niño tiene menos de un mes de edad, redondee la edad de meses a 1.

<input type="text"/>	Años (o)	<input type="text"/>	Meses
----------------------	----------	----------------------	-------

**4** ¿Cuál es el sexo del niño?

- Masculino  Femenino

**5** Si este niño es MENOR DE 4 AÑOS, PASE a la pregunta 6.

¿Cuán bien habla inglés el niño?

- Muy bien
- Bien
- No bien
- No habla inglés

**6** ¿ACTUALMENTE este niño necesita o toma medicamentos recetados por un médico, aparte de vitaminas?

- Sí  No

↳ Si la respuesta es sí, la necesidad de medicamentos recetados de este niño ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**7** ¿Necesita o utiliza este niño más servicios de atención médica, salud mental o educativos de los que normalmente requiere la mayoría de los niños de su misma edad?

- Sí  No

↳ Si la respuesta es sí, la necesidad de servicios de atención médica, salud mental o educativos de este niño ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**8** ¿Hay algo que le limite o le impida a este niño su capacidad de hacer las cosas que hacen la mayoría de los niños de su misma edad?

- Sí  No

↳ Si la respuesta es sí, la limitación en las capacidades de este niño ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**9** ¿Necesita o recibe este niño alguna terapia especial, como terapia física, ocupacional o del habla?

- Sí  No

↳ Si la respuesta es sí, ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**10** ¿Tiene este niño algún tipo de problema emocional, de desarrollo o de comportamiento para el cual necesita tratamiento o asesoramiento psicológico?

- Sí  No

↳ Si la respuesta es sí, este problema emocional, de desarrollo o de comportamiento ¿ha durado o se prevé que durará 12 meses o más?

- Sí  No



# NIÑO 4

(siguiente niño mayor en edad)

Nombre, Iniciales, o Apodo del siguiente niño mayor en edad

→ **NOTA: Responda AMBAS PREGUNTAS, la pregunta 1 sobre el origen hispano Y la pregunta 2 sobre la raza. Para esta encuesta, origen hispano no es una raza.**

**1** ¿Es este niño de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español

**2** ¿Cuál es la raza del niño? Marque una o más casillas.

- |  |   |
|--|---|
| <input type="checkbox"/> Blanca                                      | <input type="checkbox"/> Vietnamita                     |
| <input type="checkbox"/> Negra o afroamericana                       | <input type="checkbox"/> Otra asiática                  |
| <input type="checkbox"/> Indígena de las Américas o nativa de Alaska | <input type="checkbox"/> Nativa de Hawaii               |
| <input type="checkbox"/> India asiática                              | <input type="checkbox"/> Guameña o Chamorro             |
| <input type="checkbox"/> China                                       | <input type="checkbox"/> Samoana                        |
| <input type="checkbox"/> Filipina                                    | <input type="checkbox"/> Otra de las Islas del Pacífico |
| <input type="checkbox"/> Japonesa                                    | <input type="checkbox"/> Alguna otra raza               |
| <input type="checkbox"/> Coreana                                     |   |

**3** ¿Qué edad tiene este niño? Si el niño tiene menos de un mes de edad, redondee la edad de meses a 1.

Años (o)

Meses

**4** ¿Cuál es el sexo del niño?

- Masculino  Femenino

**5** Si este niño es MENOR DE 4 AÑOS, PASE a la pregunta 6.

¿Cuán bien habla inglés el niño?

- Muy bien
- Bien
- No bien
- No habla inglés

**6** ¿ACTUALMENTE este niño necesita o toma medicamentos recetados por un médico, aparte de vitaminas?

- Sí  No

↳ Si la respuesta es sí, la necesidad de medicamentos recetados de este niño ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**7** ¿Necesita o utiliza este niño más servicios de atención médica, salud mental o educativos de los que normalmente requiere la mayoría de los niños de su misma edad?

- Sí  No

↳ Si la respuesta es sí, la necesidad de servicios de atención médica, salud mental o educativos de este niño ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**8** ¿Hay algo que le limite o le impida a este niño su capacidad de hacer las cosas que hacen la mayoría de los niños de su misma edad?

- Sí  No

↳ Si la respuesta es sí, la limitación en las capacidades de este niño ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**9** ¿Necesita o recibe este niño alguna terapia especial, como terapia física, ocupacional o del habla?

- Sí  No

↳ Si la respuesta es sí, ¿se debe a ALGUNA afección médica, de comportamiento u otro problema de salud?

- Sí  No

↳ Si la respuesta es sí, ¿ha durado la afección o se prevé que dure 12 meses o más?

- Sí  No

**10** ¿Tiene este niño algún tipo de problema emocional, de desarrollo o de comportamiento para el cual necesita tratamiento o asesoramiento psicológico?

- Sí  No

↳ Si la respuesta es sí, este problema emocional, de desarrollo o de comportamiento ¿ha durado o se prevé que durará 12 meses o más?

- Sí  No



➔ Si hay más de cuatro niños de 0 a 17 años que usualmente viven o se quedan en esta dirección, detalle la edad y el sexo de cada uno de ellos. No repita la información de los niños 1 a 4 ya incluidos anteriormente.

**NIÑO 5***(siguiente niño mayor en edad) ▶*

Nombre, Iniciales, o Apodo

Edad

Años (o)

Meses

Sexo

Masculino

Femenino

**NIÑO 6***(siguiente niño mayor en edad) ▶*

Nombre, Iniciales, o Apodo

Edad

Años (o)

Meses

Sexo

Masculino

Femenino

**NIÑO 7***(siguiente niño mayor en edad) ▶*

Nombre, Iniciales, o Apodo

Edad

Años (o)

Meses

Sexo

Masculino

Femenino

**NIÑO 8***(siguiente niño mayor en edad) ▶*

Nombre, Iniciales, o Apodo

Edad

Años (o)

Meses

Sexo

Masculino

Femenino

**NIÑO 9***(siguiente niño mayor en edad) ▶*

Nombre, Iniciales, o Apodo

Edad

Años (o)

Meses

Sexo

Masculino

Femenino

**NIÑO 10***(siguiente niño mayor en edad) ▶*

Nombre, Iniciales, o Apodo

Edad

Años (o)

Meses

Sexo

Masculino

Femenino



# Instrucciones de envío postal

## Gracias por su participación.

En nombre del Departamento de Salud y Servicios Humanos de los EE. UU., queremos agradecerle por su esfuerzo y el tiempo que dedicó para compartir esta información sobre su hogar y los niños que incluye.

Sus respuestas son importantes y facilitarán que investigadores, personas encargadas de formular políticas públicas y defensores de familia comprendan mejor las necesidades en materia de salud y atención médica de los niños de nuestra población diversa.

### → Asegúrese de que ha:

- Detallado los nombres, las iniciales o los apodos de todos los niños de 0 a 17 años de edad en el hogar
- Respondido a todas las preguntas para cada uno de los niños incluidos

### → Coloque el cuestionario completado en el sobre con franqueo pagado. Si el sobre se ha extraviado, envíe el cuestionario por correo a:

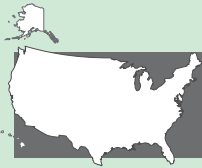
U.S. Census Bureau  
ATTN: DCB 60-A  
1201 E. 10th Street  
Jeffersonville, IN 47132-0001

También puede llamar al **1-800-845-8241** para solicitar un sobre de reemplazo.

INFORMATIONAL COPY

Se calcula estima que el tiempo promedio necesario para recopilar esta información es de 5 minutos por respuesta, incluyendo el tiempo para revisar las instrucciones, buscar las fuentes de datos existentes, reunir y controlar los datos necesarios, y completar y revisar la recopilación de la información. Los comentarios sobre el estimado del tiempo o cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir el tiempo que toma, deben dirigirse a: Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a [DEMO.Paperwork@census.gov](mailto:DEMO.Paperwork@census.gov); escriba como asunto "Paperwork Project 0607-0990."





# Encuesta Nacional de Salud de los Niños

*Un estudio del Departamento de Salud y Servicios Humanos de los EE. UU. para entender mejor los problemas de salud que enfrentan los niños en los Estados Unidos actualmente.*



La Oficina del Censo de los Estados Unidos está llevando a cabo la Encuesta Nacional de Salud Infantil en el nombre del Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS) bajo el Título 13, Código de los Estados Unidos, Sección 8 (b), que permite la Oficina del Censo para realizar encuestas en nombre de otras agencias. Título 42 USC Sección 701 (a) (2) permite HHS para recopilar información con el propósito de entender la salud y el bienestar de los niños en los Estados Unidos. Los datos recopilados en virtud de este acuerdo son confidenciales bajo 13 USC Sección 9. Todo el acceso al Título 13 datos de esta encuesta se limita a los empleados de la Oficina del Censo y los titulares del Estado jurado de la Oficina del Censo Especial de conformidad con 13 USC Sección 23 (c).

Cualquier información que proporcione será compartido entre un número limitado de la Oficina del Censo y el personal del HHS sólo para fines relacionados con el trabajo identificados anteriormente y según lo permitido por la Ley de Privacidad de 1974 (5 USC Sección 552a).

La participación en esta encuesta es voluntaria y no hay sanciones por negarse a responder a las preguntas. Sin embargo, su cooperación en la obtención de esta información necesaria es de suma importancia a fin de garantizar resultados completos y precisos.

**NSCH-S-T1**  
(07/20/2016)





## Inicio

Recientemente, usted completó una encuesta con preguntas sobre los niños que usualmente viven o se quedan en esta dirección. Gracias por tomar de su tiempo para completar esa encuesta.

Ahora le haremos algunas preguntas de seguimiento sobre:

Estas preguntas servirán para recopilar más información detallada sobre diversos aspectos de la salud de este niño, que incluyen su estado de salud, visitas a los proveedores de atención médica, costos de atención médica y cobertura de seguro de salud.

Hemos seleccionado solamente a un niño por hogar a fin de minimizar el tiempo necesario para responder a las preguntas de seguimiento.

La encuesta se deberá completar por un adulto familiarizado con la salud y la atención médica de este niño.

Su participación es importante. Gracias.

## A. La salud de este niño

**A1** En general, ¿cómo describiría la salud de este niño (cuyo nombre aparece más arriba)?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**A2** ¿Cómo describiría la salud dental de este niño?

- Este niño no tiene dientes
- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**A3** ¿Qué tan bien cada una de las siguientes frases describen a este niño?

	Definitivamente cierto	Algo cierto	Falso
a. Este niño es cariñoso y tierno con usted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Este niño se recupera rápidamente cuando las cosas no salen como él quiere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Este niño muestra interés y curiosidad por aprender cosas nuevas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Este niño sonríe y se ríe mucho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A4** DURANTE LOS ÚLTIMOS 12 MESES, este niño ha tenido dificultades CRÓNICAS o FRECUENTES con cualquiera de los siguientes?

	Sí	No
a. Respirar u otros problemas respiratorios (como respiración sibilante o falta de aire)	<input type="checkbox"/>	<input type="checkbox"/>
b. Comer o tragar debido a una afección médica	<input type="checkbox"/>	<input type="checkbox"/>
c. Digerir la comida, incluyendo problemas estomacales/intestinales, estreñimiento o diarrea	<input type="checkbox"/>	<input type="checkbox"/>
d. Dolor físico repetido o crónico, incluyendo dolor de cabeza, dolor de espalda o dolor corporal	<input type="checkbox"/>	<input type="checkbox"/>
e. Usar sus manos	<input type="checkbox"/>	<input type="checkbox"/>
f. Coordinar o moverse	<input type="checkbox"/>	<input type="checkbox"/>
g. Dolor de muelas	<input type="checkbox"/>	<input type="checkbox"/>
h. Sangrado en las encías	<input type="checkbox"/>	<input type="checkbox"/>
i. Dientes deteriorados o caries	<input type="checkbox"/>	<input type="checkbox"/>

**A5** ¿Presenta este niño alguno de los siguientes problemas?

	Sí	No
a. Sordera o problemas de audición	<input type="checkbox"/>	<input type="checkbox"/>
b. Ceguera o problemas de la vista, incluso cuando usa anteojos	<input type="checkbox"/>	<input type="checkbox"/>



**A6** ¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este niño padece de...

¿Alergias (incluyendo alimentos, medicamentos, insectos o de otro tipo)?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A7** ¿Artritis?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A8** ¿Asma?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A9** ¿Trastornos sanguíneos (como enfermedad de anemia drepanocítica o de células falciformes, talasemia o hemofilia)?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A10** ¿Lesión cerebral, contusión o lesión en la cabeza?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

(¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este niño padece de...)

**A11** ¿Parálisis cerebral?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A12** ¿Fibrosis quística?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A13** ¿Diabetes?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A14** ¿Síndrome de Down?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A15** ¿Epilepsia o trastornos convulsivos?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A16** ¿Afección cardíaca?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave



(¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este niño padece de...)

**A17** ¿Dolores de cabeza frecuentes o intensos, incluyendo migrañas?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A18** ¿Síndrome de Tourette?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A19** ¿Problemas de ansiedad?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A20** ¿Depresión?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A21** ¿Otra afección genética o hereditaria?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A22** ¿ALGUNA VEZ le ha dicho a usted un médico, otro proveedor de atención médica o un educador que este niño padece de...

*Algunos ejemplos de educadores son maestros y enfermeros escolares.*

¿Problemas de comportamiento o conducta?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A23** ¿Retraso en el desarrollo?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A24** ¿Discapacidad intelectual (también conocida como retraso mental)?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A25** ¿Trastorno del habla u otro trastorno del lenguaje?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A26** ¿Discapacidades del aprendizaje?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave



**A27** ¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este niño padece de...

¿Cualquier otra afección de salud mental?

Sí  No

↳ Si la respuesta es sí, especifique: ↘

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A28** ¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este niño padece de autismo o trastorno del espectro autista (TEA)? *Incluya los diagnósticos de síndrome de Asperger o trastorno generalizado del desarrollo (TGD).*

Sí  No → **PASE a la pregunta A33**

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A29** ¿Qué edad tenía este niño cuando un médico u otro proveedor de atención médica le dijo a usted por PRIMERA VEZ que tenía autismo, trastornos del espectro autista (TEA), síndrome de Asperger, o trastorno generalizado del desarrollo (TGD)?

Edad en años  No sabe

**A30** ¿Qué tipo de médico u otro proveedor de atención médica fue el PRIMERO en decirle a usted que este niño tenía autismo, trastornos del espectro autista (TEA), síndrome de Asperger, o trastorno generalizado del desarrollo (TGD)? *Marque solo UNA opción.*

Proveedor de atención primaria

Especialista

Psicólogo/consejero escolar

Otro psicólogo (no escolar)

Psiquiatra

Otro, especifique: ↘

No sabe

**A31** ¿Toma este niño ACTUALMENTE medicamentos para tratar el autismo, los trastornos del espectro autista (TEA), síndrome de Asperger, o el trastorno generalizado del desarrollo (TGD)?

Sí  No

**A32** En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este niño tratamiento del comportamiento por autismo, trastornos del espectro autista (TEA), síndrome de Asperger, o trastorno generalizado del desarrollo (TGD), tal como alguna capacitación o intervención que haya recibido usted o este niño para ayudar con su comportamiento?

Sí  No

**A33** ¿ALGUNA VEZ le dijo a usted un médico u otro proveedor de atención médica que este niño padece del trastorno por déficit de atención o del trastorno por déficit de atención e hiperactividad, es decir, TDA o TDAH?

Sí  No → **PASE a la pregunta A36**

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A34** ¿Toma este niño ACTUALMENTE medicamentos para tratar el trastorno por déficit de atención (TDA) o el trastorno por déficit de atención con hiperactividad (TDAH)?

Sí  No

**A35** En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este niño tratamiento del comportamiento por trastorno por déficit de atención (TDA) o trastorno por déficit de atención e hiperactividad (TDAH), tal como alguna capacitación o intervención que haya recibido usted o este niño para ayudar con su comportamiento?

Sí  No

**A36** DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia las afecciones o los problemas de salud de este niño afectaron su capacidad para hacer actividades que realizan otros niños de su edad?

Este niño no padece ninguna afección → **PASE a la pregunta B1**

Nunca

A veces

Casi siempre

Siempre

**A37** ¿En qué medida las afecciones o los problemas de salud de este niño afectan su capacidad para hacer actividades?

Muy poco

Algo

En gran medida



## B. Este niño cuando era bebé

**B1** ¿Nació este niño más de 3 semanas antes de la fecha para la cual se esperaba el parto?

Sí

No

**B2** ¿Cuánto pesó al nacer?

Responder en libras y onzas o kilogramos y gramos. Indique su mejor aproximación.

libras y   onzas

O

kilogramos y     gramos

**B3** ¿Qué edad tenía la madre cuando nació este niño?

Edad en años

**B4** ¿Fue amamantado o tomó leche materna este niño ALGUNA VEZ?

Sí

No → PASE a la pregunta **B6**

**B5** Si la respuesta es sí, ¿qué edad tenía este niño cuando dejó COMPLETAMENTE de ser amamantado o de tomar leche materna?

días

O

semanas

O

meses

O

Marque esta casilla si este niño nunca tomó leche de fórmula

**B6** ¿Qué edad tenía este niño cuando tomó leche de fórmula por PRIMERA VEZ?

Al nacer

O

días

O

semanas

O

meses

O

Marque esta casilla si este niño nunca tomó leche de fórmula

**B7** ¿Qué edad tenía este niño cuando ingirió por PRIMERA VEZ otros alimentos aparte de leche materna o de fórmula? Incluya jugo, leche de vaca, agua con azúcar, alimento para bebé o cualquier otra cosa que haya ingerido este niño, incluso agua.

Al nacer

O

días

O

semanas

O

meses

O

Marque esta casilla si este niño nunca ingirió otro alimento aparte de leche materna o de fórmula

## C. Servicios de atención médica

**C1** DURANTE LOS ÚLTIMOS 12 MESES, ¿consultó este niño a algún médico, enfermero u otro profesional de la salud para recibir atención por una enfermedad, para la visita de niño sano, realizarse un examen físico, por hospitalizaciones o recibir cualquier otro tipo de atención médica?

Sí

No → PASE a la pregunta **C4**



**C2** Si la respuesta es sí, **DURANTE LOS ÚLTIMOS 12 MESES**, ¿cuántas veces tuvo este niño una consulta con un médico, enfermero u otro profesional de la salud para realizarse un chequeo **PREVENTIVO**? *El chequeo preventivo se realiza cuando este niño no ha estado enfermo ni lesionado, tal como un chequeo anual o un examen físico para hacer deporte o la visita de niño sano.*

- 0 visitas → **PASE a la pregunta C4**
- 1 visita
- 2 visitas o más

**C3** Pensando en la **ÚLTIMA VEZ** que llevó al niño a un chequeo preventivo, ¿aproximadamente cuánto tiempo estuvo el médico o proveedor de atención médica que examinó a este niño en el consultorio con usted? Está bien que indique su mejor aproximación.

