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**Eye Tracking, Usability and Accessibility Results from the
Online Version of the 2018 National Survey of Children's Health**

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Abstract: This report documents the usability testing evaluation of the 2018 National Survey of Children's Health. The PC-version and mobile-optimized version of the survey were pretested in both English and Spanish. The 12 English-speaking and 5 Spanish-speaking participants found similar problems. All participants found the questionnaire long with many questions seemingly unnecessary for healthy, typically developing children. While all English-speaking participants finished the survey, only one Spanish-speaking participant was able to finalize and submit the entire survey within the 90-minute usability session. The design of the page for listing the children in the household was complex. Participants did not know which button to select to add a child's name. For a few questions, participants could answer either in metric or U.S. customary units (for example, height was measured in feet or meters), or in months or years. Participants were supposed to select one of the units to answer. However, participants answered using all the options available to enter information. For example, for children's height, participants provided information in both measurement systems (meters and feet) and for age, they entered information in both years and months. Participants did not realize they needed to choose one option over the other. The spacing and size of response fields and response choices when accessed on iPhones was poor, with small and closely spaced radio buttons, which when selected did not appear selected. Participants did not use or understand the progress bar at the bottom of the screen on PCs. Like other surveys, the review screen was not helpful and not used by any participants to review their answers. In addition, many Spanish speakers did not find the language toggle to Spanish on the first page.

Keywords: online survey design, English and Spanish usability testing, effectiveness, efficiency, satisfaction

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Executive Summary

In 2018, staff in the Center for Behavioral Science Methods (which at that time was called the Center for Survey Measurement) of the U.S. Census Bureau conducted usability testing of the 2018 National Survey of Children's Health (NSCH) online survey in English and in Spanish. Twelve English-speaking and five Spanish-speaking participants took part in the usability testing. During the usability sessions, participants accessed the survey either on a Census Bureau provided laptop computer or on their own mobile device. During that testing, often cognitive issues arose with the questions and response choices. This report provides a summary of the usability, cognitive and accessibility methods and results from evaluating the NSCH online survey.

Similar problems were found by both the English-speaking and Spanish-speaking participants.

- All participants found the questionnaire long with many questions seemingly unnecessary for healthy, typically developing children. While all English-speaking participants finished the survey, only one Spanish-speaking participant was able to finalize and submit the entire survey within the 90 minute usability session.
- The design of the page for listing the children in the household was complex. Participants did not know which button to select to add a child's name.
- For a few questions, participants could answer either in metric or U.S. customary units (for example, height was measured in feet or meters), or in months or years. Participants were supposed to select one of the units to answer. However, participants answered using all the options available to enter information. For example, for children's height, participants provided information in both measurement systems (meters and feet) and for age they entered information both in years and months. Participants did not realize they needed to choose one option over the other.
- The spacing and size of response fields and response choices when accessed on iPhones was poor, with small and closely spaced radio buttons, which when selected did not appear selected.
- Participants did not use or understand the progress bar at the bottom of the screen on personal computers (PCs).
- Like other surveys, the review screen was not helpful and not used by any participants to review their answers.

There were a number of usability and cognitive challenges with the Spanish version of the instrument. For example, Spanish speakers had difficulty changing the instrument language to Spanish because they had trouble noticing the language toggle in the landing page of the survey (see page 11 for a more detailed explanation). While testing, researchers noted that there were misplaced response options and missing series of questions. Spanish-speaking participants found a number of grammatical errors in the online survey. A copy-editing process in Spanish is a must before finalizing the online instrument.

Other medium and low priority usability issues are reported for both languages, as well as comprehension issues regarding the questions themselves. Satisfaction ratings, which were generally high among the participants, are also reported.

Accessibility testing was conducted on the survey by a staff member familiar with the procedures of the accessibility software. The main purpose of accessibility testing was to confirm if what is vocalized by the screen-reader matches the visible text. One of the English-speaking participants for usability testing was visually impaired. She used the JAWS screen-reader for PC and confirmed many of the findings from the staff-conducted testing. Accessibility findings are document in this report.

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1. Introduction

The National Survey of Children's Health (NSCH) is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services (<http://childhealthdata.org/learn/NSCH/resources/methods>). The NSCH examines the physical and emotional health of children 0-17 years of age. This survey was conducted via an interviewer-administered telephone survey in 2003, 2007, and 2011/12 by the National Center for Health Statistics at the Centers for Disease Control (<http://childhealthdata.org/learn/NSCH>). In 2016, the U.S. Census Bureau carried out the data collection using a self-administered paper form and a Web questionnaire option for the first time. That Web questionnaire was optimized for PC only, meaning that it displayed as intended only on PCs. When displayed on a tablet or smartphone, the respondent would have to zoom in to see the questions.

For the 2018 NSCH, the survey was designed to render optimally on PC and mobile platforms, called 'PC and mobile optimization.' Optimization means that the screens automatically readjusted in size and in design depending on the display size of the device. When displayed on a tablet or smartphone, the respondent would *not* have to zoom in to see the questions.

In preparation for fielding the 2018 NSCH, usability testing of the English and Spanish versions of the proposed 2018 online Web instrument was conducted between April 11 and 30, 2018. The goal of the testing was to uncover usability issues with the current design (on both PC and mobile devices), and make recommendations for enhancements to ensure that the online survey performed optimally during data collection once the instrument was fielded in July of 2018. We also gathered feedback on new questions added in the survey. Twelve individuals participated in the usability testing of the English version of the NSCH and five individuals participated in testing the Spanish version.

As with many of our usability projects, we also evaluated the instrument for compliance to Section 508 regulations. Software applications comply if users can navigate through them and hear all visible directions and cues from a screen reader. In this study, a mobile user would hear feedback from TalkBack and a PC user would hear feedback from JAWS. The accessibility testing of the PC and mobile versions of the questionnaire was conducted only for the English version due to a lack of bilingual accessibility testing staff. A staff person trained in testing for accessibility conducted the testing and we had one English-speaking participant use assistive technology to access the questionnaire.

The NSCH online questionnaire used the same questions as in the paper questionnaire (see Attachment A for the English version and Attachment B for the Spanish version). Though the usability testing protocol targeted primarily usability issues and cognitive issues related to the new questions, during the course of testing we observed cognitive processing issues with some of the pre-existing questions from previous NSCH data collections. Testing results and recommendations for usability, cognitive and accessibility issues are described in this report.

2. National Survey of Children’s Health Online Questionnaire

The 2018 NSCH online questionnaire is one of many surveys the Census Bureau developed using an in-house codebase framework called Centurion. The NSCH contains a screening survey (S1) and then depending upon the ages of the children listed in the screener, respondents are directed to one of three different modules in the NSCH—module T1 covers a child 0 to 5 years old, module T2 covers a child 6 to 11 years old, and T3 covers a child 12 to 17 years old. If more than one child is listed in the screener, only one of them is selected based upon sampling criteria. Each module covers topics appropriate for the age of the child. Module T1 has sections on infant and child developmental milestones. Modules T2 and T3 are similar to each other, covering topics such as the child’s health, communication with health care providers, insurance, schooling and activities, and caregiver backgrounds. The number of questions differs by modules; T1 includes 182 questions, T2 includes 161 questions and T3 includes 171 questions. Within each module, some questions are skipped depending upon the respondent’s answers.

The average expected time to answer the NSCH (with the screener and one module) is 33 minutes. The survey is available in English and Spanish with a language toggle link on the web instrument login screen where the respondent can change from the English to the Spanish version or vice versa by clicking the link. The default setting is the English version. The instrument includes functionality for respondents to save their answers, logout and return later to finish the survey. For each section of the survey, there were multiple web pages with a ‘Next’ button to navigate forward to the next web page and a ‘Previous’ button if the respondent wanted to return to a prior page. Most web pages in the survey contained only one question; however, several web pages contained multiple related questions with skip sequences built into the page where the questions would become enabled or disabled depending upon the answer to the filter question on that page. There was also some branching logic between web pages within the survey, and if that logic was triggered, whole sections of questions could be skipped. There were very few, if any, edit messages or alerts within the survey, meaning that participants could leave questions blank and navigate to the next page.

3. Methods

We conducted one round of usability testing on the English and Spanish versions of the NSCH from April 11-30, 2018. This section describes the participants, the devices they used to access the survey, and the usability evaluation methods implemented during the testing sessions. The last section of this report describes the accessibility testing methods.

3.1. Participants

As shown in Table 1, twelve participants took part in usability testing of the 2018 NSCH English version. One of the 12 participants was vision impaired and she completed the T2 instrument using the JAWS screen-reader. In terms of child health issues, participants included someone with a child with ADHD and someone with an obese child. Another participant had a child with

health issues, but that was not the selected child for the survey. Other than these participants, the remaining English speakers had healthy, typically developing children.

Five participants took part in usability testing of the 2018 NSCH Spanish version. Six participants were originally scheduled, but one Spanish-speaking participant refused to participate after signing the consent form. This participant felt uncomfortable with the equipment (e.g. laptop and recording devices) and thought the test administrators were in reality immigration enforcement officials. None of the participants for the testing in Spanish had children with health issues.

Table 1: Distribution of 2018 NSCH Usability Testing Participants across Survey Modules

Screener and T1	Screener and T2	Screener and T3	Total
4 English	4 English	4 English	12 English
2 Spanish	1 Spanish	2 Spanish	5 Spanish
6 Participants	5 Participants	6 Participants	17 Participants

Source: 2018 NSCH usability testing

Participant characteristics are described in Table 2.

Table 2: Demographic characteristics of 2018 NSCH Usability Testing Participants

Demographics	English n=12	Spanish n=5
Sex		
Female	11	4
Male	1	1
Age – Mean (Std. Deviation) (Range)		
	38 (8) (32-58)	38 (12) (19-52)*
Race/Hispanic origin		
White/nonHispanic	4	0
White/Hispanic	1	0
Black/nonHispanic	4	0
Black/Hispanic	1	0
Asian	2	0
Hispanic – Mexico	0	2
Hispanic – Central America	0	2
Hispanic – South America	0	1
Education		
High school	3	2
Bachelor’s	5	3
Post Bachelor’s	3	0
Missing	1	0

Source: 2018 NSCH usability testing

*Age calculations include four of the five participants because one person gave an unrealistic birth year and therefore it was not taken into account in the calculations.

English-speaking participants were recruited through advertisements on Craigslist, personal connections, an email blast that was distributed to all Census Bureau employees in March, and a community mom’s listserv posting. Spanish-speaking participants were recruited using two sources: contacts from our existing recruitment database of potential participants screened for

previous studies; and participants recruited onsite at one local community center in Maryland that serves the local Latino community living in the Washington, DC metropolitan area.

To be selected, all participants had to have a child that fell into one of the age ranges for the modules, and they needed at least one year of experience using the Internet. All Spanish speakers selected reported being of Latino, Hispanic, or Spanish origin; that Spanish was their native language and that they spoke Spanish better than or equally well to English. All participants lived in the Washington, D.C. area.

3.2. Devices used

Six English-speaking participants answered the survey using a census-provided laptop; and six used their own smartphone. Three Spanish-speaking participants answered the survey using a census-provided laptop; and two used their own smartphone (see Table 3 for the summary of devices by module).

Table 3: Devices used in the usability testing of the NSCH English and Spanish versions

Device	T1	T2	T3
Census provided laptop Dell Latitude E6430, Windows 7	2 English 2 Spanish*	2** English	2 English 1 Spanish
Smartphone (BYOD)			
iPhone 8	0	0	1 English
iPhone 6	1 English	0	1 English
iPhone 5	1 English	0	0
iPhone – no version specified	0	1 Spanish	1 Spanish
Android one+five	0	1 English	0
Android Samsung 7	0	1 English	0

Source: 2018 NSCH usability testing

*Both participants started with smartphones (iPhone and Android) and switched to PC during the survey. One participant had a very slow internet connection and the other participant never could proceed past the security warning message and the researcher was unable to help the individual.

**One participant used the screen-reader JAWS to access and answer the survey.

3.3. Usability Testing Procedure

The usability test involved the participant completing the draft online version of the 2018 NSCH while being observed by a Census Bureau test administrator. All sessions included video and audio recording with participant consent. Each usability session lasted approximately one-and-a-half hours. To offset the costs of parking and travel, participants received an incentive of \$40 for their participation. Eight English sessions occurred in the usability lab at the Census Bureau’s headquarters building, and the other four English sessions occurred at libraries in the Washington DC metro area. All Spanish sessions took place at two community centers in the area.

Several sessions were observed by other staff, including staff who work on the survey. Observers watched and listened in a separate area for sessions conducted at headquarters but were in the room at the sessions conducted away from headquarters.

During the usability sessions, participants were instructed to complete the survey as they would if they were home with two exceptions.

- For participants with multiple children of different ages, we had to instruct them which child to list in the screener so that the correct topical module would be triggered because the NSCH only selects one child in the household about whom to ask detailed questions. If the participant had multiple children in the same age range –we let them list all of those children. Other than this instruction, participants were instructed to answer the questions as they applied in their real life circumstances.
- Approximately midway through the topical module, participants were asked to exit the survey pretending that they would resume later to complete it. This was to test the resume survey feature with the PIN and/or security question.

Participants were instructed to think aloud while completing the survey. The think-aloud technique is modeled on Ericsson and Simon's (1993) approach to collecting verbal feedback. Our think-aloud protocol was used to maintain a running verbal commentary of the participants' expectations and reasoning. A participant engaging in thinking aloud verbalizes his or her available, conscious thoughts and decisions while completing the tasks so that the researcher can understand the participants' cognitive processes as they interact with the web survey interface. The test administrator encouraged the participants to continue to think aloud using prompts such as "Keep talking" if they became silent for more than ten seconds. After the first section in the module, participants were asked to exit the survey pretending that they would resume later to complete it.

We collected eye-tracking data for three English-speaking participants who completed the survey on the census-provided laptop using the Tobii X2-60 system¹. The Tobii system was also used to record the audio and video of the participant answering the survey. We did not collect eye tracking for the mobile devices because the effort needed to analyze that data outweighed any insights learned about the design on such a small screen. Instead we used Camtasia on another Census laptop to record the screen capture of the participant answering the NSCH on their mobile device. To make the video recording, a Webcam attached to a tripod recorded participants using their hand-held device.

Eye tracking data were collected in the English-speaking sessions because these data can be useful in confirming difficulties with the design or with the question wording that are uncovered during testing. For example, unusual patterns from the eye tracking heat maps can identify challenging words, phrases, and design layouts. A more typical pattern on a screen can also confirm that there were no issues with either the words or the design used.

We decided not to gather eye-tracking data from Spanish-speakers because sessions with monolingual or Spanish-dominant Spanish-speakers take longer to conduct than English-speaking sessions and adding the eye tracking calibration task, which can sometimes take 5 minutes to

¹ We did not collect eye-tracking data from the JAWS screen reader participant. We also did not collect eye tracking in the offsite locations that used the laptop.

complete, would lengthen the session even more. Additionally, because eye-tracking is not well known, sometimes the addition of that method makes Spanish-speaking participants even more wary of participating in a government-run session.

After the participant finished the survey, he or she completed a satisfaction questionnaire including opinion questions about general usability aspects of the survey (e.g., using forward and backward navigation and comprehension of general survey terminology). Then, the participant was shown a PowerPoint presentation with some screenshots taken from the survey and asked a few questions about those screens, focusing on the new questions that were added in the 2018 NSCH. The test administrator followed a protocol during the session and the questions and protocol were approved by OMB on March 23, 2018 using the generic clearance for pretesting 0607-0725.

3.4. Accessibility Testing Procedure

Accessibility testing uses methods to determine if a disabled user can use the system. The accessibility tester is looking to see if there are any instances where the content presented on the screen visually is not presented orally; whether the tab sequence allows users to navigate to every object on the screen and whether the user can navigate both forward and back and enter data correctly. Sometimes what is spoken by the JAWS software is not seen on the screen.

Concurrent to the NSCH usability testing, accessibility testing was performed on the NSCH using the Job Access With Speech (JAWS) 18 screen-reader and the Internet Explorer 11 browser for the Windows 7 desktop platform and the Chrome 66 browser and Google TalkBack 6.1 screen-reader running on the Android 7 platform for smartphones by a staff member trained in testing for accessibility. This staff member navigated through the survey for three times on the desktop, once for each age group (0-5 years, 6-11 years, and 12-17 years), and once on the smartphone for the oldest age group. Navigation for JAWS users was accomplished through tab and arrow keys and for TalkBack users by left and right finger swipes.

Although usually there is not a need for someone with low vision to do the testing, for this testing, one participant who called to take part in the usability testing had low vision. We had her use JAWS as she completed the NSCH screener and T2 survey on a desktop.

3.5. Usability Testing Analysis

We focused our analysis on the three measures of usability: effectiveness, efficiency and satisfaction.

To measure effectiveness, we used observations of the sessions (both from real time and from the audio and video recording), heat maps of the eye-tracking data, think-aloud comments and debriefing probes. Eye tracking data were collapsed across the three English-speaking participants to form heat maps. These maps are color-coded. The colors are red, green and yellow and show the general pattern of where participants looked on the screen. Red areas are

where the participants looked the most followed by yellow and then green. The more intense the color, the more they looked at that place.

To measure efficiency, we recorded spontaneous participant comments about the length of the survey. We recorded general time to complete the survey, but we did not use an exact timing measure because our sample size was too small to make generalizations about the time needed to complete the survey.

Immediately after each usability session, the researchers summarized the usability and cognitive findings and provided the summary to the sponsor. The summary was based upon the observed behavior of the participant and the verbal feedback. These summaries were used to create a “Quick Report” which included user-centered design issues observed, cognitive problems with the questions and response options, and recommendations. Accessibility testing and analysis took place over the course of a few days by the researcher.

4. Usability Findings and Recommendations

4.1. Effectiveness

The following findings and recommendations are in order of severity from the highest priority usability issues to the lowest. Unless noted otherwise, these findings were uncovered both with English and Spanish speakers.

4.1.1. Radio buttons and field length design issues

Mobile phone users had problems selecting radio buttons because they were too close together (see Figure 1); that is, even participants with good dexterity could not always activate the small radio button they wanted because sometimes their finger press would inadvertently activate a different response. On iPhones there was not enough visual distinction between whether a radio button was selected or not selected (see the very faint distinction between the selected ‘Yes’ and the not selected ‘No’ in Figure 2). Errors were made in selection, that is, the wrong choice was selected and sometimes no choice was selected at all. Three Spanish-speaking participants spontaneously mentioned having difficulty selecting radio buttons and/or seeing their selected responses.

The lack of spacing between radio buttons was also an issue that arose for Spanish speakers using the PC, but not for English speakers on the PC.

Additionally, on iPhones some fields were not big enough to show the entire entered answer. The top arrow in Figure 2 points to an open-text box where the number ‘10’ has been entered but the ‘0’ is not fully-displayed; it is essentially cut in half.

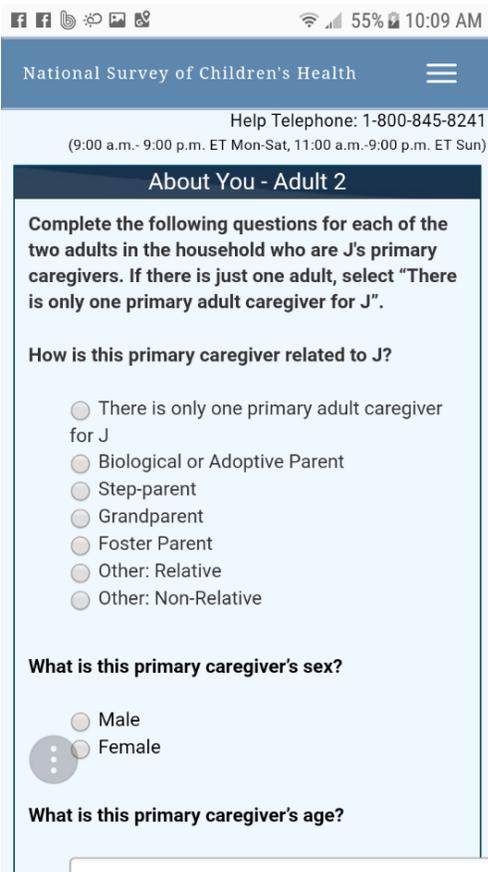


Figure 1. Example of proximity of the radio buttons on an Android device
Source: 2018 NSCH usability testing

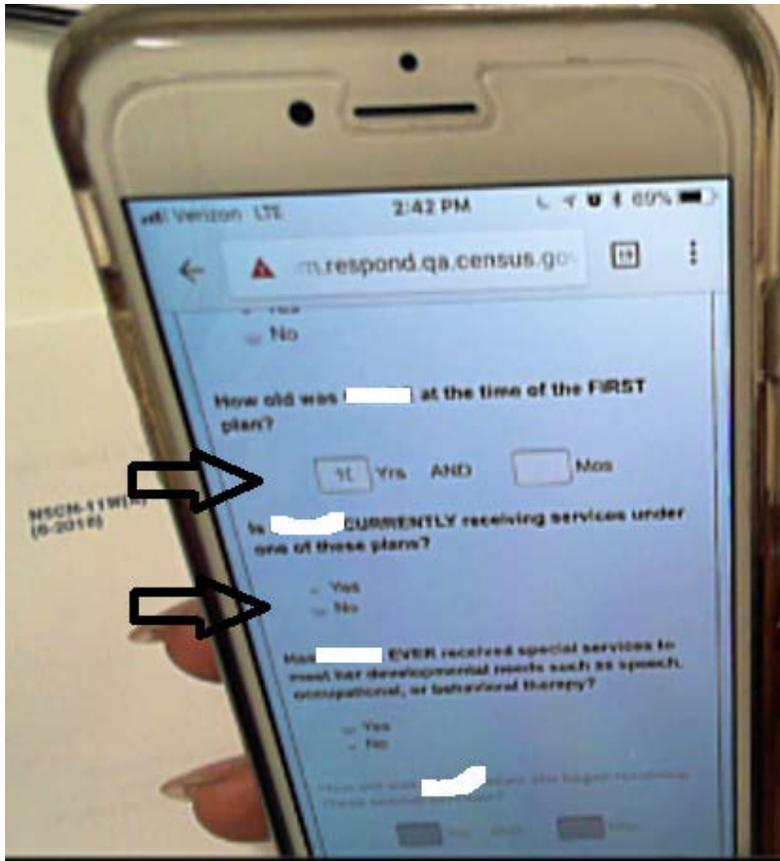


Figure 2. Actual screenshot of a participant using their iPhone to complete the survey.
Source: 2018 NSCH usability testing

Recommendation: We recommend increasing the space between radio buttons to match the space used in the National Sample Survey of Registered Nurses for both PC and mobile (see Figure 3). That spacing worked well during testing of that instrument (Nichols, Kephart, and Malakhoff, 2018). We recommend increasing the response field size to match the expected length of the entry.

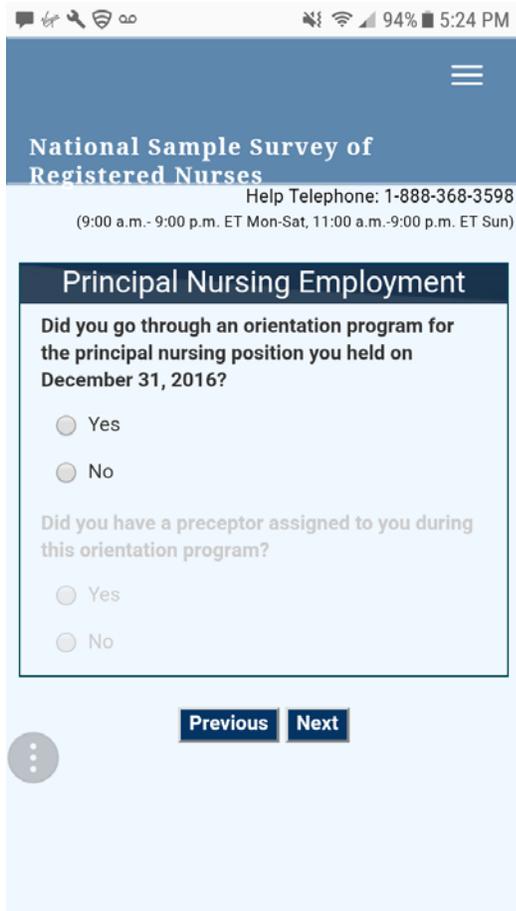


Figure 3. The National Sample Survey of Registered Nurses radio button spacing which worked well during usability testing of that survey

Source: 2018 NSCH usability testing

4.1.2. Programming errors were found in Spanish.

In the Spanish instrument, participants were unable to enter a response in some of the fields (such as in the example in Figure 4). For this specific example, the participant was asked to report the times he or she has moved to a new address. Every time the participant tried to enter information into the response field, this person was unable to do so even after clicking several times. This barrier to enter information on the text field appeared to be an instrument programming malfunction.



Figure 4. Example screen where the participant could not enter an answer. The arrow points to the field where participants could not enter information even though the field looks enabled.
Source: 2018 NSCH usability testing

Recommendation: More robust user acceptance testing would have uncovered any inaccessible text field. During that type of testing, we recommend checking all enabled text fields to make sure that they can be accessed by the user for entering text.

4.1.3. Spanish speakers did not use the language toggle link

After starting the survey on the default English language page, three Spanish-speaking participants did not see the link to change the language (see Figure 5). This happened both with PC and mobile users. The test administrator had to lead participants to show them how to switch the language. Testing has consistently showed that this type of design is not optimal (Lykke and García Trejo, 2018).

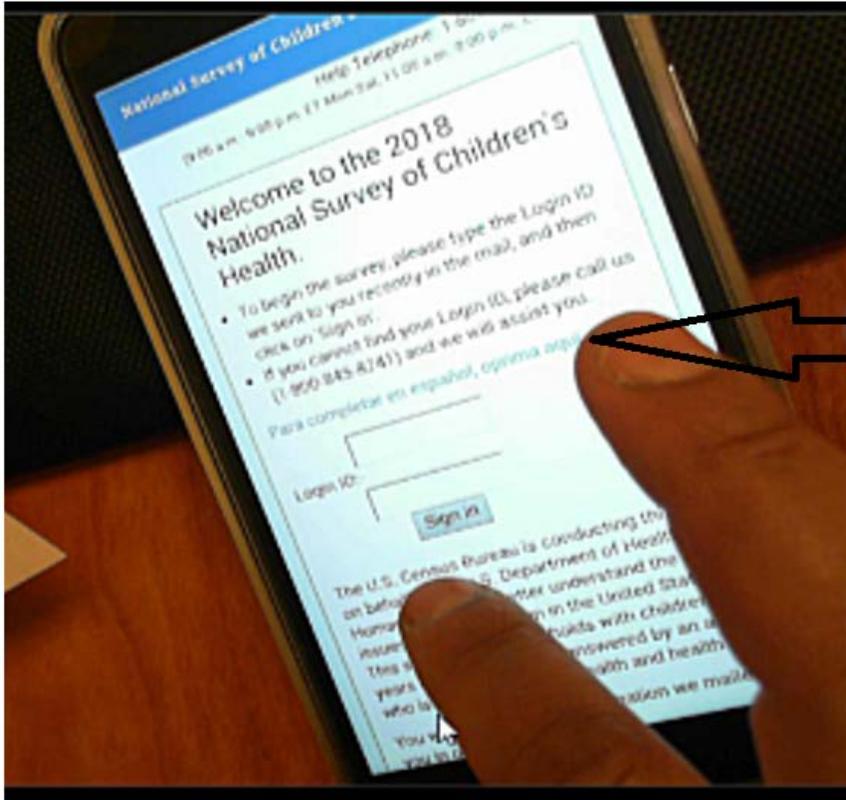


Figure 5. The arrow points to the language toggle – (the blue link which reads in Spanish 'Para completar en español, oprima aquí [To complete in Spanish, click here] If participants clicked on this link, it would change the survey from English to Spanish. Source: 2018 NSCH usability testing

Recommendation: Create a separate page for selecting the preferred language as shown in Figure 6 and add a language toggle in the top bar as shown in Figure 7. We also recommend to continue testing how respondents react to having the separate page for selecting the preferred language. For more information about the recommendation of creating a separate page for selecting preferred language see Lykke and García Trejo (2018).

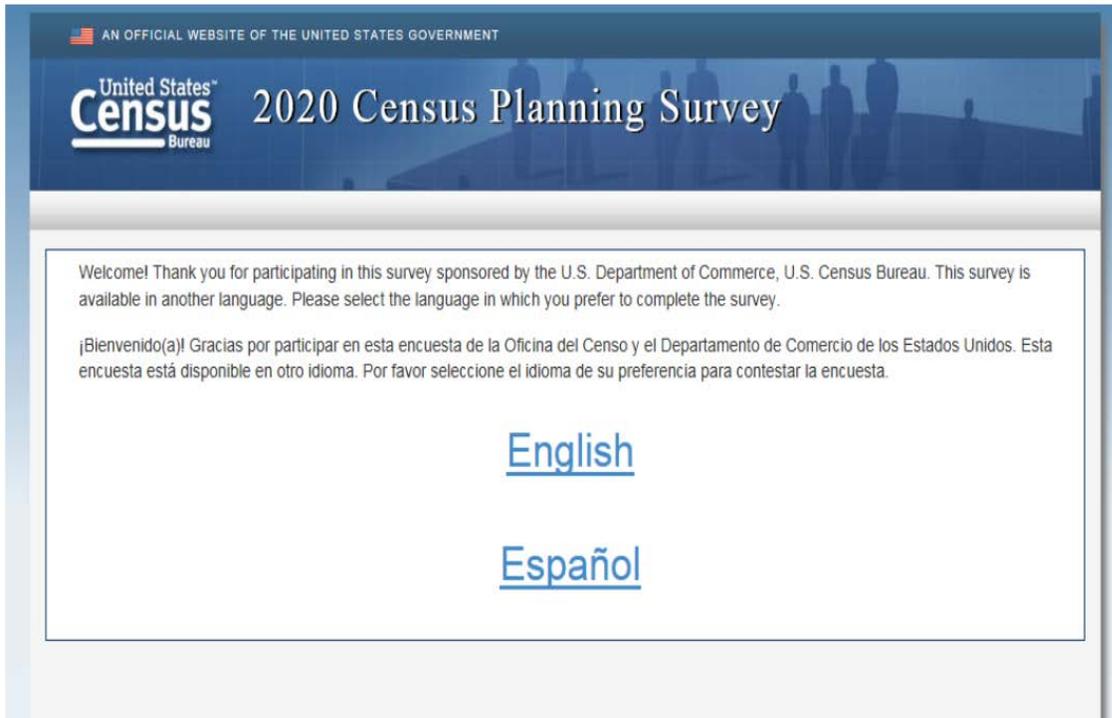


Figure 6. The first page of the 2020 Census Planning Survey contains the language toggle. This design worked well for users. Source: 2020 Census Planning Survey (Lykke and García Trejo, 2018)

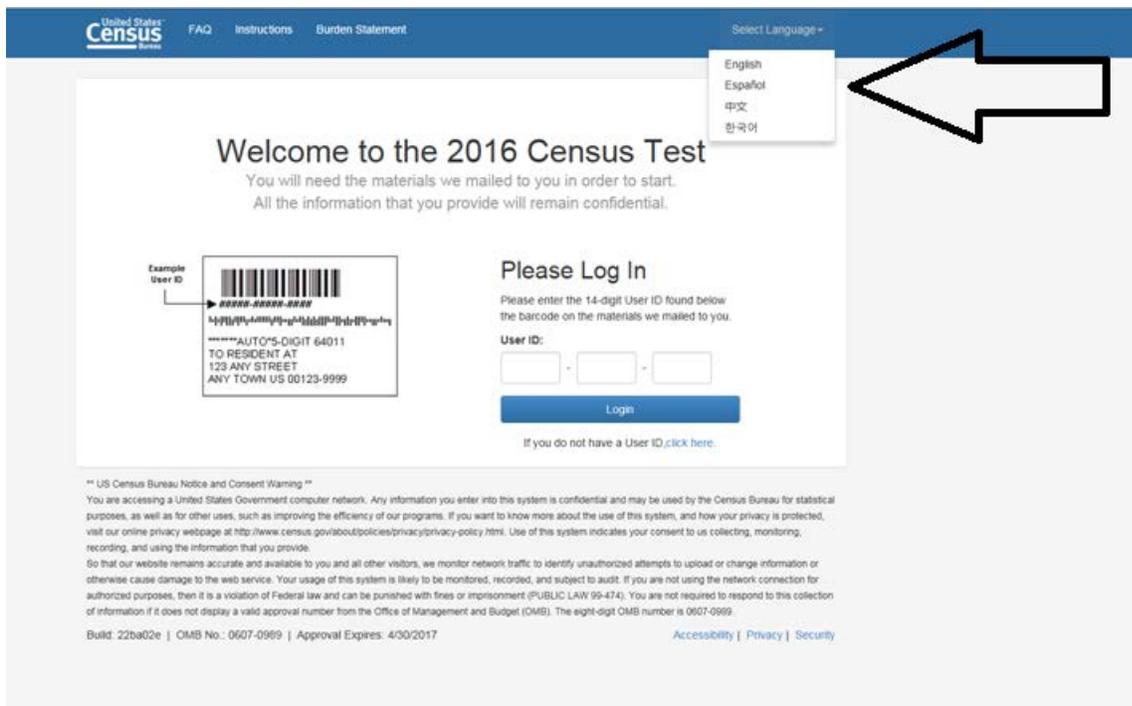


Figure 7. The login page of the 2016 Census Test with the language toggle in the top right corner of the blue menu bar with the black arrow pointing to it. Source: 2016 Census Test

4.1.4. Dashboard design leads to usability issues

After answering some basic questions about the household, the respondent is presented with a 'dashboard' which collects the names, ages and basic demographics of the children in the household. After the respondent enters the information about all the children in the household, the survey then selects only one child. Then, the respondent will be routed to one of three modules (depending on the age of the child) containing health-specific questions. When the respondent arrives at the dashboard, they are supposed to select 'Start' (see bottom left corner of Figure 8). Then, they will be able to enter the name, sex and age for the child(ren). If there are still more children to add when they come back to the dashboard, they are supposed to click the 'Add Child' button at the bottom of the screen. However, during the test sessions, several English-speaking participants incorrectly selected the button 'Add a Child' to begin, and one participant selected 'Continue' instead of selecting the 'Start' button. The eye tracking heat map in Figure 9 lends support to the idea that participants did not know where to look.

Three Spanish speakers also expressed confusion about what button to press and what to do next the first time they viewed the dashboard. One participant commented about whether 'Comenzar' [start] is a button that takes the user somewhere or performs an action. This participant tried to type directly below the 'First Name, Initials, or Nickname' column heading in Figure 8. Another Spanish speaker added a child by mistake as she was exploring the different buttons and clicking everywhere. On the final interaction with the dashboard, another participant was confused on what to do next or what button to press to continue. Overall, we found that there are too many buttons on this page.

While everyone ultimately selected 'Start' and then added their children from youngest to oldest, completing the task was difficult. Having such a difficult task in the beginning of the survey could be seen as a deterrent to completing the rest of the survey.

Several participants using a mobile device also commented that there was a lot of text on the screen as demonstrated in Figure 8, but PC participants seemed to read this text as shown in Figure 9.