- Menos de 10 minutos
- De 10 a 20 minutos
- Más de 20 minutos

**C4** ¿Cuál es la estatura **ACTUAL** de este niño?

- pies y  pulgadas
- O
- metros y  centímetros

**C5** ¿Cuál es el peso **ACTUAL** de este niño?

- libras y  onzas
- O
- kilogramos y  gramos

**C6** ¿Le preocupa el peso de este niño?

- Sí, es demasiado alto
- Sí, es demasiado bajo
- No, no me preocupa

**C7** **DURANTE LOS ÚLTIMOS 12 MESES**, ¿le preguntaron los médicos o proveedores de atención médica de este niño si usted estaba preocupado por el aprendizaje, el desarrollo o el comportamiento de este niño?

- Sí
- No

**C8** Si este niño tiene **MENOS DE 9 MESES**, **PASE a la pregunta C9**.

**DURANTE LOS ÚLTIMOS 12 MESES**, ¿le pidió a usted un médico u otro proveedor de atención médica que usted u otro cuidador completara un cuestionario con inquietudes u observaciones específicas que pudiera tener sobre el desarrollo, la comunicación o el comportamiento social de este niño? A veces, el médico u otro proveedor de atención médica le solicitará al padre o a la madre que complete este en casa o durante la visita de este niño.

- Sí  No

Si la respuesta es sí, y este niño tiene entre 9 y 23 meses:

Indique si el cuestionario incluía preguntas con sus inquietudes u observaciones sobre: Marque **TODAS** las opciones que correspondan.

- ¿Cómo habla este niño o emite los sonidos del habla?
- ¿Cómo interactúa este niño con usted y los demás?

Si la respuesta es sí, y este niño tiene entre 2 y 5 años:

¿El cuestionario incluía preguntas con sus inquietudes u observaciones sobre: Marque **TODAS** las opciones que correspondan.

- ¿Palabras y frases que este niño usa y comprende?
- ¿Cómo se comporta y se lleva este niño con usted y los demás?

**C9** ¿Hay algún lugar a donde este niño **USUALMENTE** va cuando está enfermo o al que usted u otro cuidador va cuando necesita asesoramiento sobre la salud de este niño?

- Sí
- No → **PASE a la pregunta C11**

**C10** Si la respuesta es sí, ¿a dónde va este niño **USUALMENTE**? Marque solo **UNA** opción.

- Consultorio del médico
- Sala de emergencias del hospital
- Departamento de pacientes ambulatorios del hospital
- Clínica o centro de salud
- Clínica ambulatoria dentro de un negocio o "Minute Clinic"
- Escuela (enfermería, oficina del entrenador atlético)
- Algún otro lugar

**C11** ¿Hay algún lugar a donde va **USUALMENTE** este niño cuando necesita atención preventiva de rutina, como un examen físico o un chequeo de niño sano?

- Sí
- No → **PASE a la pregunta C13**



**C12** Si la respuesta es sí, ¿es este el mismo lugar a donde el niño va cuando está enfermo?

- Sí  
 No

**C13** ¿ALGUNA VEZ se le hizo a este niño un examen de la vista con imágenes, formas o letras?

- Sí  
 No → **PASE a la pregunta C15**

**C14** Si la respuesta es sí, ¿en qué tipo de lugar o lugares se examinó la vista de este niño? Marque TODAS las categorías que correspondan.

- Consultorio de un oculista o especialista en ojos (oftalmólogo, optometrista)  
 Consultorio del pediatra u otro médico generalista  
 Clínica o centro de salud  
 Escuela  
 Otro, especifique:

**C15** DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este niño al dentista u otro profesional de la salud oral para recibir algún tipo de atención dental u oral?

- Sí, fue al dentista  
 Sí, fue a otro profesional de salud oral  
 No → **PASE a la pregunta C18**

**C16** Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este niño al dentista u otro profesional de la salud oral para recibir atención preventiva, como chequeos, limpiezas dentales, selladores dentales o tratamientos de fluoruro?

- No tuvo visitas preventivas en los últimos 12 meses → **PASE a la pregunta C18**  
 Sí, 1 visita  
 Sí, 2 visitas o más

**C17** Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿qué servicios dentales preventivos recibió este niño? Marque TODAS las opciones que correspondan.

- Chequeo  
 Limpieza  
 Instrucciones sobre cepillado de dientes y cuidado de salud oral  
 Radiografías  
 Tratamiento de fluoruro  
 Sellador (sellador plástico en dientes posteriores)  
 No sabe

**C18** DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este niño algún tratamiento o asesoría por parte de un profesional de salud mental? Los profesionales de salud mental incluyen psiquiatras, psicólogos, enfermeros psiquiátricos y trabajadores sociales clínicos.

- Sí  
 No, pero este niño necesitaba ver a un profesional de salud mental.  
 No, este niño no necesitó ver a un profesional de salud mental → **PASE a la pregunta C20**

**C19** ¿Qué tan problemático le resultó obtener el tratamiento o la asesoría de salud mental que este niño necesitaba?

- No fue problema  
 Fue un poco problemático  
 Fue bastante problemático

**C20** DURANTE LOS ÚLTIMOS 12 MESES, ¿tomó este niño algún medicamento debido a dificultades con sus emociones, concentración o comportamiento?

- Sí  
 No

**C21** DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este niño a algún especialista aparte de un profesional de salud mental? Los especialistas son médicos como cirujanos, cardiólogos, alergistas, dermatólogos y otros médicos que se especializan en una sola área de la atención médica.

- Sí  
 No, pero este niño necesitaba ver a un especialista  
 No, este niño no necesitó ver a un especialista → **PASE a la pregunta C23**

**C22** ¿Qué tan problemático le resultó que este niño recibiera la atención del especialista que necesitaba?

- No fue problema  
 Fue un poco problemático  
 Fue bastante problemático

**C23** DURANTE LOS ÚLTIMOS 12 MESES, ¿usó este niño algún tipo de atención médica o tratamiento alternativo? La atención médica alternativa puede incluir acupuntura, atención quiropráctica, terapias de relajación, suplementos a base de hierbas y otros tratamientos. Algunas terapias implican ver a un proveedor de atención médica, mientras que otras se pueden realizar por cuenta propia.


- Sí  
 No

**C24** DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este niño atención médica en alguna ocasión pero no la recibió? Por atención médica nos referimos a la atención médica así como atención dental, de la vista y de salud mental.

- Sí  
 No → **PASE a la pregunta C27**



**C25** Si la respuesta es sí, ¿qué tipos de atención no recibió? Marque **TODAS** las categorías que correspondan.

- Atención médica
- Atención dental
- Atención de la vista
- Atención de la audición
- Servicios de salud mental
- Otro, especifique: 

**C26**Cuál de las siguientes contribuyeron a este niño no recibir servicios de salud necesarios:

- |  | Sí                       | No                       |
|--|--------------------------|--------------------------|
| a. ¿Este niño no era elegible para recibir los servicios?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Los servicios que necesitaba este niño no estaban disponibles en su área?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Hubo problema para programar una cita cuando este niño la necesitó?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Hubo problema para obtener transporte o cuidado de niños?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿El consultorio (del médico/la clínica) no estaba abierto cuando este niño necesitó atención? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ¿Hubo problemas relacionados con el costo?  | <input type="checkbox"/> | <input type="checkbox"/> |

**C27** DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia se sintió frustrado en sus esfuerzos para obtener servicios para este niño?

- Nunca
- A veces
- Casi siempre
- Siempre

**C28** DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces fue este niño a la sala de emergencias de un hospital?

- Nunca
- 1 visita
- 2 visitas o más

**C29** ¿Recibió este niño **ALGUNA VEZ** un plan de educación especial o de intervención temprana? Los niños que reciben estos servicios a menudo cuentan con un Plan de Servicio Familiar Individualizado (IFSP) o Plan de Educación Individualizada (IEP).

- Sí
- No → **PASE a la pregunta C32**

**C30** Si la respuesta es sí, ¿qué edad tenía este niño cuando se estableció el **PRIMER** plan?

Años y  Meses

**C31** ¿Recibe este niño **ACTUALMENTE** servicios bajo alguno de estos planes?

- Sí
- No

**C32** ¿Recibió este niño **ALGUNA VEZ** servicios especiales para cumplir con sus necesidades del desarrollo, tal como terapia del habla, ocupacional o del comportamiento?

- Sí
- No → **PASE a la pregunta D1**

**C33** Si la respuesta es sí, ¿qué edad tenía este niño cuando comenzó a recibir estos servicios especiales?

Años y  Meses

**C34** ¿Recibe este niño **ACTUALMENTE** estos servicios especiales?

- Sí
- No

## D. Experiencia con los proveedores de atención médica de este niño

**D1** ¿Tiene a una o más personas quienes considera como médico o enfermero de cabecera de este niño? Un médico o enfermero es un profesional de la salud quien conoce bien al niño y está familiarizado con la historia de salud de este niño. Puede ser un médico de medicina general, un pediatra, un médico especialista, un enfermero practicante o un asociado médico.

- Sí, a una persona
- Sí, a más de una persona
- No

**D2** DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este niño un referido para ver a algún médico o recibir algún servicio?

- Sí
- No → **PASE a la pregunta D4**

**D3** Si la respuesta es sí, ¿cuánta dificultad tuvo para obtener referidos?

- No fue problema
- Fue un poco problemático
- Fue bastante problemático





**D4** Responda las siguientes preguntas solo si este niño tuvo una visita de atención médica EN LOS ÚLTIMOS 12 MESES. De lo contrario, PASE a la pregunta **E1**.

DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este niño hicieron lo siguiente:

- |   | Siempre                  | Casi siempre             | A veces                  | Nunca                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. ¿Estuvieron tiempo suficiente con este niño?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Lo escucharon a usted con atención?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Mostraron sensibilidad por los valores y costumbres familiares?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Le brindaron la información específica que necesitaba con relación a este niño? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿Lo hicieron sentirse como un participante en la atención de este niño?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D5** DURANTE LOS ÚLTIMOS 12 MESES, ¿se necesitó tomar alguna decisión sobre los servicios o tratamientos de atención médica de este niño, tal como comenzar o interrumpir la administración de medicamentos recetados o servicios de terapia, obtener un referido para un especialista u obtener un procedimiento médico?

Sí

No → PASE a la pregunta **D7**

**D6** Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este niño:

- |   | Siempre                  | Casi siempre             | A veces                  | Nunca                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. ¿Analizaron con usted la variedad de opciones a considerar para la atención médica o el tratamiento de este niño?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Le dieron lugar para expresar sus dudas o desacuerdo con las recomendaciones sobre la atención médica de este niño? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Trabajaron con usted para decidir las mejores opciones sobre la atención médica de tratamiento para este niño?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D7** ¿Le ayuda alguien a hacer arreglos o coordinar la atención de este niño entre los diferentes médicos y servicios que este niño usa?

Sí

No

No vio a más de un proveedor de atención médica en los ÚLTIMOS 12 MESES → PASE a la pregunta **D11**

**D8** DURANTE LOS ÚLTIMOS 12 MESES, ¿sintió que podría haber usado ayuda adicional para hacer arreglos o coordinar la atención médica de este niño entre los diferentes proveedores o servicios de atención médica?

Sí

No → PASE a la pregunta **D10**

**D9** Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia obtuvo la ayuda que deseaba para hacer arreglos o coordinar la atención médica de este niño?

Casi siempre

A veces

Nunca

**D10** En general, ¿cómo se siente con respecto a la comunicación entre los médicos de este niño y los demás proveedores de atención médica?

Muy satisfecho

Algo satisfecho

Algo insatisfecho

Muy insatisfecho

**D11** DURANTE LOS ÚLTIMOS 12 MESES, ¿el proveedor de atención médica de este niño se comunicó con la escuela, el proveedor de cuidado de niños o el programa de educación especial de este niño?

Sí

No → PASE a la pregunta **E1**

No fue necesario que el proveedor de atención médica se comunicara con estos proveedores → PASE a la pregunta **E1**

**D12** Si la respuesta es sí, en general, ¿qué tan satisfecho se siente con respecto a la comunicación que el proveedor de atención médica de este niño tiene con la escuela, el proveedor de cuidado de niños o el programa de educación especial?

Muy satisfecho

Algo satisfecho

Algo insatisfecho

Muy insatisfecho



## E. Cobertura de seguro médico de este niño

**E1** DURANTE LOS ÚLTIMOS 12 MESES, ¿ALGUNA VEZ estuvo cubierto este niño por ALGÚN tipo de seguro médico o plan de cobertura de salud?

- Sí, este niño tuvo cobertura durante los 12 meses → **PASE a la pregunta E4**
- Sí, pero este niño tuvo una interrupción en la cobertura
- No

**E2** Indique si alguno de los siguientes es un motivo por el cual este niño no tuvo cobertura de seguro de salud DURANTE LOS ÚLTIMOS 12 MESES:

	Sí	No
a. Cambio de empleador o de situación laboral	<input type="checkbox"/>	<input type="checkbox"/>
b. Cancelación por primas vencidas	<input type="checkbox"/>	<input type="checkbox"/>
c. Renunció a la cobertura porque costaba demasiada	<input type="checkbox"/>	<input type="checkbox"/>
d. Renunció a la cobertura porque los beneficios eran inadecuados	<input type="checkbox"/>	<input type="checkbox"/>
e. Renunció a la cobertura porque las opciones de proveedores de atención médica eran inadecuadas	<input type="checkbox"/>	<input type="checkbox"/>
f. Problemas con el proceso de solicitud o renovación de la cobertura	<input type="checkbox"/>	<input type="checkbox"/>
g. Otro, especifique: ↘	<input type="checkbox"/>	<input type="checkbox"/>

**E3** ¿Está este niño cubierto ACTUALMENTE por ALGÚN tipo de seguro de salud o planes de cobertura de seguro de salud?

- Sí
- No → **PASE a la pregunta F1**

**E4** ¿Está este niño cubierto por alguno de los siguientes tipos de seguro de salud o planes de cobertura de salud?

	Sí	No
a. Seguro a través de un empleador o sindicato actual o previo	<input type="checkbox"/>	<input type="checkbox"/>
b. Seguro adquirido directamente de una compañía de seguros	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicaid, Medical Assistance, o cualquier tipo de plan de asistencia del gobierno para personas con bajos ingresos o una discapacidad	<input type="checkbox"/>	<input type="checkbox"/>
d. TRICARE u otro servicios de atención médica de las Fuerzas Armadas	<input type="checkbox"/>	<input type="checkbox"/>
e. Servicio de Salud Indio (Indian Health Services)	<input type="checkbox"/>	<input type="checkbox"/>
f. Otro, especifique: ↘	<input type="checkbox"/>	<input type="checkbox"/>

**E5** ¿Con qué frecuencia el seguro de salud de este niño ofrece beneficios o cubre servicios que satisfacen las necesidades de este niño?

- Siempre
- Casi siempre
- A veces
- Nunca

**E6** ¿Con qué frecuencia el seguro de salud de este niño le permite ver a los proveedores de atención médica que necesita?

- Siempre
- Casi siempre
- A veces
- Nunca

**E7** Pensando específicamente en las necesidades de salud mental o del comportamiento de este niño, ¿con qué frecuencia el seguro de salud de este niño ofrece beneficios o cubre servicios que satisfacen estas necesidades?

- Este niño no utiliza servicios de salud mental o del comportamiento
- Siempre
- Casi siempre
- A veces
- Nunca

## F. El cuidado de la salud de este niño

**F1** Incluyendo co-pagos y Cuentas de Ahorros de Salud (HSA) y Cuentas de Gastos Flexibles (FSA), ¿cuánto de dinero pagó por atención médica, salud, dental, y el cuidado de visión de este niño DURANTE LOS ÚLTIMOS 12 MESES?

*No incluya las primas ni los costos del seguro que fueron o serán reembolsados por el seguro u otra fuente.*

- \$0 (Sin gastos médicos ni gastos relacionados con la salud) → **PASE a la pregunta F4**
- De \$1 a \$249
- De \$250 a \$499
- De \$500 a \$999
- De \$1,000 a \$5,000
- Más de \$5,000



**F2** ¿Con qué frecuencia son razonables estos costos?

- Siempre
- Casi siempre
- A veces
- Nunca

**F3** DURANTE LOS ÚLTIMOS 12 MESES, ¿tuvo su familia problemas para pagar las facturas médicas o de atención médica de este niño?

- Sí
- No

**F4** DURANTE LOS ÚLTIMOS 12 MESES, ¿usted u otro miembro de la familia:

- |   | Sí                       | No                       |
|---|--------------------------|--------------------------|
| a. ¿Dejó de trabajar debido a la salud o afección médica de este niño?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Redució la cantidad de horas de trabajo debido a la salud o afección médica de este niño? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Evitó cambiar de trabajo para mantener el seguro de salud para este niño?                 | <input type="checkbox"/> | <input type="checkbox"/> |

**F5** EN UNA SEMANA PROMEDIO, ¿cuántas horas dedica usted u otros miembros de la familia a la atención médica del niño en su hogar? *El cuidado puede incluir cambiar vendajes o dar medicamentos y terapias cuando sea necesario.*

- Este niño no necesita atención médica cada semana
- Ni yo ni otros miembros de la familia brindaron ningún tipo de atención médica
- Menos de 1 hora por semana
- De 1 a 4 horas por semana
- De 5 a 10 horas por semana
- 11 horas o más por semana

**F6** EN UNA SEMANA PROMEDIO, ¿cuántas horas dedica usted u otros miembros de la familia haciendo arreglos o coordinando la atención médica o de la salud de este niño, tal como para programar citas o localizar servicios?

- Este niño no necesita de atención médica coordinada cada semana
- Ni yo ni otros miembros de la familia hicieron arreglos ni coordiné atención médica o de la salud
- Menos de 1 hora por semana
- De 1 a 4 horas por semana
- De 5 a 10 horas por semana
- 11 horas o más por semana

## G. El aprendizaje de este niño

**G1** ¿Comenzó este niño la escuela? *Incluya la enseñanza en el hogar (homeschooling).*

- Este niño es menor de 3 años de edad → **PASE a la pregunta H1**
- Sí
- No

**G2** ¿Qué tan bien está aprendiendo este niño a hacer cosas por su cuenta?

- Muy bien
- Algo
- Pobremente
- Nada

**G3** ¿Qué tan seguro está de que este niño va a tener éxito en la escuela elemental o primaria?

- Muy seguro
- Mayormente seguro
- Algo seguro
- Nada seguro

**G4** ¿Con qué frecuencia puede reconocer este niño el sonido inicial de una palabra? Por ejemplo, ¿puede este niño decirle que la palabra "pelota" comienza con el sonido de la letra "p"?