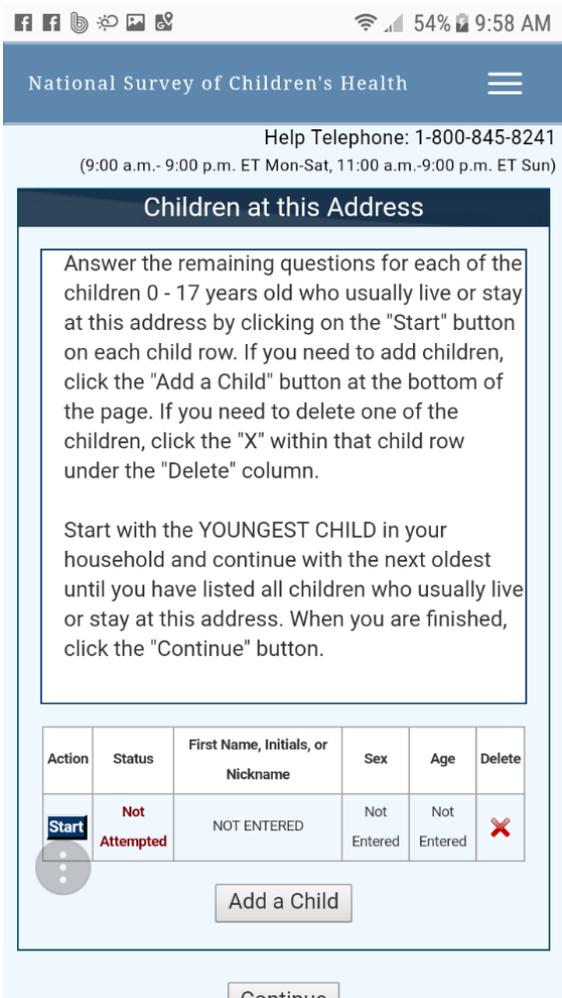


Figure 8. Screenshot of the dashboard on a mobile phone. There are three buttons at the bottom of the screen. The button labeled 'Start', in reverse print on the bottom left of the screen, is the one a respondent is supposed to select to enter a child's information. A bigger button labeled 'Add a Child' on the bottom of the screen, centered, is supposed to be used to enter information for additional children. The button below that one labeled 'Continue' is supposed to be used to move to the next screen, after information on ALL children in the household is entered. It was unclear to participants what they should do first.

Source: 2018 NSCH usability testing



Figure 9. Three participants' eye tracking data on the dashboard on the PC. Notice that participants looked all over the screen, and at the buttons on the bottom of the screen.

Source: 2018 NSCH usability testing

Below we offer three recommendations in order of our preferences, with Recommendation 1 being the most ideal.

Recommendation 1: The current dashboard used for NSCH is not intuitive for users as demonstrated during the usability testing. To avoid usability challenges and confusion, we recommend following the 2020 Census design where the total number of people is requested on one screen and the next screen includes correct number of boxes to enter their names (see Figure 10). The NSCH could be designed similarly. First, collect the number of children in the household on one page. Then, on the next page, display that exact number of fields with instructions to list the names of the children in order from youngest to oldest. After that page, we recommend using a dashboard design with all the names listed and a 'Start' button for each name (see Figure 11).

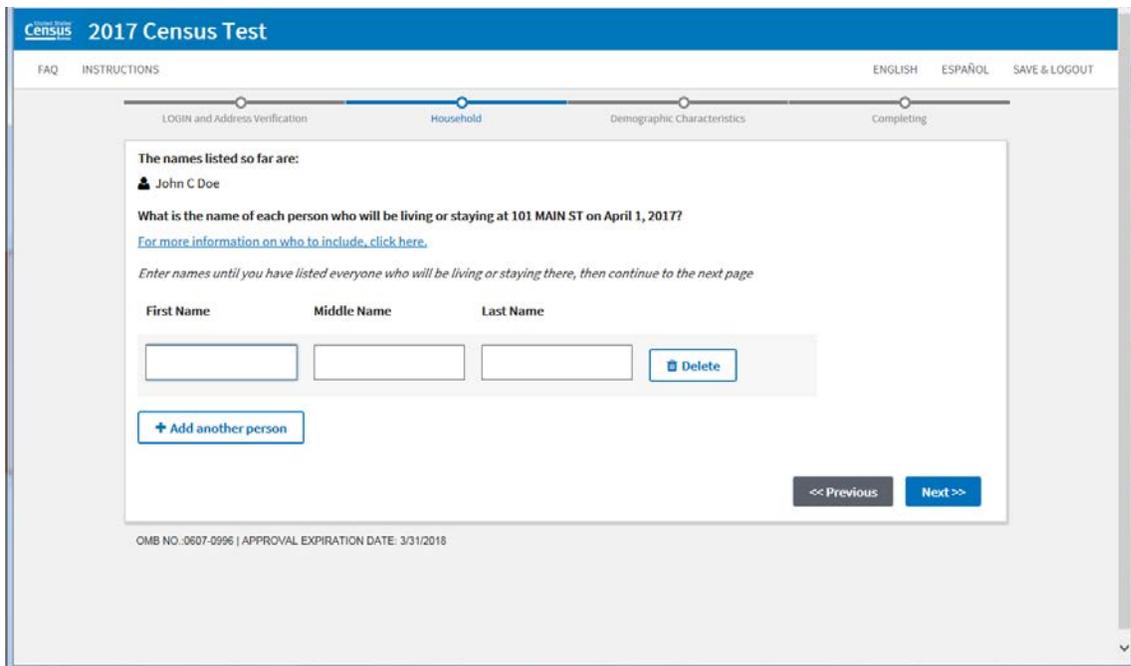


Figure 10. The 2017 Census Test screen where the respondent can enter names. The same design is used in the 2020 Census. Source: 2017 Census Test

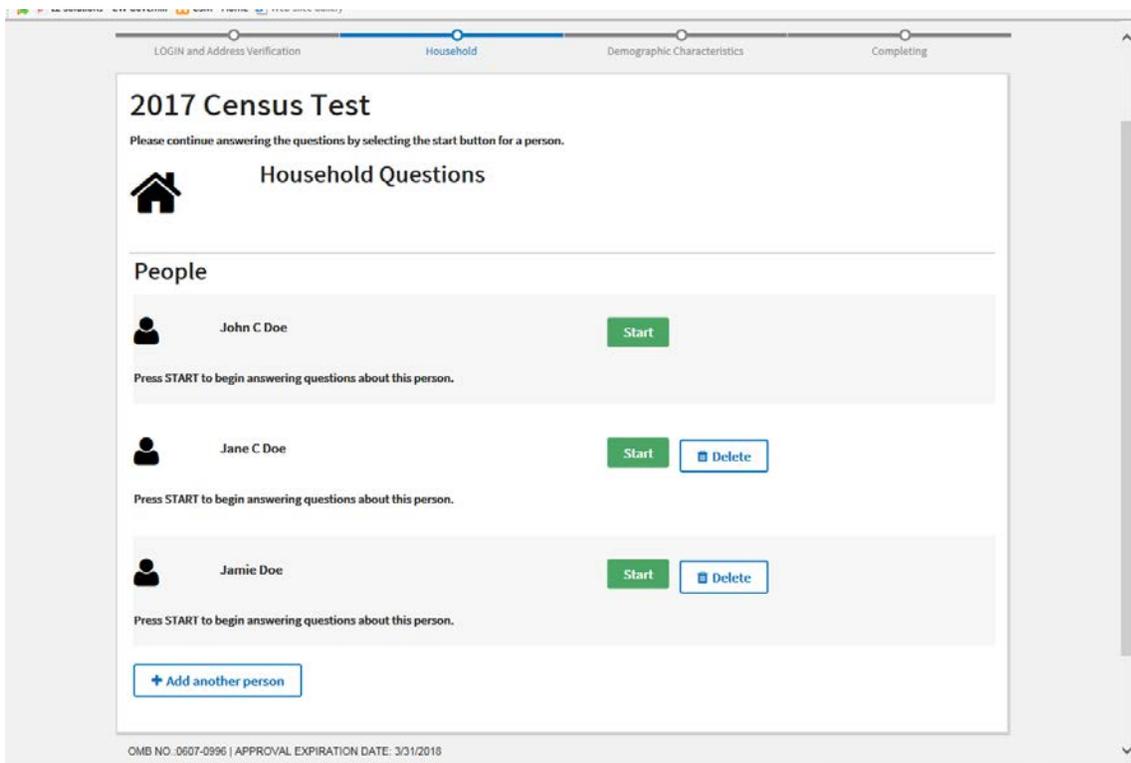


Figure 11. Dashboard for 2017 Census Test. The respondent selects start for a person, completes the data entry for that person, and then is taken back to the dashboard where the respondents selects another person and proceeds until he or she is finished. The same design is used in the 2020 Census. Source: 2017 Census Test

Recommendation 2: Keep the dashboard, but make the action ‘Start’ button more noticeable and bold or make this button more prominent in the instructions.

Recommendation 3: Consider showing a list of steps to make the instructions shorter.

Recommendation about the Spanish translation issue on the buttons: Both “Continuar’ [continue] and ‘Comenzar’ [start] imply an action to start something in Spanish. Change ‘Comenzar’ [start] to ‘Inicio’ [start]. Change ‘Continuar’ [continue] to ‘Siguiente’ or ‘Próximo’. On the final dashboard shown, change the name of the button ‘Continuar’ to ‘Siguiente sección’ [next section].

4.1.5. Errors in entering information about the adults in the household

Toward the end of the survey there were questions about the child’s adult caregivers. There were separate questions for up to two adults. The questions for each caregiver were asked separately and labeled Adult 1 and Adult 2, with Adult 1 questions first, followed by the same questions for Adult 2. Participants were expected to understand who Adult 1 and Adult 2 were. However, this assumption led to user confusion. For example, during sessions, several English-speaking participants entered their information on the Adult 1 screen and then entered the same information on the Adult 2 screen (see Figure 12).

There were several reasons why these questions were confusing to participants. First, the label for the first screen in the ‘Adult 2’ section said, ‘About You- Adult 2’. Almost always, the participant entered his or her information in the Adult 1 section, so that label implied the participant had to enter the information again. Second, the instruction on this screen said, ‘Complete the following question for each of the two adults...’ This instruction was incorrect at this point in the survey because the respondent has already entered information for the first adult. The instruction also assumed the household is a two-parent family household, and this household type will not always be the case. In one session, there were three adults in the household, including the parent, and the grandparents and the participant who was the parent decided not to list either one of her parents at this point in the questionnaire.

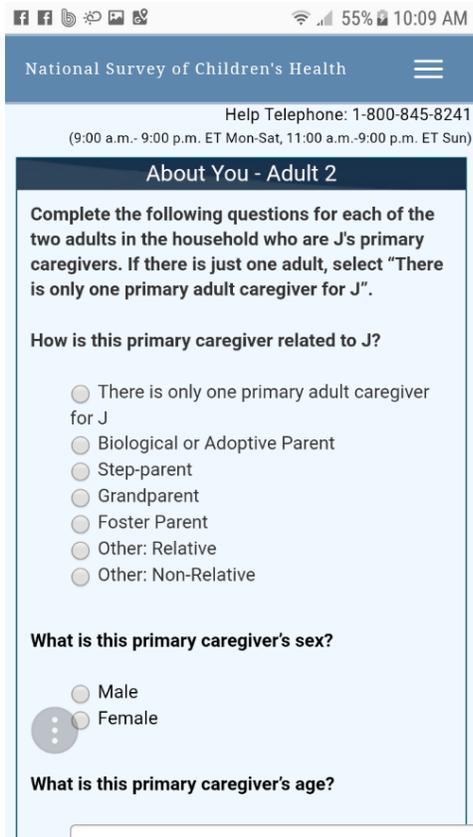


Figure 12. Mobile phone screenshot of the Adult 2 questions. See the label towards the top of the screen with “About You - Adult 2” in reverse print (that is white font in the black header). Source: 2018 NSCH usability testing

Recommendation: Remove ‘About You’ in the label and use only the words ‘Adult 2’ in the label. Additionally, take advantage of the automated skips allowed in the online form, to ask ‘Is there another primary caregiver in this household?’ and then if ‘Yes’ is selected, enable the remaining questions. Consider allowing for more than two primary caregivers. Consider asking for the adult’s name and filling that name in the appropriate questions.

4.1.6. Language response choices are not sufficient

One question in the screener (see Figure 13) asked what languages are spoken in the household, with the choices being English, Spanish, and other. The other had an open text field where the participant could enter the language. In the online survey, the responses were designed as radio buttons, where only one selection could be made. Two Spanish-speaking participants were unable to enter a complete response for the additional languages that they spoke. This happened in the screener for T1 and T3. Both participants spoke two languages: English and Spanish. They both initially selected the radio button for Spanish, but also wanted to click on the ‘English’ option signifying that they use both languages at home. They tried also to type in English in the open text field; however, because the question used a radio button design, only one response was allowed. They should have selected the third choice and then used the open-text field to type that they both speak English and Spanish at home but none of them did that. These participants

did not understand how the radio button design worked for this specific question and therefore did not realize they were supposed to select the third option and then type in both the languages. Because the design was not usable for these participants, incomplete data was collected and users were frustrated. We did not observe this problem for the English-speakers participants because none of them spoke more than one language.

The screenshot shows the 'En su casa' section of the NSCH website. The main question is '¿Qué idioma se habla principalmente en el hogar?' with three radio button options: 'Inglés', 'Español', and 'Otro idioma'. The 'Otro idioma' option is selected, but the text input field next to it is greyed out and has a red ban icon, indicating it is not accessible. Below this, there is another question: '¿Es esta casa, apartamento o casa móvil -' with four radio button options: 'Propiedad suya o de alguien en este hogar con una hipoteca o préstamo? Incluye préstamos sobre el valor líquido de la casa.', 'Propiedad suya o de alguien en este hogar libre y sin deuda (sin una hipoteca o préstamo)?', 'Alquilada?', and 'Ocupada sin pago de alquiler?'. At the bottom of the form are 'Previo' and 'Próximo' buttons. The page header includes the United States Census Bureau logo and the title 'National Survey of Children's Health'. Navigation links include 'Instructions', 'Frequently Asked Questions', 'Privacy Act Statement', and 'Logout'. Contact information is provided: 'Teléfono: 1-800-845-8241' and '(9:00 a.m. - 9:00 p.m. ET lun-sab, 11:00 a.m. - 9:00 p.m. ET dom)'. A footer menu contains 'En su Casa', 'Estado de Salud', 'Servicios de Salud', 'Aprendizaje/Actividades', and 'Acerca de la Casa'.

Figure 13. The screen with the languages spoken at home question. Notice the red ban icon in the grey field, indicating that the field is not accessible

Source: 2018 NSCH usability testing

Recommendation: There are two recommendations for this issue. If the sponsor would like to gather information on multiple languages spoken at home, replace the radio buttons with checkboxes, which allow users to choose one or more options, and add an instruction of 'Select all that apply.' If the sponsor would like to gather information on only one language, consider adding additional instructions about the type of answer that is desired such as, 'Seleccione sólo una respuesta' [Select only one answer], or if you speak more than one language please select the language you speak most often at home.

We preferred the first recommendation because it seems the intent of the question is to collect multiple languages. If the design remains the same, we predict underreporting of languages spoken as not all respondents will understand how the radio button design operates, as we observed.

4.1.7. Security/verification questions are too long to display on phones and there are too many of them.

Soon after logging into the survey, the respondent is shown a PIN number, with the vague instruction of 'make note of the PIN' immediately preceding the PIN. Below the PIN, the respondent is supposed to choose three security questions to answer (see the first security question in Figure 14). Information collected on this screen would allow the user to re-enter and resume a partially completed survey in the event the respondent needs to exit the survey prematurely. Several English-speaking participants commented that some of the security question options were truncated on their phone display so they could not read the entire questions (see Figure 14). Several participants also commented that three security questions was overkill and not typical. Several participants commented that the security questions did not apply to them, that is, they did not have a pet (question is not shown in Figure 14) or a hero. Spanish speakers did not comment on the security questions and were able to select all three questions. However, three of the five Spanish speaking participants did not 'make note of their PIN' by writing it down. The eye tracking heat map in Figure 15 shows that English-speaking participants focused on the PIN and it also shows that three different security questions are asked.

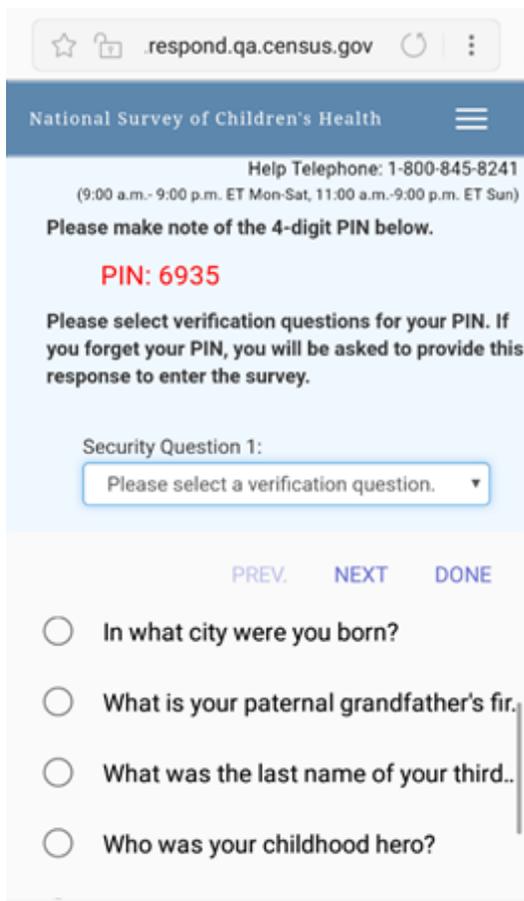


Figure 14. Screenshot shows how the security question choices are cut off on the mobile phone, so much so, that the participant cannot guess what the question is for some of them. For example, 'What was the last name of your third...'
Source: 2018 NSCH usability testing

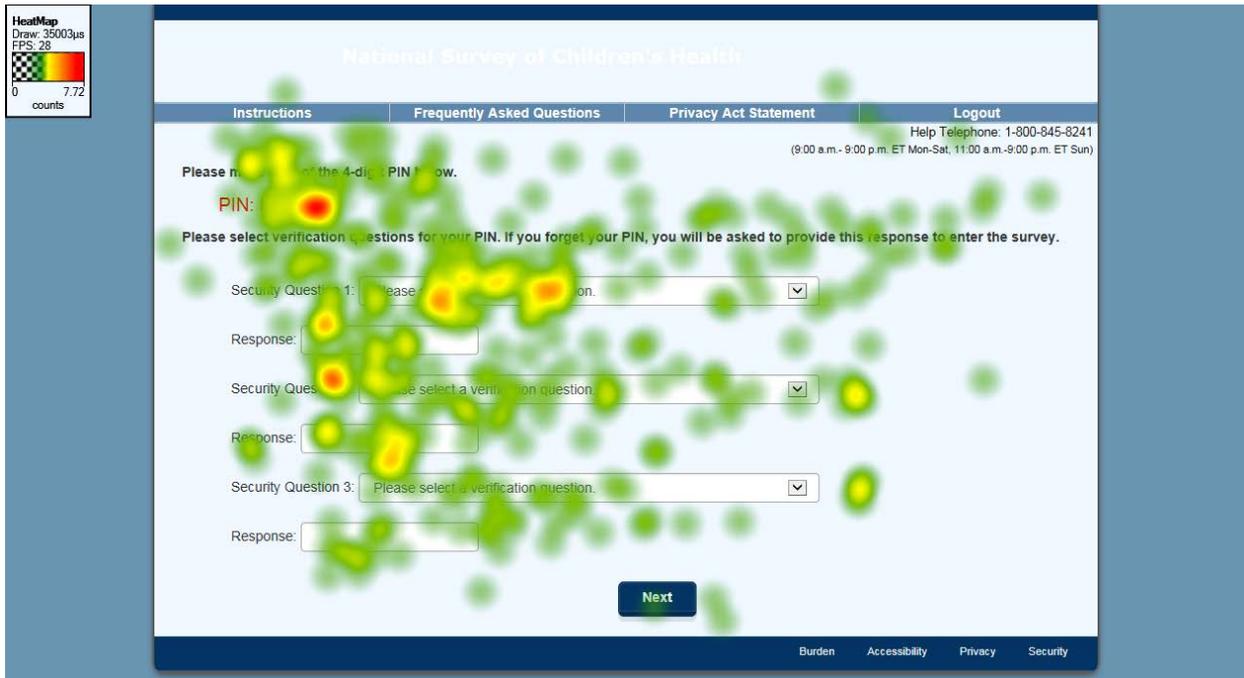


Figure 15. Three participants' eye tracking data on the PIN screen. Notice that participants focused on the PIN and then at each of the verification questions.
 Source: 2018 NSCH usability testing

Recommendations: 1. Reduce the number of time the participant needs to select a security question. Currently, respondents need to select three different security questions to answer and we recommend that they should only need to select one security question because only one security question is needed to re-enter the survey. 2. Choose security question choices that fit on mobile phones. 3. Change the instructions about making note of the PIN to something direct like, 'Write down this PIN' and highlight those instructions. 4. Additionally, even though it was not a usability problem, we recommend using only one term, 'Verification' or 'Security' to describe the questions. Currently both terms are used on the screen.

4.1.8. Font color was inconsistent on the Spanish version of the questionnaire

In Question A39 (see Figure 16), much of the text was in blue, not grey as on the English version.

Recommendation: Change the blue color to grey on questions where there is disabled font to ensure consistency with the rest of the instrument and with the English version of the questionnaire.



Figure 16. Example screen in the Spanish version where the disabled text is in blue and not grey.
Source: 2018 NSCH usability testing

4.1.9. Banner was inconsistent in Spanish version

A banner appeared on every web page of the PC and mobile versions of the survey. In English the same banner was used on every page on the PC design; this did not happen on the Spanish version. Figures 17 and 18 show that the banner changed across web pages in the Spanish instrument. Both types of banners appeared on various screens through the Spanish version of the survey. There was no consistency on when one banner was used over the other.

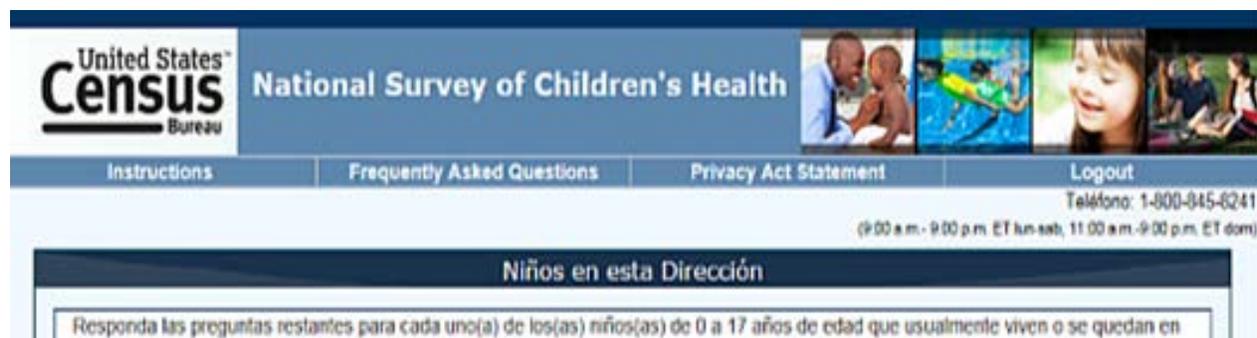


Figure 37. Example of the banner used for the dashboard in the Spanish version of the survey.
Source: 2018 NSCH usability testing

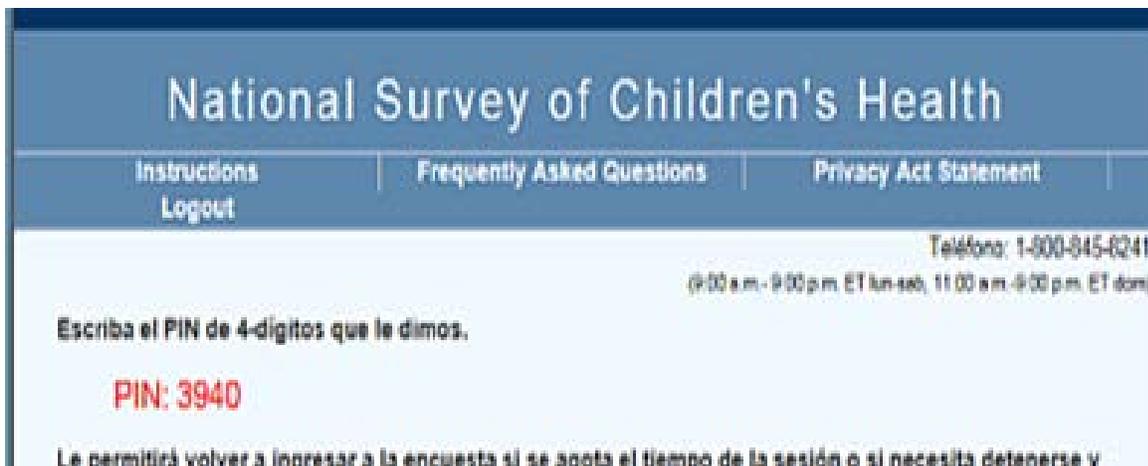


Figure 18. Example of the banner used for the PIN screen in the Spanish version of the survey.
 Source: 2018 NSCH usability testing

Recommendation: Keep the banner consistent throughout both the Spanish and English versions of the survey.

4.1.10. Review screen was not used and Spanish translation on the screen is incorrect

At the end of the survey, a review screen was offered. Using this screen, participants could have navigated back into the survey to change their answers. The screen (see Figure 19) had each major questionnaire section listed with a '+' button to the left of the section description. To see the questions in that section, a respondent had to click or touch the '+' button to open the section. After touching/clicking the '+', a series of blue links for each question would appear (see the links under the section 'Experiences with this child's health care provider' as an example in Figure 19). To the right of the blue link was not the survey answer but a green check mark with the word 'Ok' if the respondent answered the question. To actually see or change an answer, the participant would have to click on the blue question link which would navigate the respondent back to the question.

During testing, none of the English-speaking participants used the review screen to change their answers and many said they would not use it. One participant clicked on some of the '+' buttons to open sections, but did not change anything. The participant commented that he/she wanted to see their answer next to the item and not the word 'Ok' as shown in Figure 19. Only one Spanish-speaker completed the entire survey (T2) and saw this page. When she received this page, she too did not make any changes, but wanted to submit her results. The submission button in the Spanish version had the wrong label. It said 'Vuelva a la revision' [Return to the revision] instead of 'Submit'. This participant was confused and did not know how to finalize and submit her answers.

Figure 20 shows the heat map from three participants' eye tracking data on the PC screen. It shows that participants did not read all the sections of the questionnaire.



National Survey of Children's Health



Instructions
Frequently Asked Questions
Privacy Act Statement
Logout

Help Telephone: 1-800-845-8241
(9:00 a.m. - 9:00 p.m. ET Mon-Sat, 11:00 a.m.-9:00 p.m. ET Sun)

Review Your Responses

Listed below are links to completed pages. You may click on a question group to return to that set of questions and review and/or correct any issues, or click the "Submit" button below to finalize this survey. From any page you navigate back to, you can click the "Return to Review" button at any time and it will bring you back to this screen.

Click the links below if you would like to review or change your answers.	Status
+ This Child's Health	✓
+ This Child as an Infant	✓
+ Health Care Services	✓
- Experience with This Child's Health Care Providers	✓
Primary Doctor or Nurse and Referrals	✓ Ok
Doctor Treats Only Children or Treats Adults and Actively Works with This Child	✓ Ok
Written Plan to Meet Health Goals and Needs and Eligibility for Health Insurance as Child becomes and Adult	✓ Ok
+ This Child's Health Insurance Coverage	✓
+ Providing for This Child's Health	✓
+ This Child's Schooling and Activities	✓
+ About You and This Child	✓
+ About Your Family and Household	✓
+ Household Information	✓

Finish and Submit

Figure 19. The review screen on a PC with the arrow pointing to the 'Ok' button indicating that an answer was provided to the survey.

Source: 2018 NSCH usability testing



Figure 20. Three participants’ eye tracking data on the Review screen. Participants looked at the beginning of the page and then at the ‘Submit’ button.
 Source: 2018 NSCH usability testing

Recommendation: Because the review screen was not used by participants during testing, we recommend reviewing the paradata for this screen once the survey has been fielded to determine how many respondents make changes to their answers. If most respondents do not use this screen, consider deleting it. If it is used by respondents, to make it more usable, include the answers on this page instead of the word ‘Ok.’ On the Spanish version, change the name of the button to ‘Terminar’ [Finish] or ‘Enviar’ [Submit] or consider a combination of both ‘Terminar y Enviar’ [Finish and submit]. If two terms are used, we recommend that the change be implemented in both English and Spanish versions. Similarly, any changes to the English version should apply to the Spanish version.

4.1.11. Remind participants that the survey only asks questions about one child

The survey only collects detailed information about one child per household. Two English-speaking participants were surprised that the survey did not continue to ask about the other children in their households. One of the participants did not read/recall the information provided at the beginning of the topical module stating that only one child is selected for the survey. Figure

21 shows the arrow pointing to the statement. Although the eye tracking of that screen in Figure 22 shows that at least some of the participants read that information, it is easy to miss, especially on mobile devices.

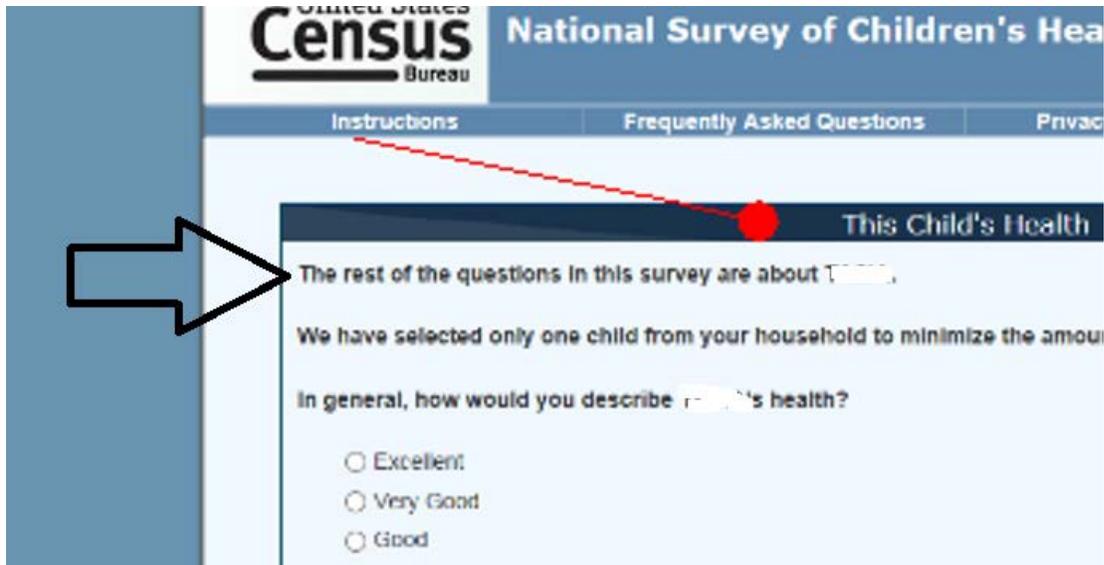


Figure 21. The arrow points to the informational statement that only one child is selected in the survey. This statement comes at the beginning of the topical module.
Source: 2018 NSCH usability testing

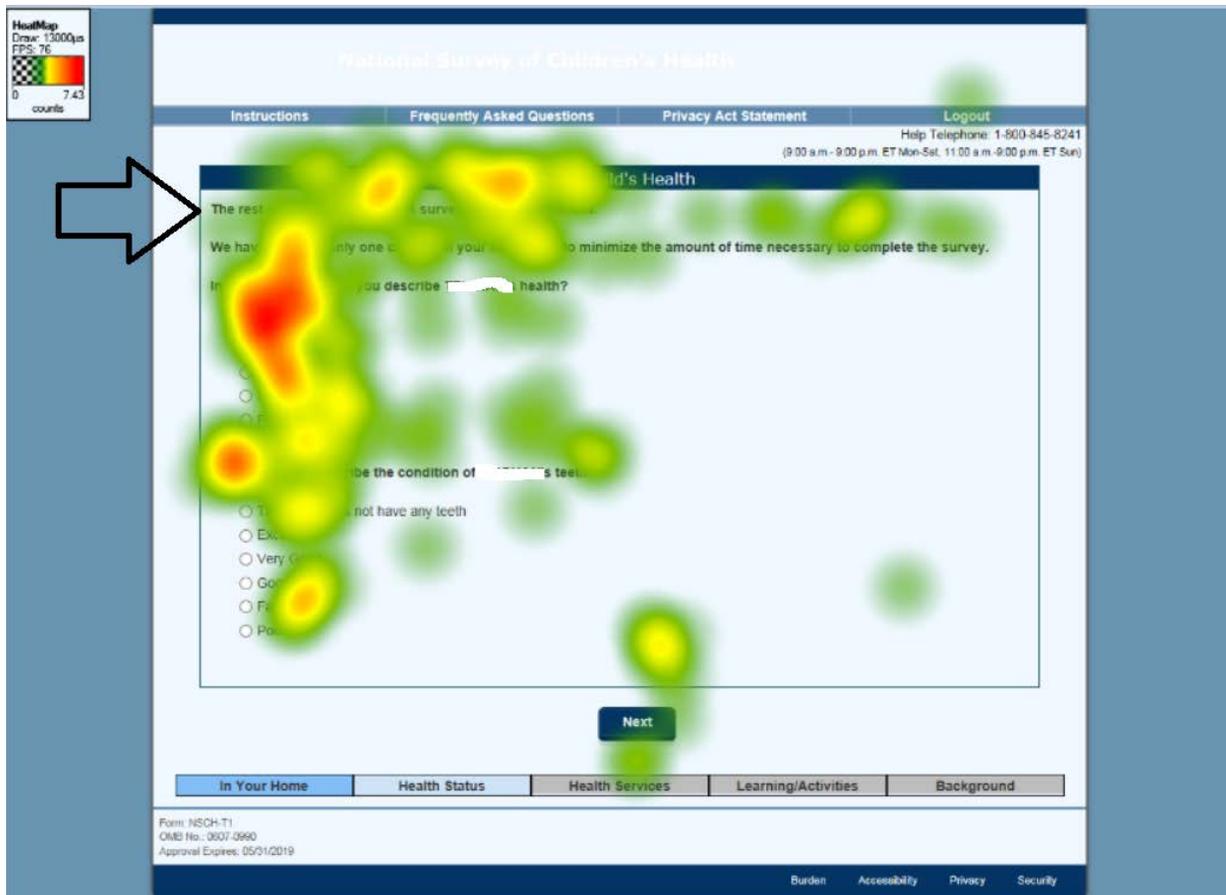


Figure 22. The arrow points to the informational statement that only one child is selected in the survey. This figure includes three participants' eye tracking shows that that the instruction was read by at least some of the participants. Source: 2018 NSCH usability testing

Recommendation: At the thank you screen (see Figure 23 with the heat map), remind respondents that only one child was selected (if there is more than one child living in the household). If there is only one child in the household, then do not include that text. Keep the text at the beginning of the survey (Figure 21) that lets the respondent know questions will be about only one child; however, remove that instruction if there is only one child in the household (currently that text is there regardless of the number of children.)

Consider allowing respondents the ability to answer for another child if they would like.