- Siempre
- Casi siempre
- Algunas veces
- Nunca

**G5** ¿Aproximadamente cuántas letras del alfabeto puede reconocer este niño?

- Todas
- La mayoría
- Algunas
- Ninguna

**G6** ¿Puede este niño decir palabras que rimen?

- Sí
- No



**G7** ¿Con qué frecuencia puede explicar este niño lo que ha visto o hecho para que usted tenga una idea bastante clara de lo que pasó?

- Siempre
- Casi siempre
- Algunas veces
- Nunca

**G8** ¿Con qué frecuencia puede escribir este niño su nombre, incluso si algunas de las letras no están del todo bien o están al revés?

- Siempre
- Casi siempre
- Algunas veces
- Nunca

**G9** ¿Hasta qué número puede contar este niño?

- Nada
- Hasta cinco
- Hasta diez
- Hasta 20
- Hasta 50
- Hasta 100 o más

**G10** ¿Con qué frecuencia puede identificar este niño formas básicas, como un triángulo, círculo o cuadrado?

- Siempre
- Casi siempre
- Algunas veces
- Nunca

**G11** ¿Con qué frecuencia se distrae fácilmente este niño?

- Siempre
- Casi siempre
- Algunas veces
- Nunca

**G12** ¿Con qué frecuencia sigue trabajando este niño en algo hasta terminarlo?

- Siempre
- Casi siempre
- Algunas veces
- Nunca

**G13** Cuando este niño está prestando atención, ¿con qué frecuencia puede seguir instrucciones para completar una tarea simple?

- Siempre
- Casi siempre
- Algunas veces
- Nunca

**G14** Cuando este niño sostiene un lápiz, ¿utiliza los dedos o lo sostiene con todo el puño?

- Usa los dedos
- Usa todo el puño
- No puede sostener un lápiz

**G15** ¿Con qué frecuencia este niño juega bien con los demás?

- Siempre
- Casi siempre
- Algunas veces
- Nunca

**G16** ¿Con qué frecuencia este niño se enfada o siente ansioso cuando se pasa de una actividad a otra?

- Siempre
- Casi siempre
- Algunas veces
- Nunca

**G17** ¿Con qué frecuencia muestra preocupación este niño cuando otros están heridos o infelices?

- Siempre
- Casi siempre
- Algunas veces
- Nunca

**G18** ¿Con qué frecuencia puede calmarse este niño cuando está excitado?

- Siempre
- Casi siempre
- Algunas veces
- Nunca



**G19** ¿Con qué frecuencia pierde este niño el control de su temperamento cuando las cosas no salen a su manera?

- Siempre
- Casi siempre
- Algunas veces
- Nunca

**G20** En comparación con otros niños de la misma edad, ¿qué dificultad tiene este niño para hacer o mantener amistades?

- Ninguna dificultad
- Algo de dificultad
- Mucha dificultad

**G21** En comparación con otros niños de la misma edad, ¿con qué frecuencia puede permanecer este niño quieto mientras está sentado?

- Siempre
- Casi siempre
- Algunas veces
- Nunca

**G22** EN LOS ÚLTIMOS 12 MESES, ¿alguna vez le pidió que mantenga a este niño de cualquier guardería o preescolar debido a su comportamiento (cosas como golpeando, pateando, mordiendo, rabieta o desobediendo)? Marque solo UNO.

- Este niño no asistió a la guardería o preescolar
- No
- Sí, me dijeron que recogiera a este niño temprano en 1 o más días
- Sí, tenía que mantener a este niño en casa por 1 día completo o más
- Sí, definitivamente me dijeron que este niño ya no pudo asistir a este centro de cuidado infantil o preescolar

## H. Acerca de usted y este niño

**H1** ¿Nació este niño en los Estados Unidos?

- Sí → PASE a la pregunta **H3**
- No

**H2** Si la respuesta es no, ¿cuánto tiempo ha vivido este niño en los Estados Unidos?

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**H3** ¿Cuántas veces se ha mudado este niño a una dirección nueva desde que nació?

Cantidad de veces

**H4** ¿Con qué frecuencia se va a dormir este niño a más o menos a la misma hora en las noches entre semana?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

**H5** DURANTE LA SEMANA PASADA, ¿cuántas horas durmió este niño durante un día normal (cuente sueño durante la noche y las siestas)?

- Menos de 7 horas
- 7 horas
- 8 horas
- 9 horas
- 10 horas
- 11 horas
- 12 horas o más

**H6** Responda la siguiente pregunta solo si este niño tiene MENOS DE 12 MESES DE EDAD. De lo contrario, PASE a la pregunta **H7**.

¿En qué posición acuesta con mayor frecuencia al bebé para dormir? Marque solo UNA opción.

- De costado
- Boca arriba
- Boca abajo

**H7** EN UN DÍA PROMEDIO DE LA SEMANA, ¿aproximadamente cuánto tiempo pasa este niño frente al televisor viendo programas de televisión, videos o jugando videojuegos?

- Ningún tiempo
- Menos de 1 hora
- 1 hora
- 2 horas
- 3 horas
- 4 horas o más



**H8** EN UN DÍA PROMEDIO DE LA SEMANA, ¿aproximadamente cuánto tiempo pasa este niño usando computadoras, teléfonos celulares, videojuegos de mano y otros dispositivos electrónicos, haciendo actividades no relacionadas con la escuela?

- Ningún tiempo
- Menos de 1 hora
- 1 hora
- 2 horas
- 3 horas
- 4 horas o más

**H9** DURANTE LA SEMANA PASADA, ¿cuántos días usted u otros miembros de la familia le leyeron a este niño?

- 0 días
- De 1 a 3 días
- De 4 a 6 días
- Todos los días

**H10** DURANTE LA SEMANA PASADA, ¿cuántos días usted u otros miembros de la familia le contaron un cuento o le cantaron canciones a este niño?

- 0 días
- De 1 a 3 días
- De 4 a 6 días
- Todos los días

**H11** ¿Cómo considera que sobrelleva las obligaciones cotidianas de la crianza de los niños?

- Muy bien
- Algo bien
- No muy bien
- Nada de bien

**H12** DURANTE EL MES PASADO, ¿con qué frecuencia sintió:

- |  | Nunca                    | En raras ocasiones       | A veces                  | Casi siempre             | Siempre                  |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. ¿Qué este niño es mucho más difícil de cuidar que la mayoría de los niños de su edad? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Qué este niño hace cosas que realmente le molestan mucho a usted?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Qué estaba enojado con este niño?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**H13** DURANTE LOS ÚLTIMOS 12 MESES, ¿hubo alguien a quien pudiera recurrir en busca cotidiana de apoyo emocional con la crianza de niños?

- Sí
- No → PASE a la pregunta **H15**

**H14** Si la respuesta es sí, ¿recibió usted apoyo emocional de:

- |  | Sí                       | No                       |
|--|--------------------------|--------------------------|
| a. ¿Esposo(a)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Otro familiar o amigo cercano?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Un proveedor de atención médica?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Un lugar de culto o un líder religioso?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿Un grupo de apoyo o asistencia relacionado con una afección específica de salud? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ¿Un grupo de apoyo?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. ¿Un consejero u otro profesional de salud mental?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Otra persona, especifique: ↗  | <input type="checkbox"/> | <input type="checkbox"/> |

**H15** ¿Recibe este niño cuidado por al menos 10 horas por semana de otra persona que no sea su padre, madre o tutor? Puede ser una guardería infantil, centro de educación preescolar, programa Head Start, hogar de cuidado de niños, niñera, au pair o pariente.

- Sí
- No

**H16** DURANTE LOS ÚLTIMOS 12 MESES, ¿usted o alguien de la familia tuvo que renunciar al trabajo, no aceptar un trabajo o cambiar su trabajo radicalmente por problemas con el cuidado de niños para este niño?

- Sí
- No

## I. Acerca de su familia y su hogar

**I1** DURANTE LA SEMANA PASADA, ¿cuántos días se reunieron todos los miembros de la familia que viven en el hogar para comer juntos?

- 0 días
- De 1 a 3 días
- De 4 a 6 días
- Todos los días



**12** ¿Alguien que vive en su hogar fuma cigarrillos, cigarros o tabaco de pipa?

- Sí
- No → **PASE a la pregunta 14**

**13** Si la respuesta es sí, ¿alguien fuma dentro del hogar?

- Sí
- No

**14** Cuando su familia enfrenta problemas, ¿con qué frecuencia es probable que hagan lo siguiente?

	Siempre	Casi siempre	A veces	Nunca
a. Hablar todos juntos sobre qué hacer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trabajar juntos para resolver nuestros problemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Saber que tienen la fortaleza para aprovechar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mantener la esperanza aún en tiempos difíciles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15** DESDE QUE EL NIÑO NACIÓ, ¿con qué frecuencia ha sido muy difícil mantenerse con sus ingresos familiares, por ejemplo, difícil cubrir lo básico como alimento u hogar?

- Nunca
- En raras ocasiones
- En algunas ocasiones
- En muchas ocasiones

**16** La siguiente pregunta es para conocer si pudo costear los alimentos que necesitaba. ¿Cuál de estas afirmaciones describe mejor la situación alimenticia de su hogar EN LOS ÚLTIMOS 12 MESES?

- Siempre pudimos costear buenas comidas nutritivas.
- Siempre pudimos costear lo suficiente para comer, pero no siempre la clase de alimentos que debemos comer.
- A veces no pudimos costear lo suficiente para comer.
- Con frecuencia no pudimos costear lo suficiente para comer.

**17** En algún momento DURANTE LOS ÚLTIMOS 12 MESES, aunque fuera durante un mes, ¿algún miembro de la familia recibió lo siguiente:

	Sí	No
a. ¿Ayuda en efectivo de un programa de asistencia social del gobierno?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Cupones para alimentos o beneficios del Programa de Asistencia Nutricional Suplementaria (SNAP)?	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Desayunos o almuerzos gratuitos o de costo reducido en la escuela?	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Beneficios del Programa Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños (WIC)?	<input type="checkbox"/>	<input type="checkbox"/>

**18** ¿En su vecindario hay:

	Sí	No
a. ¿Aceras o paseos peatonales?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Un parque o área de juegos?	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Un centro de recreación, centro comunitario o club "boys and girls"?	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Una biblioteca o biblioteca ambulante?	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Basura o desperdicios en las calles o aceras?	<input type="checkbox"/>	<input type="checkbox"/>
f. ¿Hogares mantenidos pobremente o deteriorados?	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Vandalismo, como ventanas rotas o grafitis?	<input type="checkbox"/>	<input type="checkbox"/>

**19** ¿En qué medida está de acuerdo con estas afirmaciones sobre su vecindario o comunidad?

	Definitivamente de acuerdo	Algo de acuerdo	Algo en desacuerdo	Definitivamente en desacuerdo
a. La gente de este vecindario se ayuda mutuamente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. En este vecindario cuidamos mutuamente de nuestros hijos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Este niño está seguro en nuestro vecindario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cuando enfrentamos dificultades, sabemos a donde acudir para buscar ayuda en nuestra comunidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**110** Las siguientes preguntas son sobre eventos que pueden haber ocurrido durante la vida del niño. Estos pueden suceder en cualquier familia, pero algunas personas quizás se sientan incómodas con estas preguntas. Usted podrá omitir cualquier pregunta que no desee responder.

A su entender, ¿el niño experimentó ALGUNA VEZ algunas de las siguientes situaciones?

	Sí	No
a. Los padres o tutores se divorciaron o separaron	<input type="checkbox"/>	<input type="checkbox"/>
b. Los padres o tutores murieron	<input type="checkbox"/>	<input type="checkbox"/>
c. Los padres o tutores estuvieron en la cárcel	<input type="checkbox"/>	<input type="checkbox"/>
d. Vio u oyó a sus padres o adultos abofetearse, golpearse, patearse o pegarse en el hogar	<input type="checkbox"/>	<input type="checkbox"/>
e. Fue víctima o testigo de violencia en el vecindario	<input type="checkbox"/>	<input type="checkbox"/>
f. Vivió con alguna persona con enfermedad mental, suicida o con depresión grave	<input type="checkbox"/>	<input type="checkbox"/>
g. Vivió con alguna persona con problemas de alcohol o drogas	<input type="checkbox"/>	<input type="checkbox"/>
h. Fue tratado o juzgado injustamente por su raza o grupo étnico	<input type="checkbox"/>	<input type="checkbox"/>



## J. Sobre usted

→ Complete las preguntas por cada uno de los dos adultos en el hogar que son los cuidadores principales del niño. En caso de haber solo un adulto, brinde la respuesta para dicha persona.

### ADULTO 1 (encuestado)

**J1** ¿Qué parentesco tiene con el niño?

- Padre o madre biológica o adoptiva
- Padrastro o madrastra
- Abuelo(a)
- Padre o madre de crianza a través del programa Foster del gobierno
- Tío(a)
- Otro: Pariente
- Otro: No pariente

**J2** ¿Cuál es su sexo?

- Masculino
- Femenino

**J3** ¿Qué edad tiene?

Edad en años

**J4** ¿Dónde nació?

- En los Estados Unidos → **PASE a la pregunta J6**
- Fuera de los Estados Unidos

**J5** ¿Cuándo vino a vivir a los Estados Unidos?

Año

**J6** ¿Cuál es el grado o nivel escolar más alto que usted ha completado? Marque solo UNA opción.

- Grado 8 o menos
- Grado 9 al 12; sin diploma
- Completé secundaria o GED
- Completé un programa de escuela vocacional, comercial o de negocios
- Algunos créditos universitarios, pero sin título
- Título asociado universitario (AA, AS)
- Título de licenciatura universitaria (BA, BS, AB)
- Título de maestría (MA, MS, MSW, MBA)
- Título de doctorado (PhD, EdD) o título profesional (MD, DDS, DVM, JD)

**J7** ¿Cuál es su estado civil?

- Casado(a)
- No casado(a), pero vivo con una pareja
- Nunca me he casado
- Divorciado(a)
- Separado(a)
- Viudo(a)

**J8** En general, ¿cómo está su salud física?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**J9** En general, ¿cómo está su salud mental o emocional?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**J10** ¿Tuvo trabajo por lo menos 50 semanas de las últimas 52 semanas?

- Sí
- No





## ADULTO 2

**J11** ¿Qué parentesco tiene el adulto 2 con el niño?

- Padre o madre biológica o adoptiva
- Padrastro o madrastra
- Abuelo(a)
- Padre o madre de crianza a través del programa Foster del gobierno
- Tío(a)
- Otro: Pariente
- Otro: No pariente
- Sólo hay un guardián adulto principal para este niño → **PASE a la pregunta K1**

**J12** ¿Cuál es el sexo del Adulto 2?

- Masculino
- Femenino

**J13** ¿Qué edad tiene el adulto 2?

Edad en años

**J14** ¿Dónde nació el adulto 2?

- En los Estados Unidos → **PASE a la pregunta J16**
- Fuera de los Estados Unidos

**J15** ¿Cuándo vino el adulto 2 a vivir a los Estados Unidos?

Año

**J16** ¿Cuál es el grado o nivel escolar más alto que ha completado el adulto 2?

- Grado 8 o menos
- Grado 9 al 12; sin diploma
- Completó secundaria o GED
- Completó un programa de escuela vocacional, comercial o de negocios
- Algunos créditos universitarios, pero sin título
- Título asociado universitario (AA, AS)
- Título de licenciatura universitaria (BA, BS, AB)
- Título de maestría (MA, MS, MSW, MBA)
- Título de doctorado (PhD, EdD) o título profesional (MD, DDS, DVM, JD)

**J17** ¿Cuál es el estado civil del adulto 2?

- Casado(a)
- No casado(a), pero vive con una pareja
- Nunca se ha casado
- Divorciado(a)
- Separado(a)
- Viudo(a)

**J18** En general, ¿cómo está la salud física del adulto 2?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**J19** En general, ¿cómo está la salud mental o emocional del adulto 2?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**J20** ¿Tuvo trabajo el adulto 2 por lo menos 50 semanas de las últimas 52 semanas?

- Sí
- No

## K. Información del Hogar

**K1** ¿Cuántas personas viven o se quedan en esta dirección? *Incluya a todas las personas que usualmente viven o se quedan en esta dirección. NO incluya a personas que están viviendo en otro lugar desde hace más de dos meses, como estudiantes universitarios que viven afuera o personas de las Fuerzas Armadas en despliegue.*

Cantidad de personas

**K2** ¿Cuántas de estas personas en su hogar son miembros de su familia? *Familia se define como cualquier persona que tenga parentesco con este niño por consanguinidad, matrimonio, adopción o por el programa de cuidado Foster del gobierno.*

Cantidad de personas



**K3 Ingresos EN EL ÚLTIMO AÑO CALENDARIO**

(del 1 de enero al 31 de diciembre de 2015)  
 Marque (X) la casilla "Sí" para los tipos de ingresos recibidos por la familia y dé la mejor aproximación de la CANTIDAD TOTAL EN EL ÚLTIMO AÑO CALENDARIO. Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

a. ¿Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos?

Sí  No

\$           Cantidad Total

b. ¿Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad?

Sí  No

\$           Cantidad Total

c. ¿Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos?

Sí  No

\$           Cantidad Total

d. ¿Seguro Social o retiro para personal de ferrocarriles; pensión por retiro, pensión para viudos(as) y dependientes de fallecidos o pensión por incapacidad?

Sí  No

\$           Cantidad Total

e. ¿Seguridad de Ingreso Suplementario (Supplemental Security Income, SSI); cualquier asistencia pública o pagos de asistencia social del estado o la oficina de asistencia social local?

Sí  No

\$           Cantidad Total

f. ¿Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (Veterans Administration, VA), compensación por desempleo, pensión para hijos menores o pensión alimenticia?

Sí  No

\$           Cantidad Total

**K4**

La siguiente pregunta es sobre sus ingresos y es muy importante. Piense en el total de ingreso familiar combinado EN EL ÚLTIMO AÑO CALENDARIO de todos los miembros de la familia. ¿Cuál es la cantidad antes de impuestos? Incluya dinero del trabajo, pensión para hijos menores, seguro social, ingresos por jubilación, pagos por desempleo, asistencia pública y demás. También, incluya ingresos de intereses, dividendos, ingresos netos por negocios, actividades agrícolas o alquileres y cualquier otro dinero recibido como ingreso.

\$           Cantidad Total

INFORMATIONAL COPY



## Instrucciones de envío postal

### Gracias por su participación.

En nombre del Departamento de Salud y Servicios Humanos de los EE. UU., queremos agradecerle por su esfuerzo y el tiempo que dedicó para compartir esta información sobre su hogar y los niños que incluye.

Sus respuestas son importantes y facilitarán que investigadores, personas encargadas de formular políticas públicas y defensores de familia comprendan mejor las necesidades en materia de salud y atención médica de los niños de nuestra población diversa.

**Coloque el cuestionario completado en el sobre con franqueo pagado. Si el sobre se ha extraviado, envíe el cuestionario por correo a:**

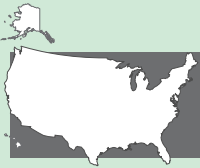
U.S. Census Bureau  
ATTN: DCB 60-A  
1201 E. 10th Street  
Jeffersonville, IN 47132-0001

También puede llamar al **1-800-845-8241** para solicitar un sobre de reemplazo.

INFORMATIONAL COPY

Se calcula que el tiempo promedio necesario para recopilar esta información es de 30 minutos por respuesta, incluyendo el tiempo para revisar las instrucciones, buscar las fuentes de datos existentes, reunir y controlar los datos necesarios, y completar y revisar la recopilación de la información. Para realizar comentarios sobre este cálculo o sobre cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir el tiempo, escriba a: Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a [DEMO.Paperwork@census.gov](mailto:DEMO.Paperwork@census.gov); escriba como asunto "Paperwork Project 0607-0990."





# Encuesta Nacional de Salud de los Niños

*Un estudio del Departamento de Salud y Servicios Humanos de los EE. UU. para entender mejor los problemas de salud que enfrentan los niños en los Estados Unidos actualmente.*



La Oficina del Censo de los Estados Unidos está llevando a cabo la Encuesta Nacional de Salud Infantil en el nombre del Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS) bajo el Título 13, Código de los Estados Unidos, Sección 8 (b), que permite la Oficina del Censo para realizar encuestas en nombre de otras agencias. Título 42 USC Sección 701 (a) (2) permite HHS para recopilar información con el propósito de entender la salud y el bienestar de los niños en los Estados Unidos. Los datos recopilados en virtud de este acuerdo son confidenciales bajo 13 USC Sección 9. Todo el acceso al Título 13 datos de esta encuesta se limita a los empleados de la Oficina del Censo y los titulares del Estado jurado de la Oficina del Censo Especial de conformidad con 13 USC Sección 23 (c).

Cualquier información que proporcione será compartido entre un número limitado de la Oficina del Censo y el personal del HHS sólo para fines relacionados con el trabajo identificados anteriormente y según lo permitido por la Ley de Privacidad de 1974 (5 USC Sección 552a).

La participación en esta encuesta es voluntaria y no hay sanciones por negarse a responder a las preguntas. Sin embargo, su cooperación en la obtención de esta información necesaria es de suma importancia a fin de garantizar resultados completos y precisos.

**NSCH-S-T2**  
(07/20/2016)



## Inicio

Recientemente, usted completó una encuesta con preguntas sobre los niños que, usualmente, viven o se quedan en esta dirección. Gracias por tomar de su tiempo para completar esa encuesta.

Ahora le haremos algunas preguntas de seguimiento sobre:

Estas preguntas servirán para recopilar más información detallada sobre diversos aspectos de la salud de este niño, que incluyen su estado de salud, visitas a los proveedores de atención médica, costos de atención médica y cobertura de seguro de salud.

Hemos seleccionado solamente a un niño por hogar a fin de minimizar el tiempo necesario para responder a las preguntas de seguimiento.

La encuesta se deberá completar por un adulto familiarizado con la salud y la atención médica de este niño.

Su participación es importante. Gracias.

## A. La salud de este niño

**A1** En general, ¿cómo describiría la salud de este niño (cuyo nombre aparece más arriba)?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**A2** ¿Cómo describiría la salud dental de este niño?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**A3** ¿Qué tan bien cada una de las siguientes frases describen a este niño?

	Definitivamente cierto	Algo cierto	Falso
a. Este niño muestra interés y curiosidad por aprender cosas nuevas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Este niño trabaja para terminar las tareas que comienza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Este niño se mantiene tranquilo y en control cuando se enfrenta a un desafío	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A este niño le importa que le vaya bien en la escuela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Este niño hace toda la tarea requerida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Este niño es víctima de acoso escolar, de burlas o es excluido por otros niños	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Este niño tiende a hostigar a otros en el entorno escolar, se burla de los demás o los excluye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Este niño discute demasiado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A4** DURANTE LOS ÚLTIMOS 12 MESES, este niño ha tenido dificultades CRÓNICAS o FRECUENTES con cualquiera de los siguientes?

	Sí	No
a. Respirar u otros problemas respiratorios (como respiración sibilante o falta de aire)	<input type="checkbox"/>	<input type="checkbox"/>
b. Comer o tragar debido a una afección médica	<input type="checkbox"/>	<input type="checkbox"/>
c. Digerir la comida, incluyendo problemas estomacales/intestinales, estreñimiento o diarrea	<input type="checkbox"/>	<input type="checkbox"/>
d. Dolor físico repetido o crónico, incluyendo dolor de cabeza, dolor de espalda o dolor corporal	<input type="checkbox"/>	<input type="checkbox"/>
e. Dolor de muela	<input type="checkbox"/>	<input type="checkbox"/>
f. Sangrado en las encías	<input type="checkbox"/>	<input type="checkbox"/>
g. Dientes deteriorados o caries	<input type="checkbox"/>	<input type="checkbox"/>

**A5** ¿Presenta este niño alguno de los siguientes problemas?

	Sí	No
a. Dificultades serias para concentrarse, recordar o tomar decisiones debido a una afección física, mental o emocional	<input type="checkbox"/>	<input type="checkbox"/>
b. Dificultades serias para caminar o subir escaleras	<input type="checkbox"/>	<input type="checkbox"/>
c. Dificultades para vestirse o bañarse	<input type="checkbox"/>	<input type="checkbox"/>
d. Sordera o problemas de audición	<input type="checkbox"/>	<input type="checkbox"/>
e. Ceguera o problemas de la vista, incluso cuando usa anteojos	<input type="checkbox"/>	<input type="checkbox"/>



**A6** ¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este niño padece de...

¿Alergias (incluyendo alimentos, medicamentos, insectos o de otro tipo)?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A7** ¿Artritis?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A8** ¿Asma?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A9** ¿Trastornos sanguíneos (como enfermedad de anemia drepanocítica o de células falciformes, talasemia o hemofilia)?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A10** ¿Lesión cerebral, contusión o lesión en la cabeza?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

(¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este niño padece de...)

**A11** ¿Parálisis cerebral?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A12** ¿Fibrosis quística?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A13** ¿Diabetes?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A14** ¿Síndrome de Down?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A15** ¿Epilepsia o trastornos convulsivos?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A16** ¿Afección cardíaca?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave



(¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este niño padece de...)

**A17** ¿Dolores de cabeza frecuentes o intensos, incluyendo migrañas?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A18** ¿Síndrome de Tourette?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A19** ¿Problemas de ansiedad?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A20** ¿Depresión?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A21** ¿Otra afección genética o hereditaria?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A22** ¿ALGUNA VEZ le ha dicho a usted un médico, otro proveedor de atención médica o un educador que este niño padece de...

*Algunos ejemplos de educadores son maestros y enfermeros escolares.*

¿Problemas de comportamiento o conducta?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A23** ¿Trastornos por abuso de drogas?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A24** ¿Retraso en el desarrollo?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A25** ¿Discapacidad intelectual (también conocida como retraso mental)?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A26** ¿Trastorno del habla u otro trastorno del lenguaje?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A27** ¿Discapacidades del aprendizaje?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave



**A28** ¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este niño padece de...

¿Cualquier otra afección de salud mental?

Sí  No

↳ Si la respuesta es sí, especifique: ↗

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A29** ¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este niño padece de autismo o trastorno del espectro autista (TEA)? *Incluya los diagnósticos de síndrome de Asperger o trastorno generalizado del desarrollo (TGD).*

Sí  No → **PASE a la pregunta A34**

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A30** ¿Qué edad tenía este niño cuando un médico u otro proveedor de atención médica le dijo a usted por PRIMERA VEZ que tenía autismo, trastornos del espectro autista (TEA), síndrome de Asperger, o trastorno generalizado del desarrollo (TGD)?

Edad en años  No sabe

**A31** ¿Qué tipo de médico u otro proveedor de atención médica fue el PRIMERO en decirle a usted que este niño tenía autismo, trastornos del espectro autista (TEA), síndrome de Asperger, o trastorno generalizado del desarrollo (TGD)? *Marque solo UNA opción.*

Proveedor de atención primaria

Especialista

Psicólogo/consejero escolar

Otro psicólogo (no escolar)

Psiquiatra

Otro, *especifique:* ↗

No sabe

**A32** ¿Toma este niño ACTUALMENTE medicamentos para tratar el autismo, los trastornos del espectro autista (TEA), síndrome de Asperger, o el trastorno generalizado del desarrollo (TGD)?

Sí  No

**A33** En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este niño tratamiento del comportamiento por autismo, trastornos del espectro autista (TEA), síndrome de Asperger, o trastorno generalizado del desarrollo (TGD), tal como alguna capacitación o intervención que haya recibido usted o este niño para ayudar con su comportamiento?

Sí  No

**A34** ¿ALGUNA VEZ le dijo a usted un médico u otro proveedor de atención médica que este niño padece del trastorno por déficit de atención o del trastorno por déficit de atención e hiperactividad, es decir, TDA o TDAH?

Sí  No → **PASE a la pregunta A37**

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A35** ¿Toma este niño ACTUALMENTE medicamentos para tratar el trastorno por déficit de atención (TDA) o el trastorno por déficit de atención con hiperactividad (TDAH)?

Sí  No

**A36** En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este niño tratamiento del comportamiento por trastorno por déficit de atención (TDA) o trastorno por déficit de atención e hiperactividad (TDAH), tal como alguna capacitación o intervención que haya recibido usted o este niño para ayudar con su comportamiento?

Sí  No

**A37** DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia las afecciones o los problemas de salud de este niño afectaron su capacidad para hacer actividades que realizan otros niños de su edad?

Este niño no padece ninguna afección → **PASE a la pregunta B1**

Nunca

A veces

Casi siempre

Siempre

**A38** ¿En qué medida las afecciones o los problemas de salud de este niño afectan su capacidad para hacer actividades?

Muy poco

Algo

En gran medida





## B. Este niño cuando era bebé

**B1** ¿Nació este niño más de 3 semanas antes de la fecha para la cual se esperaba el parto?

- Sí  
 No

**B2** ¿Cuánto pesó al nacer?

Responder en libras y onzas o kilogramos y gramos. Indique su mejor aproximación.

libras y   onzas  
O

kilogramos y    gramos

**B3** ¿Qué edad tenía la madre cuando nació este niño?

Edad en años

## C. Servicios de atención médica

**C1** DURANTE LOS ÚLTIMOS 12 MESES, ¿consultó este niño a algún médico, enfermero u otro profesional de la salud para recibir atención por una enfermedad, para la visita de niño sano, realizarse un examen físico, por hospitalizaciones o recibir cualquier otro tipo de atención médica?

- Sí  
 No → PASE a la pregunta **C4**

**C2** Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces tuvo este niño una consulta con un médico, enfermero u otro profesional de la salud para realizarse un chequeo PREVENTIVO? El chequeo preventivo se realiza cuando este niño no ha estado enfermo ni lesionado, tal como un chequeo anual o un examen físico para hacer deporte o la visita de niño sano.

- 0 visitas → PASE a la pregunta **C4**  
 1 visita  
 2 visitas o más

**C3** Pensando en la ÚLTIMA VEZ que llevó al niño a un chequeo preventivo, ¿aproximadamente cuánto tiempo estuvo el médico o proveedor de atención médica que examinó a este niño en el consultorio con usted? Está bien que indique su mejor aproximación.

- Menos de 10 minutos  
 De 10 a 20 minutos  
 Más de 20 minutos

**C4** ¿Cuál es la estatura ACTUAL de este niño?

pies y   pulgadas  
O  
 metros y    centímetros

**C5** ¿Cuál es el peso ACTUAL de este niño?

libras  
O  
  kilogramos

**C6** ¿Le preocupa el peso de este niño?

- Sí, es demasiado alto  
 Sí, es demasiado bajo  
 No, no me preocupa



**C7** ¿Hay algún lugar a donde este niño USUALMENTE va cuando está enfermo o al que usted u otro cuidador va cuando necesita asesoramiento sobre la salud de este niño?

- Sí
- No → **PASE a la pregunta C9**

**C8** Si la respuesta es sí, ¿a dónde va este niño USUALMENTE? Marque solo UNA opción.

- Consultorio del médico
- Sala de emergencias del hospital
- Departamento de pacientes ambulatorios del hospital
- Clínica o centro de salud
- Clínica ambulatoria dentro de un negocio o "Minute Clinic"
- Escuela (enfermería, oficina del entrenador atlético)
- Algún otro lugar

**C9** ¿Hay algún lugar a donde va USUALMENTE este niño cuando necesita atención preventiva de rutina, como un examen físico o un chequeo de niño sano?

- Sí
- No → **PASE a la pregunta C11**

**C10** Si la respuesta es sí, ¿es este el mismo lugar a donde el niño va cuando está enfermo?

- Sí
- No

**C11** DURANTE LOS ÚLTIMOS 2 AÑOS, ¿se le ha hecho a este niño un examen de la vista con imágenes, formas o letras?

- Sí
- No → **PASE a la pregunta C13**

**C12** Si la respuesta es sí, ¿en qué tipo de lugar o lugares se le examinó la vista a este niño? Marque TODAS las categorías que correspondan.

- Consultorio de un oculista o especialista en ojos (oftalmólogo, optometrista)
- Consultorio del pediatra u otro médico generalista
- Clínica o centro de salud
- Escuela
- Otro, especifique:

**C13** DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este niño al dentista u otro profesional de la salud oral para recibir algún tipo de atención dental u oral?

- Sí, fue al dentista
- Sí, fue a otro profesional de salud oral
- No → **PASE a la pregunta C16**

**C14** Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este niño al dentista u otro profesional de la salud oral para recibir atención preventiva, como chequeos, limpiezas dentales, selladores dentales o tratamientos con fluoruro?

- No tuvo visitas preventivas en los últimos 12 meses → **PASE a la pregunta C16**
- Sí, 1 visita
- Sí, 2 visitas o más

**C15** Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿qué servicios dentales preventivos recibió este niño? Marque TODAS las opciones que correspondan.

- Chequeo
- Limpieza
- Instrucciones sobre cepillado de dientes y cuidado de salud oral
- Radiografías
- Tratamiento de fluoruro
- Sellador (sellador plástico en muelas posteriores)
- No sabe

**C16** DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este niño algún tratamiento o asesoría por parte de un profesional de salud mental? Los profesionales de salud mental incluyen psiquiatras, psicólogos, enfermeros psiquiátricos y trabajadores sociales clínicos.

- Sí
- No, pero este niño necesitó ver a un profesional de salud mental
- No, este niño no necesitó ver a un profesional de salud mental → **PASE a la pregunta C18**

**C17** ¿Qué tan problemático le resultó obtener el tratamiento o asesoría de salud mental que el niño necesitaba?

- No fue problema
- Fue un poco problemático
- Fue bastante problemático



**C18** DURANTE LOS ÚLTIMOS 12 MESES, ¿tomó este niño algún medicamento debido a dificultades con sus emociones, concentración o comportamiento?

- Sí  
 No

**C19** DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este niño a algún especialista aparte de un profesional de salud mental? *Los especialistas son médicos como cirujanos, cardiólogos, alergistas, dermatólogos y otros médicos que se especializan en una sola área de la atención médica.*

- Sí  
 No, pero este niño necesitó ver a un especialista  
 No, este niño no necesitó ver a un especialista → **PASE a la pregunta C21**

**C20** ¿Qué tan problemático le resultó que este niño recibiera la atención del especialista que necesitaba?

- No fue problema  
 Fue un poco problemático  
 Fue bastante problemático

**C21** DURANTE LOS ÚLTIMOS 12 MESES, ¿usó este niño algún tipo de atención médica o tratamiento alternativo?

*La atención médica alternativa puede incluir acupuntura, atención quiropráctica, terapias de relajación, suplementos a base de hierbas y otros tratamientos. Algunas terapias implican ver a un proveedor de atención médica, mientras que otras se pueden realizar por cuenta propia.*

- Sí  
 No

**C22** DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este niño atención médica en alguna ocasión pero no la recibió? *Por atención médica nos referimos a la atención médica así como atención dental, de la vista y de salud mental.*

- Sí  
 No → **PASE a la pregunta C25**

**C23** Si la respuesta es sí, ¿qué tipo de atención no recibió? Marque **TODAS** las categorías que correspondan.

- Atención médica  
 Atención dental  
 Atención de la vista  
 Atención de la audición  
 Servicios de salud mental  
 Otro, especifique:

**C24** Cuál de las siguientes contribuyeron a este niño no recibir servicios de salud necesarios:

- |  | Sí                       | No                       |
|--|--------------------------|--------------------------|
| a. ¿Este niño no era elegible para recibir los servicios?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Los servicios que necesitaba este niño no estaban disponibles en su área?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Hubo problema para programar una cita cuando este niño la necesitó?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Hubo problema para obtener transporte o cuidado de niños?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿El consultorio (del médico o la clínica) no estaba abierto cuando este niño necesitó atención? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ¿Hubo problemas relacionados con el costo?  | <input type="checkbox"/> | <input type="checkbox"/> |

**C25** DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia se sintió frustrado en sus esfuerzos para obtener servicios para este niño?

- Nunca  
 A veces  
 Casi siempre  
 Siempre

**C26** DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces fue este niño a la sala de emergencias de un hospital?

- Nunca  
 1 visita  
 2 visitas o más veces

**C27** ¿Recibió este niño **ALGUNA VEZ** un plan de educación especial o de intervención temprana? *Los niños que reciben estos servicios a menudo cuentan con un Plan de Servicio Familiar Individualizado (IFSP) o Plan de Educación Individualizada (IEP).*

- Sí  
 No → **PASE a la pregunta C30**

**C28** Si la respuesta es sí, ¿qué edad tenía este niño cuando se estableció el **PRIMER** plan?

Años y  Meses

**C29** ¿Recibe este niño **ACTUALMENTE** servicios bajo alguno de estos planes?

- Sí  
 No



**C30** ¿Recibió este niño **ALGUNA VEZ** servicios especiales para cumplir con sus necesidades del desarrollo, tal como terapia del habla, ocupacional o del comportamiento?