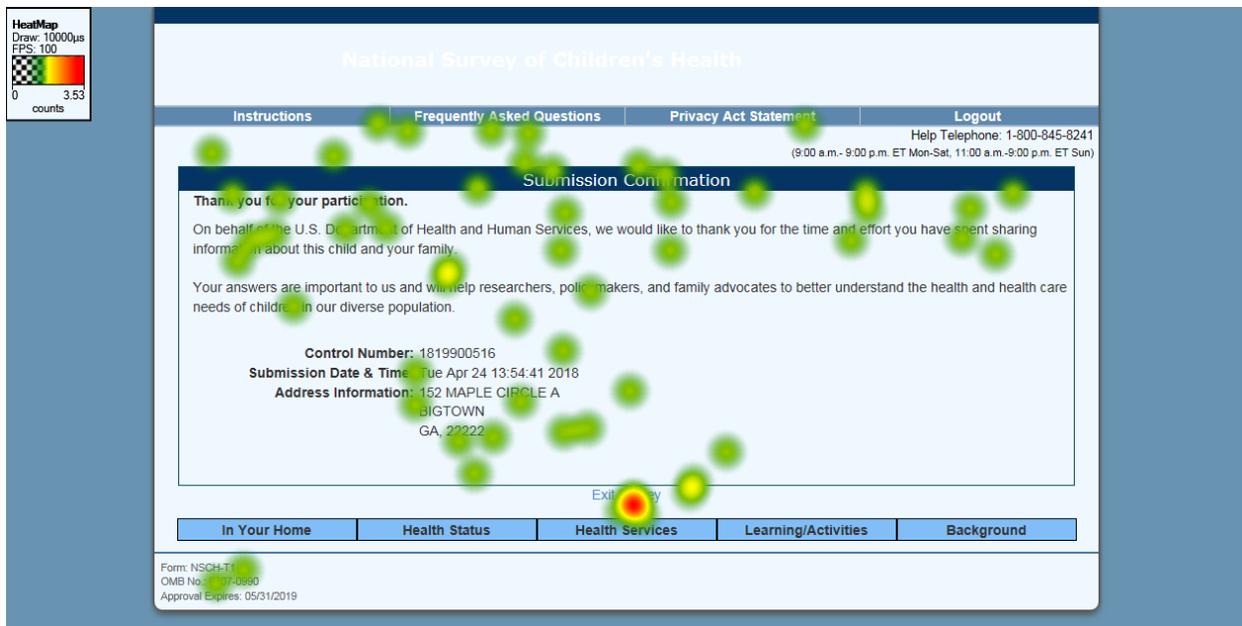


Figure 23. Three participants' eye tracking on the thank you screen.
Source: 2018 NSCH usability testing

4.1.12. Improve the visibility and labeling of the feature to exit and resume later and correct the Spanish translations of the headings.

When given the task midway through the session to stop answering the questionnaire and pretend that they would resume the next day, three of the 11 English-speaking participants did not log out because they did not know whether they could come back later. The word 'Logout' (Figure 24 shows the arrow pointing to the button) did not imply to them 'Save and logout'.

Placement of the logout feature did not seem to be where participants expected it. When presented with the task, the first action most participants did was look at the bottom of the screen for something that looked like it could help them with the task. Next, many participants looked in the FAQs to determine if they could exit and resume later. However, the instructions for that task were not in FAQs, they were in the 'Instructions' link that appears at the top of the screen.

All five Spanish speaking participants needed help to logout from the instrument. Two participants closed the window instead of selecting 'Logout'. One participant was expecting a 'Save' option before logging out. On the Spanish version of the survey, the headings are not in Spanish which makes the links useless for Spanish-only speakers.



Figure 24. Location of the Logout button on the banner directly below the two pictures on the right. Notice that when the survey is changed to Spanish, the button labels in the banner are not translated into Spanish; they stay in English. Source: 2018 NSCH usability testing

On the re-entry page, there is an incorrect word in the Spanish instructions. It says 'Name' [nombre] instead of 'Number' [número] when referring to the ID number. This is one example of the numerous translations issues with the survey. Although this behavior was not observed during this testing, a Spanish-speaking respondent who is attempting to log back to the instrument and reads 'Name' instead of 'number' on the log in instructions will not know what information to enter. This could block Spanish speakers from logging back into the instrument.

Recommendation: Use the phrase 'Save and Logout' or 'Guardar y salir' as the button label, put all the content in the instructions into the FAQs button and, eliminate the button called 'Instructions'. On the Spanish re-entry page, replace 'Nombre' with 'Número'. Make sure the 'Logout' button label (and all labels) are translated into Spanish when the survey switches to Spanish. Perform a copy edit process to improve the quality of the instrument.

4.1.13. Progress indicator was rarely used by participants and was not a standard design

There was a progress indicator at the bottom of the survey when accessed on a PC as shown in Figure 25. There was no such design on the mobile; however, one participant commented that she would like to see a progress indicator at the bottom of the mobile screen. The only time the progress indicator was used was when one participant, who got back into the survey to make sure she had completed it, tried to click on the progress indicator to go someplace, but it did not take her anywhere. Eye tracking across the pages in the previous and subsequent figures does not indicate that the participants looked at the progress indicator much, if at all.



Figure 25. Progress indicator appeared at the bottom of the screen on PCs below the next and previous buttons. The colors attempted to indicate where the respondent was in the survey: bright blue was topics answered; light blue was the current topic section being answered; grey was the topics to answer.

Source: 2018 NSCH usability testing

Recommendation: There are mixed results with progress indicators (Villar, Callegaro, & Yang, 2013). It might be good to include a split panel test of using a more typical progress indicator (a horizontal line as shown in Figure 26) compared with a design without a progress indicator.

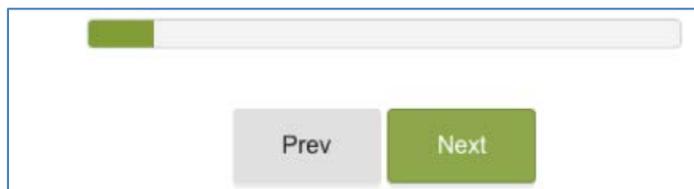


Figure 26. Example of a progress indicator near the next and previous buttons.

4.1.14. Participants answered questions incorrectly with screens that scrolled in two Spanish cases

While scrolling down a page, two Spanish-speaking participants using a laptop had difficulty remembering what the question was asking about and provided incorrect answers. These screens had a stem question and multiple follow-up questions. Participants read the stem question, as this was the first thing they saw on the screen, but then needed to scroll down to keep answering all the questions on the screen. Since the content of the screen was long, as participants scrolled down they lost sight of the question. Participants kept answering but forgot what the question was about. This was noticeable in the think-aloud process because they were providing incorrect responses while at the same time trying to do multiple tasks (e.g. remembering the original question at the top of the screen, scrolling down, reading and selecting the response options). In one case, a participant was unable to scroll back to the question located at the top of the screen and started providing wrong responses (Question A4 in topical module T1). This finding was not observed in the English-speaking sessions.

Recommendation: Limit screen scrolling by reducing the number of questions on a page. Repeat the question in the middle part of the sub-sections to remind respondents about the questions they have already been asked. Other solutions such as freezing a pane on the screen would be ideal; however, we are unaware of this ability in a web form.

4.1.15. Field or text placement impedes answering questions correctly

We observed participants missing questions and entering incorrect data because of the field placement in English and the text placement in Spanish. The four instances are below.

Other specify

For several Yes/No questions, more detailed information is sought with a 'Yes' response. For example, the last question in Figure 27 asks about mental health support, including hard-coded responses such as peer/support groups. When respondents get to the last question, the 'Other' question, they are asked to specify the type of (support) in an open text box if they respond 'Yes.' On mobile phones, the specify box is between the 'Yes' and 'No' response choices (see Figure 27). One participant commented that it was an awkward placement on mobile and we observed several participants not answering the 'other' question (with either a 'Yes' or a 'No') on mobile phones perhaps because of the 'specify' field placement came directly in-between those answer fields.

The screenshot shows a mobile survey interface. At the top, there are social media icons (Facebook, Twitter, YouTube, Instagram) and a status bar with signal strength, Wi-Fi, 55% battery, and the time 10:08 AM. The main content area has a light blue background and contains three radio button questions:

- Question 1: "Peer support group?" with "Yes" and "No" options.
- Question 2: "Counselor or other mental health professional?" with "Yes" and "No" options.
- Question 3: "Other" with "Yes - Please specify" and "No" options. A text input field is positioned between the "Yes - Please specify" and "No" options.

At the bottom of the form, there are two dark blue buttons labeled "Previous" and "Next". Below the form, there is a footer with the following text: "Form: NSCH-T2", "OMB No.: 0607-0990", and "Approval Expires: 05/31/2019". At the very bottom, there is a dark blue bar with the text "Burden", "Accessibility", "Privacy", and "Security" listed vertically.

Figure 27. Screenshot shows the specify box between the 'Yes' and the 'No' response options
Source: 2018 NSCH usability testing

Recommendation: Because there is item nonresponse (neither ‘Yes’ or ‘No’ are selected) to these type of questions, reorder the response options on questions E2g and H11 so that ‘Yes’ and ‘No’ follow each other, like the other response choices on the page. Place the specify field below both choices as shown in Figure 28. You might also want to add ‘If yes, please specify’ as the label instruction for that field. Initially, the specify field and label should be disabled and then only enabled if ‘Yes’ is selected. If ‘No’ is selected, the label and box remains disabled.

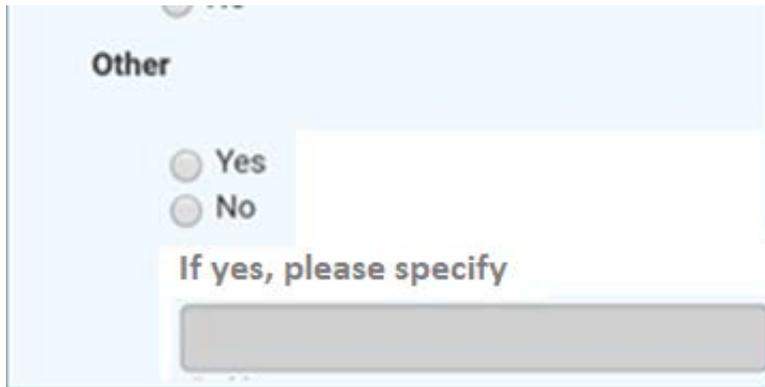


Figure 28. Mockup of recommended reordering of response fields. The label should be disabled as well until ‘Yes’ is selected and then the label and the field should become enabled.

Source: 2018 NSCH usability testing

Years and months

On the age question (see Figure 29), participants are given the option of recording age in terms of years OR months. This is to accommodate respondents with both older children (3 and up) whose age is generally described in terms of years, and younger children whose age is often given in terms of months. Four participants entered years and also entered months. The participants should have only entered data in one field, not both. When both are selected, an error message is triggered, and then both fields are cleared. In one case, the participant moved forward without re-entering a response. We notice in the heat map in Figure 30 that participants focused on both of the fields. Spanish participants did not have difficulty with this screen.


54% 9:59 AM

National Survey of Children's Health ☰

Help Telephone: 1-800-845-8241
 (9:00 a.m.- 9:00 p.m. ET Mon-Sat, 11:00 a.m.-9:00 p.m. ET Sun)

Child's Age & Sex

How old is J?
Only respond in months if child is less than 1 year. If the child is less than 1 month old, round age in months to 1.

OR

Age in Years Age in Months

What is J's sex?

Male
 Female

Previous
Next

Form: NSCH-S1
 OMB No.: 0607-0990
 Approval Expires: 05/31/2019

Burden
 Accessibility
 Privacy
 Security

Figure 29. Screenshot of age question with years and months on the same horizontal line.
 Source: 2018 NSCH usability testing



Figure 30. Three participants' eye tracking on the age screen. Notice that participants looked at both fields, when they really only needed to answer the years field.

Source: 2018 NSCH usability testing

Recommendation: We recommend testing an alternative design where the label 'Age in Years' is above the field. Next, the italicized instruction for age in months would appear below the field mentioned above followed by the label 'Age in Months' (see Figure 31). Another alternative is to disable the italicized instruction and the 'age in months' field and only enable it if the respondent selects "0" in the first field.

The screenshot shows a mobile application interface for the National Survey of Children's Health. At the top, there is a blue header with the text "National Survey of Children's Health" and a hamburger menu icon. Below the header, the question "How old is J?" is displayed. Underneath, there are two input fields: "Age in Years" with a dropdown menu showing "10", and "Age in Months" with a dropdown menu showing "Select Months". A light blue text box provides instructions: "Only respond in months if child is less than 1 year. If the child is less than 1 month old, round age in months to 1." Below these fields is another question: "What is J's sex?" with two radio button options: "Male" and "Female". At the bottom of the form, there are two dark blue buttons labeled "Previous" and "Next". Below the form, there is a footer area with the text: "Form: NSCH-S1", "OMB No. 0607-0990", and "Approval Expires: 05/31/2019". In the bottom right corner of the footer, there are four links: "Burden", "Accessibility", "Privacy", and "Security".

Figure 31. Example redesign of age fields.
Source: 2018 NSCH usability testing

Question C5 – Height - feet and meters

For the height question shown in Figure 32, the respondent is supposed to enter feet and inches, or meters and centimeters, but not both. One participant wanted to enter 5 feet 6 inches. She entered 5 into the feet field, but then entered the 6 in the meter's field. This action then removed the 5 in the feet field. She did not realize her data had erased and she continued with the survey, leaving the item blank. Eye tracking, shown in Figure 33, also suggests that participants looked at all of the fields, not just those that were appropriate.

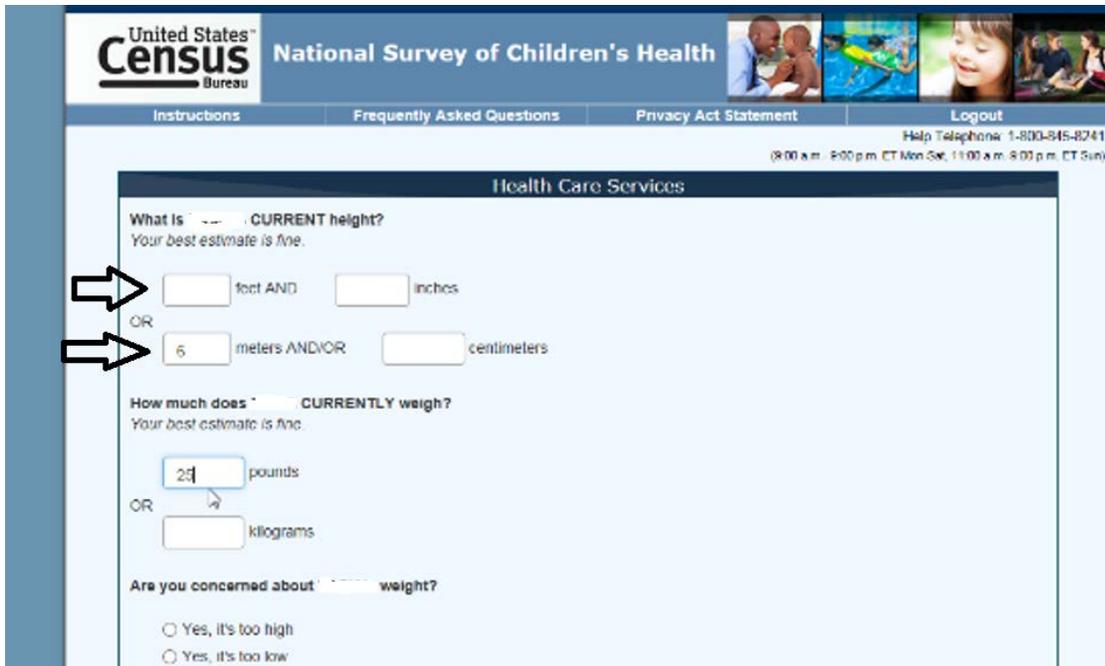


Figure 32. Screenshot of height question showing that respondents can answer either in feet or in meters.
Source: 2018 NSCH usability testing

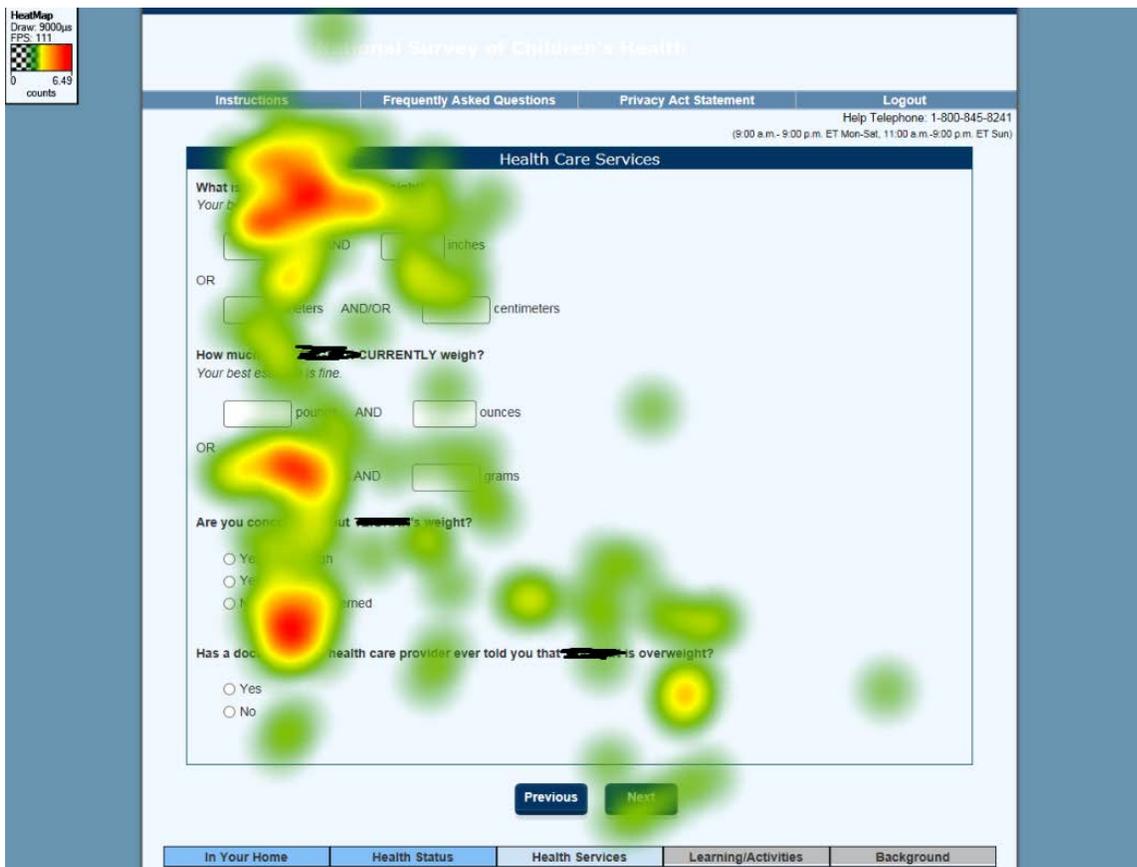


Figure 33. Three participants' eye tracking on the height and weight screen. Notice that participants looked at feet/inches and meters/centimeters.

Source: 2018 NSCH usability testing

Below we offer three recommendations.

Recommendation 1: Consider adding an edit instead of automatically erasing the data when people fill out both fields.

Recommendation 2: Another alternative is to have only two fields, but have the user be able to select the dimensions (consider either a radio button with feet and inches as the default) or a dropdown.

Recommendation 3: The third alternative is if the user enters data into the feet or inches field then meters and centimeters disables and vice versa.

Placement of 'OR' or 'o' in Spanish on Topical Module T1/Questions B2, B5, B6, etc.

Two Spanish-speaking participants did not realize that they only need to enter information in one field because of the placement of the word 'o'. In Spanish, the word 'o' (the translation for 'or') is left justified on both PC and mobile and looks more like a bullet in the online Spanish version (see the PC version in Figure 34).

The screenshot shows a questionnaire interface in Spanish. At the top, there are two input fields for 'semanas' (weeks) and 'meses' (months), each preceded by a '0'. Below these is a question: '¿Qué edad [redacted] ingirió por PRIMERA VEZ otros alimentos aparte de leche materna o de fórmula?' followed by a note: 'Incluya jugo, leche de vaca, agua con azúcar, alimento para bebé o cualquier otra cosa que haya ingerido este(a) niño(a), incluso agua.' There is a checkbox option: 'Marque esta casilla si FELIX nunca ingirió otro alimento aparte de leche materna o de fórmula.' Below this, there is another '0' followed by a checkbox 'Al nacer'. Then, there are three more input fields for 'días', 'semanas', and 'meses', each preceded by a '0'. The word 'o' is left-justified in the question text, making it look like a bullet point.

Figure 34. Placement of 'o' is left justified making it look like a bullet instead of a word.

Source: 2018 NSCH usability testing

Recommendation: Align the word 'OR' or 'O' to the open field boxes like in the paper-based questionnaire. This recommendation applies to all modules (T1, T2, T3) of the questionnaire and all questions that include the two options with the word 'OR' in between as shown in Figure 35.

B5 Si la respuesta es sí, ¿qué edad tenía este(a) niño(a) cuando dejó **COMPLETAMENTE** de ser amamantado(a) o de tomar leche materna?

días

semanas

meses

Marque esta casilla si este(a) niño(a) aún está amamantando

Figure 35. Paper form design in the Spanish version where the 'OR' or 'O' in Spanish is beneath the fields. In this design, the 'O' does not look like a bullet point.

Source: 2018 NSCH usability testing draft paper questionnaire

4.1.16. Low priority usability issues

Instructions are in the wrong place on Question A22.

While test participants did not have any usability issues or input incorrect answers, the instruction 'Examples of educators are teachers and school nurses' (see the arrow in Figure 36) is in the wrong place and should be below the question stem. Eye tracking shows no unusual patterns in Figure 37.

National Survey of Children's Health

Help Telephone: 1-800-845-8241
(9:00 a.m. - 9:00 p.m. ET Mon-Sat, 11:00 a.m. - 9:00 p.m. ET Sun)

This Child's Health

Has a doctor, other health care provider, or educator EVER told you that [redacted] has...

Behavioral or Conduct Problems?
Examples of educators are teachers and school nurses.

Yes
 No

Does [redacted] CURRENTLY have the condition?

Yes
 No

Is it:

Mild
 Moderate
 Severe

[Previous](#) [Next](#)

[In Your Home](#) |
 [Health Status](#) |
 [Health Services](#) |
 [Learning/Activities](#) |
 [Background](#)

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Figure 36. Question with example in the wrong place (denoted by the arrow). It should be below the question stem.
Source: 2018 NSCH usability testing

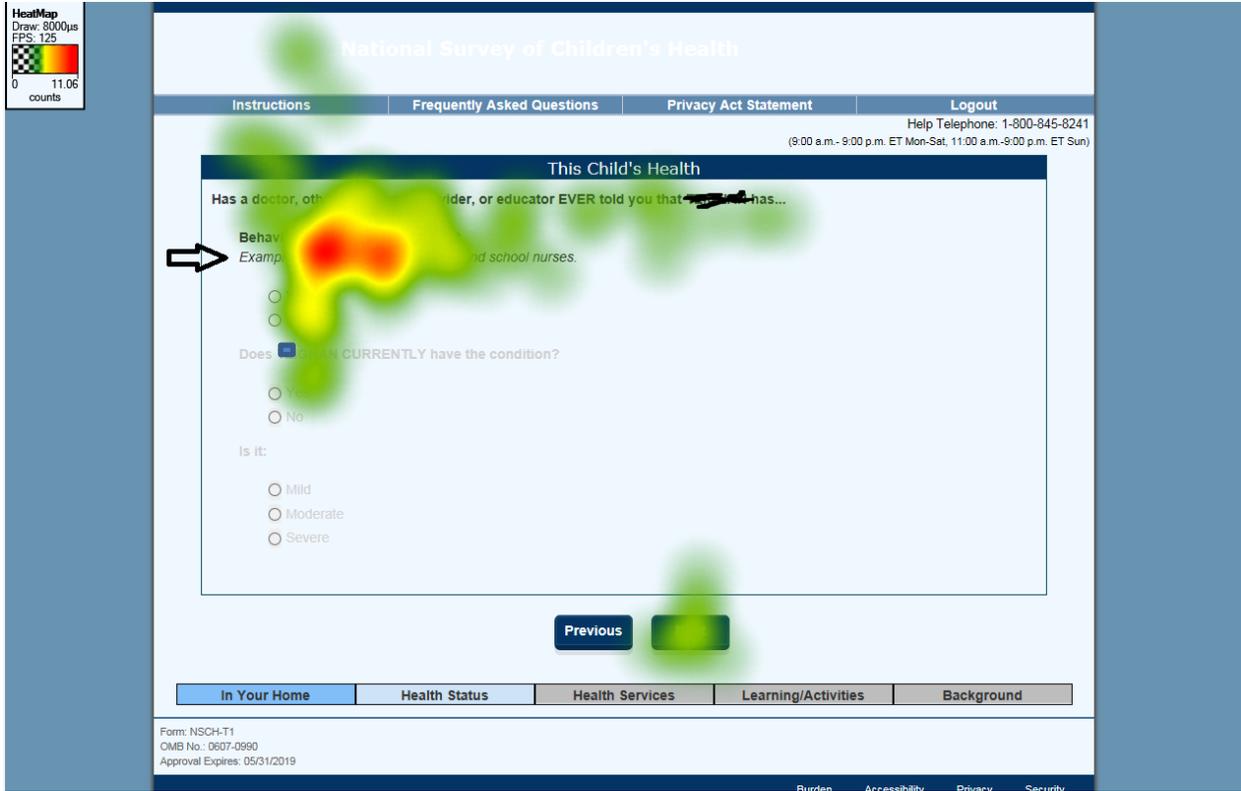


Figure 37. Heat map of question with example in the wrong place (denoted by the arrow). It should be below the question stem.
 Source: 2018 NSCH usability testing

The blood disorders question has too much greying out on one screen on mobile phones

Several participants commented that there was too much grey on the blood disorders question when they answered on their mobile phone. On mobile phones, the screen can end up looking like everything is grey if they answer the earlier filter question with 'no' that they do not have a blood disorder (see Figure 38). Consider breaking that question up into separate screens.



Figure 38. Screenshot of the blood disorders questions when the first question (not shown) is answered a 'No' and then the subsequent questions do not enable. When scrolling down to the next button there are so many disabled questions that the entire screen can show all grey questions at one point.

Source: 2018 NSCH usability testing

Use a keypad for numeric entries

The QWERTY keyboard comes up on mobile phones even when the answer must be a number. While we observed no participants answering incorrectly, the type of keyboard presented to the respondent communicates the type of answer requested. For questions requiring a number answer such as Login ID, telephone number, income, ZIP code, etc., using a keypad is better than using a QWERTY keyboard (see Figure 39). Other surveys, such as the National Survey of College Graduates, the American Community Survey and the 2016 Census Test all have adopted the keypad design.



Figure 39. Example question with QWERTY keyboard coming up even when answer must be a number. Source: 2018 NSCH usability testing

Match the field length to the estimated response length

For Questions K1 and K2, the field length is larger on mobile phones than the expected answer length. The field length should match the two digit length shown on the paper form as shown in Figure 40 .

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

Figure 40. Paper form design showing that the field length matches the expected value.
Source: 2018 NSCH usability testing draft paper questionnaire

Consider a year dropdown field instead of an open-text field

Question J5 ‘When did you come to live in the United States?’ is asking for a calendar year response, but one participant initially entered 20 years because she misinterpreted the question. Dropdowns have their own limitations and can take longer to answer, but using a dropdown in this question instead of an open-text field would eliminate any misunderstanding of the question intent.

Take advantage of the automation

Many of our participants answered questions about healthy children. Some questions used double-barrel response choices to capture whether the child had a health issue or was healthy as shown by the example in Figure 41 where the first response choice should be chosen if the child does not have a condition. The additional effort participants with healthy children spent on these types of questions added to the length of the survey. We recommend using a filter question for these sections to first ask if the child has any health condition, and then if not, automatically skip questions within the survey, instead of using the double-barrel response choices. If the sponsor is concerned about not identifying all health issues, then we recommend monitoring how often questions are answered consistently—that is a child is always identified as healthy at all questions; and how often questions are answered inconsistently—in some questions, the child is identified as having a health issue and at other questions they are not.

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 health conditions → **SKIP to question B1**

Never

Sometimes

Usually

Always

Figure 41. Example of a double-barrel question with the answer choice, "This child does not have any health conditions." (This screen shot is from the paper form, but the same design was used online.)
Source: 2018 NSCH usability testing draft paper questionnaire

On the income question (Figure 42), if the participant had income in any of the categories, he or she selected 'Yes' and then the income field for that category became enabled and the participant entered the correct amount. The problem was the total amount did not automatically sum all the individual amounts. One participant commented that the income sources should sum automatically on the income question screen's web page. This is a user expectation. The eye tracking heat map of the page shows that participants spent time looking at the total income (Figure 43). Had this been an automated sum, participants most likely would not have spent as much time looking at that field. The fact that the field did not autosum increased respondent burden.

Household Information

Income in 2017 Select "Yes" for each type of income the family received, and give your best estimate of the **TOTAL AMOUNT IN THE LAST CALENDAR YEAR**. Select "No" to show types of income NOT received.

Wages, salary, commissions, bonuses, or tips from all jobs?

Yes - \$.00

No TOTAL AMOUNT in the last calendar year

Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships?

Yes - \$.00 Loss

No TOTAL AMOUNT in the last calendar year

Interest, dividends, net rental income, royalty income, or income from estates and trusts?

Yes - \$.00 Loss

No TOTAL AMOUNT in the last calendar year

Social security or railroad retirement; retirement, survivor, or disability pensions?

Yes - \$.00

No TOTAL AMOUNT in the last calendar year

Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office?

Yes - \$.00

No TOTAL AMOUNT in the last calendar year

Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony?

Yes - \$.00

No TOTAL AMOUNT in the last calendar year

The following question is about your 2017 income. Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount before taxes?

Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth. Also, include income from interest, dividends, net income from business, farm, or rent, and any other money income received.

\$.00 Total Amount in the last calendar year

Figure 42. Income screen where the arrow points to the total income field
 Source: 2018 NSCH usability testing

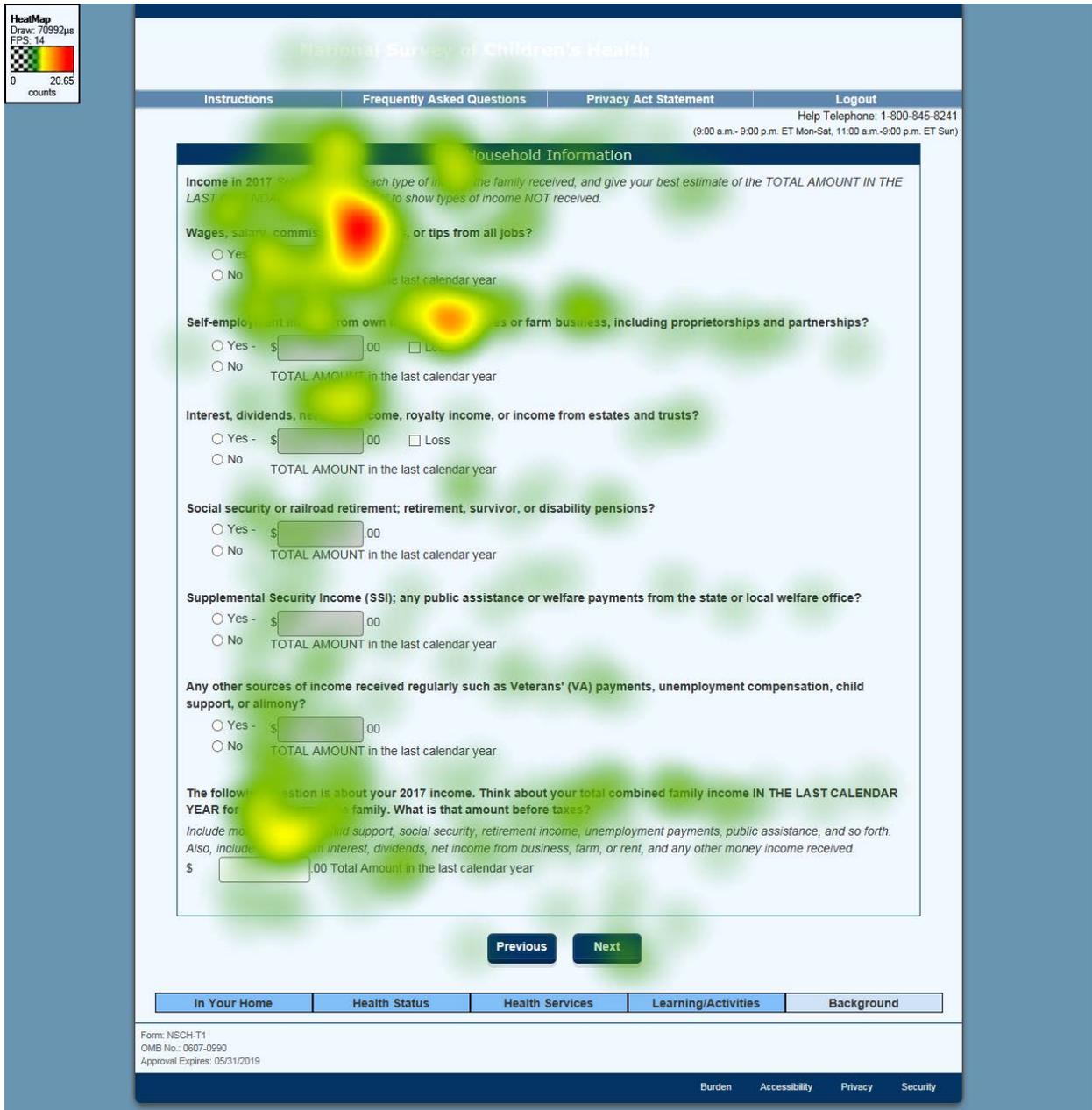


Figure 43. Three participants' eye tracking data on the income screen. The incomes did not sum automatically and there are fixations near the final response box (the green heat map) indicating that the participants looked there. Source: 2018 NSCH usability testing

4.2. Efficiency

We experienced a much longer survey completion time than expected. In terms of the English speakers, a few participants commented on the length of the survey. Only one English speaker took less than the estimated 30 minutes to complete the survey on the laptop and the quickest mobile phone user took 35 minutes to complete the survey. The other five mobile phone users took one hour to an hour and a half to complete the survey. English speaking participants who completed the survey on the laptop took between 35 and 50 minutes.

All five Spanish speakers spontaneously mentioned that the survey was long. Only one of the five Spanish speakers finished the survey within the 90 minute time frame of the test session.

Recommendation: During production, keep track of the amount of time needed to complete the survey on different devices and if the average time by device exceeds 30 minutes, readjust the OMB hours or eliminate questions.

4.3. Satisfaction

Participants rated their satisfaction with the online survey immediately after completing the NSCH. Spanish speakers filled out a paper satisfaction questionnaire and English speakers completed the questionnaire online. This paper questionnaire contained 12 different measures of satisfaction for which participants rated their subjective experience on a 9-point Likert scale with only the endpoints labeled. The online questionnaire contained the same 12 different measures of satisfaction, but with a 7-point Likert scale. For the purposes of this report, this section includes only the comprehensive measure of satisfaction: overall reaction to the web survey. The results of the other satisfaction measures can be found in Attachment C, which report ratings on more specific criteria (e.g. organization of text).

Figures 44 and 45 display satisfaction reports for participants' overall reaction to the web survey for Spanish and for English. All responses were on the positive end of the scale, with most participants reporting the highest possible level of satisfaction for both the Spanish and English versions.