Sí

No → **PASE a la pregunta D1**

**C31** Si la respuesta es sí, ¿qué edad tenía este niño cuando comenzó a recibir estos servicios especiales?

Años y   Meses

**C32** ¿Recibe este niño **ACTUALMENTE** estos servicios especiales?

Sí

No

## D. Experiencia con los proveedores de atención médica de este niño

**D1** ¿Tiene a una o más personas quienes considera como **médico o enfermero de cabecera de este niño**? *Un médico o enfermero es un profesional de la salud quien conoce bien al niño y está familiarizado con la historia de salud de este niño. Puede ser un médico de medicina general, un pediatra, un médico especialista, un enfermero practicante o un asociado médico.*

Sí, a una persona

Sí, a más de una persona

No

**D2** **DURANTE LOS ÚLTIMOS 12 MESES**, ¿necesitó este niño un referido para ver a algún médico o recibir algún servicio?

Sí

No → **PASE a la pregunta D4**

**D3** Si la respuesta es sí, ¿cuánta dificultad tuvo para obtener referidos?

No fue problema

Fue un poco problemático

Fue bastante problemático

**D4** **Responda las siguientes preguntas solo si este niño tuvo una visita de atención médica EN LOS ÚLTIMOS 12 MESES. De lo contrario, PASE a la pregunta E1.**

**DURANTE LOS ÚLTIMOS 12 MESES**, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este niño hicieron lo siguiente:

	Siempre	Casi siempre	A veces	Nunca
a. ¿Estuvieron tiempo suficiente con este niño?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Lo escucharon a usted con atención?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Mostraron sensibilidad por los valores y costumbres familiares?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Le brindaron la información específica que necesitaba con relación a este niño?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Lo hicieron sentirse como un participante en la atención de este niño?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**D5** DURANTE LOS ÚLTIMOS 12 MESES, ¿se necesitó tomar alguna decisión sobre los servicios o tratamientos de atención médica de este niño, tal como comenzar o interrumpir la administración de medicamentos recetados o servicios de terapia, obtener un referido para un especialista u obtener un procedimiento médico?

Sí

No → PASE a la pregunta **D7**

**D6** Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este niño:

	Siempre	Casi siempre	A veces	Nunca
a. ¿Analizaron con usted la variedad de opciones a considerar para la atención médica o el tratamiento de este niño?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Le dieron lugar para expresar sus dudas o desacuerdo con las recomendaciones sobre la atención médica de este niño?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Trabajaron con usted para decidir las mejores opciones sobre la atención médica de tratamiento para este niño?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D7** ¿Le ayuda alguien a hacer arreglos o coordinar la atención de este niño entre los diferentes médicos y servicios que este niño usa?

Sí

No

No vio a más de un proveedor de atención médica en los ÚLTIMOS 12 MESES → PASE a la pregunta **D11**

**D8** DURANTE LOS ÚLTIMOS 12 MESES, ¿sintió que podría haber usado ayuda adicional para hacer arreglos o coordinar la atención médica de este niño entre los diferentes proveedores o servicios de atención médica?

Sí

No → PASE a la pregunta **D10**

**D9** Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia obtuvo la ayuda que deseaba para hacer arreglos o coordinar la atención médica de este niño?

Siempre

A veces

Nunca

**D10** En general, ¿cómo se siente con respecto a la comunicación entre los médicos de este niño y los demás proveedores de atención médica?

Muy satisfecho

Algo satisfecho

Algo insatisfecho

Muy insatisfecho

**D11** DURANTE LOS ÚLTIMOS 12 MESES, ¿el proveedor de atención médica de este niño se comunicó con la escuela, el proveedor de cuidado de niños o el programa de educación especial de este niño?

Sí

No → PASE a la pregunta **E1**

No fue necesario que el proveedor de atención médica se comunicara con estos proveedores → PASE a la pregunta **E1**

**D12** Si la respuesta es sí, en general, ¿qué tan satisfecho se siente con respecto a la comunicación que el proveedor de atención médica de este niño tiene con la escuela, el proveedor de cuidado de niños o el programa de educación especial?

Muy satisfecho

Algo satisfecho

Algo insatisfecho

Muy insatisfecho



## E. Cobertura de seguro médico de este niño

**E1** DURANTE LOS ÚLTIMOS 12 MESES, ¿ALGUNA VEZ estuvo cubierto este niño por ALGÚN tipo de seguro médico o plan de cobertura de salud?

- Sí, el niño tuvo cobertura durante los 12 meses → **PASE a la pregunta E4**
- Sí, pero este niño tuvo una interrupción en la cobertura
- No

**E2** Indique si alguno de los siguientes es un motivo por el cual este niño no tuvo cobertura de seguro de salud DURANTE LOS ÚLTIMOS 12 MESES:

- |   | Sí                       | No                                  |
|---|--------------------------|-------------------------------------|
| a. Cambio de empleador o de situación laboral   | <input type="checkbox"/> | <input type="checkbox"/>            |
| b. Cancelación por primas vencidas  | <input type="checkbox"/> | <input type="checkbox"/>            |
| c. Renunció a la cobertura porque costaba demasiada   | <input type="checkbox"/> | <input type="checkbox"/>            |
| d. Renunció a la cobertura porque los beneficios eran inadecuados                                 | <input type="checkbox"/> | <input type="checkbox"/>            |
| e. Renunció a la cobertura porque las opciones de proveedores de atención médica eran inadecuadas | <input type="checkbox"/> | <input type="checkbox"/>            |
| f. Problemas con el proceso de solicitud o renovación de la cobertura                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Otro, <i>especifique:</i> ↘  | <input type="checkbox"/> | <input type="checkbox"/>            |

**E3** ¿Está este niño cubierto ACTUALMENTE por ALGÚN tipo de seguro de salud o planes de cobertura de seguro de salud?

- Sí
- No → **PASE a la pregunta F1**

**E4** ¿Está este niño cubierto por alguno de los siguientes tipos de seguro de salud o planes de cobertura de salud?

- |  | Sí                       | No                       |
|--|--------------------------|--------------------------|
| a. Seguro a través de un empleador o sindicato actual o previo   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguros  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicaid, Medical Assistance, o cualquier tipo de plan de asistencia del gobierno para personas con bajos ingresos o una discapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| d. TRICARE u otros servicios de atención médica de las Fuerzas Armadas   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Servicio de Salud Indio (Indian Health Services)  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Otro, <i>especifique:</i> ↘   | <input type="checkbox"/> | <input type="checkbox"/> |

**E5** ¿Con qué frecuencia el seguro de salud de este niño ofrece beneficios o cubre servicios que satisfacen las necesidades de este niño?

- Siempre
- Casi siempre
- A veces
- Nunca

**E6** ¿Con qué frecuencia el seguro de salud de este niño le permite ver a los proveedores de atención médica que necesita?

- Siempre
- Casi siempre
- A veces
- Nunca

**E7** Pensando específicamente en las necesidades de salud mental o del comportamiento de este niño, ¿con qué frecuencia el seguro de salud de este niño ofrece beneficios o cubre servicios que satisfacen estas necesidades?

- Este niño no utiliza servicios de salud mental o del comportamiento
- Siempre
- Casi siempre
- A veces
- Nunca



## F. El cuidado de la salud de este niño

**F1** Incluyendo co-pagos y Cuentas de Ahorros de Salud (HSA) y Cuentas de Gastos Flexibles (FSA), ¿cuánta cantidad de dinero pagó por atención médica, salud, dental, y el cuidado de visión de este niño DURANTE LOS ÚLTIMOS 12 MESES? No incluya las primas ni los costos del seguro que fueron o serán reembolsados por el seguro u otra fuente.

- \$0 (Sin gastos médicos ni gastos relacionados con la salud) → **PASE a la pregunta F4**
- De \$1 a \$249
- De \$250 a \$499
- De \$500 a \$999
- De \$1,000 a \$5,000
- Más de \$5,000

**F2** ¿Con qué frecuencia son razonables estos costos?

- Siempre
- Casi siempre
- A veces
- Nunca

**F3** DURANTE LOS ÚLTIMOS 12 MESES, ¿tuvo su familia problemas para pagar las facturas médicas o de atención médica de este niño?

- Sí
- No

**F4** DURANTE LOS ÚLTIMOS 12 MESES, ¿usted u otro miembro de la familia:

- |   | Sí                       | No                       |
|---|--------------------------|--------------------------|
| a. ¿Dejó de trabajar debido a la salud o afección médica de este niño?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Redució la cantidad de horas de trabajo debido a la salud o afección médica de este niño? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Evitó cambiar de trabajo para mantener el seguro de salud para este niño?                 | <input type="checkbox"/> | <input type="checkbox"/> |

**F5** EN UNA SEMANA PROMEDIO, ¿cuántas horas dedica usted u otros miembros de la familia a la atención médica del niño en su hogar? El cuidado puede incluir cambiar vendajes o dar medicamentos y terapias cuando sea necesario.

- Este niño no necesita atención médica cada semana
- Ni yo ni otros miembros de la familia brindaron ningún tipo de atención médica
- Menos de 1 hora por semana
- De 1 a 4 horas por semana
- De 5 a 10 horas por semana
- 11 horas o más por semana

**F6** EN UNA SEMANA PROMEDIO, ¿cuántas horas dedica usted u otros miembros de la familia haciendo arreglos o coordinando la atención médica o de la salud de este niño, tal como para programar citas o localizar servicios?

- Este niño no necesita de atención médica coordinada cada semana
- Ni yo ni otros miembros de la familia hicieron arreglos ni coordiné atención médica o de la salud
- Menos de 1 hora por semana
- De 1 a 4 horas por semana
- De 5 a 10 horas por semana
- 11 horas o más por semana

## G. La educación y las actividades de este niño

**G1** DURANTE LOS ÚLTIMOS 12 MESES, ¿aproximadamente cuántos días se ausentó de la escuela este niño por una enfermedad o lesión?

- No se ausentó ningún día
- De 1 a 3 días
- De 4 a 6 días
- De 7 a 10 días
- 11 días o más

**G2** DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces se comunicó la escuela de este niño con usted u otro adulto de su casa por algún problema del niño en la escuela?

- Nunca
- 1 vez
- 2 veces o más



**G3** DESDE QUE COMENZÓ KINDERGARTEN, ¿alguna vez ha repetido este niño algún grado?

- Sí  
 No

**G4** DURANTE LOS ÚLTIMOS 12 MESES, ¿participó este niño en:

- |  | Sí                       | No                       |
|--|--------------------------|--------------------------|
| a. ¿Un equipo deportivo o clases de algún deporte después de la escuela o los fines de semana?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Clubes u organizaciones después de la escuela o los fines de semana?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Alguna otra actividad organizada o clases, tal como música, baile, otro idioma u otras artes?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Algún tipo de servicio comunitario o trabajo voluntario en la escuela, iglesia o comunidad?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿Alguna actividad con paga, incluyendo trabajos usuales como cuidando niños, cortando el césped u otro trabajo ocasional? | <input type="checkbox"/> | <input type="checkbox"/> |

**G5** DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia asistió usted a eventos o actividades en las que este niño participaba?

- Siempre  
 Casi siempre  
 A veces  
 En raras ocasiones  
 Nunca

**G6** DURANTE LA SEMANA PASADA, ¿cuántos días hizo este niño ejercicio, practicó un deporte o participó en actividad física por al menos 60 minutos?

- 0 días  
 De 1 a 3 días  
 De 4 a 6 días  
 Todos los días

**G7** En comparación con otros niños de la misma edad, ¿qué dificultad tiene este niño para hacer o mantener amistades?

- Ninguna dificultad  
 Algo de dificultad  
 Mucha dificultad

## H. Acerca de usted y este niño

**H1** ¿Nació este niño en los Estados Unidos?

- Sí → PASE a la pregunta **H3**  
 No

**H2** Si la respuesta es no, ¿cuánto tiempo ha vivido este niño en los Estados Unidos?

Años y   Meses

**H3** ¿Cuántas veces se ha mudado este niño a una dirección nueva desde que nació?

Cantidad de veces

**H4** ¿Con qué frecuencia se va a dormir este niño a más o menos a la misma hora en las noches entre semana?

- Siempre  
 Casi siempre  
 A veces  
 En raras ocasiones  
 Nunca

**H5** DURANTE LA SEMANA PASADA, ¿cuántas horas durmió este niño en una noche promedio entre semana?

- Menos de 6 horas  
 6 horas  
 7 horas  
 8 horas  
 9 horas  
 10 horas  
 11 horas o más





**H6** EN UN DÍA PROMEDIO DE LA SEMANA, ¿aproximadamente cuánto tiempo pasa este niño frente al televisor viendo programas de televisión, videos o jugando videojuegos?

- Ningún tiempo
- Menos de 1 hora
- 1 hora
- 2 horas
- 3 horas
- 4 horas o más

**H7** EN UN DÍA PROMEDIO DE LA SEMANA, ¿aproximadamente cuánto tiempo pasa este niño usando computadoras, teléfonos celulares, videojuegos de mano y otros dispositivos electrónicos, haciendo actividades no relacionadas con la escuela?

- Ningún tiempo
- Menos de 1 hora
- 1 hora
- 2 horas
- 3 horas
- 4 horas o más

**H8** ¿Qué tan bien pueden usted y este niño compartir ideas o hablar sobre cosas realmente importantes?

- Muy bien
- Algo bien
- No muy bien
- Nada de bien

**H9** ¿Cómo considera que sobrelleva las obligaciones cotidianas de la crianza de los niños?

- Muy bien
- Algo bien
- No muy bien
- Nada de bien

**H10** DURANTE EL MES PASADO, ¿con qué frecuencia sintió:

- |  | Nunca                    | En raras ocasiones       | A veces                  | Casi siempre             | Siempre                  |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. ¿Qué este niño es mucho más difícil de cuidar que la mayoría de los niños de su edad? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Qué este niño hace cosas que realmente le molestan mucho a usted?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Qué estaba enojado con este niño?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**H11** DURANTE LOS ÚLTIMOS 12 MESES, ¿hubo alguien a quien pudiera recurrir en busca cotidiana de apoyo emocional con la crianza de niños?

- Sí
- No → PASE a la pregunta 11

**H12** Si la respuesta es sí, ¿recibió usted apoyo emocional de:

- |  | Sí                       | No                       |
|--|--------------------------|--------------------------|
| a. ¿Esposo(a)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Otro familiar o amigo cercano?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Un proveedor de atención médica?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Un lugar de culto o un líder religioso?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿Un grupo de apoyo o asistencia relacionado con una afección específica de salud? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ¿Un grupo de apoyo?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. ¿Un consejero u otro profesional de salud mental?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Otra persona, especifique: ➤  | <input type="checkbox"/> | <input type="checkbox"/> |



## I. Acerca de su familia y su hogar

**11** DURANTE LA SEMANA PASADA, ¿cuántos días se reunieron todos los miembros de la familia que viven en el hogar para comer juntos?

- 0 días
- De 1 a 3 días
- De 4 a 6 días
- Todos los días

**12** ¿Alguien que vive en su hogar fuma cigarrillos, cigarros o tabaco de pipa?

- Sí
- No → **PASE a la pregunta 14**

**13** Si la respuesta es sí, ¿alguien fuma dentro del hogar?

- Sí
- No

**14** Cuando su familia enfrenta problemas, ¿con qué frecuencia es probable que hagan lo siguiente?

	Siempre	Casi siempre	A veces	Nunca
a. Hablar todos juntos sobre qué hacer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trabajar juntos para resolver nuestros problemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Saber que tienen la fortaleza para aprovechar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mantener la esperanza aún en tiempos difíciles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15** DESDE QUE ESTE NIÑO NACIÓ, ¿con qué frecuencia ha sido muy difícil mantenerse con sus ingresos familiares, por ejemplo, difícil cubrir lo básico como alimento u hogar?

- Nunca
- En raras ocasiones
- En algunas ocasiones
- En muchas ocasiones

**16** La siguiente pregunta es para conocer si pudo costear los alimentos que necesitaba. ¿Cuál de estas afirmaciones describe mejor la situación alimenticia de su hogar EN LOS ÚLTIMOS 12 MESES?

- Siempre pudimos costear buenas comidas nutritivas.
- Siempre pudimos costear lo suficiente para comer, pero no siempre la clase de alimentos que debemos comer.
- A veces no pudimos costear lo suficiente para comer.
- Con frecuencia no pudimos costear lo suficiente para comer.

**17** En algún momento, DURANTE LOS ÚLTIMOS 12 MESES, aunque fuera durante un mes, ¿algún miembro de la familia recibió lo siguiente:

	Sí	No
a. ¿Ayuda en efectivo de un programa de asistencia social del gobierno?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Cupones para alimentos o beneficios del Programa de Asistencia Nutricional Suplementaria (SNAP)?	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Desayunos o almuerzos gratuitos o de costo reducido en la escuela?	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Beneficios del Programa Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños (WIC)?	<input type="checkbox"/>	<input type="checkbox"/>

**18** ¿En su vecindario hay:

	Sí	No
a. ¿Aceras o paseos peatonales?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Un parque o área de juegos?	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Un centro de recreación, centro comunitario o club "boys and girls"?	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Una biblioteca o biblioteca ambulante?	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Basura o desperdicios en las calles o aceras?	<input type="checkbox"/>	<input type="checkbox"/>
f. ¿Hogares mantenidos pobremente o en deteriorados?	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Vandalismo, como ventanas rotas o grafitis?	<input type="checkbox"/>	<input type="checkbox"/>



**19** ¿En qué medida está de acuerdo con estas afirmaciones sobre su vecindario o comunidad?

	Definitivamente de acuerdo	Algo de acuerdo	Algo en desacuerdo	Definitivamente en desacuerdo
a. La gente de este vecindario se ayuda mutuamente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. En este vecindario cuidamos mutuamente de nuestros hijos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Este niño está seguro en nuestro vecindario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cuando enfrentamos dificultades, sabemos a donde acudir para buscar ayuda en nuestra comunidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Este niño está seguro en la escuela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**111** Las siguientes preguntas son sobre eventos que pueden haber ocurrido durante la vida del niño. Estos pueden suceder en cualquier familia, pero algunas personas quizás se sientan incómodas con estas preguntas. Usted podrá omitir cualquier pregunta que no desee responder.

A su entender, ¿este niño experimentó **ALGUNA VEZ** algunas de las siguientes situaciones?

	Sí	No
a. Los padres o tutores se divorciaron o separaron	<input type="checkbox"/>	<input type="checkbox"/>
b. Los padres o tutores murieron	<input type="checkbox"/>	<input type="checkbox"/>
c. Los padres o tutores estuvieron en la cárcel	<input type="checkbox"/>	<input type="checkbox"/>
d. Vio u oyó a sus padres o adultos abofetearse, golpearse, patearse o pegarse en el hogar	<input type="checkbox"/>	<input type="checkbox"/>
e. Fue víctima o testigo de violencia en el vecindario	<input type="checkbox"/>	<input type="checkbox"/>
f. Vivió con alguna persona con enfermedad mental, suicida o con depresión grave	<input type="checkbox"/>	<input type="checkbox"/>
g. Vivió con alguna persona con problemas de alcohol o drogas	<input type="checkbox"/>	<input type="checkbox"/>
h. Fue tratado o juzgado injustamente por su raza o grupo étnico	<input type="checkbox"/>	<input type="checkbox"/>

**110** Además de usted o los demás adultos en su hogar, ¿hay al menos otro adulto en la escuela, vecindario o comunidad del niño que conozca bien al niño y en quien el niño pueda depender para recibir consejo u orientación?

Sí

No



## J. Sobre usted

→ Complete las preguntas por cada uno de los dos adultos en el hogar que son los cuidadores principales del niño. En caso de haber solo un adulto, brinde la respuesta para dicha persona.

### ADULTO 1 (encuestado)

**J1** ¿Qué parentesco tiene con el niño?

- Padre o madre biológica o adoptiva
- Padrastro o madrastra
- Abuelo(a)
- Padre o madre de crianza a través del programa Foster del gobierno
- Tío(a)
- Otro: Pariente
- Otro: No pariente

**J2** ¿Cuál es su sexo?

- Masculino
- Femenino

**J3** ¿Qué edad tiene?

Edad en años

**J4** ¿Dónde nació?

- En los Estados Unidos → **PASE a la pregunta J6**
- Fuera de los Estados Unidos

**J5** ¿Cuándo vino a vivir a los Estados Unidos?

Año

**J6** ¿Cuál es el grado o nivel escolar más alto que usted ha completado? Marque solo UNA opción.

- Grado 8 o menos
- Grado 9 al 12; sin diploma
- Completé secundaria o GED
- Completé un programa de escuela vocacional, comercial o de negocios
- Algunos créditos universitarios, pero sin título
- Título asociado universitario (AA, AS)
- Título de licenciatura universitaria (BA, BS, AB)
- Título de maestría (MA, MS, MSW, MBA)
- Título de doctorado (PhD, EdD) o título profesional (MD, DDS, DVM, JD)

**J7** ¿Cuál es su estado civil?

- Casado(a)
- No casado(a), pero vivo con una pareja
- Nunca me he casado
- Divorciado(a)
- Separado(a)
- Viudo(a)

**J8** En general, ¿cómo está su salud física?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**J9** En general, ¿cómo está su salud mental o emocional?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**J10** ¿Tuvo trabajo por lo menos 50 semanas de las últimas 52 semanas?

- Sí
- No



## ADULTO 2

**J11** ¿Qué parentesco tiene el adulto 2 con el niño?

- Padre o madre biológica o adoptiva
- Padrastro o madrastra
- Abuelo(a)
- Padre o madre de crianza a través del programa Foster del gobierno
- Tío(a)
- Otro: Pariente
- Otro: No pariente
- Sólo hay un guardián adulto principal para este niño → **PASE a la pregunta K1**

**J12** ¿Cuál es el sexo del Adulto 2?

- Masculino
- Femenino

**J13** ¿Qué edad tiene el adulto 2?

Edad en años

**J14** ¿Dónde nació el adulto 2?

- En los Estados Unidos → **PASE a la pregunta J16**
- Fuera de los Estados Unidos

**J15** ¿Cuándo vino el adulto 2 a vivir a los Estados Unidos?

Año

**J16** ¿Cuál es el grado o nivel escolar más alto que ha completado el adulto 2?

- Grado 8 o menos
- Grado 9 al 12; sin diploma
- Completó secundaria o GED
- Completó un programa de escuela vocacional, comercial o de negocios
- Algunos créditos universitarios, pero sin título
- Título asociado universitario (AA, AS)
- Título de licenciatura universitaria (BA, BS, AB)
- Título de maestría (MA, MS, MSW, MBA)
- Título de doctorado (PhD, EdD) o título profesional (MD, DDS, DVM, JD)

**J17** ¿Cuál es el estado civil del adulto 2?

- Casado(a)
- No casado(a), pero vive con una pareja
- Nunca se ha casado
- Divorciado(a)
- Separado(a)
- Viudo(a)

**J18** En general, ¿cómo está la salud física del adulto 2?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**J19** En general, ¿cómo está la salud mental o emocional del adulto 2?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**J20** ¿Tuvo trabajo el adulto 2 por lo menos 50 semanas de las últimas 52 semanas?

- Sí
- No

## K. Información del Hogar

**K1** ¿Cuántas personas viven o se quedan en esta dirección? *Incluya a todas las personas que usualmente viven o se quedan en esta dirección. NO incluya a personas que están viviendo en otro lugar desde hace más de dos meses, como estudiantes universitarios que viven afuera o personas de las Fuerzas Armadas en despliegue.*

Cantidad de personas

**K2** ¿Cuántas de estas personas en su hogar son miembros de su familia? *Familia se define como cualquier persona que tenga parentesco con este niño por consanguinidad, matrimonio, adopción o por el programa de cuidado Foster del gobierno.*

Cantidad de personas



**K3 Ingresos EN EL ÚLTIMO AÑO CALENDARIO****(del 1 de enero al 31 de diciembre de 2015)**

Marque (X) la casilla "Sí" para los tipos de ingresos recibidos por la familia y dé la mejor aproximación de la CANTIDAD TOTAL EN EL ÚLTIMO AÑO CALENDARIO. Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

- a. ¿Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos?

Sí  No

\$         Cantidad Total

- b. ¿Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad?

Sí  No

\$         Cantidad Total

- c. ¿Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos?

Sí  No

\$         Cantidad Total

- d. ¿Seguro Social o retiro para personal de ferrocarriles; pensión por retiro, pensión para viudos(as) y dependientes de fallecidos o pensión por incapacidad?

Sí  No

\$         Cantidad Total

- e. ¿Seguridad de Ingreso Suplementario (Supplemental Security Income, SSI); cualquier asistencia pública o pagos de asistencia social del estado o la oficina de asistencia social local?

Sí  No

\$         Cantidad Total

- f. ¿Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (Veterans Administration, VA), compensación por desempleo, pensión para hijos menores o pensión alimenticia?

Sí  No

\$         Cantidad Total

- K4** La siguiente pregunta es sobre sus ingresos y es muy importante. Piense en el total de ingreso familiar combinado EN EL ÚLTIMO AÑO CALENDARIO de todos los miembros de la familia. ¿Cuál es la cantidad antes de impuestos? Incluya dinero del trabajo, pensión para hijos menores, seguro social, ingresos por jubilación, pagos por desempleo, asistencia pública y demás. También, incluya ingresos de intereses, dividendos, ingresos netos por negocios, actividades agrícolas o alquileres y cualquier otro dinero recibido como ingreso.

\$         Cantidad Total



## Instrucciones de envío postal

### Gracias por su participación.

En nombre del Departamento de Salud y Servicios Humanos de los EE. UU., queremos agradecerle por su esfuerzo y el tiempo que dedicó para compartir esta información sobre su hogar y los niños que incluye.

Sus respuestas son importantes y facilitarán que investigadores, personas encargadas de formular políticas públicas y defensores de familia comprendan mejor las necesidades en materia de salud y atención médica de los niños de nuestra población diversa.

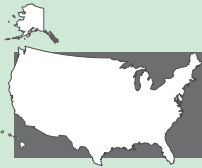
**Coloque el cuestionario completado en el sobre con franqueo pagado. Si el sobre se ha extraviado, envíe el cuestionario por correo a:**

U.S. Census Bureau  
ATTN: DCB 60-A  
1201 E. 10th Street  
Jeffersonville, IN 47132-0001

También puede llamar al **1-800-845-8241** para solicitar un sobre de reemplazo.

Se calcula que el tiempo promedio necesario para recopilar esta información es de 30 minutos por respuesta, que incluye el tiempo para revisar las instrucciones, buscar las fuentes de datos existentes, reunir y controlar los datos necesarios, y completar y revisar la recopilación de la información. Para realizar comentarios sobre este cálculo o sobre cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir el tiempo, escriba a: Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a [DEMO.Paperwork@census.gov](mailto:DEMO.Paperwork@census.gov); escriba como asunto "Paperwork Project 0607-0990."





# Encuesta Nacional de Salud de los Niños

*Un estudio del Departamento de Salud y Servicios Humanos de los EE. UU. para entender mejor los problemas de salud que enfrentan los niños en los Estados Unidos actualmente.*



INFORMATIONAL COPY

La Oficina del Censo de los Estados Unidos está llevando a cabo la Encuesta Nacional de Salud Infantil en el nombre del Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS) bajo el Título 13, Código de los Estados Unidos, Sección 8 (b), que permite la Oficina del Censo para realizar encuestas en nombre de otras agencias. Título 42 USC Sección 701 (a) (2) permite HHS para recopilar información con el propósito de entender la salud y el bienestar de los niños en los Estados Unidos. Los datos recopilados en virtud de este acuerdo son confidenciales bajo 13 USC Sección 9. Todo el acceso al Título 13 datos de esta encuesta se limita a los empleados de la Oficina del Censo y los titulares del Estado jurado de la Oficina del Censo Especial de conformidad con 13 USC Sección 23 (c).

Cualquier información que proporcione será compartido entre un número limitado de la Oficina del Censo y el personal del HHS sólo para fines relacionados con el trabajo identificados anteriormente y según lo permitido por la Ley de Privacidad de 1974 (5 USC Sección 552a).

La participación en esta encuesta es voluntaria y no hay sanciones por negarse a responder a las preguntas. Sin embargo, su cooperación en la obtención de esta información necesaria es de suma importancia a fin de garantizar resultados completos y precisos.

**NSCH-S-T3**  
(07/20/2016)





## Inicio

Recientemente, usted completó una encuesta con preguntas sobre los niños que usualmente viven o se quedan en esta dirección. Gracias por tomar de su tiempo para completar esa encuesta.

Ahora le haremos algunas preguntas de seguimiento sobre:

Estas preguntas servirán para recopilar más información detallada sobre diversos aspectos de la salud de este niño, que incluyen su estado de salud, visitas a los proveedores de atención médica, costos de atención médica y cobertura de seguro de salud.

Hemos seleccionado solamente a un niño por hogar a fin de minimizar el tiempo necesario para responder a las preguntas de seguimiento.

La encuesta se deberá completar por un adulto familiarizado con la salud y la atención médica de este niño.

Su participación es importante. Gracias.

## A. La salud de este niño

**A1** En general, ¿cómo describiría la salud de este niño (cuyo nombre aparece más arriba)?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**A2** ¿Cómo describiría la salud dental de este niño?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**A3** ¿Qué tan bien cada una de las siguientes frases describen a este niño?

	Definitivamente cierto	Algo cierto	Falso
a. Este niño muestra interés y curiosidad por aprender cosas nuevas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Este niño trabaja para terminar las tareas que comienza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Este niño se mantiene tranquilo y en control cuando se enfrenta a un desafío	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A este niño le importa que le vaya bien en la escuela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Este niño hace toda la tarea requerida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Este niño es víctima de acoso escolar, burlas o es excluido por otros niños	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Este niño tiende a hostigar a otros en el entorno escolar, se burla de los demás o los excluye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Este niño discute demasiado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A4** DURANTE LOS ÚLTIMOS 12 MESES, este niño ha tenido dificultades CRÓNICAS o FRECUENTES con cualquiera de los siguientes?

	Sí	No
a. Respirar u otros problemas respiratorios (como respiración sibilante o falta de aire)	<input type="checkbox"/>	<input type="checkbox"/>
b. Comer o tragar debido a una afección médica	<input type="checkbox"/>	<input type="checkbox"/>
c. Digerir la comida, incluyendo problemas estomacales/intestinales, estreñimiento o diarrea	<input type="checkbox"/>	<input type="checkbox"/>
d. Dolor físico repetido o crónico, incluyendo dolor de cabeza, dolor de espalda o dolor corporal	<input type="checkbox"/>	<input type="checkbox"/>
e. Dolor de muela	<input type="checkbox"/>	<input type="checkbox"/>
f. Sangrado en las encías	<input type="checkbox"/>	<input type="checkbox"/>
g. Dientes deteriorados o caries	<input type="checkbox"/>	<input type="checkbox"/>

**A5** ¿Presenta este niño alguno de los siguientes problemas?

	Sí	No
a. Dificultades serias para concentrarse, recordar o tomar decisiones debido a una afección física, mental o emocional	<input type="checkbox"/>	<input type="checkbox"/>
b. Dificultades serias para caminar o subir escaleras	<input type="checkbox"/>	<input type="checkbox"/>
c. Dificultades para vestirse o bañarse	<input type="checkbox"/>	<input type="checkbox"/>
d. Dificultades para hacer diligencias, como visitar el consultorio del médico o ir de compras, debido a una afección física, mental o emocional	<input type="checkbox"/>	<input type="checkbox"/>
e. Sordera o problemas de audición	<input type="checkbox"/>	<input type="checkbox"/>
f. Ceguera o problemas de la vista, incluso cuando usa anteojos	<input type="checkbox"/>	<input type="checkbox"/>



**A6** ¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este niño padece de...

¿Alergias (incluyendo alimentos, medicamentos, insectos o de otro tipo)?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A7** ¿Artritis?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A8** ¿Asma?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A9** ¿Trastornos sanguíneos (como enfermedad de anemia drepanocítica o de células falciformes, talasemia o hemofilia)?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A10** ¿Lesión cerebral, contusión o lesión en la cabeza?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

(¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este niño padece de...)

**A11** ¿Parálisis cerebral?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A12** ¿Fibrosis quística?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A13** ¿Diabetes?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A14** ¿Síndrome de Down?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A15** ¿Epilepsia o trastornos convulsivos?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A16** ¿Afección cardíaca?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave



(¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este niño padece de...)

**A17** ¿Dolores de cabeza frecuentes o intensos, incluyendo migrañas?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A18** ¿Síndrome de Tourette?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A19** ¿Problemas de ansiedad?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A20** ¿Depresión?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A21** ¿Otra afección genética o hereditaria?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A22** ¿ALGUNA VEZ le ha dicho a usted un médico, otro proveedor de atención médica o un educador que este niño padece de...

*Algunos ejemplos de educadores son maestros y enfermeros escolares.*

¿Problemas de comportamiento o conducta?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A23** ¿Trastornos por abuso de drogas?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A24** ¿Retraso en el desarrollo?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A25** ¿Discapacidad intelectual (también conocida como retraso mental)?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A26** ¿Trastorno del habla u otro trastorno del lenguaje?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A27** ¿Discapacidades del aprendizaje?

Sí  No

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave



**A28** ¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este niño padece de...

¿Cualquier otra afección de salud mental?

Sí  No

↳ Si la respuesta es sí, especifique: ↗

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A29** ¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este niño padece de autismo o trastorno del espectro autista (TEA)? *Incluya los diagnósticos de síndrome de Asperger o trastorno generalizado del desarrollo (TGD).*

Sí  No → **PASE a la pregunta A34**

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A30** ¿Qué edad tenía este niño cuando un médico u otro proveedor de atención médica le dijo a usted por PRIMERA VEZ que tenía autismo, trastornos del espectro autista (TEA), síndrome de Asperger, o trastorno generalizado del desarrollo (TGD)?

Edad en años  No sabe

**A31** ¿Qué tipo de médico u otro proveedor de atención médica fue el PRIMERO en decirle a usted que este niño tenía autismo, trastornos del espectro autista (TEA), síndrome de Asperger, o trastorno generalizado del desarrollo (TGD)? *Marque solo UNA opción.*

Proveedor de atención primaria

Especialista

Psicólogo/consejero escolar

Otro psicólogo (no escolar)

Psiquiatra

Otro, *especifique:* ↗

No sabe

**A32** ¿Toma este niño ACTUALMENTE medicamentos para tratar el autismo, los trastornos del espectro autista (TEA), síndrome de Asperger, o el trastorno generalizado del desarrollo (TGD)?

Sí  No

**A33** En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este niño tratamiento del comportamiento por autismo, trastornos del espectro autista (TEA), síndrome de Asperger, o trastorno generalizado del desarrollo (TGD), tal como alguna capacitación o intervención que haya recibido usted o este niño para ayudar con su comportamiento?

Sí  No

**A34** ¿ALGUNA VEZ le dijo a usted un médico u otro proveedor de atención médica que este niño padece del trastorno por déficit de atención o del trastorno por déficit de atención e hiperactividad, es decir, TDA o TDAH?

Sí  No → **PASE a la pregunta A37**

↳ Si la respuesta es sí, ¿padece este niño la afección ACTUALMENTE?

Sí  No

↳ Si la respuesta es sí, el caso es:

Leve  Moderado  Grave

**A35** ¿Toma este niño ACTUALMENTE medicamentos para tratar el trastorno por déficit de atención (TDA) o el trastorno por déficit de atención con hiperactividad (TDAH)?

Sí  No

**A36** En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este niño tratamiento del comportamiento por trastorno por déficit de atención (TDA) o trastorno por déficit de atención e hiperactividad (TDAH), tal como alguna capacitación o intervención que haya recibido usted o este niño para ayudar con su comportamiento?

Sí  No

**A37** DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia las afecciones o los problemas de salud de este niño afectaron su capacidad para hacer actividades que realizan otros niños de su edad?