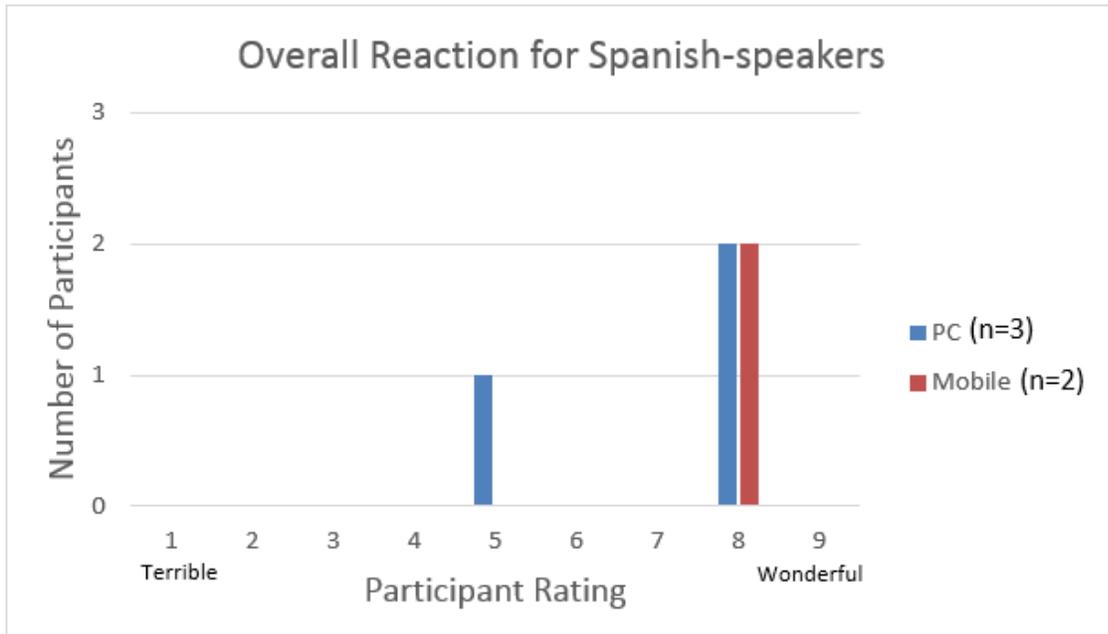


Figure 44. Satisfaction scores for the overall reaction of Spanish speakers to the Spanish web survey by device type
 Source: 2018 NSCH usability testing

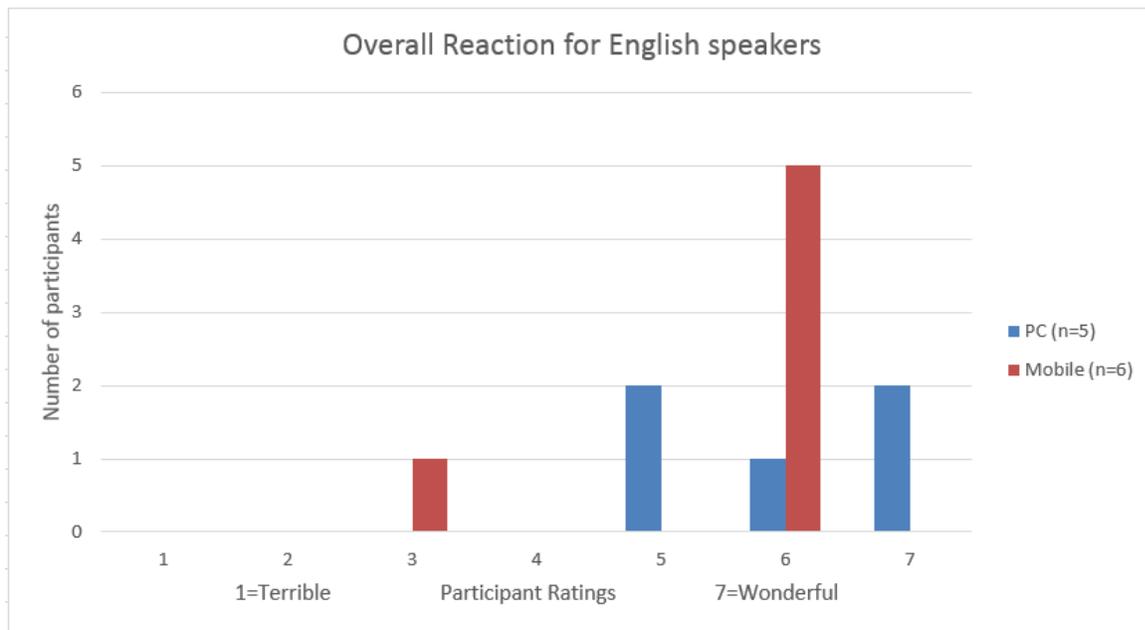


Figure 45. Satisfaction scores for the overall reaction of English speakers to the English web survey by device type (the JAWS user did not complete the satisfaction questionnaire)
 Source: 2018 NSCH usability testing

5. Accessibility Findings

In our accessibility testing, we determine if a person with vision impairment, who needs a screen reader, can use the system. In this survey, form validation, that is when the survey provides feedback on the answers in the form of edit messages, functioned correctly because the error messages were directly above the questions with missing data. Screens with gray text functioned correctly without affecting previous/next navigation as seen in other Web survey applications tested in the past. The main issues encountered are summarized here with recommendations.

The JAWS' user had difficulty with some of the stem and leaf type questions, specifically, she had trouble remembering what the original question was asking when rating frequency or level of agreement. This problem was more prominent in questions with many leaves (sub-questions) and in the later sub-questions.

Screens that allow multiple inputs for units

During testing, our sole JAWS participant entered height or weight values in U.S. customary units (see Figure 32 for the screen) then navigated to the next question by keyboard commands. The tab sequence took the participant through the metric units fields, which she left blank because she had answered the English units. However, when tabbing through the metric unit fields, the English units data was erased without any notification. The participant never corrected her response. Users do not expect the same question to be asked again in different units after just responding, that is, asking for height and/or weight in metric units after responding with English units, or answering in years and then having another question appear asking for months.

Figures 46 and 47 show other examples of this design. For example, in Figure 46, the tab sequence takes the respondent from the age in years to the age in months. After entering age in years, screen-reader users do not expect to enter the age in months. In Figure 47, after entering the weight in pounds and ounces, the respondent is asked to enter the weight in kilos and grams because of the tab sequence. When the keyboard focus is placed inside the kilograms field, pressing the down arrow once will delete the entries in the pounds and ounces fields and the user will never know this has occurred.

United States Census Bureau National Survey of Children's Health

Instructions Frequently Asked Questions Privacy Act Statement Logout

Help Telephone: 1-800-845-8241
(9:00 a.m. - 9:00 p.m. ET Mon-Sat, 11:00 a.m. - 9:00 p.m. ET Sun)

Child's Age & Sex

How old is [child's name]?

Only respond in months if child is less than 1 year. If the child is less than 1 month old, round age in months to 1.

4 Age in Years OR Select Months Age in Months

What is [child's name]'s sex?

Male
 Female

Previous Next

In Your Home Health Status Health Services Learning/Activities Background

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Figure 46. Age in years and months
Source: 2018 NSCH usability testing

United States Census Bureau National Survey of Children's Health

Instructions Frequently Asked Questions Privacy Act Statement Logout

Help Telephone: 1-800-845-8241
(9:00 a.m. - 9:00 p.m. ET Mon-Sat, 11:00 a.m. - 9:00 p.m. ET Sun)

This Child as an Infant

Was [child's name] born more than 3 weeks before his due date?

Yes
 No

How much did he weigh when born?

Answer in pounds and ounces OR kilograms and grams. Your best estimate is fine.

[] pounds AND [] ounces
OR
[] kilograms AND [] grams

What was the age of the mother when [child's name] was born?
Your best estimate is fine.

[] Age in years

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In Your Home Health Status Health Services Learning/Activities Background

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Figure 47. Weight in U.S. customary units and metric units
Source: 2018 NSCH usability testing

Recommendation: The alternative unit field should be disabled once an entry is made into the unit of choice. For example, in Figure 47, make the kilograms and grams fields unavailable if pounds and ounces are already entered. This recommendation was made earlier in the report.

Awkward labels for units

The JAWS participant remarked that labels for height, weight, months, and years were each announced using both the full word and an abbreviation which the participant said was confusing. The JAWS screen reader reads the title text from the source code for the web page. Title text never appears on the screen, but it is detected by JAWS. It is not the same as the label. Title text further defines the input needed. Title text comes before the field needing input. After the title text comes the word, “edit.” Edit is a cue to JAWS users to enter their response. In other words, when JAWS users hear “edit” they know they should type something. After the word “edit” comes the label. There is always a label on fields, but fields do not always need title text. The question in the red box shown in Figure 48 has several labeling issues:

- When using the tab key, for the pound field the JAWS user hears ‘pounds lbs edit pounds’ where the title text is ‘pounds lbs’ and the label is the ‘pounds’ after the word ‘edit.’
- JAWS users also hear ‘ounces oz edit ounces’, ‘kilograms kg edit kilograms’, and ‘grams g edit grams’.

Questions C4 and C5 shown in Figure 32 have similar issues. When using the tab key for the meters field, the JAWS user hears ‘meters m edit meters’ instead of just ‘meters edit meters.’ Similarly, the JAWS user hears ‘centimeters cm edit centimeters’ instead of just ‘centimeters edit centimeters.’

Questions C30 and C33 shown in Figure 48 also have a similar issue. JAWS users hear ‘Month Mos edit Months’ instead of just ‘Months edit Months’. During testing on mobile devices, TalkBack users hear ‘Yrs’ and ‘Mos’ for labels instead of ‘Years’ and ‘Months.’

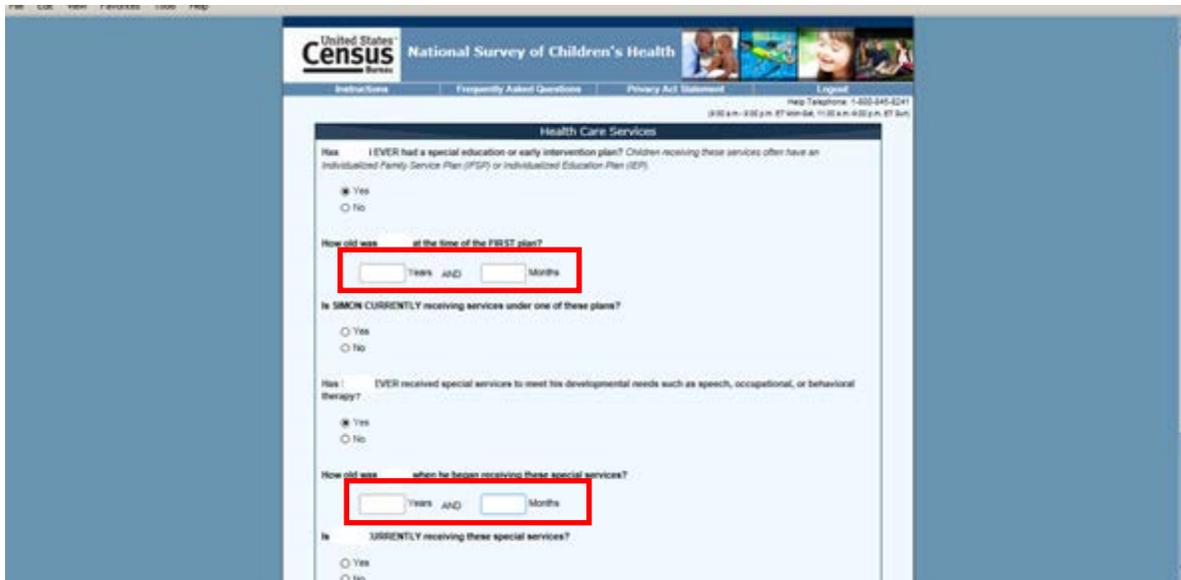


Figure 48. Questions C30 and C33 on desktop
Source: 2018 NSCH usability testing

Recommendation: Use ‘pounds’ for the title text and ‘pounds’ for the label, so a JAWS user would hear ‘pounds edit pounds’ and similarly for the other examples.

Out of sequence tab orders

Problem 1: On the first screen of the survey there is a tab order problem. Once respondents navigate to the login fields, they will not proceed further. Screen-reader users (JAWS and TalkBack) will not read any of the text below the sign-in button (in the red box in Figure 49) and as an example of this issue, the participant who used a screen reader did not read that text.

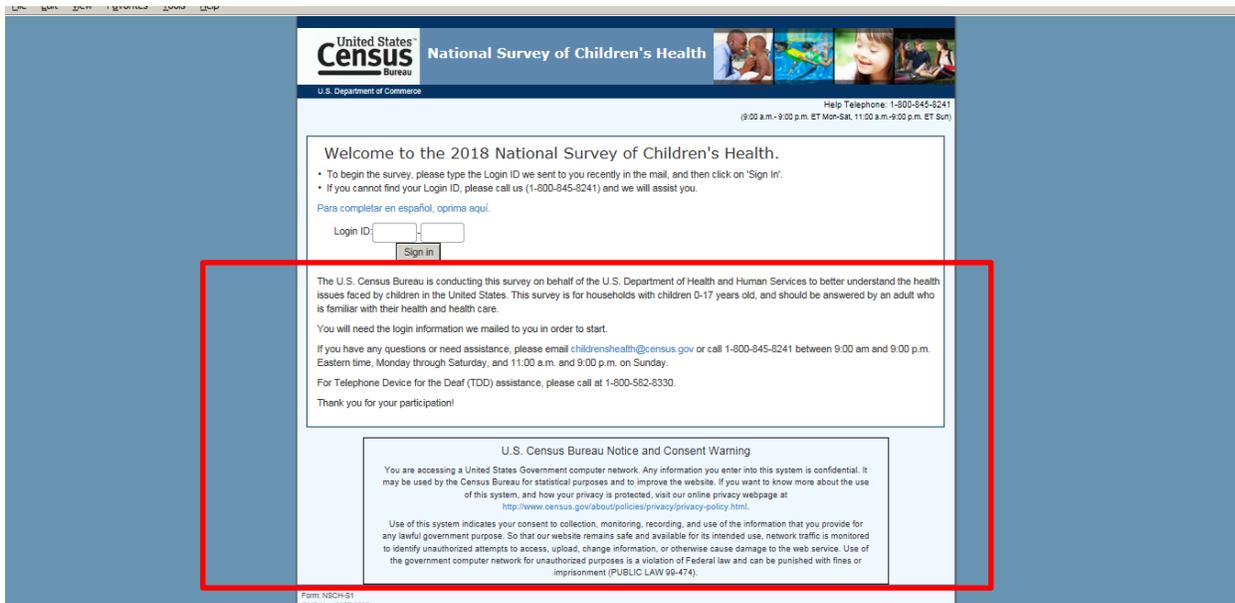


Figure 49. Login page on desktop. The red box indicates the text that would not be read by the screen reader if the user selects sign in.
Source: 2018 NSCH usability testing

Recommendation: Change the tab order of the page so that the text is read first, then the login ID and then the sign in button.

Problem 2: On the income question shown in Figure 50, a series of income sources are listed and under each source (shown left to right) is the Yes/No response choice of to indicate if the respondent had that income, then the amount box, and then a checkbox if the amount was a loss. If respondents have a negative income, they are supposed to select the radio button for 'Yes', enter the negative income (without the minus sign) and check the 'Loss' box. However, the 'Loss' checkbox can be selected even if the 'No' option is selected.

help telephone: 1-800-852-7329
(9:00 a.m.- 9:00 p.m. ET Mon-Sat, 11:00 a.m.-9:00 p.m. ET)

Household Information

Income in 2017 Select "Yes" for each type of income the family received, and give your best estimate of the **TOTAL AMOUNT IN THE LAST CALENDAR YEAR**. Select "No" to show types of income NOT received.

Wages, salary, commissions, bonuses, or tips from all jobs?

Yes - \$ 100,000 .00
 No TOTAL AMOUNT in the last calendar year

Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships?

Yes - \$ 5,000 .00 Loss
 No TOTAL AMOUNT in the last calendar year

Interest, dividends, net rental income, royalty income, or income from estates and trusts?

Yes - \$.00 Loss
 No TOTAL AMOUNT in the last calendar year

Social security or railroad retirement; retirement, survivor, or disability pensions?

Yes - \$.00
 No TOTAL AMOUNT in the last calendar year

Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office?

Yes - \$.00
 No TOTAL AMOUNT in the last calendar year

Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony?

Yes - \$.00
 No TOTAL AMOUNT in the last calendar year

Figure 50. Question K2 on desktop where the red box shows the income amount and the loss box
Source: 2018 NSCH usability testing

Recommendation: The 'Loss' checkbox should be unavailable if the 'No' response choice is selected.

Incorrect instructions, labels and misspellings

Problem 1: The instructions on the review screen for both PC (shown in Figure 51) and mobile are incorrect. The instruction references links, but none of the controls on this page are defined as links. The instruction to select a link to make a correction is not possible unless the '+' sign is pressed first to reveal the list of links for a topic on a completed page.

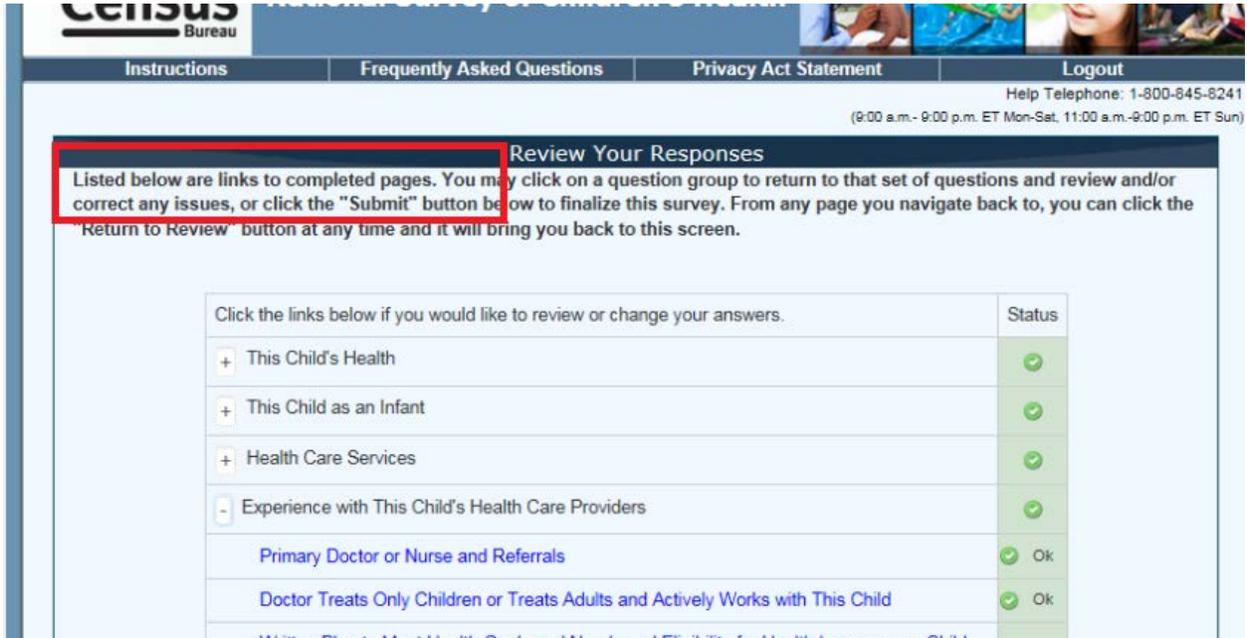


Figure 51. Review screen with incorrect instructions.
Source: 2018 NSCH usability testing

Recommendation: Delete the sentence: 'Listed below are links to completed pages.' Replace it with 'To review your responses for each topic, click on the "+" sign.'

Problem 2: On the screener dashboard (see the red box on Figure 52), when the screen reader reads the label for deleting a child, it reads aloud redundant text. It says ‘delete a child button button.’

United States Census Bureau National Survey of Children's Health

Instructions Frequently Asked Questions Privacy Act Statement Logout

Help Telephone: 1-800-845-8241 (9:00 a.m.-9:00 p.m. ET Mon-Sat, 11:00 a.m.-9:00 p.m. ET Sun)

Children at this Address

Answer the remaining questions for each of the children 0 - 17 years old who usually live or stay at this address by clicking on the "Start" button on each child row. If you need to add children, click the "Add a Child" button at the bottom of the page. If you need to delete one of the children, click the "X" within that child row under the "Delete" column.

Start with the YOUNGEST CHILD in your household and continue with the next oldest until you have listed all children who usually live or stay at this address. When you are finished, click the "Continue" button.

Action	Status	First Name, Initials, or Nickname	Sex	Age	Delete
Start	Not Attempted	NOT ENTERED	Not Entered	Not Entered	X

[Add a Child](#)

[Continue](#)

[In Your Home](#) [Health Status](#) [Health Services](#) [Learning/Activities](#) [Background](#)

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Figure 52. Screener dashboard where the red box indicates the element with the incorrect label
Source: 2018 NSCH usability testing

Recommendation: The screen reader detects the delete button as a button and inserts the word itself, so the screen reader label should just be ‘delete a child’.

Problem 3: Question I13 contains a misspelling of the word ‘severely’. Question A7 contains a misspelling of the word ‘decisions.’

Problem 4: On the address verification, the address is difficult to understand because of the abbreviations of Court (CT), Suite (STE), and all other address abbreviations.

Recommendation: Correct labels, misspellings and expand all abbreviations to words.

Source code in the tool tip

In the desktop version of Question B2 requesting weight in pounds, see Figure 53, source code appears in the yellow box over the field. That yellow box is called a tool tip.

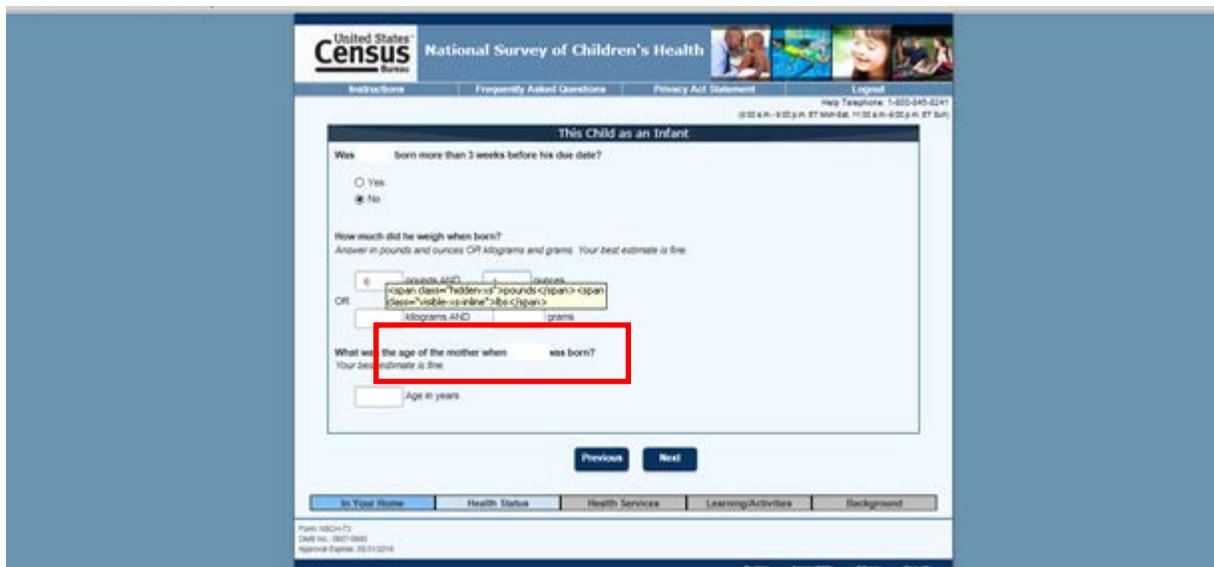


Figure 53. Source code in the tool tip for pounds' field in Question B2
Source: 2018 NSCH usability testing

Recommendation: Reprogram the tool tip so only the label appears.

6. Cognitive Findings and Recommendations

This section includes comments about the new questions added to the 2018 NSCH. Participants made these comments in response to probes during the structured debriefing and they made spontaneous comments while completing the survey. The questions in English and in Spanish are available in the Appendices.

6.1. Debriefing responses

During the debriefing, we focused on the new questions. The comments made in this section were in response to probing questions. We highlight each new question with a summary of the participants' understanding of the question and the eye-tracking heat map, if eye-tracking was captured on that screen.

Blood disorders

This question was a Yes/No question (see Figure 54) asking whether the child had any blood disorder disease diagnosed by a health care provider. If 'Yes,' there were subsequent questions about how it was diagnosed and the specific disease. Initially, on the screen only the filter question was enabled. If the participant answered 'Yes', then all the grey text (the disabled text) became bold and enabled so the participant could record his or her answer to each of the subsequent questions. There were no cognitive difficulties found with this question other than

many English-speaking participants did not know what Thalassemia was. No one answered 'Yes' in either English or Spanish. Participants made spontaneous comments about the amount of disabled text, as described in Section 4.1.16. Eye tracking (see Figure 55) indicates that participants read the stem questions and glanced through the disabled text.

The screenshot shows a survey question titled "This Child's Health". The main question is "Has a doctor or other health care provider EVER told you that '[child name]' has...". Below this, it asks "Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?". There are two radio button options: "Yes" and "No".

Below the main question, it asks "Is it:" with three radio button options: "Mild", "Moderate", and "Severe".

Next, it asks "Was this condition identified through a blood test done shortly after birth?" with a note "(These tests are sometimes called newborn screening)". There are two radio button options: "Yes" and "No".

Then, it asks "Was [child name] diagnosed with:" followed by three sections, each with two radio button options: "Yes" and "No".

- Sickle Cell Disease**
- Thalassemia**
- Hemophilia**

Finally, there is a section for "Other Blood Disorders" with two radio button options: "Yes" and "No".

Figure 54. Blood disorder question
Source: 2018 NSCH usability testing

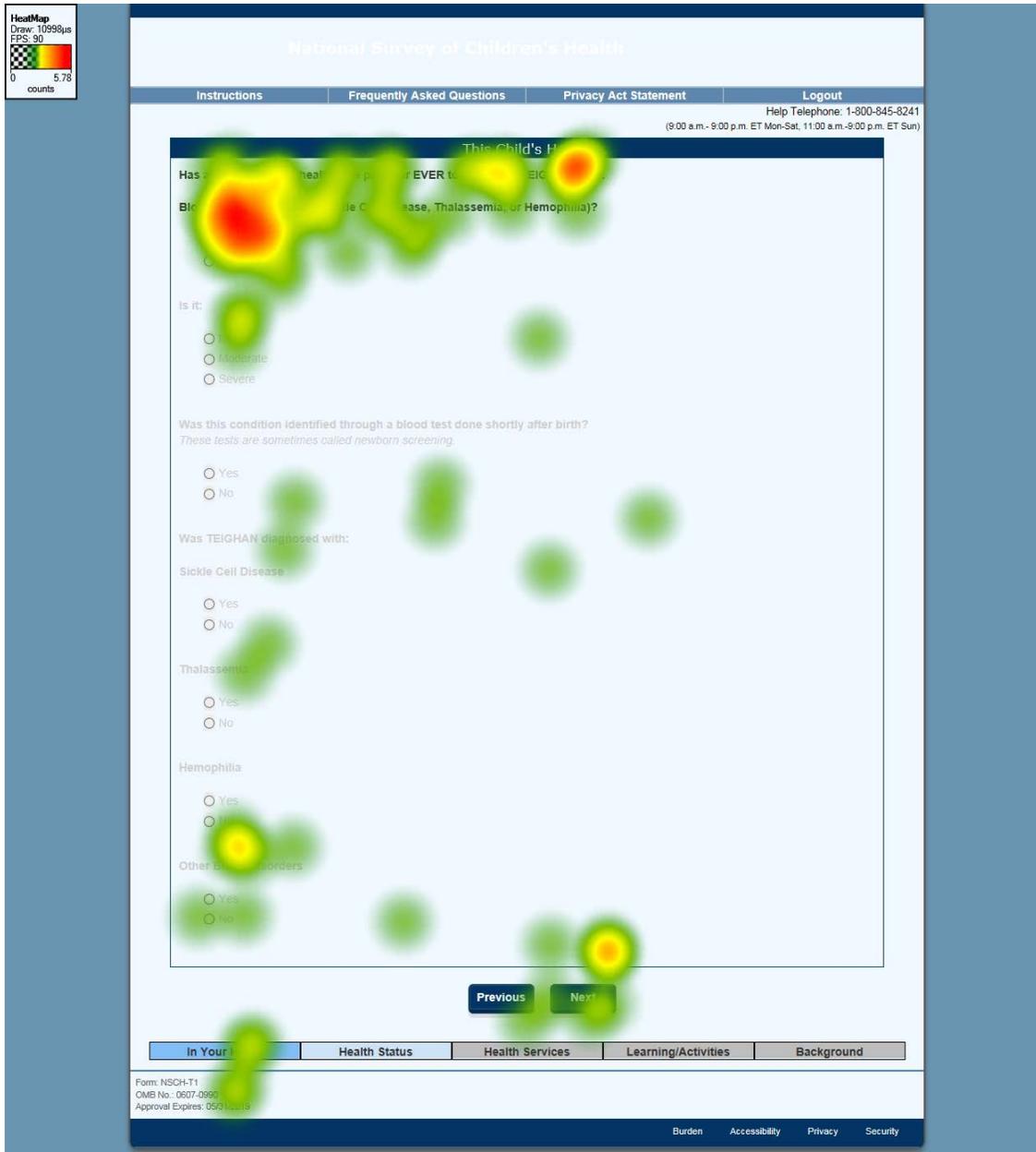


Figure 55. Heat map using eye tracking data of the blood disorders screen
 Source: 2018 NSCH usability testing

Cystic Fibrosis

The cystic fibrosis question was also a Yes/No question asking whether the child has been diagnosed with cystic fibrosis by a health care provider as shown in Figure 56. No one answered 'Yes' in either English or Spanish. There were no cognitive difficulties found with this question across languages. Most English-speaking participants had heard of cystic fibrosis. Most Spanish speakers had not heard this term, however they correctly answered 'No' if they did not know the meaning, as a caregiver would certainly know the meaning if his or her child had the condition.

The eye tracking data (shown in Figure 57) suggests that participants read the stem and glanced through the disabled text.



The image shows a survey question titled "This Child's Health". The question is: "Has a doctor or other health care provider EVER told you that ' [redacted] ' has...". Below the question, there are two sections. The first section is "Cystic Fibrosis?" with two radio button options: "Yes" and "No". The second section is "Is it:" with three radio button options: "Mild", "Moderate", and "Severe". Below these options, there is a question: "Was this condition identified through a blood test done shortly after birth?" followed by a note: "These tests are sometimes called newborn screening." and two radio button options: "Yes" and "No".

Figure 56. Cystic fibrosis question
Source: 2018 NSCH usability testing

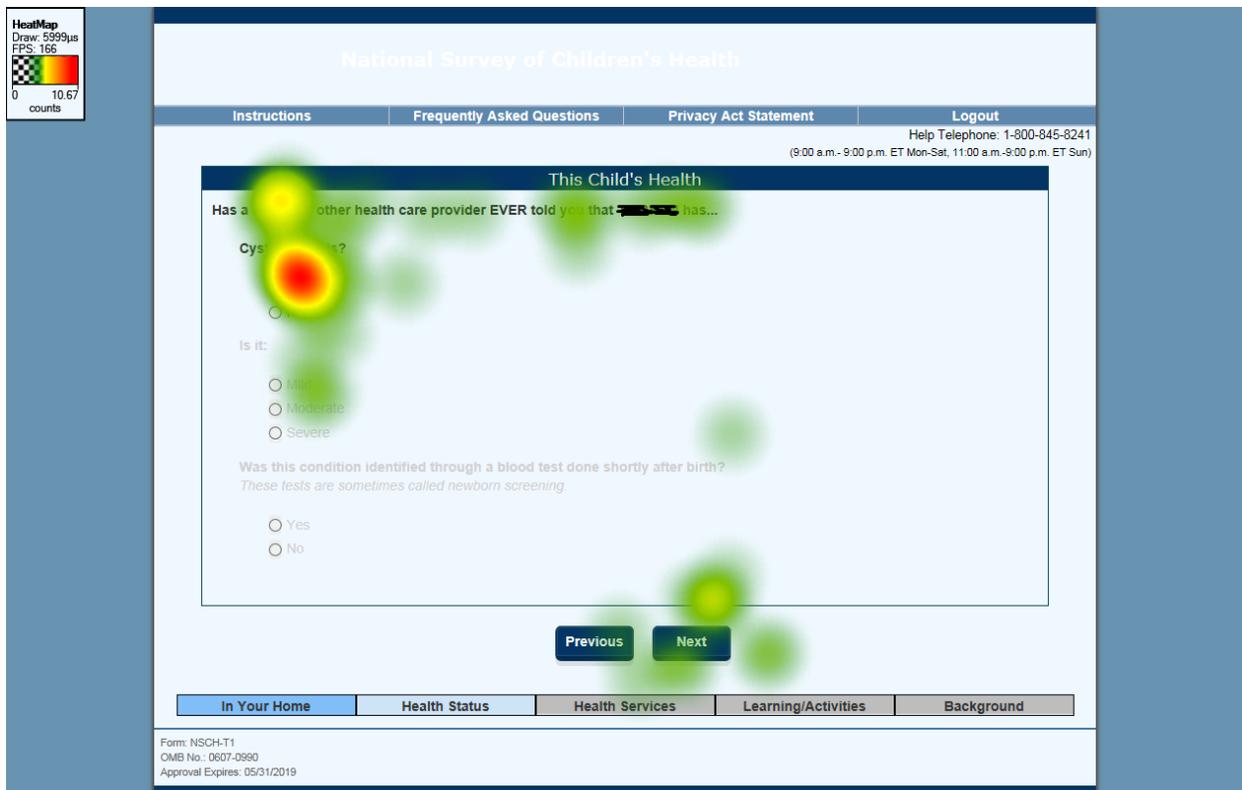


Figure 57. Heat map using eye tracking data of the cystic fibrosis screen
 Source: 2018 NSCH usability testing

Other genetic condition

The final question in this series was a catchall question about any other genetic or inherited condition. It too was a Yes/No question with subsequent questions if the answer to the filter question was 'Yes.' While there were no cognitive difficulties with this question (shown in Figure 58), there was one case of measurement error. One participant said that her child could be a carrier of a serious condition. She did not know for sure, but answered the question affirmatively, which implied that the child has this condition when she does not. The addition of a 'Don't know' response option with a write-in field could possibly be an addition to this question to get at these nuanced situations. Eye tracking data in Figure 59 shows that most of the focus is on the question stem.

This Child's Health

Has a doctor or other health care provider EVER told you that _____ has...

Other genetic or inherited condition?

Yes

No

Other genetic or inherited condition?
Please Specify:

Is it:

Mild

Moderate

Severe

Was this condition identified through a blood test done shortly after birth?
These tests are sometimes called newborn screening.