Este niño no padece ninguna afección → **PASE a la pregunta B1**

Nunca

A veces

Casi siempre

Siempre

**A38** ¿En qué medida las afecciones o los problemas de salud de este niño afectan su capacidad para hacer actividades?

Muy poco

Algo

En gran medida



## B. Este niño cuando era bebé

**B1** ¿Nació este niño más de 3 semanas antes de la fecha para la cual se esperaba el parto?

- Sí  
 No

**B2** ¿Cuánto pesó al nacer?

Responder en libras y onzas o kilogramos y gramos. Indique su mejor aproximación.

libras y   onzas  
O

kilogramos y    gramos

**B3** ¿Qué edad tenía la madre cuando nació este niño?

Edad en años

## C. Servicios de atención médica

**C1** DURANTE LOS ÚLTIMOS 12 MESES, ¿consultó este niño a algún médico, enfermero u otro profesional de la salud para recibir atención por una enfermedad, para la visita de niño sano, realizarse un examen físico, por hospitalizaciones o recibir cualquier otro tipo de atención médica?

- Sí  
 No → PASE a la pregunta **C5**

**C2** Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces tuvo este niño una consulta con un médico, enfermero u otro profesional de la salud para realizarse un chequeo PREVENTIVO? El chequeo preventivo se realiza cuando este niño no ha estado enfermo ni lesionado, tal como un chequeo anual o un examen físico para hacer deporte o la visita de niño sano.

- 0 visitas → PASE a la pregunta **C5**  
 1 visita  
 2 visitas o más

**C3** Pensando en la ÚLTIMA VEZ que llevó al niño a un chequeo preventivo, ¿aproximadamente cuánto tiempo estuvo el médico o proveedor de atención médica que examinó a este niño en el consultorio con usted? Está bien que indique su mejor aproximación.

- Menos de 10 minutos  
 De 10 a 20 minutos  
 Más de 20 minutos

**C4** En su ÚLTIMO chequeo preventivo, ¿tuvo el niño la oportunidad de hablar con un médico u otro proveedor de atención médica en privado, sin que usted u otro adulto estuviera presente?

- Sí  
 No

**C5** ¿Cuál es la estatura ACTUAL de este niño?

pies y   pulgadas  
O  
 metros y    centímetros

**C6** ¿Cuál es el peso ACTUAL de este niño?

libras  
O  
  kilogramos

**C7** ¿Le preocupa el peso de este niño?

- Sí, es demasiado alto  
 Sí, es demasiado bajo  
 No, no me preocupa



**C8** ¿Hay algún lugar a donde este niño USUALMENTE va cuando está enfermo o al que usted u otro cuidador va cuando necesita asesoramiento sobre la salud de este niño?

- Sí
- No → **PASE a la pregunta C10**

**C9** Si la respuesta es sí, ¿a dónde va este niño USUALMENTE? Marque solo UNA opción.

- Consultorio del médico
- Sala de emergencias del hospital
- Departamento de pacientes ambulatorios del hospital
- Clínica o centro de salud
- Clínica ambulatoria dentro de un negocio o "Minute Clinic"
- Escuela (enfermería, oficina del entrenador atlético)
- Algún otro lugar

**C10** ¿Hay algún lugar a donde va USUALMENTE este niño cuando necesita atención preventiva de rutina, como un examen físico o un chequeo de niño sano?

- Sí
- No → **PASE a la pregunta C12**

**C11** Si la respuesta es sí, ¿es este el mismo lugar a donde el niño va cuando está enfermo?

- Sí
- No

**C12** DURANTE LOS ÚLTIMOS 2 AÑOS, ¿se le ha hecho a este niño un examen de la vista con imágenes, formas o letras?

- Sí
- No → **PASE a la pregunta C14**

**C13** Si la respuesta es sí, ¿en qué tipo de lugar o lugares se le examinó la vista a este niño? Marque TODAS las categorías que correspondan.

- Consultorio de un oculista o especialista en ojos (oftalmólogo, optometrista)
- Consultorio del pediatra u otro médico generalista
- Clínica o centro de salud
- Escuela
- Otro, especifique:

**C14** DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este niño al dentista u otro profesional de la salud oral para recibir algún tipo de atención dental u oral?

- Sí, fue al dentista
- Sí, fue a otro profesional de salud oral
- No → **PASE a la pregunta C17**

**C15** Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este niño al dentista u otro profesional de la salud oral para recibir atención preventiva, como chequeos, limpiezas dentales, selladores dentales o tratamientos con fluoruro?

- No tuvo visitas preventivas en los últimos 12 meses → **PASE a la pregunta C17**
- Sí, 1 visita
- Sí, 2 visitas o más

**C16** Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿qué servicios dentales preventivos recibió este niño? Marque TODAS las opciones que correspondan.

- Chequeo
- Limpieza
- Instrucciones sobre cepillado de dientes y cuidado de salud oral
- Radiografías
- Tratamiento de fluoruro
- Sellador (sellador plástico en muelas posteriores)
- No sabe

**C17** DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este niño algún tratamiento o asesoría por parte de un profesional de salud mental? Los profesionales de salud mental incluyen psiquiatras, psicólogos, enfermeros psiquiátricos y trabajadores sociales clínicos.

- Sí
- No, pero este niño necesitó ver a un profesional de salud mental
- No, este niño no necesitó ver a un profesional de salud mental → **PASE a la pregunta C19**

**C18** ¿Qué tan problemático le resultó obtener el tratamiento o asesoría de salud mental que el niño necesitaba?

- No fue problema
- Fue un poco problemático
- Fue bastante problemático



**C19** DURANTE LOS ÚLTIMOS 12 MESES, ¿tomó este niño algún medicamento debido a dificultades con sus emociones, concentración o comportamiento?

- Sí  
 No

**C20** DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este niño a algún especialista aparte de un profesional de salud mental? *Los especialistas son médicos como cirujanos, cardiólogos, alergistas, dermatólogos y otros médicos que se especializan en una sola área de la atención médica.*

- Sí  
 No, pero este niño necesitó ver a un especialista  
 No, este niño no necesitó ver a un especialista → **PASE a la pregunta C22**

**C21** ¿Qué tan problemático le resultó que este niño recibiera la atención del especialista que necesitaba?

- No fue problema  
 Fue un poco problemático  
 Fue bastante problemático

**C22** DURANTE LOS ÚLTIMOS 12 MESES, ¿usó este niño algún tipo de atención médica o tratamiento alternativo?

*La atención médica alternativa puede incluir acupuntura, atención quiropráctica, terapias de relajación, suplementos a base de hierbas y otros tratamientos. Algunas terapias implican ver a un proveedor de atención médica, mientras que otras se pueden realizar por cuenta propia.*

- Sí  
 No

**C23** DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este niño atención médica en alguna ocasión pero no la recibió? *Por atención médica nos referimos a la atención médica así como atención dental, de la vista y de salud mental.*

- Sí  
 No → **PASE a la pregunta C26**

**C24** Si la respuesta es sí, ¿qué tipo de atención no recibió? Marque **TODAS** las categorías que correspondan.

- Atención médica  
 Atención dental  
 Atención de la vista  
 Atención de la audición  
 Servicios de salud mental  
 Otro, especifique:

**C25** Cuál de las siguientes contribuyeron a este niño no recibir servicios de salud necesarios:

- |  | Sí                       | No                       |
|--|--------------------------|--------------------------|
| a. ¿Este niño no era elegible para recibir los servicios?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Los servicios que necesitaba este niño no estaban disponibles en su área?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Hubo problema para programar una cita cuando este niño la necesitó?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Hubo problema para obtener transporte o cuidado de niños?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿El consultorio (del médico o la clínica) no estaba abierto cuando este niño necesitó atención? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ¿Hubo problemas relacionados con el costo?  | <input type="checkbox"/> | <input type="checkbox"/> |

**C26** DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia se sintió frustrado en sus esfuerzos para obtener servicios para este niño?

- Nunca  
 A veces  
 Casi siempre  
 Siempre

**C27** DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces fue este niño a la sala de emergencias de un hospital?

- Nunca  
 1 visita  
 2 visitas o más veces

**C28** ¿Recibió este niño **ALGUNA VEZ** un plan de educación especial o de intervención temprana? *Los niños que reciben estos servicios a menudo cuentan con un Plan de Servicio Familiar Individualizado (IFSP) o Plan de Educación Individualizada (IEP).*

- Sí  
 No → **PASE a la pregunta C31**

**C29** Si la respuesta es sí, ¿qué edad tenía este niño cuando se estableció el **PRIMER** plan?

Años y  Meses

**C30** ¿Recibe este niño **ACTUALMENTE** servicios bajo alguno de estos planes?

- Sí  
 No



**C31** ¿Recibió este niño ALGUNA VEZ servicios especiales para cumplir con sus necesidades del desarrollo, tal como terapia del habla, ocupacional o del comportamiento?

Sí

No → **PASE a la pregunta D1**

**C32** Si la respuesta es sí, ¿qué edad tenía este niño, en años, cuando comenzó a recibir estos servicios especiales?

Años y

Meses

**C33** ¿Recibe este niño ACTUALMENTE estos servicios especiales?

Sí

No

## D. Experiencia con los proveedores de atención médica de este niño

**D1** ¿Tiene a una o más personas a quienes considera como médico o enfermero de cabecera de este niño? *Un médico o enfermero es un profesional de la salud quien conoce bien al niño y está familiarizado con la historia de salud de este niño. Puede ser un médico de medicina general, un pediatra, un médico especialista, un enfermero practicante o un asociado médico.*

Sí, a una persona

Sí, a más de una persona

No

**D2** DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este niño un referido para ver a algún médico o recibir algún servicio?

Sí

No → **PASE a la pregunta D4**

**D3** Si la respuesta es sí, ¿cuánta dificultad tuvo para obtener referidos?

No fue problema

Fue un poco problemático

Fue bastante problemático

**D4** Responda las siguientes preguntas solo si este niño tuvo una visita de atención médica EN LOS ÚLTIMOS 12 MESES. De lo contrario, **PASE a la pregunta D13**.

DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este niño hicieron lo siguiente:

	Siempre	Casi siempre	A veces	Nunca
a. ¿Estuvieron tiempo suficiente con este niño?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Lo escucharon a usted con atención?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Mostraron sensibilidad por los valores y costumbres familiares?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Le brindaron la información específica que necesitaba con relación a este niño?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Lo hicieron sentirse como un participante en la atención de este niño?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D5** DURANTE LOS ÚLTIMOS 12 MESES, ¿se necesitó tomar alguna decisión sobre los servicios o tratamientos de atención médica de este niño, tal como comenzar o interrumpir la administración de medicamentos recetados o servicios de terapia, obtener un referido para un especialista u obtener un procedimiento médico?

Sí

No → **PASE a la pregunta D7**

**D6** Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este niño:

	Siempre	Casi siempre	A veces	Nunca
a. ¿Analizaron con usted la variedad de opciones a considerar para la atención médica o el tratamiento de este niño?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Le dieron lugar para expresar sus dudas o desacuerdo con las recomendaciones sobre la atención médica de este niño?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Trabajaron con usted para decidir las mejores opciones sobre la atención médica de tratamiento para este niño?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**D7** ¿Le ayuda alguien a hacer arreglos o coordinar la atención de este niño entre los diferentes médicos y servicios que este niño usa?

Sí

No

No vio a más de un proveedor de atención médica en los ÚLTIMOS 12 MESES → **PASE a la pregunta D11**

**D8** DURANTE LOS ÚLTIMOS 12 MESES, ¿sintió que podría haber usado ayuda adicional para hacer arreglos o coordinar la atención médica de este niño entre los diferentes proveedores o servicios de atención médica?

Sí

No → **PASE a la pregunta D10**

**D9** Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia obtuvo la ayuda que deseaba para hacer arreglos o coordinar la atención médica de este niño?

Casi siempre

A veces

Nunca

**D10** En general, ¿cómo se siente con respecto a la comunicación entre los médicos de este niño y los demás proveedores de atención médica?

Muy satisfecho

Algo satisfecho

Algo insatisfecho

Muy insatisfecho

**D11** DURANTE LOS ÚLTIMOS 12 MESES, ¿el proveedor de atención médica de este niño se comunicó con la escuela, el proveedor de cuidado de niños o el programa de educación especial de este niño?

Sí

No → **PASE a la pregunta D13**

No fue necesario que el proveedor de atención médica se comunicara con estos proveedores → **PASE a la pregunta D13**

**D12** Si la respuesta es sí, en general, ¿qué tan satisfecho se siente con respecto a la comunicación que el proveedor de atención médica de este niño tiene con la escuela, el proveedor de cuidado de niños o el programa de educación especial?

Muy satisfecho

Algo satisfecho

Algo insatisfecho

Muy insatisfecho

**D13** ¿Alguno de los médicos u otros proveedores de atención médica del niño trata únicamente a niños?

Sí

No → **PASE a la pregunta D15**

**D14** Si la respuesta es sí, ¿han hablado ellos con usted para que este niño, finalmente, visite a médicos u otros proveedores de atención médica que tratan a adultos?

Sí

No

**D15** ¿Ha trabajado activamente con el niño el médico de este niño u otro proveedor de atención médica para:

- |  | Sí                       | No                       | No sabe                  |
|--|--------------------------|--------------------------|--------------------------|
| a. ¿Pensar en el futuro y planificarlo? <i>Por ejemplo, tomarse el tiempo para analizar planes futuros sobre educación, trabajo, relaciones y desarrollo de habilidades para vivir independientemente.</i>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Hacer elecciones positivas para la salud? <i>Por ejemplo, comer saludable, hacer actividad física periódicamente, no consumir tabaco, alcohol u otras drogas, o posponer la actividad sexual.</i>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Adquirir habilidades para controlar su salud y atención médica? <i>Por ejemplo, comprender sus necesidades actuales de salud, saber qué hacer en caso de una emergencia médica, o tomar los medicamentos que necesita.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Comprender los cambios en la atención médica que ocurren a los 18 años? <i>Por ejemplo, comprender los cambios con respecto a privacidad, dar consentimiento, acceso a la información o la toma de decisiones.</i>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D16** ¿Ha trabajado con usted y el niño el médico u otros proveedores de atención médica del niño para crear un plan escrito para alcanzar las metas y necesidades de salud del niño?

Sí

No → **PASE a la pregunta D20**



**D17** Si la respuesta es sí, ¿identifica el plan los objetivos de salud específicos de este niño y las necesidades o problemas de salud que este niño pueda tener, y cómo satisfacer estas necesidades?

- Sí  
 No

**D18** ¿Recibió usted y este niño una copia por escrito de este plan de atención?

- Sí  
 No

**D19** ¿Está este plan ACTUALMENTE al día para este niño?

- Sí  
 No

**D20** La elegibilidad para el seguro de salud a menudo cambia en la adultez temprana. ¿Sabe cómo este niño estará asegurado cuando pase a ser adulto?

- Sí → **PASE a la pregunta E1**  
 No

**D21** Si la respuesta es no, ¿alguien ha hablado con usted acerca de cómo obtener o mantener algún tipo de cobertura de seguro de salud cuando este niño pase a ser adulto?

- Sí  
 No

## E. Cobertura de seguro médico de este niño

**E1** DURANTE LOS ÚLTIMOS 12 MESES, ¿ALGUNA VEZ estuvo cubierto este niño por ALGÚN tipo de seguro médico o plan de cobertura de salud?

- Sí, el niño tuvo cobertura durante los 12 meses → **PASE a la pregunta E4**  
 Sí, pero este niño tuvo una interrupción en la cobertura  
 No

**E2** Indique si alguno de los siguientes es un motivo por el cual este niño no tuvo cobertura de seguro de salud DURANTE LOS ÚLTIMOS 12 MESES:

	Sí	No
a. Cambio de empleador o de situación laboral	<input type="checkbox"/>	<input type="checkbox"/>
b. Cancelación por primas vencidas	<input type="checkbox"/>	<input type="checkbox"/>
c. Renunció a la cobertura porque costaba demasiada	<input type="checkbox"/>	<input type="checkbox"/>
d. Renunció a la cobertura porque los beneficios eran inadecuados	<input type="checkbox"/>	<input type="checkbox"/>
e. Renunció a la cobertura porque las opciones de proveedores de atención médica eran inadecuadas	<input type="checkbox"/>	<input type="checkbox"/>
f. Problemas con el proceso de solicitud o renovación de la cobertura	<input type="checkbox"/>	<input type="checkbox"/>
g. Otro, especifique: ↘	<input type="checkbox"/>	<input type="checkbox"/>

**E3** ¿Está este niño cubierto ACTUALMENTE por ALGÚN tipo de seguro de salud o planes de cobertura de seguro de salud?

- Sí  
 No → **PASE a la pregunta F1**



**E4** ¿Está este niño cubierto por alguno de los siguientes tipos de seguro de salud o planes de cobertura de salud?

- |  | Sí                       | No                       |
|--|--------------------------|--------------------------|
| a. Seguro a través de un empleador o sindicato actual o previo   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguros  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicaid, Medical Assistance, o cualquier tipo de plan de asistencia del gobierno para personas con bajos ingresos o una discapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| d. TRICARE u otros servicios de atención médica de las Fuerzas Armadas   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Servicio de Salud Indio (Indian Health Services)  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Otro, <i>especifique:</i> ↘   | <input type="checkbox"/> | <input type="checkbox"/> |

**E5** ¿Con qué frecuencia el seguro de salud de este niño ofrece beneficios o cubre servicios que satisfacen las necesidades de este niño?

- Siempre
- Casi siempre
- A veces
- Nunca

**E6** ¿Con qué frecuencia el seguro de salud de este niño le permite ver a los proveedores de atención médica que necesita?

- Siempre
- Casi siempre
- A veces
- Nunca

**E7** Pensando específicamente en las necesidades de salud mental o del comportamiento de este niño, ¿con qué frecuencia el seguro de salud de este niño ofrece beneficios o cubre servicios que satisfacen estas necesidades?

- Este niño no utiliza servicios de salud mental o del comportamiento
- Siempre
- Casi siempre
- A veces
- Nunca

## F. El cuidado de la salud de este niño

**F1** Incluyendo co-pagos y Cuentas de Ahorros de Salud (HSA) y Cuentas de Gastos Flexibles (FSA), que cantidad de dinero pagó por atención médica, salud, dental, y el cuidado de visión de este niño DURANTE LOS ÚLTIMOS 12 MESES? No incluya las primas ni los costos del seguro que fueron o serán reembolsados por el seguro u otra fuente.

- \$0 (Sin gastos médicos ni gastos relacionados con la salud) → **PASE a la pregunta F4**
- De \$1 a \$249
- De \$250 a \$499
- De \$500 a \$999
- De \$1,000 a \$5,000
- Más de \$5,000

**F2** ¿Con qué frecuencia son razonables estos costos?

- Siempre
- Casi siempre
- A veces
- Nunca

**F3** DURANTE LOS ÚLTIMOS 12 MESES, ¿tuvo su familia problemas para pagar las facturas médicas o de atención médica de este niño?