Yes

No

Figure 58. Other genetic or inherited condition screen
Source: 2018 NSCH usability testing

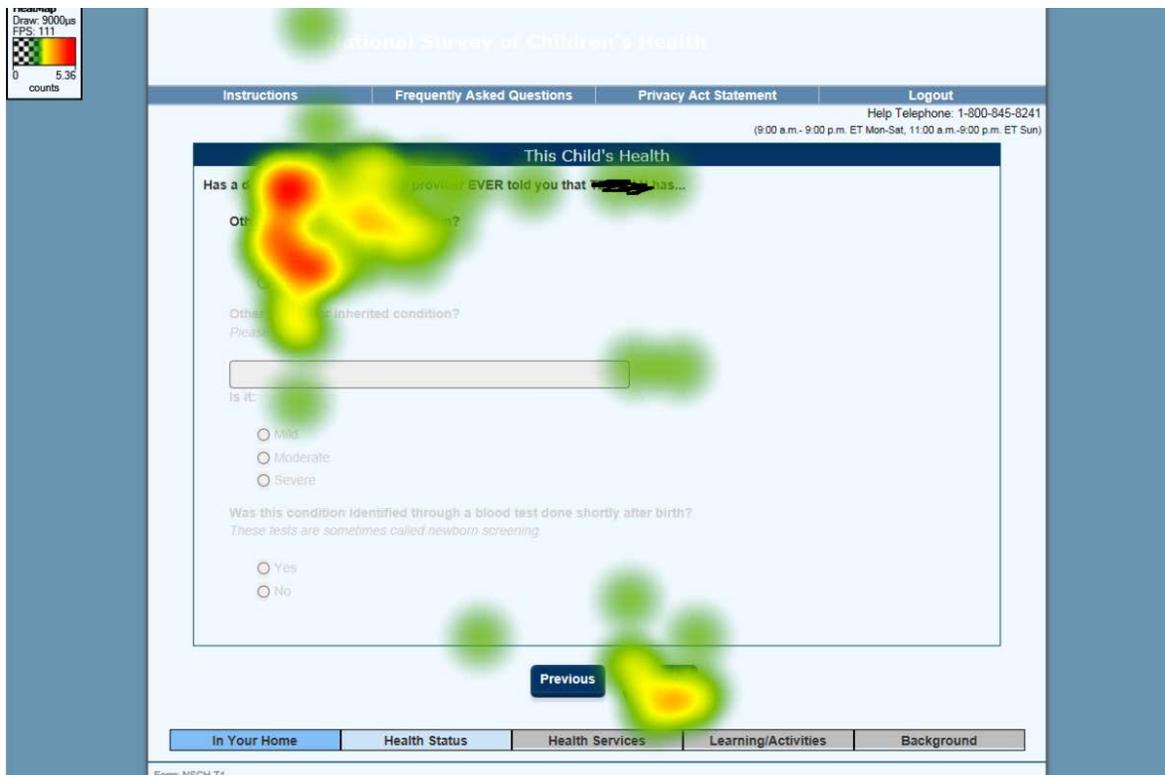


Figure 59. Heat map using eye tracking data of the other genetic disorders screen
Source: 2018 NSCH usability testing

Bullying

The bullying questions appear in Figure 60. Those questions asked about whether the child had been bullied and if so, how frequently, and if the child was a bully and if so, how frequently.

During the usability sessions, these questions appeared to produce a lot of measurement error. Only one participant described a bullying situation involving her child and people outside of the family where the episode was so traumatic that the participant declined to describe it. Other participants also indicated that their children were bullied, but they seemed to focus on episodes of their child being excluded during typical play situations. When asked whether their child bullies anyone, participants focused on their child bullying siblings. Depending upon the interests of the sponsor, these could be false positive answers. We recommend reviewing the bullying questions in the 2017 School Crime Supplement of the National Crime Victimization Survey to see if that set of questions would better measure school bullying.

Results of the eye-tracking data for that screen is found in Figure 61. The bullying questions are located at the bottom of a screen about other childhood behaviors and the eye tracking data does not identify anything unusual in the reading pattern associated with the questions.

DURING THE PAST 12 MONTHS, how often was this child bullied, picked on, or excluded by other children?
If the frequency changed throughout the year, report the highest frequency.

- Never (in the past 12 months)
- 1-2 times (in the past 12 months)
- 1-2 times per month
- 1-2 times per week
- Almost every day

DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them?
If the frequency changed throughout the year, report the highest frequency.

- Never (in the past 12 months)
- 1-2 times (in the past 12 months)
- 1-2 times per month
- 1-2 times per week
- Almost every day

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In Your Home	Health Status	Health Services	Learning/Activities	Background
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Figure 60. Bullying questions
Source: 2018 NSCH usability testing

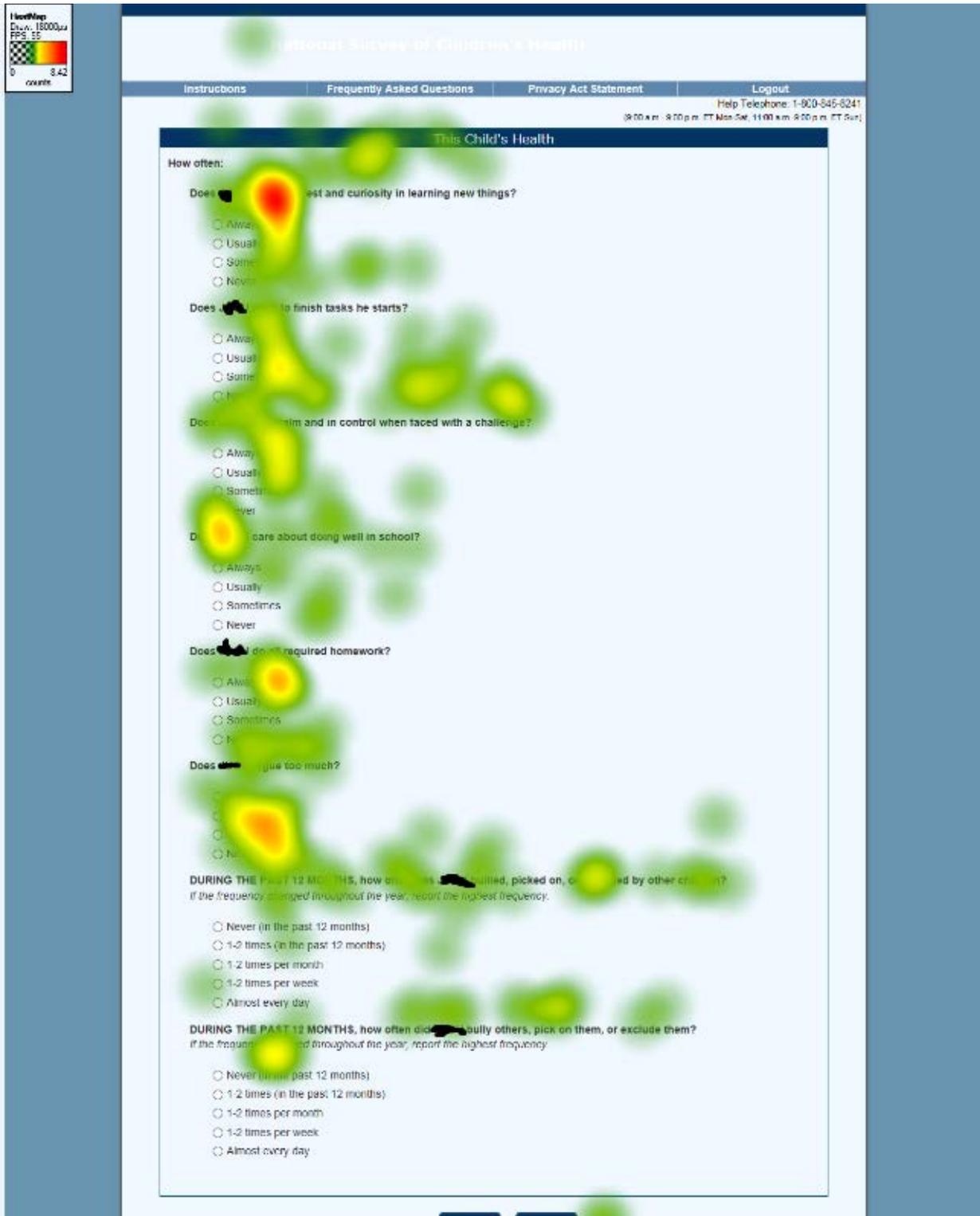
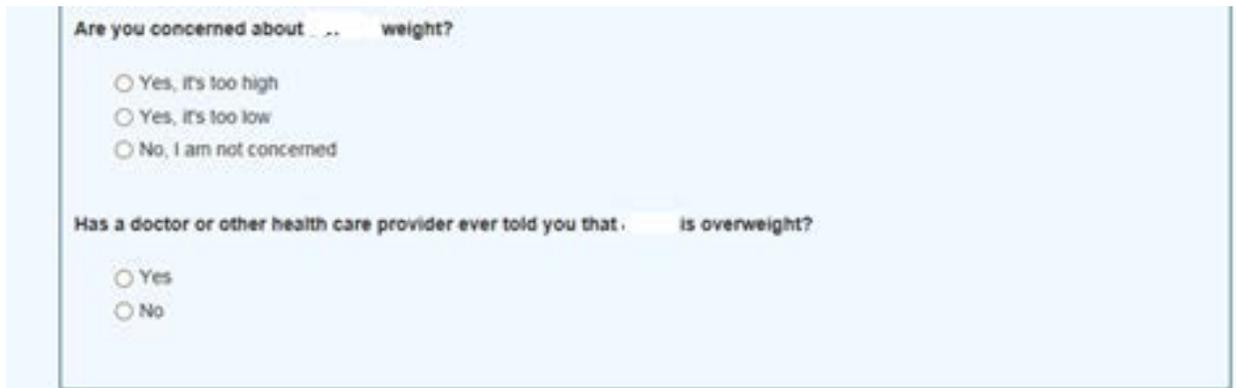


Figure 61. Heat map using eye tracking data of the screen with the bullying questions (n=2)
 Source: 2018 NSCH usability testing

Obesity

The obesity questions (see Figure 62) first asked if the adult caregiver was concerned over the child's weight and then asked if a health care provider had told the caregiver that the child is overweight. There were no cognitive difficulties with this series of questions, but it seemed like participants decided how to answer after reading both questions. In one instance, the second question might have influence the answer to the first question: the father said that his daughter falls within the typical limits, but he thinks that she is slightly chubby for his culture. He responded "No, I am not concerned." to the first question even though he expressed some concern verbally. Eye-tracking data in Figure 63 shows no unusual patterns. Other participants, both English and Spanish, did not have any comments or concerns with these questions so we have no recommendations based on this testing.



The image shows a screenshot of a survey interface with two questions. The first question is "Are you concerned about ... weight?" with three radio button options: "Yes, it's too high", "Yes, it's too low", and "No, I am not concerned". The second question is "Has a doctor or other health care provider ever told you that ... is overweight?" with two radio button options: "Yes" and "No".

Figure 62. Weight questions

Source: 2018 NSCH usability testing

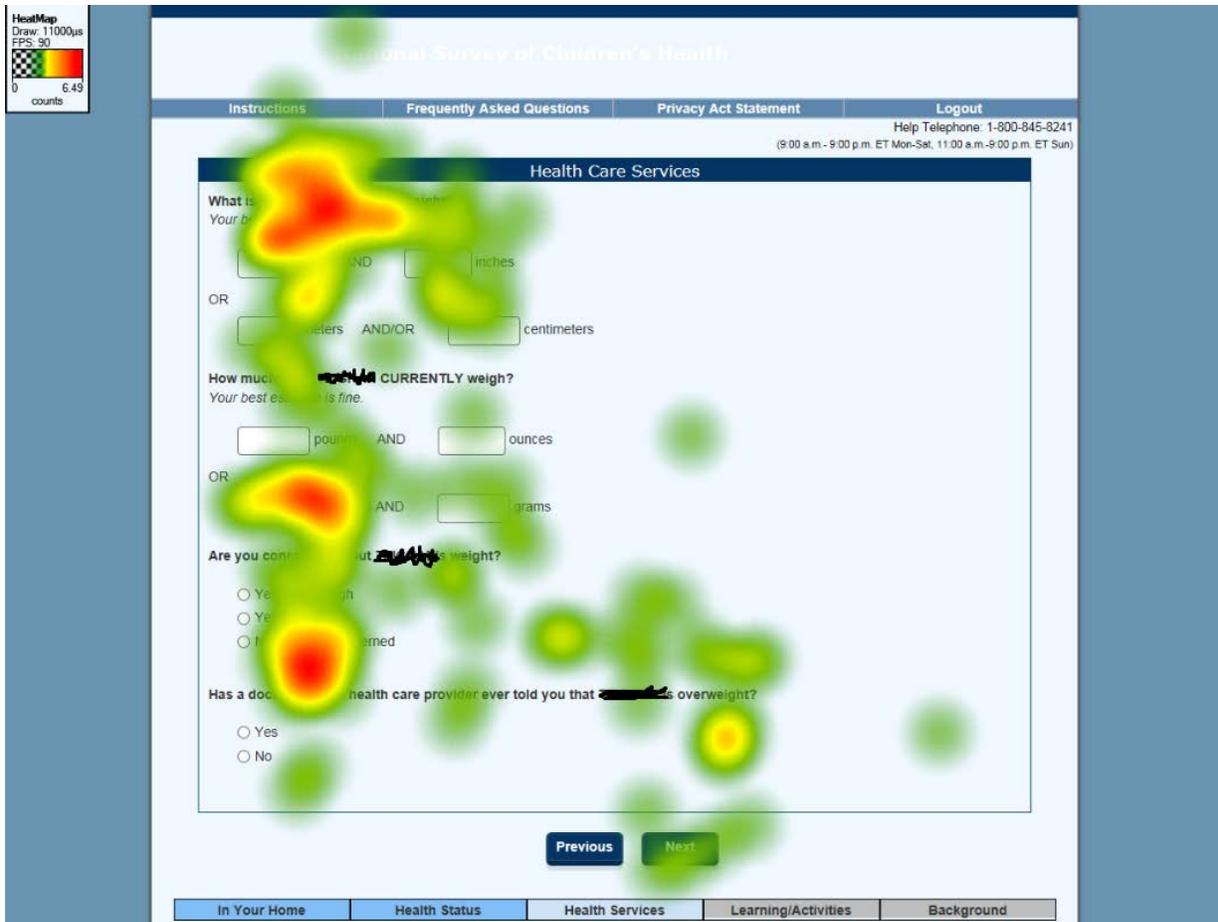


Figure 63. Heat map using eye tracking data of the weight questions screen – they are the last two questions on the page (n=3)
 Source: 2018 NSCH usability testing

Overnight stays at the hospital

This question asked whether the child was admitted to the hospital and stayed overnight in the past 12 months as shown in Figure 64. We did not observe any cognitive difficulties with this question and parents appeared to remember how often their child had been to the hospital. Eye tracking shown in Figure 65 reveals participants focused on the text, “At least one night.”



Figure 64. Hospital stay question
 Source: 2018 NSCH usability testing

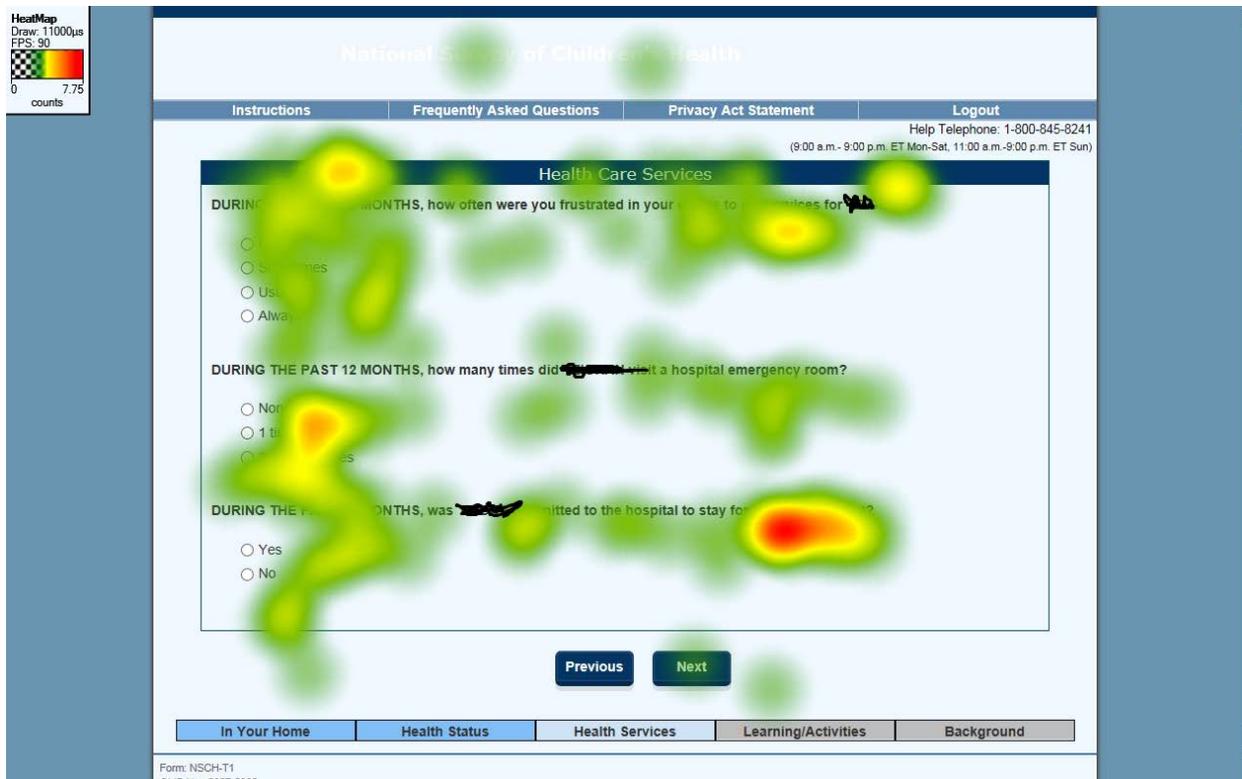


Figure 65. Heat map using eye tracking data of the hospital stay questions screen—the question is the last one on the screen (n=3)
 Source: 2018 NSCH usability testing

Medical History

This question asked whether the respondent and the child received a copy of the medical history. We did not observe any cognitive difficulties with the medical history question in English (see Figure 66). When asked to think aloud while answering this question, participants mentioned brochures on weight control, immunization records for school, etc. We do not have eye tracking results on this question because we did not eye track the English-speaking participant who received this question on the laptop. Participants did not know the meaning of “medical history” when translated in Spanish as “resumen medico.” Further testing in Spanish is necessary for this term.

Did you and [redacted] receive a summary of your child's medical history (for example, medical conditions, allergies, medications, immunizations)?

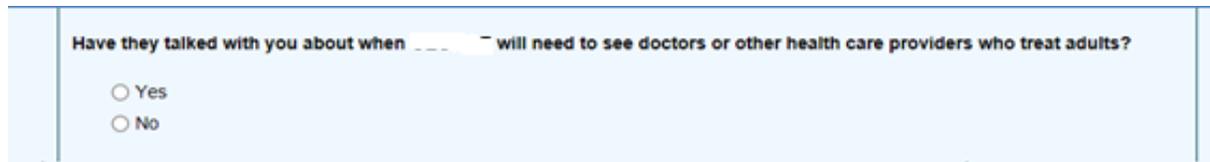
Yes

No

Figure 66. Medical history question
 Source: 2018 NSCH usability testing

Transition to adulthood

This question asked about conversations had with health care providers about older children transitioning to other doctors. While we did not observe participants having any cognitive difficulties while answering the transition to adulthood question (shown in Figure 67), the researchers observed that it was not really appropriate for younger children (for example, a 12-year-old) in the T3 module because seeing doctors who treat adults is still six or more years away. None of our participants answered ‘Yes’ to this question in the T3 module. We did not collect eye tracking on this screen.



Have they talked with you about when [redacted] will need to see doctors or other health care providers who treat adults?

Yes

No

Figure 67. Transition to adulthood question
Source: 2018 NSCH usability testing

Speech and language milestones

In the T1 module, an entire screen contained 11 questions about whether the child had made particular milestones with speech and language (see Figure 68). The participant had to answer ‘Yes’ or ‘No’ to each question. There were no cognitive difficulties with the speech and language question in either English or Spanish. One participant said the list sounded similar to what her doctor asked her at checkups. One participant spent more time answering the question of whether the child can tell a story with a beginning, middle and end. The eye tracking data shown in Figure 69 confirms this. We do not believe this is a concern.

This Child's Learning

Is able to do the following:
Select Yes or No for each item

Say at least one word, such as "hi" or "dog"?

Yes
 No

Use 2 words together, such as "car go"?

Yes
 No

Use 3 words together in a sentence, such as, "Mommy come now."?

Yes
 No

Ask questions like "who", "what", "when", "where"?

Yes
 No

Ask questions like "why" and "how"?

Yes
 No

Tell a story with a beginning, middle, and end?

Yes
 No

Understand the meaning of the word "no"?

Yes
 No

Follow a verbal direction without hand gestures, such as "Wash your hands."?

Yes
 No

Point to things in a book when asked?

Yes
 No

Follow 2-step directions, such as "Get your shoes and put them in the basket."?

Yes
 No

Understand words such as "in," "on," and "under"?

Yes
 No

In Your Home	Health Status	Health Services	Learning/Activities	Background
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[Privacy](#)
[Security](#)

Figure 68. Speech and language milestone questions
Source: 2018 NSCH usability testing



Figure 69. Heat map using eye tracking data of the speech and language milestone questions screen (n=1)
Source: 2018 NSCH usability testing

Screen time

Participants spent time answering the screen-time question (see Figure 70). This question asked how much time the child spends on electronics, outside of school work, on any given weekday. English-speaking participants appeared to be able to separate screen time their child spent on homework from screen time for enjoyment. Participants reported older children as having much more screen time, with participants explaining that their kids watch TV and use their phones at the same time. These participants did not double count the number of hours when it was simultaneous. Two Spanish-speaking participants had issues calculating screen time for their children. One participant explained that it was difficult for her to calculate because the screen time was not continuous. For example, her child picked up her phone and used it and then got bored. Another participant had trouble calculating the screen time because she was unsure whether FaceTime counts as screen time and this is the way this respondent communicates with her daughter.

The eye tracking data in Figure 71 show a typical pattern of behavior, but that time was spent on this question in comparison to other questions. We have no recommendations for improving this question or response choices.



The screenshot shows the top navigation bar of the United States Census Bureau's National Survey of Children's Health website. The header includes the logo and navigation links: Instructions, Frequently Asked Questions, Privacy Act Statement, and Logout. A help telephone number (1-800-845-8241) and operating hours are also listed. The main content area is titled "About You and This Child" and contains the following question:

ON MOST WEEKDAYS, about how much time did this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media?
Do not include time spent doing schoolwork.

The question is followed by five radio button options:

- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 or more hours

Figure 70. Screen-time question
Source: 2018 NSCH usability testing



Figure 71. Heat map using eye tracking data of the screen-time question screen. The screen-time question is at the top of the page (n=3)
 Source: 2018 NSCH usability testing

Plan of care

Participants showed some confusion with the plan of care series of questions, shown in Figure 72. The question attempted to gain information on whether there was a plan of care as the child matures. Several participants answered 'Yes' to the first two questions, indicating that there was a plan of care and they had access to it, but in each instance, the plan was either an oral plan or a referral and not something with tasks and goals and a schedule. All participants answered 'No' to the third question about whether the plan addresses transitions to doctors who treat adults. We did not collect eye tracking on this screen. Spanish speakers did not know the meaning of 'plan of care' as translated in Spanish as 'plan de cuidado.' We recommend that the term 'plan of care' be changed to 'instrucciones a seguir' and be further tested.

The screenshot shows the top navigation bar of the NSCH website with the United States Census Bureau logo and the title "National Survey of Children's Health". Below the navigation bar, there are links for "Instructions", "Frequently Asked Questions", "Privacy Act Statement", and "Logout". A help telephone number and operating hours are also listed. The main content area is titled "Experience with This Child's Health Care Providers" and contains the following questions:

Have _____ doctors or other health care providers worked with you and _____ to create a plan of care to meet his health goals and needs?

Yes
 No

Did you and _____ have access to this plan of care?

Yes
 No

Does this plan of care address transition to doctors and other health care providers who treat adults?

Yes
 No

Eligibility for health insurance often changes in young adulthood. Do you know how _____ will be insured as he becomes an adult?

Yes
 No

Has anyone discussed with you how to obtain or keep some type of health insurance coverage as _____ becomes an adult?

Yes
 No

Figure 72. Plan of care question
 Source: 2018 NSCH usability testing

6.2. Spontaneous comments

While participants completed the survey, they were instructed to think aloud. A few English-speaking participants commented on the length of the survey. All five Spanish speakers spontaneously mentioned that the survey was long. There could be several factors contributing to these comments.

Participants with typically developing, healthy children received a lot of questions that perhaps did not need to be asked. For example, questions about coordination among doctors and the amount of care given did not seem appropriate for healthy children. For example, if a child did not see more than one health care provider, it is not apparent why the survey asks whether it was difficult to coordinate the care. There is another question about how many hours a week the provider spends administering care, but for children without any ongoing conditions, it seems

like the lack of skip patterns in the survey risks generating false positive data. Several of our participants reported spending an hour a week giving vitamins or bandages to their children. Including an earlier filter question that addresses things like how many doctors the child saw last year (excluding dentists), could be used to skip respondents appropriately.

Two Spanish speakers wondered aloud about the presence of the greyed out questions. However, they realized there was a response pattern and that questions would be activated only if they answered 'Yes' on specific questions. It could be that being able to see the extra, greyed out questions led to the perception of a long survey.

English-specific comments:

Question D5 is cognitively difficult.

This question asked 'During the past 12 months, did this child need any decisions to be made regarding his or her health care, such as whether to get prescriptions, referrals, or procedures?' At least two participants did not know what the question meant. One participant reported 'Yes,' saying that a prescription was filled, but it is not clear whether that is the intent of the question. We recommend more cognitive testing of this question.

A response option in Question E4 needs a different reference person.

This question asked about what type of health insurance covers the child. The question was, 'Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans?' It was a 'Yes/No' forced-choice question design with these categories: (a) Insurance through a current or former employer or union; (b) Insurance purchased directly from an insurance company; (c) Medicaid etc.; (d) TRICARE or other military health care; (e) Indian Health Service; Other. The respondent is supposed to select 'Yes' or 'No' for each of those insurance types. One participant commented that the option that says, 'Insurance through a current or former employer or union' implies that it is the child's current or former employer, and that is not correct. It should be the parent's employer. We recommend this option changing to, 'Insurance through a parent or guardian's current or former...' because the child is not the person working.

Module T3: Question C9, C11 and C12 have a skip error.

Question C9 asked if there was a place the respondent took the child when he or she was sick. If the answer was no, then the next question (C11) was if there is a regular place where the respondent took the child for well-child or preventative care. If the answer was 'Yes,' then the following question (C12) asked whether that place was the same place as the place visited when the child was sick. That question does not make sense if there was no place where the respondent takes the sick child. We recommend skipping Question C12 if C9 is answered 'No.'

Question I5 needs a reference home.

This question asked about mold in the home in the last 12 months, but for people who moved within the last 12 months, it was not clear which home they should consider. One participant had this issue. The home she moved out of had mold; but her new home did not. She answered

for the most recent home. We recommend adding an instruction specifying to report for your current home in the reference year.

Question A24 has unfamiliar terminology.

In all modules, there was a series of questions about whether the respondent had ever been told by a doctor or health care provider that the child had particular health issues. In the T2 and T3 module, Question A24 asked whether the respondent had been told that the child has ‘Substance use disorder?’ Two participants said they had heard of substance abuse, but not substance use disorder. Everyone appeared to answer correctly, so we have no recommendations based on this testing.

Question G5 in T2 and Question I6 in T1 have questions not relevant to small children.

Question G5 in module T2 asked whether the child has any regular paid work, such as babysitting or cutting grass. The age range for this module is 6 to 11 year olds. For children at the younger end of this age range, there typically is not any paid or volunteer work. Similarly, in Module T1, Question I6 asks, ‘When your family faces problems, how often are you likely to do each of the following? (a) Talk together about what to do; (b) Work together to solve our problems; (c) Know we have strengths to draw on; and (d) Stay hopeful even in difficult times.’ The reference to family was confusing for young families because these parents do not hold discussions with their very young children. At this time, we recommend more monitoring of the questions.

Spanish specific comments:

Race and ethnicity question

One participant did not know exactly how to answer the race and ethnicity question in the screener. The wording of the question is ‘Es este(a) niño(a) de origen Hispano, Latino o Español?’ The response options include ‘No, no es de origen hispano, latino o español’, ‘Si, mexicano(a), mexicano(a) Americano(a), chicano(a)’, ‘Si, puertorriqueno(a)’, ‘Si, cubano(a)’, ‘Si, de otro origen hispano, latino, o español’. The participant was confused about how to answer the Hispanic origin question because she was expecting the response options to be ‘Yes’ or ‘No’ and none of the ‘Yes’ options specified ‘Bolivian.’ After reading the remaining options, the participant selected the option for another Hispanic origin. We recommend a consultation with analysts in the Census Bureau’s Population Division to make sure the survey is using the standard question version to measure race/ethnicity. Figures 73 and 74 show the standard ethnicity and race questions in Spanish on the American Community Survey.

→ **NOTA:** Por favor, conteste la Pregunta 5 sobre origen hispano Y la Pregunta 6 sobre raza. Para esta encuesta, origen hispano no es una raza.

¿Es la Persona 2 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 – *Escriba el origen en letra de molde, por ejemplo, argentino, colombiano, dominicano, nicaragüense, salvadoreño, español, etc.*

Figure 73. Ethnicity question in Spanish on the 2018 American Community Survey paper questionnaire
Source: <https://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2018/quest18SP.pdf>

¿Cuál es la raza de la Persona 2? Marque (X) una o más casillas.

- Blanca
- Negra o africana americana
- India americana o nativa de Alaska – *Escriba en letra de molde el nombre de la tribu en la cual está inscrita o la tribu principal.*

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Nativa de Hawaii |
| <input type="checkbox"/> China | <input type="checkbox"/> Coreana | <input type="checkbox"/> Guameña o Chamorro |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> Otra asiática – <i>Escriba la raza en letra de molde, por ejemplo, hmong, laosiana, tailandesa, paquistaní, camboyana, etc.</i> | | <input type="checkbox"/> Otra de las islas del Pacífico – <i>Escriba la raza en letra de molde, por ejemplo, fiyiana, tongana, etc.</i> |

- Alguna otra raza – *Escriba la raza en letra de molde.*

Figure 74. Race question in Spanish on the 2018 American Community Survey paper questionnaire
Source: <https://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2018/quest18SP.pdf>

Question A25

The introduction to Question A25 is confusing. The introduction in T1 and T2 reads ‘Alguna vez un medico o un educador le ha dicho a usted que este(a) nino(a) padece deAlgunos ejemplos de educadores son maestros(as) y enfermeros(as) escolares.’ One participant was confused by the examples because in Spanish it is just a repetition of the question. We recommend removing the examples.

The words ‘conducta’ and ‘comportamiento’ are used interchangeably in Module T1/Question C8- Figure 75.

The question in the paper version of the instrument reads ‘Durante los ultimos 12 meses, le preguntaron los medicos o proveedores de atencion medica de este(a) nino(a) si usted estaba preocupado(a) por el aprendizaje, el desarrollo o la conducta de este(a) nino(a)?’. The word ‘comportamiento’ [behavior], as it appears in the online instrument, is closer to the meaning in the English instrument. We recommend choosing ‘comportamiento’ as it is the closest term to the English wording.

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Bureau

National Survey of Children's Health

Instructions Frequently Asked Questions Privacy Act Statement Logout

Teléfono: 1-800-845-8241
(9:00 a.m. - 9:00 p.m. ET lun-sab, 11:00 a.m.-9:00 p.m. ET dom)

Servicios de Atención Médica

DURANTE LOS ÚLTIMOS 12 MESES, ¿le preguntaron los médicos o proveedores de atención médica de [redacted] si usted estaba preocupado(a) por el aprendizaje, el desarrollo o el comportamiento de [redacted]?

SI
 No

Previo Próximo

En su Casa Estado de Salud Servicios de Salud Aprendizaje/Actividades Acerca de la Casa

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Figure 45. Question 8 in the T1 module in Spanish
Source: 2018 NSCH usability testing

Mode differences in Spanish paper and online forms

The usability testing team for the Spanish cases found wording differences in at least six questions between paper and online forms. The mode differences were reported promptly and the NSCH survey team addressed them properly.

7. Limitations

Due to time limitations we were not able to recruit participants with many of the health issues that are included in the questions. Thus, not every question was tested. We did not prepare vignettes ahead of time for every question as these vignettes would be difficult to administer if the participant did not have direct knowledge of the condition.

8. Future usability research on designing for branching logic

This survey used disable and enable branching logic, where questions are grey until a filter question is answered in such a way to make them applicable, and then they turn black and can be answered. This design allows skip sequences to be on the same page and it allows the respondent to see all the questions to help them shape their understanding of the filter question.

We did not experience any usability issues with this design in the English testing; nor did we experience any usability issues when we tested this design with the National Sample Survey of Registered Nurses (Nichols, Kephart, and Malakhoff, 2018). However, the disabled text does make the questionnaire look longer than it would be for some respondents. In the case of the Spanish testing, participants commented often about the length of the survey and we do not know up to what extent the branching design contributed to this.

Further testing about the relationship between grey out areas and length of the instrument is necessary before reaching out to conclusions on this topic. It is unclear if this design adds to the time it takes to complete the survey compared to unfolding the questions or paginating the questions where each question is on a different screen. Eye tracking with English speaking test participants on the NSSRN instrument showed that participants did not spend much time reading the greyed out questions. While we did not observe participants reporting in such a way to avoid answering subsequent questions (and in fact observed the opposite), further study with real respondents in a situation where there is no payment is needed in order to confirm that respondents do not modify their answers so that they do *not* have to answer subsequent questions.

We recommend testing different types of conditional branching options for online, self-administered questionnaires (e.g. automatic graying out of skipped questions vs. selective revealing (expand-contract options)). Quantitative analysis can examine any human errors when using conditional branching, such as the tendency of respondents to answer in ways to avoid long sections, time-on-tasks differences, user satisfaction and likelihood to break off before finishing the questionnaire (Norman, 2001).

9. Acknowledgements

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Screener

26008086
OMB No. 0607-0900; Approval Expires 05/31/2019

National Survey of Children's Health

A study by the U.S. Department of Health and Human Services to better understand the health issues faced by children in the United States today.

The U.S. Census Bureau is required by law to protect your information and is not permitted to publicly release your responses in a way that could identify you or your household. The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 13, United States Code, Section 802, 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. Federal law protects your privacy and keeps your answers confidential under 13 U.S.C. Section 8. For the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Any information you provide will be shared for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and 52 CFR 2002.601-3, Demographic Survey Collection (Census Bureau Sampling Frame).

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

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(02/12/2018) Draft 7

26008078

Start Here

Respond online today at:
<https://respond.census.gov/nSCH>

OR

Complete this form and mail it back as soon as possible.

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

If your household has children 0-17 years old, the questions on this form should be answered by an adult who is familiar with their health and health care.

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

If you need help or have questions about completing this form, please call 1-800-845-8241. The telephone call is free.

For Telephone Device for the Deaf (TDD) assistance, please call: 1-800-682-8330. The telephone call is free.

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

Para recibir ayuda relacionada con el Dispositivo Telefónico para Personas Sordas (TDD), llame al 1-800-682-8330. La llamada es gratuita.

In Your Home

- 1 Are there any children 0-17 years old who usually live or stay at this address?
 Yes
 No – STOP HERE after marking "No" and return this survey to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.
- 2 How 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:
- 4 Is this house, apartment, or mobile home – Mark (X) ONE box.
 Owned by you or someone in this household with a mortgage or loan? (Include home equity loans)
 Owned by you or someone in this household free and clear (without a mortgage or loan)?
 Rented?
 Occupied without payment of rent?

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 youngest until you have answered the questions for all children who usually live or stay at this address.

NSCH-S1 2

26008060

CHILD 1
(Youngest)

- 1 First name, initials, or nickname of the youngest child
- 2 How old is this child? If the child is less than one month old, round age in months to 1.
 Years OR Months
- 3 What is this child's sex?
 Male Female
- NOTE: Answer BOTH question 4 about Hispanic origin and question 5 about race. For this survey, Hispanic origins are not races.
- 4 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
- 5 What is this child's race? Mark (X) one or more boxes.
 White Vietnamese
 Black or African American Other Asian
 American Indian or Alaska Native Native Hawaiian
 Guamanian or Chamorro
 Asian Indian Samoan
 Chinese Other Pacific Islander
 Filipino
 Japanese
 Korean
 Some other race
- 6 Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7.
How well does this child speak English?
 Very well
 Well
 Not well
 Not at all
- 7 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
- 8 Do you feel that this child needs or uses more medical, mental health, or educational services than most children of the same age?
 Yes No
↳ If yes, is this child's need for medical, 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
- 9 Is this child limited or prevented in any way in his or her ability to do the things most children of the same age 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
- 10 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
- 11 Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets 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

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26008052

CHILD 2
(Next youngest)

- 1 First name, initials, or nickname of the next youngest child
- 2 How old is this child? If the child is less than one month old, round age in months to 1.
 Years OR Months
- 3 What is this child's sex?
 Male Female
- NOTE: Answer BOTH question 4 about Hispanic origin and question 5 about race. For this survey, Hispanic origins are not races.
- 4 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
- 5 What is this child's race? Mark (X) one or more boxes.
 White Vietnamese
 Black or African American Other Asian
 American Indian or Alaska Native Native Hawaiian
 Guamanian or Chamorro
 Asian Indian Samoan
 Chinese Other Pacific Islander
 Filipino
 Japanese
 Korean
 Some other race
- 6 Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7.
How well does this child speak English?
 Very well
 Well
 Not well
 Not at all
- 7 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
- 8 Do you feel that this child needs or uses more medical, mental health, or educational services than most children of the same age?
 Yes No
↳ If yes, is this child's need for medical, 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
- 9 Is this child limited or prevented in any way in his or her ability to do the things most children of the same age 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
- 10 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
- 11 Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets 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

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26008045

CHILD 3
(Next youngest)

1 First name, initials, or nickname of the next youngest child

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

3 What is this child's sex?
 Male Female

4 NOTE: Answer BOTH question 4 about Hispanic origin and question 5 about race. For this survey, Hispanic origins are not races.
4 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

5 What is this child's race? *Mark (X) 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	

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 Do you feel that this child needs or uses more medical, mental health, or educational services than most children of the same age?
 Yes No
 → If yes, is this child's need for medical, 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 or gets 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

11 Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7.
 How well does this child speak English?
 Very well
 Well
 Not well
 Not at all

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26008037

CHILD 4
(Next youngest)

1 First name, initials, or nickname of the next youngest child

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

3 What is this child's sex?
 Male Female

4 NOTE: Answer BOTH question 4 about Hispanic origin and question 5 about race. For this survey, Hispanic origins are not races.
4 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

5 What is this child's race? *Mark (X) 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	

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 Do you feel that this child needs or uses more medical, mental health, or educational services than most children of the same age?
 Yes No
 → If yes, is this child's need for medical, 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 or gets 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

11 Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7.
 How well does this child speak English?
 Very well
 Well
 Not well
 Not at all

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12 If there are more than four children 0-17 years old who usually live or stay at this address, list the first name, initials, or nickname for each child as well as their age and sex. Do not repeat information for children already included for Child 1 through Child 4.

Child 5
(Next youngest) ▶

First name, initials, or nickname

Age Years OR Months Sex Male Female

Child 6
(Next youngest) ▶

First name, initials, or nickname

Age Years OR Months Sex Male Female

Child 7
(Next youngest) ▶

First name, initials, or nickname

Age Years OR Months Sex Male Female

Child 8
(Next youngest) ▶

First name, initials, or nickname

Age Years OR Months Sex Male Female

Child 9
(Next youngest) ▶

First name, initials, or nickname

Age Years OR Months Sex Male Female

Child 10
(Next youngest) ▶

First name, initials, or nickname

Age Years OR Months Sex Male Female

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26008011

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.

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.

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Module T1 (for children 0-5 years old)

26018200
OMB No. 0607-0980 Approval Expires 05/31/2019

National Survey of Children's Health

A study by the U.S. Department of Health and Human Services to better understand the health issues faced by children in the United States today.

The U.S. Census Bureau is required by law to protect your information and is not permitted to publicly release your responses in a way that could identify you or your household. The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(a), 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. Federal law protects your privacy and keeps your answers confidential under 13 U.S.C. Section 6. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Any information you provide will be shared for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

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

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(02/08/2018) Draft 7

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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:

If the name listed above is not correct or does not correspond to a child living in this household, please call 1-800-845-8241 for assistance.

We have selected only one child per household in an effort to minimize the amount of time you will need 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 often... Always Usually Sometimes Never

	Always	Usually	Sometimes	Never
a. Is this child affectionate and tender with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does this child bounce back quickly when things do not go his or her way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does this child show interest and curiosity in learning new things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does this child smile and laugh?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating or swallowing because of a health condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using his or her hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Coordination or moving around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Toothaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Bleeding gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Decayed teeth or cavities	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

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<p>A6 Allergies (including food, drug, insect, or other)? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the condition? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>	<p>A12 Epilepsy or Seizure Disorder? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the condition? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>
<p>A7 Arthritis? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the condition? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>	<p>A13 Heart Condition? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the condition? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>
<p>A8 Asthma? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the condition? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>	<p>A14 Frequent or severe headaches, including migraines? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the condition? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>
<p>A9 Brain injury, concussion or head injury? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the condition? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>	<p>A15 Tourette Syndrome? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the condition? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>
<p>A10 Cerebral Palsy? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the condition? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>	<p>A16 Anxiety Problems? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the condition? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>
<p>A11 Diabetes? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the condition? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>	<p>A17 Depression? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the condition? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>

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<p>A18 Down Syndrome? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the condition? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>	<p>A23 Other genetic or inherited condition? Yes No</p> <p>↳ If yes, specify: <input style="width: 100px;" type="text"/></p> <p>↳ Is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p>Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening. Yes No</p>
<p>A19 Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p>Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening. Yes No</p> <p>↳ If yes, was this child diagnosed with:</p> <p>Sickle Cell Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Thalassemia? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hemophilia? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other Blood Disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Has a doctor, other health care provider, or educator EVER told you that this child has... Examples of educators are teachers and school nurses.</p> <p>A22 Behavioral or Conduct Problems? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the condition? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>
<p>A20 Cystic Fibrosis? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p>If yes, was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening. Yes No</p>	<p>A24 Developmental Delay? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the condition? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>
	<p>A25 Intellectual Disability (formerly known as Mental Retardation)? Yes No</p> <p>↳ If yes, does this child CURRENTLY have the disability? Yes No</p> <p>↳ If yes, is it: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>

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26018168

Has a doctor, other health care provider, or educator EVER told you that this child has...
Examples of educators are teachers and school nurses.

A36 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

A37 Learning Disability?
 Yes No
 ↳ If yes, does this child CURRENTLY have the disability?
 Yes No
 ↳ If yes, is it:
 Mild Moderate Severe

Has a doctor or other health care provider EVER told you that this child has...
A37 Any other mental health condition?
 Yes No
 ↳ If yes, specify: _____

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).
A38 If yes, does this child CURRENTLY have the condition?
 Yes No
 ↳ If yes, is it:
 Mild Moderate Severe

A39 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? Mark (X) ONE box.
 Age in years Don't know

A40 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 (X) ONE box.
 Primary Care Provider
 Specialist
 School Psychologist/Counselor
 Other Psychologist (Non-School)
 Psychiatrist
 Other, specify: _____
 Don't know

A41 Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?
 Yes No

A42 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

A43 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 **A44** on page 6
 ↳ If yes, does this child CURRENTLY have the condition?
 Yes No
 ↳ If yes, is it:
 Mild Moderate Severe

A44 Is this child CURRENTLY taking medication for ADD or ADHD?
 Yes No

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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 health 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. Your best estimate is fine.
 pounds AND ounces
 OR
 kilograms AND grams

B3 What was the age of the mother when this child was born? Your best estimate is fine.
 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
 Check this box if child is still breastfeeding

B6 How old was this child when he or she was FIRST fed formula?
 Check this box if child has never been fed formula
 OR
 At birth
 OR
 days
 OR
 weeks
 OR
 months

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.
 Check this box if child has never been fed anything other than breast milk or formula
 OR
 At birth
 OR
 days
 OR
 weeks
 OR
 months

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26018143

C. Health Care Services

C1 DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for medical care (for example, preventive care, sick care, hospitalizations)?
 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
 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? Your best estimate is fine.
 feet AND inches
 OR
 meters AND centimeters

C5 How much does this child CURRENTLY weigh? Your best estimate is fine.
 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 Has a doctor or other health care provider ever told you that this child is overweight?
 Yes No

C8 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

C9 Answer the following question only if this child is at least 9 months old. Otherwise skip to question **C10**.
 DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about observations or concerns 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 (X) 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 (X) ALL that apply.
 Words and phrases this child uses and understands?
 How this child behaves and gets along with you and others?

C10 Is there a place you or another caregiver USUALLY take this child when he or she is sick or you need advice about his or her health?
 Yes No → SKIP to question **C13** on page 8

C11 If yes, where does this child USUALLY go first? Mark (X) ONE box.
 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

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C12 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 **C14**

C13 If yes, is this the same place this child goes when he or she is sick?
 Yes No

C14 DURING THE PAST 12 MONTHS, has this child had his or her vision tested, such as with pictures, shapes, or letters?
 Yes No → SKIP to question **C16**

C15 If yes, where was this child's vision tested? Mark (X) 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: _____

C16 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**

C17 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 **C19**
 Yes, 1 visit
 Yes, 2 or more visits

C18 If yes, DURING THE PAST 12 MONTHS, what preventive dental service(s) did this child receive? Mark (X) 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

C19 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 **C21**

C20 How difficult was it to get the mental health treatment or counseling that this child needed?
 Very difficult
 Somewhat difficult
 Not difficult
 It was not possible to obtain care

C21 DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with his or her emotions, concentration, or behavior?
 Yes No

C22 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** on page 9

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22 How difficult was it to get the specialist care that this child needed?

Very difficult
 Somewhat difficult
 Not difficult
 It was not possible to obtain care

23 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

24 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 **28**

25 If yes, which types of care were not received? Mark (X) ALL that apply.

Medical Care
 Dental Care
 Vision Care
 Hearing Care
 Mental Health Services
 Other, specify: _____

27 Did any of the following reasons contribute to this child not receiving needed health services? Mark (X) Yes or No for each item.

a. This child was not eligible for the services	Yes <input type="checkbox"/>	No <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 or 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"/>

26 DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?

Never
 Sometimes
 Usually
 Always

28 DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?

None
 1 time
 2 or more times

29 DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?

Yes
 No

30 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 **34**

31 If yes, how old was this child at the time of the FIRST plan?

Years AND Months

32 Is this child CURRENTLY receiving services under one of these plans?

Yes
 No

33 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 **31** on page 10

34 If yes, how old was this child when he or she began receiving these special services?

Years AND Months

35 Is this child CURRENTLY receiving these special services?

Yes
 No

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D. Experience with This Child's Health Care Providers

36 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

37 DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?

Yes
 No → SKIP to question **38**

38 How difficult was it to get referrals?

Very difficult
 Somewhat difficult
 Not difficult
 It was not possible to get a referral

39 Answer the following questions only if this child has had a health care visit IN THE PAST 12 MONTHS. Otherwise skip to Section E on page 11.

40 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"/>

41 DURING THE PAST 12 MONTHS, did this child need any decisions to be made regarding his or her health care, such as whether to get prescriptions, referrals, or procedures?

Yes
 No → SKIP to question **47**

42 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"/>

43 DURING THE PAST 12 MONTHS, did anyone help you arrange or coordinate this child's care among the different doctors or services that this child uses?

No
 Yes
 Did not see more than one health care provider in PAST 12 MONTHS

44 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 **46**

45 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

46 DURING THE PAST 12 MONTHS, how satisfied were you with the communication among this child's doctors and other health care providers?

Very satisfied
 Somewhat satisfied
 Somewhat dissatisfied
 Very dissatisfied

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E. This Child's Health Insurance Coverage

48 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 **51**

49 Did not need health care provider to communicate with these providers → SKIP to question **51**

50 If yes, during this time, how satisfied were you with the health care provider's communication with the school, child care provider, or special education program?

Very satisfied
 Somewhat satisfied
 Somewhat dissatisfied
 Very dissatisfied

52 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 **54**
 Yes, but this child had a gap in coverage
 No

53 Indicate whether any of the following is a reason this child was not covered by health insurance at any time DURING THE PAST 12 MONTHS:

a. Change in employer or employment status	Yes <input type="checkbox"/>	No <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"/>

54 Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?

Yes
 No → SKIP to question **51** on page 12

55 Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark (X) Yes or No for EACH item.

a. Insurance through a current or former employer or union	Yes <input type="checkbox"/>	No <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"/>

56 How often does this child's health insurance offer benefits or cover services that meet this child's needs?

Always
 Usually
 Sometimes
 Never

57 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

58 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

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F. Providing for This Child's Health

59 Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.

\$0 (No medical or health-related expenses) → SKIP to question **64**
 \$1-\$249
 \$250-\$499
 \$500-\$999
 \$1,000-\$5,000
 More than \$5,000

60 How often are these costs reasonable?

Always
 Usually
 Sometimes
 Never

62 DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills?

Yes
 No

63 DURING THE PAST 12 MONTHS, have you or other family members—

	Yes	No
a. Left a job or taken a leave of absence 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"/>

61 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
 Less than 1 hour per week
 1-4 hours per week
 5-10 hours per week
 11 or more hours per week

64 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
 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 Learning

Answer the following question only if this child is at least 1 year old. Otherwise skip to **46** on page 11.

65 Is this child able to do the following—

Mark (X) Yes or No for each item.

	Yes	No
a. Say at least one word, such as "hi" or "dog"?	<input type="checkbox"/>	<input type="checkbox"/>
b. Use 2 words together, such as "Mommy come now"?	<input type="checkbox"/>	<input type="checkbox"/>
c. Use 3 words together in a sentence, such as, "Mommy come now"?	<input type="checkbox"/>	<input type="checkbox"/>
d. Ask questions like "who," "what," "when," "where"?	<input type="checkbox"/>	<input type="checkbox"/>
e. Ask questions like "why" and "how"?	<input type="checkbox"/>	<input type="checkbox"/>
f. Tell a story with a beginning, middle, and end?	<input type="checkbox"/>	<input type="checkbox"/>
g. Understand the meaning of the word "no"?	<input type="checkbox"/>	<input type="checkbox"/>
h. Follow a verbal direction without hand gestures, such as "Wash your hands"?	<input type="checkbox"/>	<input type="checkbox"/>
i. Point to things in a book when asked?	<input type="checkbox"/>	<input type="checkbox"/>
j. Follow 2-step directions, such as "Get your shoes and put them in the basket"?	<input type="checkbox"/>	<input type="checkbox"/>
k. Understand words such as "in," "on," and "under"?	<input type="checkbox"/>	<input type="checkbox"/>

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C2 Is this child 3 years old or older?
 Yes
 No → SKIP to question **C4** on page 15

C3 Has this child started school? Include any formal home schooling.
 Yes, preschool
 Yes, kindergarten
 Yes, first grade
 No

C4 Are you concerned about how this child is learning to do things for him or herself?
 Yes, somewhat concerned
 Yes, very concerned
 No

C5 How confident are you that this child is ready to be in school?
 Completely confident
 Mostly confident
 Somewhat confident
 Not at all confident

C6 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?
 Always
 Most of the time
 About half the time
 Sometimes
 Never

C7 About how many letters of the alphabet can this child recognize?
 All of them
 Most of them
 About half of them
 Some of them
 None of them

C8 Can this child rhyme words?
 Yes
 No

C9 How often can this child explain things he or she has seen or done so that you get a very good idea what happened?
 Always
 Most of the time
 About half the time
 Sometimes
 Never

C10 How often can this child write his or her first name, even if some of the letters aren't quite right or are backwards?
 Always
 Most of the time
 About half the time
 Sometimes
 Never

C11 How high can this child count?
 This child cannot count
 Up to five
 Up to ten
 Up to 20
 Up to 50
 Up to 100 or more

C12 How often can this child identify basic shapes such as a triangle, circle, or square?
 Always
 Most of the time
 About half the time
 Sometimes
 Never

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C12 Can this child identify the colors red, yellow, blue, and green by name?
 Yes, all of them
 Yes, some of them
 No, none of them

C14 How often is this child easily distracted?
 Always
 Most of the time
 About half the time
 Sometimes
 Never

C15 How often does this child keep working at something until he or she is finished?
 Always
 Most of the time
 About half the time
 Sometimes
 Never

C16 When this child is paying attention, how often can he or she follow instructions to complete a simple task?
 Always
 Most of the time
 About half the time
 Sometimes
 Never

C17 How does this child usually hold a pencil?
 Uses fingers to hold the pencil
 Grips the pencil in his or her fist
 This child cannot hold a pencil

C18 How often does this child play well with others?
 Always
 Most of the time
 About half the time
 Sometimes
 Never

C19 How often does this child become angry or anxious when going from one activity to another?
 Always
 Most of the time
 About half the time
 Sometimes
 Never

C20 How often does this child show concern when others are hurt or unhappy?
 Always
 Most of the time
 About half the time
 Sometimes
 Never

C21 When excited or all wound up, how often can this child calm down quickly?
 Always
 Most of the time
 About half the time
 Sometimes
 Never

C22 How often does this child lose control of his or her temper when things do not go his or her way?
 Always
 Most of the time
 About half the time
 Sometimes
 Never

C23 Compared to other children his or her age, how much difficulty does this child have making or keeping friends?
 A lot of difficulty
 A little difficulty
 No difficulty

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C23 Compared to other children his or her age, how often is this child able to sit still?
 Always
 Most of the time
 About half the time
 Sometimes
 Never

H. About You and This Child

H1 Was this child born in the United States?
 Yes → SKIP to question **H5**
 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 (X) ONE box.
 On his or her side
 On his or her back
 On his or her stomach

H7 ON MOST WEEKDAYS, about how much time did this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media? Do not include time spent doing schoolwork.
 Less than 1 hour
 1 hour
 2 hours
 3 hours
 4 or more hours

H8 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

H9 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

H10 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

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I. About Your Family and Household

I1 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"/>				
b. That this child does things that really bother you a lot?	<input type="checkbox"/>				
c. Angry with this child?	<input type="checkbox"/>				

I2 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 **I4**

I3 If yes, did you receive emotional support from...

	Yes	No
a. Spouse or domestic partner?	<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"/>

I4 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

I5 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

I6 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

I7 Does anyone living in your household use cigarettes, cigars, or pipe tobacco?
 Yes
 No → SKIP to question **I9**

I8 If yes, does anyone smoke inside your home?
 Yes
 No

I9 DURING THE PAST 12 MONTHS, how often were pesticides used inside your residence to control for insects? If the frequency changed throughout the year, report the highest frequency.
 More than once a week
 Once a week
 Once a month
 Once every 2-5 months
 Once every 6 months
 Once during the past 12 months
 Never
 Don't know

I10 DURING THE PAST 12 MONTHS, other than in a shower or bathtub, have you seen any mold, mildew or other signs of water damage on walls or other surfaces inside your home?
 Yes
 No

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16 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"/>

17 SINCE THIS CHILD WAS BORN, how often has it been very hard to cover the basics, like food and housing, on your family's income?

Never
 Rarely
 Somewhat often
 Vary often

18 Which of these statements best describes your household's ability to afford the food you need DURING 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.

19 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 (SNAP) benefits?	<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"/>

20 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"/>

21 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"/>

22 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 his or her 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. Child's Caregivers

J1 Complete the questions for up to two adults in the household who are this child's primary caregivers. If there is just one adult primary caregiver, provide answers for that adult.

J2 How are you related to this child?

Biological or Adoptive Parent
 Step-parent
 Grandparent
 Foster Parent
 Other: Relative
 Other: Non-Relative

J3 What is your sex?
 Male
 Female

J4 What is your age?
 Age in years

J5 Where were you born?
 In the United States → SKIP to question **J6**
 Outside of the United States

J6 When did you come to live in the United States?
 Year

J7 What is the highest grade or level of school you have completed? Mark (X) ONE box.

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)

J8 What is your marital status?
 Married
 Not married, but living with a partner
 Never Married
 Divorced
 Separated
 Widowed

J9 In general, how is your physical health?
 Excellent
 Very Good
 Good
 Fair
 Poor

J10 In general, how is your mental or emotional health?
 Excellent
 Very Good
 Good
 Fair
 Poor

J11 Were you employed at least 50 out of the past 52 weeks?
 Yes
 No

J12 Have you ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.
 Never served in the military → SKIP to question **J13** on page 19
 Only on active duty for training in the Reserves or National Guard → SKIP to question **J13** on page 19
 Now on active duty
 On active duty in the past, but not now

J13 Were you deployed at any time during this child's life?
 Yes
 No

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Questions J13 - J24 ask about another adult primary caregiver who may be in the household in addition to yourself.

J13 How is this adult primary caregiver in the household related to this child?
 There is only one primary adult caregiver for this child → SKIP to question **J14** on page 20
 Biological or Adoptive Parent
 Step-parent
 Grandparent
 Foster Parent
 Other: Relative
 Other: Non-Relative

J14 What is this primary caregiver's sex?
 Male
 Female

J15 What is this primary caregiver's age?
 Age in years

J16 Where was this primary caregiver born?
 In the United States → SKIP to question **J17**
 Outside of the United States

J17 When did this primary caregiver come to live in the United States?
 Year

J18 What is the highest grade or level of school this primary caregiver has completed? Mark (X) ONE box.

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)

J19 What is this primary caregiver's marital status?
 Married
 Not married, but living with a partner
 Never Married
 Divorced
 Separated
 Widowed

J20 In general, how is this primary caregiver's physical health?
 Excellent
 Very Good
 Good
 Fair
 Poor

J21 In general, how is this primary caregiver's mental or emotional health?
 Excellent
 Very Good
 Good
 Fair
 Poor

J22 Was this primary caregiver employed at least 50 out of the past 52 weeks?
 Yes
 No

J23 Has this primary caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.
 Never served in the military → SKIP to question **J24** on page 20
 Only on active duty for training in the Reserves or National Guard → SKIP to question **J24** on page 20
 Now on active duty
 On active duty in the past, but not now

J24 Was this primary caregiver deployed at any time during this child's life?
 Yes
 No

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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 2017. 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 for all jobs.
 Yes → \$ TOTAL AMOUNT in the last calendar year
 No

b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships.
 Yes → \$ TOTAL AMOUNT in the last calendar year Loss
 No

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
 Yes → \$ TOTAL AMOUNT in the last calendar year Loss
 No

d. Social security or railroad retirement; retirement, survivor, or disability pensions.
 Yes → \$ TOTAL AMOUNT in the last calendar year
 No

e. Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office.
 Yes → \$ TOTAL AMOUNT in the last calendar year
 No

f. Any other sources of income received regularly such as Veterans (VA) payments, unemployment compensation, child support, or alimony.
 Yes → \$ TOTAL AMOUNT in the last calendar year
 No

K4 The following question is about your 2017 income. Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount before taxes? Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth. Also, include income from interest, dividends, net income from businesses, farm or rent, and any other money income received.
 \$ TOTAL AMOUNT in the last calendar year

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 1-800-848-8241 to request a replacement envelope.

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 the burden, to: Paperwork Project 0687-0686, U.S. Census Bureau, 4600 Silver Hill Road, Room 8B-036, Washington, DC 20533. You may e-mail comments to: DEMO.Paperwork@census.gov. Use Paperwork Project 0687-0686 as the subject.

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Module T2 (for children 6-11 years old)

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OMB No. 0607-0980; Approval Expires 06/31/2019

National Survey of Children's Health

A study by the U.S. Department of Health and Human Services to better understand the health issues faced by children in the United States today.

The U.S. Census Bureau is required by law to protect your information and is not permitted to publicly release your responses in a way that could identify you or your household. The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. Federal law protects your privacy and keeps your answers confidential under 19 U.S.C. Section 8. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Any information you provide will be shared for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and 501X COMMERCIAL/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

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

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(02/08/2018) Draft 6

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:

If the name listed above is not correct or does not correspond to a child living in this household, please call 1-800-845-8241 for assistance.

We have selected only one child per household in an effort to minimize the amount of time you will need 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 often does this child... Always Usually Sometimes Never

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Show interest and curiosity in learning new things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work to finish tasks he or she starts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Stay calm and in control when faced with a challenge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Care about doing well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do all required homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Argue too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4 DURING THE PAST 12 MONTHS, how often was this child bullied, picked on, or excluded by other children? *If the frequency changed throughout the year, report the highest frequency.*

Never (in the past 12 months)
 1-2 times (in the past 12 months)
 1-2 times per month
 1-2 times per week
 Almost every day

A5 DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them? *If the frequency changed throughout the year, report the highest frequency.*

Never (in the past 12 months)
 1-2 times (in the past 12 months)
 1-2 times per month
 1-2 times per week
 Almost every day

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A6 DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Breathing or other respiratory problems (such as wheezing or shortness of breath)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating or swallowing because of a health condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Digesting food, including stomach/intestinal problems, constipation, or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Toothaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Bleeding gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Decayed teeth or cavities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A7 Does this child have any of the following?

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serious difficulty walking or climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Difficulty dressing or bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Deafness or problems with hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Blindness or problems with seeing, even when wearing glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

A8 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

A9 Arthritis?

Yes No

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

Yes No

↳ If yes, is it:

Mild Moderate Severe

A10 Has a doctor or other health care provider EVER told you that this child has...

A10 Asthma?

Yes No

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

Yes No

↳ If yes, is it:

Mild Moderate Severe

A11 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

A12 Cerebral Palsy?

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 Epilepsy or Seizure Disorder?

Yes No

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

Yes No

↳ If yes, is it:

Mild Moderate Severe

A15 Heart Condition?

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 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

A17 Tourette Syndrome?

Yes No

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

Yes No

↳ If yes, is it:

Mild Moderate Severe

A18 Anxiety Problems?

Yes No

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

Yes No

↳ If yes, is it:

Mild Moderate Severe

A19 Depression?

Yes No

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

Yes No

↳ If yes, is it:

Mild Moderate Severe

A20 Down Syndrome?

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...

A21 Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?

Yes No

↳ If yes, is it:

Mild Moderate Severe

Was this condition identified through a blood test done shortly after birth? *These tests are sometimes called newborn screening.*

Yes No

↳ If yes, was this child diagnosed with:

Sickle Cell Disease? Yes No

Thalassemia? Yes No

Hemophilia? Yes No

Other Blood Disorders? Yes No

A22 Cystic Fibrosis?

Yes No

↳ If yes, is it:

Mild Moderate Severe

If yes, was this condition identified through a blood test done shortly after birth? *These tests are sometimes called newborn screening.*

Yes No

A23 Other genetic or inherited condition?

Yes No

↳ If yes, specify:

Is it:

Mild Moderate Severe

Was this condition identified through a blood test done shortly after birth? *These tests are sometimes called newborn screening.*

Yes No

A24 Substance Use Disorder?

Yes No

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

Yes No

↳ If yes, is it:

Mild Moderate Severe

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26 DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?

Never
 Sometimes
 Usually
 Always

27 DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?

None
 1 time
 2 or more times

28 DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?

Yes
 No

29 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 32

30 If yes, how old was this child at the time of the FIRST plan?

Years AND Months

31 Is this child CURRENTLY receiving services under one of these plans?

Yes
 No

32 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 34

33 If yes, how old was this child when he or she began receiving these special services?

Years AND Months

34 Is this child CURRENTLY receiving these special services?

Yes
 No

D. Experience with This Child's Health Care Providers

35 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

36 DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?

Yes
 No → SKIP to question 38

37 How difficult was it to get referrals?

Very difficult
 Somewhat difficult
 Not difficult
 It was not possible to get a referral

38 Answer the following questions only if this child has had a health care visit IN THE PAST 12 MONTHS. Otherwise skip to Section E on page 11.

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"/>

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39 DURING THE PAST 12 MONTHS, did this child need any decisions to be made regarding his or her health care, such as whether to get prescriptions, referrals, or procedures?

Yes
 No → SKIP to question 37

40 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"/>

41 DURING THE PAST 12 MONTHS, did 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

42 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 40

43 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

44 DURING THE PAST 12 MONTHS, how satisfied were you with the communication among this child's doctors and other health care providers?

Very satisfied
 Somewhat satisfied
 Somewhat dissatisfied
 Very dissatisfied

45 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 46 on page 11
 Did not need health care provider to communicate with these providers → SKIP to question 46 on page 11

46 If yes, during this time, how satisfied were you with the health care provider's communication with the school, child care provider, or special education program?

Very satisfied
 Somewhat satisfied
 Somewhat dissatisfied
 Very dissatisfied

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E. This Child's Health Insurance Coverage

47 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 54
 Yes, but this child had a gap in coverage
 No

48 Indicate whether any of the following is a reason this child was not covered by health insurance at any time DURING THE PAST 12 MONTHS...

	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"/>

49 Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?

Yes
 No → SKIP to question 51 on page 12

50 Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans? *Mark (X) Yes or No for EACH item.*

	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"/>

51 How often does this child's health insurance offer benefits or cover services that meet this child's needs?

Always
 Usually
 Sometimes
 Never

52 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

53 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

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F. Providing for This Child's Health

54 Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE PAST 12 MONTHS? *Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.*

\$0 (No medical or health-related expenses) → SKIP to question 54
 \$1-\$249
 \$250-\$499
 \$500-\$999
 \$1,000-\$5,000
 More than \$5,000

55 How often are these costs reasonable?

Always
 Usually
 Sometimes
 Never

56 DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills?

Yes
 No

57 DURING THE PAST 12 MONTHS, have you or other family members...

	Yes	No
a. Left a job or taken a leave of absence 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"/>

58 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 at home on a weekly basis
 Less than 1 hour per week
 1-4 hours per week
 5-10 hours per week
 11 or more hours per week

59 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
 Less than 1 hour per week
 1-4 hours per week
 5-10 hours per week
 11 or more hours per week

NSCH T2

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G. This Child's Schooling and Activities

61 DURING THE PAST 12 MONTHS, about how many days did this child miss school because of illness or injury? Include days missed from any formal home schooling.

No missed school days

1-3 days

4-6 days

7-10 days

11 or more days

This child was not enrolled in school

62 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?

None

1 time

2 or more times

63 SINCE STARTING KINDERGARTEN, has this child repeated any grades?

Yes

No

64 DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in?

Always

Usually

Sometimes

Rarely

Never

65 DURING THE PAST 12 MONTHS, did this child participate in...

a. A sports team or did he or she take sports lessons after school or on weekends?	Yes <input type="checkbox"/>	No <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, place of worship, 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"/>

66 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

67 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

NSCH 12 13

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H. About You and This Child

68 Was this child born in the United States?

Yes → SKIP to question **102**

No

69 If no, how long has this child been living in the United States?

Years AND Months

70 How many times has this child moved to a new address since he or she was born?

Number of times

71 How often does this child go to bed at about the same time on weeknights?

Always

Usually

Sometimes

Rarely

Never

72 DURING THE PAST WEEK, how many hours of sleep did this child get on most weeknights?

Less than 6 hours

6 hours

7 hours

8 hours

9 hours

10 hours

11 or more hours

73 ON MOST WEEKDAYS, about how much time did this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media? Do not include time spent doing schoolwork.

Less than 1 hour

1 hour

2 hours

3 hours

4 or more hours

74 How well can you and this child share ideas or talk about things that really matter?

Very well

Somewhat well

Not very well

Not well at all

75 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

76 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"/>				
b. That this child does things that really bother you a lot?	<input type="checkbox"/>				
c. Angry with this child?	<input type="checkbox"/>				

77 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** on page 15

78 If yes, did you receive emotional support from...

	Yes	No
a. Spouse or domestic partner?	<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"/>

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I. About Your Family and Household

79 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

80 Does anyone living in your household use cigarettes, cigars, or pipe tobacco?

Yes

No → SKIP to question **14**

81 If yes, does anyone smoke inside your home?

Yes

No

82 DURING THE PAST 12 MONTHS, how often were pesticides used inside your residence to control for insects? If the frequency changed throughout the year, report the highest frequency.

More than once a week

Once a week

Once a month

Once every 2-5 months

Once every 6 months

Once during the past 12 months

Never

Don't know

83 DURING THE PAST 12 MONTHS, other than in a shower or bathtub, have you seen any mold, mildew or other signs of water damage on walls or other surfaces inside your home?

Yes

No

84 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"/>

85 SINCE THIS CHILD WAS BORN, how often has it been very hard to cover the basics, like food and housing, on your family's income?

Never

Rarely

Somewhat often

Very often

86 Which of these statements best describes your household's ability to afford the food you need DURING 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.

87 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 (SNAP) benefits?	<input type="checkbox"/>	<input type="checkbox"/>
c. Benefits from the Woman, Infants, and Children (WIC) Program?	<input type="checkbox"/>	<input type="checkbox"/>
d. Free or reduced-cost breakfasts or lunches at school?	<input type="checkbox"/>	<input type="checkbox"/>

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110 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"/>

111 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"/>

112 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

113 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 his or her 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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Module T3 (for children 12-17 years old)

26038208
OMB No. 0607-0890; Approval Expires 05/31/2019



National Survey of Children's Health

A study by the U.S. Department of Health and Human Services to better understand the health issues faced by children in the United States today.



The U.S. Census Bureau is required by law to protect your information and is not permitted to publicly release your responses in a way that could identify you or your household. The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 7016(a) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. Federal law protects your privacy and keeps your answers confidential under 13 U.S.C. Section 6. For the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Any information you provide will be shared for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and SCRN COMMERCIAL/CENSUS-1, Demographic Survey Collection (Census Bureau Sampling Frame).

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

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(02/08/2018) Draft 6



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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:

If the name listed above is not correct or does not correspond to a child living in this household, please call 1-800-345-0211 for assistance.

We have selected only one child per household in an effort to minimize the amount of time you will need 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 often does this child... Always Usually Sometimes Never

	Always	Usually	Sometimes	Never
a. Show interest and curiosity in learning new things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work to finish tasks he or she starts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Stay calm and in control when faced with a challenge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Care about doing well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do all required homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Argue too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4 DURING THE PAST 12 MONTHS, how often was this child bullied, picked on, or excluded by other children? If the frequency changed throughout the year, report the highest frequency.

Never (in the past 12 months)
 1-2 times (in the past 12 months)
 1-2 times per month
 1-2 times per week
 Almost every day

A5 DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them? If the frequency changed throughout the year, report the highest frequency.

Never (in the past 12 months)
 1-2 times (in the past 12 months)
 1-2 times per month
 1-2 times per week
 Almost every day

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A6 DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?

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

A7 Does this child have any of the following?