- Sí
- No

**F4** DURANTE LOS ÚLTIMOS 12 MESES, ¿usted u otro miembro de la familia:

- |  | Sí                       | No                       |
|--|--------------------------|--------------------------|
| a. ¿Dejó de trabajar debido a la salud o afección médica de este niño?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Redujo la cantidad de horas de trabajo debido a la salud o afección médica de este niño? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Evitó cambiar de trabajo para mantener el seguro de salud para este niño?                | <input type="checkbox"/> | <input type="checkbox"/> |



**F5** EN UNA SEMANA PROMEDIO, ¿cuántas horas dedica usted u otros miembros de la familia a la atención médica del niño en su hogar? *El cuidado puede incluir cambiar vendajes o dar medicamentos y terapias cuando sea necesario.*

- Este niño no necesita atención médica cada semana
- Ni yo ni otros miembros de la familia brindaron ningún tipo de atención médica
- Menos de 1 hora por semana
- De 1 a 4 horas por semana
- De 5 a 10 horas por semana
- 11 horas o más por semana

**F6** EN UNA SEMANA PROMEDIO, ¿cuántas horas dedica usted u otros miembros de la familia haciendo arreglos o coordinando la atención médica o de la salud de este niño, tal como para programar citas o localizar servicios?

- Este niño no necesita de atención médica coordinada cada semana
- Ni yo ni otros miembros de la familia hicieron arreglos ni coordiné atención médica o de la salud
- Menos de 1 hora por semana
- De 1 a 4 horas por semana
- De 5 a 10 horas por semana
- 11 horas o más por semana

## G. La educación y las actividades de este niño

**G1** DURANTE LOS ÚLTIMOS 12 MESES, ¿aproximadamente cuántos días se ausentó de la escuela este niño por una enfermedad o lesión?

- No se ausentó ningún día
- De 1 a 3 días
- De 4 a 6 días
- De 7 a 10 días
- 11 días o más

**G2** DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces se comunicó la escuela de este niño con usted u otro adulto de su casa por algún problema del niño en la escuela?

- Nunca
- 1 vez
- 2 veces o más

**G3** DESDE QUE COMENZÓ KINDERGARTEN, ¿alguna vez ha repetido este niño algún grado?

- Sí
- No

**G4** DURANTE LOS ÚLTIMOS 12 MESES, ¿participó este niño en:

- |  | Sí                       | No                       |
|--|--------------------------|--------------------------|
| a. ¿Un equipo deportivo o clases de algún deporte después de la escuela o los fines de semana?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Clubes u organizaciones después de la escuela o los fines de semana?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Alguna otra actividad organizada o clases, tal como música, baile, otro idioma u otras artes?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Algún tipo de servicio comunitario o trabajo voluntario en la escuela, iglesia o comunidad?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿Alguna actividad con paga, incluyendo trabajos usuales como cuidando niños, cortando el césped u otro trabajo ocasional? | <input type="checkbox"/> | <input type="checkbox"/> |

**G5** DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia asistió usted a eventos o actividades en las que este niño participaba?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

**G6** DURANTE LA SEMANA PASADA, ¿cuántos días hizo este niño ejercicio, practicó un deporte o participó en actividad física por al menos 60 minutos?

- 0 días
- De 1 a 3 días
- De 4 a 6 días
- Todos los días

**G7** En comparación con otros niños de la misma edad, ¿qué dificultad tiene este niño para hacer o mantener amistades?

- Ninguna dificultad
- Algo de dificultad
- Mucha dificultad



## H. Acerca de usted y este niño

**H1** ¿Nació este niño en los Estados Unidos?

- Sí → **PASE a la pregunta H3**
- No

**H2** Si la respuesta es no, ¿cuánto tiempo ha vivido este niño en los Estados Unidos?

Años y   Meses

**H3** ¿Cuántas veces se ha mudado este niño a una dirección nueva desde que nació?

Cantidad de veces

**H4** ¿Con qué frecuencia se va a dormir este niño a más o menos a la misma hora en las noches entre semana?

- Siempre
- Casi siempre
- A veces
- En raras ocasiones
- Nunca

**H5** DURANTE LA SEMANA PASADA, ¿cuántas horas durmió este niño en una noche promedio entre semana?

- Menos de 6 horas
- 6 horas
- 7 horas
- 8 horas
- 9 horas
- 10 horas
- 11 horas o más

**H6** EN UN DÍA PROMEDIO DE LA SEMANA, ¿aproximadamente cuánto tiempo pasa este niño frente al televisor viendo programas de televisión, videos o jugando videojuegos?

- Ningún tiempo
- Menos de 1 hora
- 1 hora
- 2 horas
- 3 horas
- 4 horas o más

**H7** EN UN DÍA PROMEDIO DE LA SEMANA, ¿aproximadamente cuánto tiempo pasa este niño usando computadoras, teléfonos celulares, videojuegos de mano y otros dispositivos electrónicos, haciendo actividades no relacionadas con la escuela?

- Ningún tiempo
- Menos de 1 hora
- 1 hora
- 2 horas
- 3 horas
- 4 horas o más

**H8** ¿Qué tan bien pueden usted y este niño compartir ideas o hablar sobre cosas realmente importantes?

- Muy bien
- Algo bien
- No muy bien
- Nada de bien

**H9** ¿Cómo considera que sobrelleva las obligaciones cotidianas de la crianza de los niños?

- Muy bien
- Algo bien
- No muy bien
- Nada de bien



**H10 DURANTE EL MES PASADO, ¿con qué frecuencia sintió:**

	Nunca	En raras ocasiones	A veces	Casi siempre	Siempre
a. ¿Qué este niño es mucho más difícil de cuidar que la mayoría de los niños de su edad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Qué este niño hace cosas que realmente le molestan mucho a usted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Qué estaba enojado con este niño?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**H11 DURANTE LOS ÚLTIMOS 12 MESES, ¿hubo alguien a quien pudiera recurrir en busca cotidiana de apoyo emocional con la crianza de niños?**

Sí

No → **PASE a la pregunta 11**

**H12 Si la respuesta es sí, ¿recibió usted apoyo emocional de:**

	Sí	No
a. ¿Esposo(a)?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Otro familiar o amigo cercano?	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Un proveedor de atención médica?	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Un lugar de culto o un líder religioso?	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Un grupo de apoyo o asistencia relacionado con una afección específica de salud?	<input type="checkbox"/>	<input type="checkbox"/>
f. ¿Un grupo de apoyo?	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Un consejero u otro profesional de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>
h. Otra persona, especifique: ➤	<input type="checkbox"/>	<input type="checkbox"/>

# I. Acerca de su familia y su hogar

**I1 DURANTE LA SEMANA PASADA, ¿cuántos días se reunieron todos los miembros de la familia que viven en el hogar para comer juntos?**

0 días

De 1 a 3 días

De 4 a 6 días

Todos los días

**I2 ¿Alguien que vive en su hogar fuma cigarrillos, cigarros o tabaco de pipa?**

Sí

No → **PASE a la pregunta 14**

**I3 Si la respuesta es sí, ¿alguien fuma dentro del hogar?**

Sí

No

**I4 Cuando su familia enfrenta problemas, ¿con qué frecuencia es probable que hagan lo siguiente?**

	Siempre	Casi siempre	A veces	Nunca
a. Hablar todos juntos sobre qué hacer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trabajar juntos para resolver nuestros problemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Saber que tienen la fortaleza para aprovechar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mantener la esperanza aún en tiempos difíciles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I5 DESDE QUE ESTE NIÑO NACIÓ, ¿con qué frecuencia ha sido muy difícil mantenerse con sus ingresos familiares, por ejemplo, difícil cubrir lo básico como alimento u hogar?**

Nunca

En raras ocasiones

En algunas ocasiones

En muchas ocasiones



**16** La siguiente pregunta es para conocer si pudo costear los alimentos que necesitaba. ¿Cuál de estas afirmaciones describe mejor la situación alimenticia de su hogar EN LOS ÚLTIMOS 12 MESES?

- Siempre pudimos costear buenas comidas nutritivas.
- Siempre pudimos costear lo suficiente para comer, pero no siempre la clase de alimentos que debemos comer.
- A veces no pudimos costear lo suficiente para comer.
- Con frecuencia no pudimos costear lo suficiente para comer.

**17** En algún momento, DURANTE LOS ÚLTIMOS 12 MESES, aunque fuera durante un mes, ¿algún miembro de la familia recibió lo siguiente:

- |   | Sí                       | No                       |
|---|--------------------------|--------------------------|
| a. ¿Ayuda en efectivo de un programa de asistencia social del gobierno?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Cupones para alimentos o beneficios del Programa de Asistencia Nutricional Suplementaria (SNAP)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Desayunos o almuerzos gratuitos o de costo reducido en la escuela?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Beneficios del Programa Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños (WIC)? | <input type="checkbox"/> | <input type="checkbox"/> |

**18** ¿En su vecindario hay:

- |  | Sí                       | No                       |
|--|--------------------------|--------------------------|
| a. ¿Aceras o paseos peatonales?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Un parque o área de juegos?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Un centro de recreación, centro comunitario o club "boys and girls"? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Una biblioteca o biblioteca ambulante?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿Basura o desperdicios en las calles o aceras?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ¿Hogares mantenidos pobremente o en deteriorados?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| g. ¿Vandalismo, como ventanas rotas o grafitis?                          | <input type="checkbox"/> | <input type="checkbox"/> |

**19** ¿En qué medida está de acuerdo con estas afirmaciones sobre su vecindario o comunidad?

- |   | Definitivamente de acuerdo          | Algo de acuerdo          | Algo en desacuerdo       | Definitivamente en desacuerdo |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------|
| a. La gente de este vecindario se ayuda mutuamente  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| b. En este vecindario cuidamos mutuamente de nuestros hijos                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| c. Este niño está seguro en nuestro vecindario  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| d. Cuando enfrentamos dificultades, sabemos a dónde acudir para buscar ayuda en nuestra comunidad | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| e. Este niño está seguro en la escuela  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |

**110** Además de usted o los demás adultos en su hogar, ¿hay al menos otro adulto en la escuela, vecindario o comunidad del niño que conozca bien al niño y en quien el niño pueda depender para recibir consejo u orientación?

- Sí
- No

**111** Las siguientes preguntas son sobre eventos que pueden haber ocurrido durante la vida del niño. Estos pueden suceder en cualquier familia, pero algunas personas quizás se sientan incómodas con estas preguntas. Usted podrá omitir cualquier pregunta que no desee responder.

A su entender, ¿este niño experimentó ALGUNA VEZ algunas de las siguientes situaciones?

- |  | Sí                       | No                       |
|--|--------------------------|--------------------------|
| a. Los padres o tutores se divorciaron o separaron   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Los padres o tutores murieron   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Los padres o tutores estuvieron en la cárcel  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Vio u oyó a sus padres o adultos abofetearse, golpearse, patearse o pegarse en el hogar | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Fue víctima o testigo de violencia en el vecindario                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Vivió con alguna persona con enfermedad mental, suicida o con depresión grave           | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Vivió con alguna persona con problemas de alcohol o drogas                              | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Fue tratado o juzgado injustamente por su raza o grupo étnico                           | <input type="checkbox"/> | <input type="checkbox"/> |



## J. Sobre usted

→ Complete las preguntas por cada uno de los dos adultos en el hogar que son los cuidadores principales del niño. En caso de haber solo un adulto, brinde la respuesta para dicha persona.

### ADULTO 1 (encuestado)

**J1** ¿Qué parentesco tiene con el niño?

- Padre o madre biológica o adoptiva
- Padrastro o madrastra
- Abuelo(a)
- Padre o madre de crianza a través del programa Foster del gobierno
- Tío(a)
- Otro: Pariente
- Otro: No pariente

**J2** ¿Cuál es su sexo?

- Masculino
- Femenino

**J3** ¿Qué edad tiene?

Edad en años

**J4** ¿Dónde nació?

- En los Estados Unidos → **PASE a la pregunta J6**
- Fuera de los Estados Unidos

**J5** ¿Cuándo vino a vivir a los Estados Unidos?

Año

**J6** ¿Cuál es el grado o nivel escolar más alto que usted ha completado? Marque solo UNA opción.

- Grado 8 o menos
- Grado 9 al 12; sin diploma
- Completé secundaria o GED
- Completé un programa de escuela vocacional, comercial o de negocios
- Algunos créditos universitarios, pero sin título
- Título asociado universitario (AA, AS)
- Título de licenciatura universitaria (BA, BS, AB)
- Título de maestría (MA, MS, MSW, MBA)
- Título de doctorado (PhD, EdD) o título profesional (MD, DDS, DVM, JD)

**J7** ¿Cuál es su estado civil?

- Casado(a)
- No casado(a), pero vivo con una pareja
- Nunca me he casado
- Divorciado(a)
- Separado(a)
- Viudo(a)

**J8** En general, ¿cómo está su salud física?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**J9** En general, ¿cómo está su salud mental o emocional?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**J10** ¿Tuvo trabajo por lo menos 50 semanas de las últimas 52 semanas?

- Sí
- No





## ADULTO 2

**J11** ¿Qué parentesco tiene el adulto 2 con el niño?

- Padre o madre biológica o adoptiva
- Padrastro o madrastra
- Abuelo(a)
- Padre o madre de crianza a través del programa Foster del gobierno
- Tío(a)
- Otro: Pariente
- Otro: No pariente
- Sólo hay un guardián adulto principal para este niño → **PASE a la pregunta K1**

**J12** ¿Cuál es el sexo del Adulto 2?

- Masculino
- Femenino

**J13** ¿Qué edad tiene el adulto 2?

Edad en años

**J14** ¿Dónde nació el adulto 2?

- En los Estados Unidos → **PASE a la pregunta J16**
- Fuera de los Estados Unidos

**J15** ¿Cuándo vino el adulto 2 a vivir a los Estados Unidos?

Año

**J16** ¿Cuál es el grado o nivel escolar más alto que ha completado el adulto 2?

- Grado 8 o menos
- Grado 9 al 12; sin diploma
- Completó secundaria o GED
- Completó un programa de escuela vocacional, comercial o de negocios
- Algunos créditos universitarios, pero sin título
- Título asociado universitario (AA, AS)
- Título de licenciatura universitaria (BA, BS, AB)
- Título de maestría (MA, MS, MSW, MBA)
- Título de doctorado (PhD, EdD) o título profesional (MD, DDS, DVM, JD)

**J17** ¿Cuál es el estado civil del adulto 2?

- Casado(a)
- No casado(a), pero vive con una pareja
- Nunca se ha casado
- Divorciado(a)
- Separado(a)
- Viudo(a)

**J18** En general, ¿cómo está la salud física del adulto 2?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**J19** En general, ¿cómo está la salud mental o emocional del adulto 2?

- Excelente
- Muy buena
- Buena
- Regular
- Deficiente

**J20** ¿Tuvo trabajo el adulto 2 por lo menos 50 semanas de las últimas 52 semanas?

- Sí
- No

## K. Información del Hogar

**K1** ¿Cuántas personas viven o se quedan en esta dirección? *Incluya a todas las personas que usualmente viven o se quedan en esta dirección. NO incluya a personas que están viviendo en otro lugar desde hace más de dos meses, como estudiantes universitarios que viven afuera o personas de las Fuerzas Armadas en despliegue.*

Cantidad de personas

**K2** ¿Cuántas de estas personas en su hogar son miembros de su familia? *Familia se define como cualquier persona que tenga parentesco con este niño por consanguinidad, matrimonio, adopción o por el programa de cuidado Foster del gobierno.*

Cantidad de personas



**K3 Ingresos EN EL ÚLTIMO AÑO CALENDARIO****(del 1 de enero al 31 de diciembre de 2015)**

Marque (X) la casilla "Sí" para los tipos de ingresos recibidos por la familia y dé la mejor aproximación de la CANTIDAD TOTAL EN EL ÚLTIMO AÑO CALENDARIO. Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

- a. ¿Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos?

Sí  No

\$           Cantidad Total

- b. ¿Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad?

Sí  No

\$           Cantidad Total

- c. ¿Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos?

Sí  No

\$           Cantidad Total

- d. ¿Seguro Social o retiro para personal de ferrocarriles; pensión por retiro, pensión para viudos(as) y dependientes de fallecidos o pensión por incapacidad?

Sí  No

\$           Cantidad Total

- e. ¿Seguridad de Ingreso Suplementario (Supplemental Security Income, SSI), cualquier asistencia pública o pagos de asistencia social del estado o la oficina de asistencia social local?

Sí  No

\$           Cantidad Total

- f. ¿Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (Veterans Administration, VA), compensación por desempleo, pensión para hijos menores o pensión alimenticia?

Sí  No

\$           Cantidad Total

- K4** La siguiente pregunta es sobre sus ingresos y es muy importante. Piense en el total de ingreso familiar combinado EN EL ÚLTIMO AÑO CALENDARIO de todos los miembros de la familia. ¿Cuál es la cantidad antes de impuestos? Incluya dinero del trabajo, pensión para hijos menores, seguro social, ingresos por jubilación, pagos por desempleo, asistencia pública y demás. También, incluya ingresos de intereses, dividendos, ingresos netos por negocios, actividades agrícolas o alquileres y cualquier otro dinero recibido como ingreso.

\$           Cantidad Total



## Instrucciones de envío postal

### Gracias por su participación.

En nombre del Departamento de Salud y Servicios Humanos de los EE. UU., queremos agradecerle por su esfuerzo y el tiempo que dedicó para compartir esta información sobre su hogar y los niños que incluye.

Sus respuestas son importantes y facilitarán que investigadores, personas encargadas de formular políticas públicas y defensores de familia comprendan mejor las necesidades en materia de salud y atención médica de los niños de nuestra población diversa.

**Coloque el cuestionario completado en el sobre con franqueo pagado. Si el sobre se ha extraviado, envíe el cuestionario por correo a:**

U.S. Census Bureau  
ATTN: DCB 60-A  
1201 E. 10th Street  
Jeffersonville, IN 47132-0001

También puede llamar al **1-800-845-8241** para solicitar un sobre de reemplazo.

INFORMATIONAL COPY

Se calcula que el tiempo promedio necesario para recopilar esta información es de 30 minutos por respuesta, que incluye el tiempo para revisar las instrucciones, buscar las fuentes de datos existentes, reunir y controlar los datos necesarios, y completar y revisar la recopilación de la información. Para realizar comentarios sobre este cálculo o sobre cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir el tiempo, escriba a: Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H590, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a [DEMO.Paperwork@census.gov](mailto:DEMO.Paperwork@census.gov); escriba como asunto "Paperwork Project 0607-0990."