<p>a. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition</p> <p>b. Serious difficulty walking or climbing stairs</p> <p>c. Difficulty dressing or bathing</p> <p>d. Difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical, mental, or emotional condition</p> <p>e. Deafness or problems with hearing</p> <p>f. Blindness or problems with seeing, even when wearing glasses</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
--	---

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

A8 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

A9 Arthritis? Yes No

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

Yes No

↳ If yes, is it: Mild Moderate Severe

A10 Asthma? Yes No

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

Yes No

↳ If yes, is it: Mild Moderate Severe

A11 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

A12 Cerebral Palsy? 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 Epilepsy or Seizure Disorder? Yes No

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

Yes No

↳ If yes, is it: Mild Moderate Severe

A15 Heart Condition? Yes No

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

Yes No

↳ If yes, is it: Mild Moderate Severe

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

A16 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

A17 Tourette Syndrome? Yes No

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

Yes No

↳ If yes, is it: Mild Moderate Severe

A18 Anxiety Problems? Yes No

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

Yes No

↳ If yes, is it: Mild Moderate Severe

A19 Depression? Yes No

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

Yes No

↳ If yes, is it: Mild Moderate Severe

A20 Down Syndrome? Yes No

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

Yes No

↳ If yes, is it: Mild Moderate Severe

A21 Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)? Yes No

↳ If yes, is it: Mild Moderate Severe

Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening.

Yes No

↳ If yes, was this child diagnosed with:

Sickle Cell Disease? Yes No

Thalassemia? Yes No

Hemophilia? Yes No

Other Blood Disorders? Yes No

A22 Cystic Fibrosis? Yes No

↳ If yes, is it: Mild Moderate Severe

Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening.

Yes No

A23 Other genetic or inherited condition? Yes No

↳ If yes, specify:

is it: Mild Moderate Severe

Was this condition identified through a blood test done shortly after birth? These tests are sometimes called newborn screening.

Yes No

A24 Substance Use Disorder? Yes No

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

Yes No

↳ If yes, is it: Mild Moderate Severe

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Has a doctor, other health care provider, or educator EVER told you that this child has...
Examples of educators are teachers and school nurses.

A55 Behavioral or Conduct Problems?
 Yes No
 If yes, does this child CURRENTLY have the condition?
 Yes No
 If yes, is it:
 Mild Moderate Severe

A56 Developmental Delay?
 Yes No
 If yes, does this child CURRENTLY have the condition?
 Yes No
 If yes, is it:
 Mild Moderate Severe

A57 Intellectual Disability (formerly known as Mental Retardation)?
 Yes No
 If yes, does this child CURRENTLY have the disability?
 Yes No
 If yes, is it:
 Mild Moderate Severe

A58 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

A59 Learning Disability?
 Yes No
 If yes, does this child CURRENTLY have the disability?
 Yes No
 If yes, is it:
 Mild Moderate Severe

A60 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

A61 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 **A62** on page 6
 If yes, does this child CURRENTLY have the condition?
 Yes No
 If yes, is it:
 Mild Moderate Severe

A62 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? Mark (X) ONE box.
 Primary Care Provider
 Specialist
 School Psychologist/Counselor
 Other Psychologist (Non-School)
 Psychiatrist
 Other, specify:
 Don't know

A63 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 (X) ONE box.
 Primary Care Provider
 Specialist
 School Psychologist/Counselor
 Other Psychologist (Non-School)
 Psychiatrist
 Other, specify:
 Don't know

A64 Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?
 Yes No

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. Your best estimate is fine.
 pounds AND ounces
 OR
 kilograms AND grams

B3 What was the age of the mother when this child was born? Your best estimate is fine.
 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 medical care (for example, preventive care, sick care, hospitalizations)?
 Yes No → SKIP to question **C2** on page 7

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
 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

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C4 At his or her LAST MEDICAL CARE VISIT, did this child have a chance to speak with a doctor or other health care provider privately, without you or another caregiver in the room?
 Yes No

C5 What is this child's CURRENT height? Your best estimate is fine.
 feet AND inches
 OR
 meters AND centimeters

C6 How much does this child CURRENTLY weigh? Your best estimate is fine.
 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 Has a doctor or other health care provider ever told you that this child is overweight?
 Yes No

C9 Is there a place you or another caregiver USUALLY take this child when he or she is sick or you need advice about his or her health?
 Yes No → SKIP to question **C10**

C10 If yes, where does this child USUALLY go first? Mark (X) ONE box.
 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 **C12**

C12 If yes, is this the same place this child goes when he or she is sick?
 Yes No

C13 DURING THE PAST 12 MONTHS, has this child had his or her vision tested, such as with letters, pictures, or shapes?
 Yes No → SKIP to question **C14** on page 8

C14 If yes, where was this child's vision tested? Mark (X) 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 **C16**

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 **C17**
 Yes, 1 visit
 Yes, 2 or more visits

C17 If yes, DURING THE PAST 12 MONTHS, what preventive dental service(s) did this child receive? Mark (X) 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 **C19**

C19 How difficult was it to get the mental health treatment or counseling that this child needed?
 Very difficult
 Somewhat difficult
 Not difficult
 It was not possible to obtain care

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 **C22**

C22 How difficult was it to get the specialist care that this child needed?
 Very difficult
 Somewhat difficult
 Not difficult
 It was not possible to obtain care

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 **C25** on page 9

C25 If yes, which types of care were not received? Mark (X) ALL that apply.
 Medical Care
 Dental Care
 Vision Care
 Hearing Care
 Mental Health Services
 Other, specify:

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226 Did any of the following reasons contribute to this child not receiving needed health services? Mark (X) Yes or No for each item:

a. This child was not eligible for the services Yes No

b. The services this child needed were not available in your area Yes No

c. There were problems getting an appointment when this child needed one Yes No

d. There were problems with getting transportation or child care Yes No

e. The clinic or doctor's office wasn't open when this child needed care Yes No

f. There were issues related to cost Yes No

227 DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?

Never Sometimes Usually Always

228 DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?

None 1 time 2 or more times

229 DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?

Yes No

230 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 232

231 If yes, how old was this child at the time of the FIRST plan?

Years AND Months

232 Is this child CURRENTLY receiving services under one of these plans?

Yes No

233 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 234

234 If yes, how old was this child when he or she began receiving these special services?

Years AND Months

235 Is this child CURRENTLY receiving these special services?

Yes No

D. Experience with This Child's Health Care Providers

236 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

237 DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?

Yes No → SKIP to question 240 on page 10

238 How difficult was it to get referrals?

Very difficult Somewhat difficult Not difficult It was not possible to get a referral

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240 Answer the following questions only if this child has had a health care visit IN THE PAST 12 MONTHS. Otherwise skip to Section E on page 11.

241 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"/>

242 DURING THE PAST 12 MONTHS, did this child need any decisions to be made regarding his or her health care, such as whether to get prescriptions, referrals, or procedures?

Yes No → SKIP to question 247

243 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"/>

244 DURING THE PAST 12 MONTHS, did 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

245 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 246

246 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

247 DURING THE PAST 12 MONTHS, how satisfied were you with the communication among this child's doctors and other health care providers?

Very satisfied Somewhat satisfied Somewhat dissatisfied Very dissatisfied

248 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 249

249 Did not need health care provider to communicate with these providers → SKIP to question 251

250 If yes, during this time, how satisfied were you with the health care provider's communication with the school, child care provider, or special education program?

Very satisfied Somewhat satisfied Somewhat dissatisfied Very dissatisfied

251 Do any of this child's doctors or other health care providers treat only children?

Yes No → SKIP to question 252 on page 11

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252 If yes, have they talked with you about when this child will need to see doctors or other health care providers who treat adults?

Yes No

253 Has this child's doctor or other health care provider actively worked with this child to:

a. 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? Yes No Don't know

b. 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? Yes No Don't know

c. 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? Yes No Don't know

254 Did you and this child receive a summary of your child's medical history (for example, medical conditions, allergies, medications, immunizations)?

Yes No

255 Have this child's doctors or other health care providers worked with you and this child to create a plan of care to meet his or her health goals and needs?

Yes No → SKIP to question 256

256 If yes, do you and this child have access to this plan of care?

Yes No

257 Does this plan of care address transition to doctors and other health care providers who treat adults?

Yes No No, child already sees providers who treat adults

258 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 261 No

259 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

260 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 264 on page 12 Yes, but this child had a gap in coverage No

261 Indicate whether any of the following is a reason this child was NOT covered by health insurance at any time DURING THE PAST 12 MONTHS:

	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"/>

262 Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?

Yes No → SKIP to question 263 on page 12

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263 Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark (X) Yes or No for EACH item.

	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"/>

F. Providing for This Child's Health

264 Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.

\$0 (No medical or health-related expenses) → SKIP to question 268 \$1-\$249 \$250-\$499 \$500-\$999 \$1,000-\$5,000 More than \$5,000

265 How often does this child's health insurance offer benefits or cover services that meet this child's needs?

Always Usually Sometimes Never

266 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

267 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

268 DURING THE PAST 12 MONTHS, have you or other family members...?

	Yes	No
a. Left a job or taken a leave of absence 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"/>

269 DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills?

Yes No

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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 at home on a weekly basis

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

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? Include days missed from any formal home schooling.

No missed school days

1-3 days

4-6 days

7-10 days

11 or more days

This child was not enrolled in school

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?

None

1 time

2 or more times

G3 SINCE STARTING KINDERGARTEN, has this child repeated any grades?

Yes

No

G4 DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in?

Always

Usually

Sometimes

Rarely

Never

G5 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, place of worship, 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"/>

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

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H. About You and This Child

H1 Was this child born in the United States?

Yes → SKIP to question **H2**

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 most weeknights?

Less than 6 hours

6 hours

7 hours

8 hours

9 hours

10 hours

11 or more hours

H6 ON MOST WEEKDAYS, about how much time did this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media? Do not include time spent doing schoolwork.

Less than 1 hour

1 hour

2 hours

3 hours

4 or more hours

H7 How well can you and this child share ideas or talk about things that really matter?

Very well

Somewhat well

Not very well

Not well at all

H8 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

H9 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"/>				
b. That this child does things that really bother you a lot?	<input type="checkbox"/>				
c. Angry with this child?	<input type="checkbox"/>				

H10 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 **H11** on page 15

H11 If yes, did you receive emotional support from...

	Yes	No
a. Spouse or domestic partner?	<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"/>

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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 DURING THE PAST 12 MONTHS, how often were pesticides used inside your residence to control for insects? If the frequency changed throughout the year, report the highest frequency.

More than once a week

Once a week

Once a month

Once every 2-5 months

Once every 6 months

Once during the past 12 months

Never

Don't know

I5 DURING THE PAST 12 MONTHS, other than in a shower or bathtub, have you seen any mold, mildew or other signs of water damage on walls or other surfaces inside your home?

Yes

No

I6 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"/>

I7 SINCE THIS CHILD WAS BORN, how often has it been very hard to cover the basics, like food and housing, on your family's income?

Never

Rarely

Somewhat often

Very often

I8 Which of these statements best describes your household's ability to afford the food you need DURING 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.

I9 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 (SNAP) benefits?	<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"/>

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I10 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"/>

I11 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"/>

I12 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

I13 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 his or her 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. Child's Caregivers

Complete the questions for up to two adults in the household who are this child's primary caregivers. If there is just one adult primary caregiver, provide answers for that adult.

J1 How are you related to this child?
 Biological or Adoptive Parent
 Step-parent
 Grandparent
 Foster Parent
 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 **J8**
 Outside of the United States

J5 When did you come to live in the United States?
 Year

J6 What is the highest grade or level of school you have completed? Mark (X) ONE box.
 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

J11 Have you ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.
 Never served in the military → SKIP to question **J13** on page 18
 Only on active duty for training in the Reserves or National Guard → SKIP to question **J14** on page 18
 Now on active duty
 On active duty in the past, but not now

J12 Were you deployed at any time during this child's life?
 Yes
 No

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Questions J13 -J24 ask about another adult primary caregiver who may be in the household in addition to yourself.

J13 How is this adult primary caregiver in the household related to this child?
 There is only one primary adult caregiver in the household for this child → SKIP to question **J1** on page 19
 Biological or Adoptive Parent
 Step-parent
 Grandparent
 Foster Parent
 Other: Relative
 Other: Non-Relative

J14 What is this primary caregiver's sex?
 Male
 Female

J15 What is this primary caregiver's age?
 Age in years

J16 Where was this primary caregiver born?
 In the United States → SKIP to question **J10**
 Outside of the United States

J17 When did this primary caregiver come to live in the United States?
 Year

J18 What is the highest grade or level of school this primary caregiver has completed? Mark (X) ONE box.
 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)

J19 What is this primary caregiver's marital status?
 Married
 Not married, but living with a partner
 Never Married
 Divorced
 Separated
 Widowed

J20 In general, how is this primary caregiver's physical health?
 Excellent
 Very Good
 Good
 Fair
 Poor

J21 In general, how is this primary caregiver's mental or emotional health?
 Excellent
 Very Good
 Good
 Fair
 Poor

J22 Was this primary caregiver employed at least 50 out of the past 52 weeks?
 Yes
 No

J23 Has this primary caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? Mark (X) ONE box.
 Never served in the military → SKIP to question **J13** on page 19
 Only on active duty for training in the Reserves or National Guard → SKIP to question **J14** on page 19
 Now on active duty
 On active duty in the past, but not now

J24 Was this primary caregiver deployed at any time during this child's life?
 Yes
 No

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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 2017
 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 for all jobs.
 Yes → \$ TOTAL AMOUNT in the last calendar year
 No

b. Self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships.
 Yes → \$ TOTAL AMOUNT in the last calendar year Loss
 No

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
 Yes → \$ TOTAL AMOUNT in the last calendar year Loss
 No

d. Social security or railroad retirement, retirement, survivor, or disability pensions.
 Yes → \$ TOTAL AMOUNT in the last calendar year
 No

e. Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office.
 Yes → \$ TOTAL AMOUNT in the last calendar year
 No

f. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony.
 Yes → \$ TOTAL AMOUNT in the last calendar year
 No

K4 The following question is about your 2017 income. Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount before taxes? Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth. Also, include income from interest, dividends, net income from businesses, farm or rent, and any other money income received.
 \$ TOTAL AMOUNT in the last calendar year

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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.

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.

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Screener (Spanish)

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OMB No. 0607-0900: Aprobado hasta el 05/31/2019



Encuesta Nacional de Salud de los Niños

Un estudio realizado por el Departamento de Salud y Servicios Humanos de los EE. UU. para entender mejor los problemas de salud que enfrentan actualmente los(as) niños(as) en los Estados Unidos.






La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información y no se le permite divulgar sus respuestas de manera que usted o su hogar pudieran ser identificados. La Oficina del Censo de los Estados Unidos está llevando a cabo la Encuesta Nacional de Salud de los Niños para el Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS) en conformidad con la Sección 804 del Título 13, Código de los Estados Unidos, que le permite a la Oficina del Censo realizar encuestas para otras agencias. La Sección 701(a)(2) del Título 42, Código de los Estados Unidos, le permite al HHS recopilar información con el propósito de entender la salud y el bienestar de los(as) niños(as) en los Estados Unidos. Las leyes federales protegen su privacidad y mantienen confidenciales sus respuestas, en conformidad con la Sección 8 del Título 13, Código de los Estados Unidos. De acuerdo con la Ley para el Fortalecimiento de la Seguridad Cibernética del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten.

Cualquier información que proporcione será compartida para fines relacionados con el trabajo identificado anteriormente y según lo permitido por la Ley de Privacidad del 1974 (Sección 552 del Título 5, Código de los Estados Unidos) y SOIN COMMERCE/CENSUS-3, Recopilación de la Encuesta Demográfica (Marco Muestral de la Oficina del Censo).

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
(03/15/2018) Draft 13



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Comience Aquí

Responda hoy por la Internet en:
<https://respond.census.gov/nsch>

O

Llene y devuelva por correo este cuestionario tan pronto sea posible.

Gracias por ayudarnos a conocer sobre la salud y el bienestar de los(as) niños(as) de los Estados Unidos.

Si su hogar tiene niños(as) de 0 a 17 años de edad, las preguntas de esta encuesta deben ser contestadas por un adulto que esté familiarizado(a) con la salud y cuidado médico de estos(as) niños(as).

Si su hogar no tiene niños(as), por favor conteste la pregunta 1 y devuelva el cuestionario.

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

Para recibir ayuda relacionada con el Dispositivo Telefónico para Personas Sordas (TDD), llame al 1-800-562-8330. La llamada es gratuita.

En su casa

- 1 ¿Hay niños(as) de 0 a 17 años que usualmente viven o se quedan en esta dirección?
 - Sí
 - No – NO CONTINUE. Marque "No" y envíenos esta encuesta en el sobre adjunto. Es importante que recibamos una respuesta de cada hogar seleccionado para este estudio.
- 2 ¿Cuánto(s) niño(s) de 0 a 17 años de edad usualmente viven o se quedan en esta dirección?

 Número de niños(as) que viven o se quedan en esta dirección
- 3 ¿Qué idioma se habla principalmente en el hogar?
 - Inglés
 - Español
 - Otro idioma, especifique:
- 4 ¿Es esta casa, apartamento o casa móvil: – Marque (X) UNA sola casilla.
 - Propiedad suya o de alguien en este hogar con una hipoteca o préstamo? *Incluya préstamos sobre el valor líquido de esta casa.*
 - Propiedad suya o de alguien en este hogar libre y sin deuda (sin una hipoteca o préstamo)?
 - Alquilada?
 - Ocupada sin pago de alquiler?

➔ Responda a las preguntas restantes para cada uno de los(as) niños(as) de 0 a 17 años de edad que usualmente viven o se quedan en esta dirección.

Comience con el (la) NIÑO(A) MÁS JOVEN, a quien llamaremos "Niño(a) 1" y continúe con el(los) siguiente niño(a) más joven hasta haber respondido las preguntas para todos(as) los(as) niños(as) que usualmente viven o se quedan en esta dirección.

NSCH-S-S1



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NIÑO(A) 1 (el(la) más joven)

- 1 Nombre, Iniciales, o Apodo del (de la) niño(a) más joven
- 2 ¿Qué edad tiene este(a) niño(a)? Si el(la) niño(a) tiene menos de un mes de edad, redondee la edad de meses a 1.
 Años o Meses
- 3 ¿Cuál es el sexo de este(a) niño(a)?
 Masculino Femenino
- 4 **NOTA: Responda AMBAS PREGUNTAS, la pregunta 4 sobre el origen hispano Y la pregunta 5 sobre la raza. Para esta encuesta, origen hispano no es una raza.**
¿Es este(a) niño(a) de origen hispano, latino o español?
 No, no es de origen hispano, latino o español
 Sí, mexicano(a), mexicano(a) americano(a), chicano(a)
 Sí, puertorriqueño(a)
 Sí, cubano(a)
 Sí, de otro origen hispano, latino o español
- 5 ¿Cuál es la raza de este(a) niño(a)? Marque (X) una o más casillas.
 Blanca Vietnamita
 Negra o afroamericana Otra asiática
 Indígena de las Américas o nativa de Alaska Nativa de Hawaii
 India asiática Guameña o Chamorro
 China Samoana
 Filipina Otra de las Islas del Pacífico
 Japonesa Otra raza
 Consona
- 6 Conteste la siguiente pregunta sólo si este(a) niño(a) tiene al menos 4 años de edad. De lo contrario pase a la pregunta 7.
¿Qué tan bien habla inglés este(a) niño(a)?
 Muy bien
 Bien
 Regular
 No habla inglés
- 7 ¿ACTUALMENTE este(a) niño(a) necesita o toma medicamentos recetados por un médico, aparte de vitaminas?
 Sí No
➔ Si la respuesta es sí, la necesidad de medicamentos recetados para este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta o alguna otra condición de salud?
 Sí No
➔ Si la respuesta es sí, ¿es esta una condición que ha durado 12 meses o se espera que dure más de 12 meses?
 Sí No
- 8 ¿Necesita o utiliza este(a) niño(a) más servicios de atención médica, salud mental o educativos de los que normalmente requieren la mayoría de los(as) niños(as) de su misma edad?
 Sí No
➔ Si la respuesta es sí, la necesidad de servicios de atención médica, salud mental o educativos de este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta u otro problema de salud?
 Sí No
➔ Si la respuesta es sí, ¿es esta una condición que ha durado 12 meses o se espera que dure más de 12 meses?
 Sí No
- 9 ¿Hay algo que le limite o le impida de alguna manera a este(a) niño(a) hacer las cosas que hacen la mayoría de los(as) niños(as) de su misma edad?
 Sí No
➔ Si la respuesta es sí, la limitación en las capacidades de este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta, o alguna otra condición de salud?
 Sí No
➔ Si la respuesta es sí, ¿es esta una condición que ha durado 12 meses o se espera que dure más de 12 meses?
 Sí No
- 10 ¿Necesita o recibe este(a) niño(a) alguna terapia especial, como terapia física, ocupacional o del habla?
 Sí No
➔ Si la respuesta es sí, ¿se debe a ALGUNA condición médica, de conducta, o alguna otra condición de salud?
 Sí No
➔ Si la respuesta es sí, ¿es esta una condición que ha durado 12 meses o se espera que dure más de 12 meses?
 Sí No
- 11 ¿Tiene este(a) niño(a) algún tipo de problema emocional, de desarrollo o de conducta para el cual necesita tratamiento o consejería?
 Sí No
➔ Si la respuesta es sí, este problema emocional, de desarrollo o de conducta, ¿ha durado 12 meses o se espera que dure más de 12 meses?
 Sí No

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NIÑO(A) 2 (siguiente niño(a) más joven)

- 1 Nombre, Iniciales, o Apodo del (de la) siguiente niño(a) más joven
- 2 ¿Qué edad tiene este(a) niño(a)? Si el(la) niño(a) tiene menos de un mes de edad, redondee la edad de meses a 1.
 Años o Meses
- 3 ¿Cuál es el sexo de este(a) niño(a)?
 Masculino Femenino
- 4 **NOTA: Responda AMBAS PREGUNTAS, la pregunta 4 sobre el origen hispano Y la pregunta 5 sobre la raza. Para esta encuesta, origen hispano no es una raza.**
¿Es este(a) niño(a) de origen hispano, latino o español?
 No, no es de origen hispano, latino o español
 Sí, mexicano(a), mexicano(a) americano(a), chicano(a)
 Sí, puertorriqueño(a)
 Sí, cubano(a)
 Sí, de otro origen hispano, latino o español
- 5 ¿Cuál es la raza de este(a) niño(a)? Marque (X) una o más casillas.
 Blanca Vietnamita
 Negra o afroamericana Otra asiática
 Indígena de las Américas o nativa de Alaska Nativa de Hawaii
 India asiática Guameña o Chamorro
 China Samoana
 Filipina Otra de las Islas del Pacífico
 Japonesa Otra raza
 Consona
- 6 Conteste la siguiente pregunta sólo si este(a) niño(a) tiene al menos 4 años de edad. De lo contrario pase a la pregunta 7.
¿Qué tan bien habla inglés este(a) niño(a)?
 Muy bien
 Bien
 Regular
 No habla inglés
- 7 ¿ACTUALMENTE este(a) niño(a) necesita o toma medicamentos recetados por un médico, aparte de vitaminas?
 Sí No
➔ Si la respuesta es sí, la necesidad de medicamentos recetados para este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta o alguna otra condición de salud?
 Sí No
➔ Si la respuesta es sí, ¿es esta una condición que ha durado 12 meses o se espera que dure más de 12 meses?
 Sí No
- 8 ¿Necesita o utiliza este(a) niño(a) más servicios de atención médica, salud mental o educativos de los que normalmente requieren la mayoría de los(as) niños(as) de su misma edad?
 Sí No
➔ Si la respuesta es sí, la necesidad de servicios de atención médica, salud mental o educativos de este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta u otro problema de salud?
 Sí No
➔ Si la respuesta es sí, ¿es esta una condición que ha durado 12 meses o se espera que dure más de 12 meses?
 Sí No
- 9 ¿Hay algo que le limite o le impida de alguna manera a este(a) niño(a) hacer las cosas que hacen la mayoría de los(as) niños(as) de su misma edad?
 Sí No
➔ Si la respuesta es sí, la limitación en las capacidades de este(a) niño(a), ¿se debe a ALGUNA condición médica, de conducta, o alguna otra condición de salud?
 Sí No
➔ Si la respuesta es sí, ¿es esta una condición que ha durado 12 meses o se espera que dure más de 12 meses?
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- 10 ¿Necesita o recibe este(a) niño(a) alguna terapia especial, como terapia física, ocupacional o del habla?
 Sí No
➔ Si la respuesta es sí, ¿se debe a ALGUNA condición médica, de conducta, o alguna otra condición de salud?
 Sí No
➔ Si la respuesta es sí, ¿es esta una condición que ha durado 12 meses o se espera que dure más de 12 meses?
 Sí No
- 11 ¿Tiene este(a) niño(a) algún tipo de problema emocional, de desarrollo o de conducta para el cual necesita tratamiento o consejería?
 Sí No
➔ Si la respuesta es sí, este problema emocional, de desarrollo o de conducta, ¿ha durado 12 meses o se espera que dure más de 12 meses?
 Sí No

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Module T1 (for children 0-5 years old; Spanish)

20118240
OMB No. 0607-0900; Aprobado hasta el 06/31/2019



Encuesta Nacional de Salud de los Niños

Un estudio realizado por el Departamento de Salud y Servicios Humanos de los EE. UU. para entender mejor los problemas de salud que enfrentan actualmente los(as) niños(as) en los Estados Unidos.




La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información y no se le permite divulgar sus respuestas de manera que usted o su hogar pudieran ser identificados. La Oficina del Censo de los Estados Unidos está llevando a cabo la Encuesta Nacional de Salud de los Niños para el Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS) en conformidad con la Sección 810 del Título 13, Código de los Estados Unidos, que le permite a la Oficina del Censo realizar encuestas para otras agencias. La Sección 701(a)(2) del Título 42, Código de los Estados Unidos, le permite al HHS recopilar información con el propósito de entender la salud y el bienestar de los(as) niños(as) en los Estados Unidos. Las leyes federales protegen su privacidad y mantienen confidenciales sus respuestas, en conformidad con la Sección 9 del Título 13, Código de los Estados Unidos. De acuerdo con la Ley para el Fortalecimiento de la Seguridad Cibernética del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten.

Cualquier información que proporcione será compartida para fines relacionados con el trabajo identificado anteriormente y según lo permitido por la Ley de Privacidad de 1974 (Sección 552 del Título 5, Código de los Estados Unidos) y SORN COMMERCE/CENSUS-3, Recopilación de la Encuesta Demográfica (Marco Muestral de la Oficina del Censo).

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.

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(04/04/2018) Draft 13



20118232

Comience Aquí

Recientemente, usted completó una encuesta con preguntas sobre los(as) niños(as) que usualmente viven o se quedan en esta dirección. Gracias por tomar de su tiempo para completar esta encuesta.

Ahora le haremos algunas preguntas de seguimiento sobre:

Si el nombre que aparece anteriormente es incorrecto o no corresponde a un(a) niño(a) que viva en este hogar, llame al 1-800-845-8241.

Hemos seleccionado solamente a un(a) niño(a) por hogar con el fin de minimizar la cantidad de tiempo que necesitará para responder a las preguntas de seguimiento.

La encuesta deberá ser completada por un adulto familiarizado con la salud y atención médica de este(a) niño(a).

Su participación es importante. Gracias.

A. La salud de este(a) niño(a)

A1 En general, ¿cómo describiría la salud de este(a) niño(a) (cuyo nombre aparece más arriba)?

Excelente

Muy buena

Buena

Regular

Deficiente

A2 ¿Cómo describiría la salud dental de este(a) niño(a)?

Este(a) niño(a) no tiene dientes

Excelente

Muy buena

Buena

Regular

Deficiente

A3 ¿Con qué frecuencia...

	Siempre	Casi siempre	A veces	Nunca
a. Este(a) niño(a) es cariñoso(a) y tierno(a) con usted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Este(a) niño(a) se recupera rápidamente cuando las cosas no salen como él o ella quiere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Este(a) niño(a) muestra interés y curiosidad por aprender cosas nuevas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Este(a) niño(a) sonríe y se ríe mucho?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4 DURANTE LOS ÚLTIMOS 12 MESES, ¿este(a) niño(a) ha tenido dificultades CRÓNICAS o FRECUENTES con cualquiera de los(as) 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 condición médica	<input type="checkbox"/>	<input type="checkbox"/>
c. Digerir la comida, incluyendo problemas estomacales o intestinales, estreñimiento o diarrea	<input type="checkbox"/>	<input type="checkbox"/>
d. Dolor físico crónico o recurrente, incluyendo dolor de cabeza, dolor de espalda o dolor corporal.	<input type="checkbox"/>	<input type="checkbox"/>
e. Usando sus manos	<input type="checkbox"/>	<input type="checkbox"/>
f. Coordinación o moviéndose	<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(a) niño(a) 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 o lentes	<input type="checkbox"/>	<input type="checkbox"/>

20118224

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A6 ¿Alergias (incluyendo alimentos, medicamentos, insectos o de otro tipo)?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A7 ¿Artritis?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A8 ¿Asma?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A9 ¿Lesión cerebral, contusión o lesión en la cabeza?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A10 ¿Parálisis cerebral?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A11 ¿Diabetes?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A12 ¿Epilepsia o trastornos convulsivos?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A13 ¿Condición o problemas cardíacos?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A14 ¿Dolores de cabeza frecuentes o intensos, incluyendo migrañas?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A15 ¿Síndrome de Tourette?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

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ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A16 ¿Problemas de ansiedad?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A17 ¿Depresión?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A18 ¿Síndrome de Down?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A19 ¿Trastornos sanguíneos (como enfermedad de anemia drepanocítica o de células falciformes, talasemia o hemofilia)?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

↳ Si la respuesta es sí, ¿fue este(a) niño(a) diagnosticado(a) con:

Enfermedad de anemia drepanocítica	<input type="checkbox"/>	<input type="checkbox"/>
Talasemia	<input type="checkbox"/>	<input type="checkbox"/>
Hemofilia	<input type="checkbox"/>	<input type="checkbox"/>
Otros trastornos sanguíneos	<input type="checkbox"/>	<input type="checkbox"/>

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A20 ¿Fibrosis quística?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

A21 ¿Otra condición genética o hereditaria?

Sí No

↳ Si la respuesta es sí, especifique:

↳ La condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

ALGUNA VEZ un médico, otro proveedor de atención médica o un educador le ha dicho a usted que este(a) niño(a) padece de...

Algunos ejemplos de educadores son maestros(as) y enfermeros(as) escolares.

A22 ¿Problemas de comportamiento o conducta?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A23 ¿Retraso en el desarrollo?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

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3



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ALGUNA VEZ un médico, otro proveedor de atención médica o un educador le ha dicho a usted que este(a) niño(a) padece de...
Algunas opciones de educadores son maestros(as) y enfermeros(as) escolares.

A34 ¿Discapacidad intelectual (anteriormente conocida como retraso mental)?

Sí No

Si la respuesta es sí, ¿padece este(a) niño(a) la discapacidad ACTUALMENTE?

Sí No

Si la respuesta es sí, la discapacidad es:

Leve Moderada Gravo

A35 ¿Trastorno del habla u otro trastorno del lenguaje?

Sí No

Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

Si la respuesta es sí, la condición es:

Leve Moderada Gravo

A36 ¿Discapacidades del aprendizaje?

Sí No

Si la respuesta es sí, ¿padece este(a) niño(a) la discapacidad ACTUALMENTE?

Sí No

Si la respuesta es sí, la discapacidad es:

Leve Moderada Gravo

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A37 ¿Cualquier otra condición de salud mental?

Sí No

Si la respuesta es sí, especifique: _____

Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

Si la respuesta es sí, la condición es:

Leve Moderada Gravo

A38 ¿ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este(a) niño(a) padece de Autismo o Trastorno del Espectro Autista (TEA)? Incluye los diagnósticos de Síndrome de Asperger o Trastorno Generalizado del Desarrollo (TGD).

Sí No → PASE a la pregunta **A39** en la página 6

Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

Si la respuesta es sí, la condición es:

Leve Moderada Gravo

A39 ¿Qué edad tenía este(a) niño(a) cuando un médico u otro proveedor de atención médica le dijo a usted por PRIMERA VEZ que este(a) niño(a) tenía Autismo, Trastornos del Espectro Autista (TEA), Síndrome de Asperger o Trastorno Generalizado del Desarrollo (TGD)?

Edad en años No sabe

A40 ¿Qué tipo de médico u otro proveedor de atención médica fue el PRIMERO en decirle a usted que este(a) niño(a) tenía Autismo, Trastornos del Espectro Autista (TEA), Síndrome de Asperger, o Trastorno Generalizado del Desarrollo (TGD)? Marque (X) solo UNA opción.

Proveedor de atención primaria

Especialista

Psicólogo(a)/consejero(a) escolar

Otro(a) psicólogo(a) (no escolar)

Psiquiatra

Otro(a), especifique: _____

No sabe

A41 ¿Toma este(a) niño(a) ACTUALMENTE medicamentos para tratar el Autismo, los Trastornos del Espectro Autista (TEA), Síndrome de Asperger, o el Trastorno Generalizado del Desarrollo (TGD)?

Sí No

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B. Este(a) niño(a) cuando era bebé

B1 En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) tratamiento de la conducta 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(a) niño(a) para ayudar con su conducta?

Sí No

B2 ¿ALGUNA VEZ le dijo a usted un médico u otro proveedor de atención médica que este(a) niño(a) 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 **A42**

Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

Si la respuesta es sí, la condición es:

Leve Moderada Gravo

B3 ¿Toma este(a) niño(a) ACTUALMENTE medicamentos para tratar el Trastorno por Déficit de Atención (TDA) o el Trastorno por Déficit de Atención con Hiperactividad (TDAH)?

Sí No

B4 En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) tratamiento de la conducta por el 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(a) niño(a) para ayudar con su conducta?

Sí No

B5 En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia las condiciones o los problemas de salud de este(a) niño(a) afectaron su capacidad para hacer actividades que realizan otros(as) niños(as) de su edad?

Este(a) niño(a) no padece ninguna condición médica → PASE a la pregunta **B1**

Nunca

A veces

Casi siempre

Siempre

B6 ¿En qué medida las condiciones o problemas de salud de este(a) niño(a) afectan su capacidad de hacer actividades?

Muy poco

Algo

En gran medida

B7 ¿Nació este(a) niño(a) más de 3 semanas antes de la fecha para la cual se esperaba el parto?

Sí No

B8 ¿Cuánto pesó al nacer? Responda utilizando libras y onzas. Puede proveer su mejor aproximación o estimación.

libras Y onzas

O

kilogramos Y gramos

B9 ¿Qué edad tenía la madre cuando nació este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

Edad en años

B10 ¿ALGUNA VEZ, ¿fue amamantado(a) o tomó leche materna este(a) niño(a)?

Sí

No → PASE a la pregunta **B11** en la página 7

B11 Si la respuesta es sí, ¿qué edad tenía este(a) niño(a) cuando dejó COMPLETAMENTE de ser amamantado(a) o de tomar leche materna?

días

O

semanas

O

meses

O

Marque esta casilla si este(a) niño(a) aún está amamantando

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B12 ¿Qué edad tenía este(a) niño(a) cuando tomó leche de fórmula por PRIMERA VEZ?

Marque esta casilla si este(a) niño(a) nunca tomó leche de fórmula

O

Al nacer

días

O

semanas

O

meses

B13 ¿Qué edad tenía este(a) niño(a) cuando ingirió por PRIMERA VEZ otros alimentos aparte de leche materna o de fórmula? Incluye jugo, leche de vaca, agua con azúcar, alimento para bebé o cualquier otra cosa que haya ingerido este(a) niño(a), incluso agua.

Marque esta casilla si este(a) niño(a) nunca ingirió otro alimento aparte de leche materna o de fórmula

Al nacer

días

O

semanas

O

meses

C. Servicios de atención médica

C1 DURANTE LOS ÚLTIMOS 12 MESES, ¿vio este(a) niño(a) a algún médico, enfermero(a) u otro profesional de la salud para recibir atención médica (por ejemplo, para cuidado preventivo, cuidado médico, hospitalizaciones)?

Sí

No → PASE a la pregunta **C2**

C2 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿aproximadamente cuánto tiempo en un consultorio estuvo con usted el médico o proveedor de atención médica que examinó a este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

Menos de 10 minutos

De 10 a 20 minutos

Más de 20 minutos

C3 ¿Cuál es la estatura ACTUAL de este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

pies Y pulgadas

O

metros Y centímetros

C4 ¿Cuál es el peso ACTUAL de este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

libras Y onzas

O

kilogramos Y gramos

C5 ¿Le preocupa el peso de este(a) niño(a)?

Sí, este(a) niño(a) pesa mucho

Sí, este(a) niño(a) pesa muy poco

No, no me preocupa

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C6 ¿Alguna vez un médico u otro proveedor de atención médica le ha dicho a usted que este(a) niño(a) tiene sobrepeso?

Sí

No

C7 DURANTE LOS ÚLTIMOS 12 MESES, ¿le preguntaron los médicos o proveedores de atención médica de este(a) niño(a) si usted estaba preocupado(a) por el aprendizaje, el desarrollo o la conducta de este(a) niño(a)?

Sí

No

C8 Conteste la siguiente pregunta solo si este(a) niño(a) tiene al menos 9 meses de edad. De lo contrario pase a la pregunta **C9**.

DURANTE LOS ÚLTIMOS 12 MESES, ¿le pidió un médico u otro proveedor de atención médica a usted u otro cuidador que completara un cuestionario sobre las inquietudes u observaciones que pudiera tener sobre el desarrollo, la comunicación o el comportamiento social de este(a) niño(a)? A veces el médico u otro proveedor de atención médica le solicitará al padre o la madre que complete esto en casa o durante la visita de este(a) niño(a).

Sí No

Si la respuesta es sí, ¿este(a) niño(a) tiene entre 9 y 23 meses:

Incluyó el cuestionario preguntas sobre sus inquietudes u observaciones acerca de:

Marque (X) TODAS las que apliquen.

¿Cómo habla este(a) niño(a) o emite los sonidos del habla?

¿Cómo interactúa este(a) niño(a) con usted y los demás?

Si la respuesta es sí, ¿este(a) niño(a) tiene entre 2 y 5 años:

Incluyó el cuestionario preguntas sobre sus inquietudes u observaciones acerca de:

Marque (X) TODAS las que apliquen.

Palabras y frases que este(a) niño(a) usa y comprende?

¿Cómo se comporta y se lleva con usted y los demás este(a) niño(a)?

C9 ¿Hay algún lugar en donde usted u otro cuidador USUALMENTE lleva a este(a) niño(a) cuando está enfermo(a) o necesita asesoramiento sobre la salud de este(a) niño(a)?

Sí

No → PASE a la pregunta **C10**

C10 Si la respuesta es sí, ¿adónde NORMALMENTE va este(a) niño(a) primero? Marque (X) 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 este(a) niño(a) USUALMENTE va cuando necesita atención preventiva de rutina, como un examen físico o un chequeo de niño sano?

Sí

No → PASE a la pregunta **C12**

C12 Si la respuesta es sí, ¿es éste el mismo lugar a donde el(la) niño(a) va cuando está enfermo(a)?

Sí

No

C13 DURANTE LOS ÚLTIMOS 12 MESES, ¿se le hizo a este(a) niño(a) un examen de la vista, utilizando imágenes, formas o letras?

Sí

No → PASE a la pregunta **C14** en la página 9

C14 Si la respuesta es sí, ¿dónde se le examinó la vista a este(a) niño(a)? Marque (X) TODAS las que apliquen.

Consultorio de un oculista o especialista en ojos (oftalmólogo, optometrista)

Consultorio del pediatra u otro médico generalista

Clínica o centro de salud

Escuela

Otro(a), especifique: _____

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210 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) al dentista u otro profesional de la salud oral para recibir algún tipo de atención o cuidado dental u oral?

Sí, fue al dentista

Sí, fue a otro(a) profesional de la salud oral

No → PASE a la pregunta **216**

211 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) al dentista u otro(a) 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 **216**

Sí, 1 visita

Sí, 2 visitas o más

212 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿qué servicio(s) dental(es) preventivo(s) recibió este(a) niño(a)? Marque (X) TODAS las que apliquen.

Chequeo

Limpieza

Instrucciones sobre cepillado de dientes y cuidado de la salud oral

Radiografías

Tratamiento de fluoruro

Sellador (sellador plástico en muelas posteriores)

No sabe

213 DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) algún tratamiento, consejería o asesoría por parte de un profesional de la salud mental? Los profesionales de salud mental incluyen psiquiatras, psicólogos(as), enfermeros(as) psiquiátricos(as) y trabajadores sociales clínicos.

Sí

No, pero este(a) niño(a) necesitaba ver a un profesional de la salud mental

No, este(a) niño(a) no necesitó ver a un profesional de la salud mental → PASE a la pregunta **214**

214 ¿Qué tan difícil le resultó obtener el tratamiento, consejería o asesoría de salud mental que este(a) niño(a) necesitaba?

No fue difícil

Algo difícil

Muy difícil

No fue posible obtenerlo

215 DURANTE LOS ÚLTIMOS 12 MESES, ¿tomó este(a) niño(a) algún medicamento debido a dificultades con sus emociones, concentración o conducta?

Sí

No

216 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) a algún especialista aparte de un profesional de la salud mental? (Los especialistas son médicos como cirujanos, cardiólogos(as), alergistas, dermatólogos y otros médicos que se especializan en una sola área de la atención médica.)

Sí

No, pero este(a) niño(a) necesitó ver a un especialista

No, este(a) niño(a) no necesitó ver a un especialista → PASE a la pregunta **214**

217 ¿Qué tan difícil le resultó a usted que este(a) niño(a) recibiera la atención del especialista que necesitaba?

No fue difícil

Algo difícil

Muy difícil

No fue posible obtenerla

218 DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó este(a) niño(a) algún tipo de cuidado médico o tratamiento alternativo? El cuidado médico o tratamiento alternativo 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

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219 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este(a) niño(a) 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 **226**

220 Si la respuesta es sí, ¿qué tipo de atención no recibió? Marque (X) TODAS las que apliquen.

Atención médica

Atención dental

Atención de la vista

Atención de la audición

Servicios de salud mental

Otro(a), especifique:

221 ¿Cuáles de las siguientes razones contribuyeron a que este(a) niño(a) no recibiera los servicios de salud necesarios? Marque (X) Sí o No en cada categoría.

	Sí	No
a. Este(a) niño(a) no era elegible para recibir los servicios	<input type="checkbox"/>	<input type="checkbox"/>
b. Los servicios que necesitaba este(a) niño(a) no estaban disponibles en su área	<input type="checkbox"/>	<input type="checkbox"/>
c. Hubo problemas para programar u obtener una cita cuando este(a) niño(a) la necesitó.	<input type="checkbox"/>	<input type="checkbox"/>
d. Hubo problemas para obtener transporte o cuidado de los niños	<input type="checkbox"/>	<input type="checkbox"/>
e. El consultorio (del médico o la clínica) no estaba abierto(a) cuando este(a) niño(a) necesitó atención	<input type="checkbox"/>	<input type="checkbox"/>
f. Hubo problemas relacionados con el costo	<input type="checkbox"/>	<input type="checkbox"/>

222 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia se sintió frustrado(a) en sus esfuerzos para obtener servicios para este(a) niño(a)?

Nunca

A veces

Casi siempre

Siempre

223 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces fue este(a) niño(a) a la sala de emergencias de un hospital?

Nunca

1 vez

2 o más veces

224 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) admitido(a) al hospital para quedarse ahí por lo menos una noche?

Sí

No

225 ¿Recibió este(a) niño(a) ALGUNA VEZ un plan de educación especial o de intervención temprana? (Los(as) niños(as) que reciben estos servicios a menudo cuentan con un Plan de Servicio Familiar Individualizado (IFSP) o Plan de Educación Individualizado (IEP).)

Sí

No → PASE a la pregunta **226** en la página 11

226 Si la respuesta es sí, ¿qué edad tenía este(a) niño(a) cuando se estableció el PRIMER plan?

Años Y Meses

227 ¿Recibe este(a) niño(a) ACTUALMENTE servicios bajo alguno de estos planes?

Sí

No

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228 ¿Recibió este(a) niño(a) ALGUNA VEZ servicios especiales para cumplir con sus necesidades del desarrollo, tales como terapia del habla, ocupacional o de la conducta?

Sí

No → PASE a la pregunta **234**

229 Si la respuesta es sí, ¿qué edad tenía este(a) niño(a) cuando comenzó a recibir estos servicios especiales?

Años Y Meses

230 ¿Recibe este(a) niño(a) ACTUALMENTE estos servicios especiales?

Sí

No

231 ¿Qué tan difícil le resultó a usted obtener referidos?

No fue difícil

Algo difícil

Muy difícil

No fue posible obtener referidos

232 Responda las siguientes preguntas sólo si este(a) niño(a) tuvo una visita de atención médica EN LOS ÚLTIMOS 12 MESES. De lo contrario vaya a la pregunta **234** en la página 12.

233 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este(a) niño(a) hicieron lo siguiente...

	Siempre	Casi siempre	A veces	Nunca
a. ¿Estuvieron tiempo suficiente con este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Lo(a) escucharon a usted con atención?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Mostraron sensibilidad por sus 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(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Lo(a) hicieron sentir como un(a) participante en la atención y cuidado de este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

234 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó tomar alguna decisión sobre el cuidado de salud de este(a) niño(a), tal como obtener medicamentos recetados, referidos o algún otro procedimiento médico?

Sí

No → PASE a la pregunta **237** en la página 12

235 ¿Tiene usted a una o más personas a quienes considera como médico o enfermera(o) de cabecera de este(a) niño(a)? Un médico o enfermera(o) es un profesional de la salud quien conoce bien al (a la) niño(a) y está familiarizado con la historia de salud de este(a) niño(a). Puede ser un médico de medicina general, un pediatra, un médico especialista, un(a) enfermera(o) practicante o asociado médico.

Sí, a una persona

Sí, a más de una persona

No

236 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este(a) niño(a) un referido para ver a algún médico o recibir algún servicio?

Sí

No → PASE a la pregunta **240**

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D. Experiencia con los proveedores de atención médica de este(a) niño(a)

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237 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este(a) niño(a)...

	Siempre	Casi siempre	A veces	Nunca
a. ¿Analizaron con usted la variedad de opciones a consideración para la atención médica o el tratamiento de este(a) niño(a)?	<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(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Trabajaron con usted para decidir cuáles serían las mejores opciones para este(a) niño(a) en lo que se refiere a cuidado de salud y opciones de tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

238 DURANTE LOS ÚLTIMOS 12 MESES, ¿le ayudó alguien a organizar o coordinar el cuidado de este(a) niño(a) entre los diferentes médicos y servicios que este(a) niño(a) utilizó?

Sí

No

No vio a más de un proveedor de atención médica en los ÚLTIMOS 12 MESES

239 DURANTE LOS ÚLTIMOS 12 MESES, ¿sentió que podría haber usado ayuda adicional para hacer arreglos o coordinar la atención médica de este(a) niño(a) entre los diferentes proveedores o servicios de atención médica?

Sí

No → PASE a la pregunta **240**

240 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(a) niño(a)?

Casi siempre

A veces

Nunca

241 DURANTE LOS ÚLTIMOS 12 MESES, ¿estuvo este(a) niño(a) cubierto(a) por ALGÚN tipo de seguro médico o plan de cobertura de salud?

Sí, este(a) niño(a) tuvo cobertura durante los 12 meses → PASE a la pregunta **242** en la página 13

Sí, pero este(a) niño(a) tuvo una interrupción en la cobertura

No

242 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuán satisfecho(a) estuvo con respecto a la comunicación entre los médicos de este(a) niño(a) y los demás proveedores de atención médica?

Muy satisfecho

Algo satisfecho

Algo insatisfecho

Muy insatisfecho

243 DURANTE LOS ÚLTIMOS 12 MESES, ¿el proveedor de atención médica de este(a) niño(a) se comunicó con la escuela, el proveedor de cuidado de niños o el programa de educación especial de este(a) niño(a)?

Sí

No → PASE a la pregunta **244**

No fue necesario que el proveedor de atención médica se comunicara con estos proveedores → PASE a la pregunta **244**

244 Si la respuesta es sí, durante este tiempo, ¿qué tan satisfecho(a) se ha sentido con respecto a la comunicación que el proveedor de atención médica de este(a) niño(a) ha tenido con la escuela, el proveedor de cuidado de niños o el programa de educación especial?

Muy satisfecho

Algo satisfecho

Algo insatisfecho

Muy insatisfecho

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E. Cobertura de seguro médico de este(a) niño(a)

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25 Indique si algunos de los siguientes es un motivo por el cual este(a) niño(a) no tuvo cobertura de salud DURANTE LOS ÚLTIMOS 12 MESES:

a. Cambio de empleador o de situación laboral	Si <input type="checkbox"/>	No <input type="checkbox"/>
b. Cancelación por primas vencidas	<input type="checkbox"/>	<input type="checkbox"/>
c. Renunció a la cobertura porque costaba demasiado	<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(a), especifique: _____	<input type="checkbox"/>	<input type="checkbox"/>

26 ¿Está este(a) niño(a) cubierto(a) ACTUALMENTE por ALGUN tipo de seguro de salud o plan de cobertura de salud?

Sí
 No → PASE a la pregunta **24**

26 ¿Está este(a) niño(a) ACTUALMENTE cubierto(a) por alguno de los siguientes tipos de seguro de salud o planes de cobertura de salud? Marque (X) Si o No en CADA categoría.

a. Seguro a través de un empleador actual o previo o a través de un sindicato	Si <input type="checkbox"/>	No <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(a), especifique: _____	<input type="checkbox"/>	<input type="checkbox"/>

F. Proveyendo para el cuidado de salud de este(a) niño(a)

27 Pensando específicamente en las necesidades de salud mental o de conducta de este(a) niño(a), ¿con qué frecuencia el seguro de salud de este(a) niño(a) ofrece beneficios o cubre servicios que satisfacen estas necesidades?

Siempre
 Casi siempre
 A veces
 Nunca

28 ¿Este(a) niño(a) no utiliza servicios de salud mental o de la conducta?

Siempre
 Casi siempre
 A veces
 Nunca

29 Incluyendo co-pagos y cantidades reembolsables de las Cuentas de Ahorros de Salud (HAS) y Cuentas de Gastos Flexibles (FSA), ¿cuánto dinero pagó por los cuidados médicos, de salud, dentales y de visión de este(a) niño(a) DURANTE LOS ÚLTIMOS 12 MESES? No incluya las primas o los costos del seguro que fueron o serán reembolsados por el seguro u otra fuente.

\$0 (Sin gastos médicos o gastos relacionados con la salud) → PASE a la pregunta **26** en la página 14

De \$1 a \$249
 De \$250 a \$499
 De \$500 a \$999
 De \$1,000 a \$5,000
 Más de \$5,000

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22 ¿Con qué frecuencia son razonables estos costos?

Siempre
 Casi siempre
 A veces
 Nunca

23 DURANTE LOS ÚLTIMOS 12 MESES, ¿tuvo su familia problemas para pagar las facturas médicas o de atención médica de este(a) niño(a)?

Sí
 No

24 DURANTE LOS ÚLTIMOS 12 MESES, ¿usted u otro miembro de la familia...

a. ¿Dejó el trabajo o se ausentó unos cuantos días debido a la salud o condición(es) médica(s) de este(a) niño(a)? Sí No

b. ¿Redució la cantidad de horas que trabaja debido a la salud o condición(es) médica(s) de este(a) niño(a)? Sí No

c. ¿Evitó cambiar de trabajo para mantener el seguro de salud para este(a) niño(a)? Sí No

25 EN UNA SEMANA PROMEDIO, ¿cuántas horas dedica usted u otros miembros de la familia a la atención médica de este(a) niño(a) en su hogar? El cuidado puede incluir cambiar vendajes o dar medicamentos y terapias cuando sea necesario.

Este(a) niño(a) no necesita atención médica en el hogar cada semana

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

26 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(a) niño(a), tal como programar citas o localizar servicios?

Este(a) niño(a) no necesita atención médica coordinada cada semana

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(a) niño(a)

Conteste la siguiente pregunta sólo si este(a) niño(a) tiene al menos 1 año de edad. De lo contrario pase a la pregunta **21** en la página 17.

27 ¿Puede este(a) niño(a) hacer lo siguiente... Marque (X) Si o No en cada pregunta.

a. Decir al menos una palabra como "Hola" o "perro?"	Si <input type="checkbox"/>	No <input type="checkbox"/>
b. Utilizar 2 palabras juntas como "carro ve?"	<input type="checkbox"/>	<input type="checkbox"/>
c. Utilizar 3 palabras juntas en una oración como "Mamá ven ahora?"	<input type="checkbox"/>	<input type="checkbox"/>
d. Hacer preguntas como "quién," "qué," "cuándo," "dónde?"	<input type="checkbox"/>	<input type="checkbox"/>
e. Hacer preguntas como "por qué" y "cómo?"	<input type="checkbox"/>	<input type="checkbox"/>
f. Contar una historia que tiene principio, desarrollo y fin?	<input type="checkbox"/>	<input type="checkbox"/>
g. Entender el significado de la palabra "no"?	<input type="checkbox"/>	<input type="checkbox"/>
h. Seguir una instrucción verbal sin tener que hacer gestos con las manos como "lívese las manos"?	<input type="checkbox"/>	<input type="checkbox"/>
i. Sacar cosas de un libro cuando se lo pregunta?	<input type="checkbox"/>	<input type="checkbox"/>
j. Seguir instrucciones que constan de 2 pasos como "Consigue tus zapatos y cóccales en la canasta"?	<input type="checkbox"/>	<input type="checkbox"/>
k. Entender palabras como "en," "debajo"?	<input type="checkbox"/>	<input type="checkbox"/>

28 ¿Es este(a) niño(a) de 3 años de edad o más?

Sí
 No → PASE a la pregunta **21** en la página 17

29 ¿Comenzó este(a) niño(a) la escuela? Incluye cualquier programa formal de enseñanza en el hogar (homeschooling).

Sí, preescolar
 Sí, kindergarten
 Sí, primer grado
 No

30 ¿Está usted preocupado(a) acerca de cómo este(a) niño(a) está aprendiendo a hacer cosas por su cuenta?

Sí, algo preocupado(a)
 Sí, muy preocupado(a)
 No

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35 ¿Cuán seguro(a) está de que este(a) niño(a) está listo(a) para ir a la escuela?

Completamente seguro(a)
 Casi seguro(a)
 Un poco seguro(a)
 Para nada seguro(a)

36 ¿Con qué frecuencia puede reconocer este(a) niño(a) el sonido inicial de una palabra? Por ejemplo, ¿puede este(a) niño(a) decirle que la palabra "pelota" comienza con el sonido de la letra "p"?

Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

37 ¿Aproximadamente cuántas letras del alfabeto puede reconocer este(a) niño(a)?

Todas
 Casi todas
 Aproximadamente la mitad
 Algunas
 Ninguna

38 ¿Puede este(a) niño(a) decir palabras que riman?

Sí
 No

39 ¿Con qué frecuencia puede explicar este(a) niño(a) lo que ha visto o hecho para que usted tenga una idea bastante clara de lo que pasó?

Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

40 ¿Con qué frecuencia puede escribir este(a) niño(a) su nombre incluso si algunas de las letras no están del todo bien o están al revés?

Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

41 ¿Hasta qué número puede contar este(a) niño(a)?

Este(a) niño(a) no sabe contar
 Hasta cinco
 Hasta diez
 Hasta 20
 Hasta 50
 Hasta 100 o más

42 ¿Con qué frecuencia puede identificar este(a) niño(a) formas básicas, como un triángulo, círculo o cuadrado?

Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

43 ¿Puede este(a) niño(a) identificar los colores rojo, amarillo azul y verde por sus nombres?

Sí, todos
 Sí, algunos
 No, ninguno

44 ¿Con qué frecuencia se distrae fácilmente este(a) niño(a)?

Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

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35 ¿Con qué frecuencia sigue trabajando este(a) niño(a) en algo hasta terminarlo?

Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

36 Cuando este(a) niño(a) está prestando atención, ¿con qué frecuencia puede seguir instrucciones para completar una tarea simple?

Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

37 Generalmente, ¿cómo sostiene un lápiz este(a) niño(a)?

Usa los dedos para sostener el lápiz
 Agarra el lápiz con todo el puño
 Este(a) niño(a) no puede sostener un lápiz

38 ¿Con qué frecuencia este(a) niño(a) juega bien con los(as) demás?

Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

39 ¿Con qué frecuencia pierde este(a) niño(a) el control de su temperamento cuando las cosas no salen a su manera?

Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

40 En comparación con otros(as) niños(as) de la misma edad, ¿cuánta dificultad tiene este(a) niño(a) para hacer o mantener amistades?

Ninguna dificultad
 Algo de dificultad
 Mucha dificultad

41 En comparación con otros(as) niños(as) de la misma edad, ¿con qué frecuencia puede permanecer este(a) niño(a) quieto(a) mientras está sentado(a)?

Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

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H. Acerca de usted y este(a) niño(a)

111 ¿Nació este(a) niño(a) en los Estados Unidos?

Sí → PASE a la pregunta **112**

No

112 Si la respuesta es no, ¿cuánto tiempo ha vivido este(a) niño(a) en los Estados Unidos?

Años Y Meses

113 ¿Cuántas veces se ha mudado este(a) niño(a) a una dirección nueva desde que nació?

Cantidad de veces

114 ¿Con qué frecuencia este(a) niño(a) se va a dormir aproximadamente a la misma hora durante las noches entre semanas?

Siempre

Casi siempre

A veces

En raras ocasiones

Nunca

115 DURANTE LA SEMANA PASADA, ¿cuántas horas durmió este(a) niño(a) en un día normal o promedio (incluya sueño durante las noches y las siestas)?

Menos de 7 horas

7 horas

8 horas

9 horas

10 horas

11 horas

12 horas o más

116 Responda la siguiente pregunta sólo si este(a) niño(a) tiene MENOS DE 12 MESES DE EDAD. De lo contrario, PASE a la pregunta **117**.

¿En qué posición acostaba con mayor frecuencia al bebé para dormir? Marque (X) sólo UNA opción.

De costado

Boca arriba

Boca abajo

117 EN LA MAYORÍA DE LOS DÍAS DE LA SEMANA, ¿aproximadamente cuánto tiempo pasó este(a) niño(a) frente a una televisión, computadora, teléfono celular u otro dispositivo electrónico viendo programas, jugando juegos, accediendo la internet, o utilizando los medios de comunicación social? No incluya el tiempo dedicado a hacer tareas escolares.

Menos de 1 hora

1 hora

2 horas

3 horas

4 horas o más

118 DURANTE LA SEMANA PASADA, ¿cuántos días usted u otros miembros de la familia le leyeron a este(a) niño(a)?

0 días

De 1 a 3 días

De 4 a 6 días

Todos los días

119 DURANTE LA SEMANA PASADA, ¿cuántos días usted u otros miembros de la familia le cantaron un canto o le cantaron canciones a este(a) niño(a)?

0 días

De 1 a 3 días

De 4 a 6 días

Todos los días

120 ¿Cómo considera que sobrelleva las obligaciones cotidianas de la crianza de los(as) niños(as)?

Muy bien

Algo bien

No muy bien

Nada de bien

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111 DURANTE EL MES PASADO, ¿con qué frecuencia sintió...?

a. ¿Qué este(a) niño(a) es mucho más difícil de cuidar que la mayoría de los(as) niños(as) de su edad?

Nunca En raras ocasiones A veces Casi siempre Siempre

b. ¿Qué este(a) niño(a) hace cosas que realmente lo molestan mucho a usted?

Nunca En raras ocasiones A veces Casi siempre Siempre

c. ¿Qué estaba enojado(a) con este(a) niño(a)?

Nunca En raras ocasiones A veces Casi siempre Siempre

112 DURANTE LOS ÚLTIMOS 12 MESES, ¿hubo alguien a quien usted pudiera recurrir regularmente en busca de apoyo emocional relacionado con la crianza de los(as) niños(as)?

Sí

No → PASE a la pregunta **113**

113 Si la respuesta es sí, ¿recibió usted apoyo emocional de...?

a. ¿Esposo(a) o compañero(a) de casa? Sí No

b. Otro familiar o amigo(a) cercano(a)? Sí No

c. ¿Un proveedor de atención médica? Sí No

d. ¿Un lugar de culto o un líder religioso? Sí No

e. ¿Un grupo de apoyo o asistencia relacionado con una condición de salud específica? Sí No

f. ¿Un grupo de apoyo? Sí No

g. Un consejero u otro profesional de la salud mental? Sí No

h. Otra persona, especifique:

114 ¿Recibe este(a) niño(a) cuidado, por lo menos 10 horas semanales, de otra persona que no sea su padre, madre o tutor? Pudier ser una guardería infantil, centro de educación preescolar, programa Head Start, hogar de cuidado de niños, niñera, su pair o pariente.

Sí

No

115 DURANTE LOS ÚLTIMOS 12 MESES, ¿usted o alguien de la familia tuvo que renunciar al trabajo, no aceptar un trabajo o cambiar de su trabajo radicalmente por problemas con el cuidado de niños para este(a) niño(a)?

Sí

No

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 **13** en la página 19

13 Si la respuesta es sí, ¿alguien fuma dentro del hogar?

Sí

No

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14 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia se utilizaron pesticidas dentro de su residencia para controlar los insectos? Si la frecuencia cambió durante el año, indique la frecuencia más alta.

Más de una vez a la semana

Una vez a la semana

Una vez al mes

Una vez cada 2 a 5 meses

Una vez cada 6 meses

Una vez durante los últimos 12 meses

Nunca

No sé

15 DURANTE LOS ÚLTIMOS 12 MESES, aparte de en una ducha o bañera, ¿ha visto moho, hongos u otros signos de daños por agua en las paredes u otras superficies dentro de su casa?

Sí

No

16 Cuando su familia enfrenta problemas, ¿con qué frecuencia es probable que hagan lo siguiente?

	Siempre	Casi siempre	A veces	Nunca
a. Hablar 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 tenemos fuerzas en donde apoyarnos	<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"/>

17 DESDE QUE ESTE(A) NIÑO(A) NACIÓ, ¿con qué frecuencia ha sido muy difícil cubrir los gastos básicos, como alimentos y vivienda, utilizando sus ingresos familiares?

Nunca

En raras ocasiones

En algunas ocasiones

En muchas ocasiones

18 ¿Cuál de estas afirmaciones describe mejor la capacidad de su hogar para poder costear los alimentos que necesitaba DURANTE 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.

19 En algún momento, DURANTE LOS ÚLTIMOS 12 MESES, aunque fuera durante un mes, ¿algun miembro de la familia recibió lo siguiente...?

	SI	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"/>

20 ¿En su vecindario hay...?

	SI	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 deteriorados o mal conservados?	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Vandalismo, como ventanas rotas o grafitis?	<input type="checkbox"/>	<input type="checkbox"/>

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21 ¿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(as) hijos(as)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Este(a) niño(a) está seguro(a) en nuestro vecindario	<input 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"/>

22 Las siguientes preguntas son sobre eventos que pueden haber ocurrido durante la vida del (de la) niño(a). Estos pueden suceder en cualquier familia, pero algunas personas quizás se sientan incómodas con estas preguntas. Usted puede omitir cualquier pregunta que no desee responder.

A su entender, ¿al(a) niño(a) experimentó ALGUNA VEZ algunas de las siguientes situaciones?

	SI	NO
a. Los padres o tutores se divorcaban o separaban	<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 alcoholistas, golpearse, pelearse o pegarse en el hogar	<input type="checkbox"/>	<input type="checkbox"/>
e. Fue víctima o testigo de violencia en su vecindario	<input type="checkbox"/>	<input type="checkbox"/>
f. Vivió con alguna persona que tenía una enfermedad mental, estaba suocida o tenía depresión grave o severa	<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(a) o juzgado(a) injustamente por su raza o grupo étnico	<input type="checkbox"/>	<input type="checkbox"/>

J. Cuidador(es) de este(a) niño(a)

23 Complete las siguientes preguntas hasta un máximo de dos adultos por hogar para cada uno de los cuidadores primarios de este(a) niño(a). Si sólo un adulto es el cuidador primario, conteste las preguntas solamente para ese adulto.

24 ¿Qué parentesco tiene con este(a) niño(a)?

Padre o madre biológica o adoptiva

Padrastro o madrastra

Abuelo(a)

Padre o madre de crianza a través del programa Foster del gobierno

Otro(a) Parente

Otro(a). No parente

25 ¿Cuál es su sexo?

Masculino

Femenino

26 ¿Qué edad tiene?

Edad en años

27 ¿Dónde nació?

En los Estados Unidos → PASE a la pregunta **28** en la página 21

Fuera de los Estados Unidos

28 ¿Cuándo vino a vivir a los Estados Unidos?

Año

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Module T2 (for children 6-11 years old; Spanish)

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Encuesta Nacional de Salud de los Niños

Un estudio realizado por el Departamento de Salud y Servicios Humanos de los EE. UU. para entender mejor los problemas de salud que enfrentan actualmente los(as) niños(as) en los Estados Unidos.

La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información y no se le permite divulgar sus respuestas de manera que usted o su hogar pudieran ser identificados. La Oficina del Censo de los Estados Unidos está llevando a cabo la Encuesta Nacional de Salud de los Niños para el Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS) en conformidad con la Sección 8101 del Título 42, Código de los Estados Unidos, que le permite a la Oficina del Censo realizar encuestas para otras agencias. La Sección 701(a)(2) del Título 42, Código de los Estados Unidos, le permite al HHS recopilar información con el propósito de entender la salud y el bienestar de los(as) niños(as) en los Estados Unidos. Las leyes federales protegen su privacidad y mantienen confidenciales sus respuestas, en conformidad con la Sección 9 del Título 13, Código de los Estados Unidos. De acuerdo con la Ley para el Fortalecimiento de la Seguridad Cibernetica del 2015, sus datos están protegidos contra los riesgos de seguridad cibernetica mediante los controles aplicados a los sistemas que los transmiten.

Cualquier información que proporcione será compartida para fines relacionados con el trabajo identificado anteriormente y según lo permitido por la Ley de Privacidad de 1974 (Sección 552 del Título 5, Código de los Estados Unidos) y SOIN COMMERCE/CENSUS-3, Recopilación de la Encuesta Demográfica (Marco Muestral de la Oficina del Censo).

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.

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(04/04/2018) Draft 13

Comience Aquí

Recientemente, usted completó una encuesta con preguntas sobre los(as) niño(s) que usualmente viven o se quedan en esta dirección. Gracias por tomar de su tiempo para completar esta encuesta.

Ahora le haremos algunas preguntas de seguimiento sobre:

Si el nombre que aparece anteriormente es incorrecto o no corresponde a un(a) niño(a) que viva en este hogar, llame al 1-800-845-8241.

Hemos seleccionado solamente a un(a) niño(a) por hogar con el fin de minimizar la cantidad de tiempo que necesitará para responder a las preguntas de seguimiento.

La encuesta deberá ser completada por un adulto familiarizado con la salud y atención médica de este(a) niño(a).

Su participación es importante. Gracias.

A. La salud de este(a) niño(a)

A1 En general, ¿cómo describiría la salud de este(a) niño(a) (cuyo nombre aparece más arriba)?

Excelente
 Muy buena
 Buena
 Regular
 Deficiente

A2 ¿Cómo describiría la salud dental de este(a) niño(a)?

Excelente
 Muy buena
 Buena
 Regular
 Deficiente

A3 ¿Con qué frecuencia este(a) niño(a)...

	Siempre	Casi siempre	A veces	Nunca
a. Muestra interés y curiosidad por aprender cosas nuevas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trabaja para terminar las tareas que comienza?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Se mantiene tranquilo(a) y en control cuando enfrenta un desafío?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Le importa que le vaya bien en la escuela?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hace toda la tarea requerida?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Discute demasiado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces este(a) niño(a) fue víctima de acoso escolar, burlas o fue excluido(a) por otros(as) niños(as)? Si la cantidad de veces cambió durante el año, reporte la cantidad más alta.

Nunca (en los últimos 12 meses)
 1-2 veces (en los últimos 12 meses)
 1-2 veces por mes
 1-2 veces por semana
 Casi todos los días

A5 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces este(a) niño(a) hostigó a otros(as) en el entorno escolar, se burló de los(as) demás o los(as) excluyó(a)? Si la cantidad de veces cambió durante el año, reporte la cantidad más alta.

Nunca (en los últimos 12 meses)
 1-2 veces (en los últimos 12 meses)
 1-2 veces por mes
 1-2 veces por semana
 Casi todos los días

NSCH-S-T2

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A6 DURANTE LOS ÚLTIMOS 12 MESES, ¿este(a) niño(a) ha tenido dificultades CRÓNICAS o FRECUENTES con cualquiera de los(as) siguientes?

	Si	No
a. Respirar u otros problemas respiratorios (como respiración silbante o falta de aire)	<input type="checkbox"/>	<input type="checkbox"/>
b. Comer o tragar debido a una condición médica	<input type="checkbox"/>	<input type="checkbox"/>
c. Digerir la comida, incluyendo problemas estomacales o intestinales, estreñimiento o diarrea	<input type="checkbox"/>	<input type="checkbox"/>
d. Dolor físico crónico o recurrente, incluyendo dolor de cabeza, dolor de espalda o dolor corporal	<input type="checkbox"/>	<input type="checkbox"/>
e. Dolor de muelas	<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"/>

A7 ¿Presenta este(a) niño(a) alguno de los siguientes problemas?

	Si	No
a. Dificultades serias para concentrarse, recordar o tomar decisiones debido a una condición 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 o lentes	<input type="checkbox"/>	<input type="checkbox"/>

A8 ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A8a ¿Alergias (incluyendo alimentos, medicamentos, insectos o de otro tipo)?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A8b ¿Artritis?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A8c ¿Asma?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A8d ¿Lesión cerebral, contusión o lesión en la cabeza?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A9 ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A9a ¿Parálisis cerebral?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A9b ¿Diabetes?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A9c ¿Epilepsia o trastornos convulsivos?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A9d ¿Condición o problemas cardiacos?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A10 ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A10a ¿Dolores de cabeza frecuentes o intensos, incluyendo migrañas?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A10b ¿Síndrome de Tourette?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A10c ¿Problemas de ansiedad?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A10d ¿Depresión?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

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ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

327 ¿Síndrome de Down?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

328 ¿Trastornos sanguíneos (como enfermedad de anemia drepanocítica o de células falciformes, talasemia o hemofilia)?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

↳ Si la respuesta es sí, ¿fue este(a) niño(a) diagnosticado(a) con:

Enfermedad de anemia drepanocítica	<input type="checkbox"/>	<input type="checkbox"/>
Talasemia	<input type="checkbox"/>	<input type="checkbox"/>
Hemofilia	<input type="checkbox"/>	<input type="checkbox"/>
Otros trastornos sanguíneos	<input type="checkbox"/>	<input type="checkbox"/>

329 ¿Fibrosis quística?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

330 ¿Otra condición genética o hereditaria?

Sí No

↳ Si la respuesta es sí, especifique: _____

↳ La condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

331 ¿Trastornos por uso de drogas?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) el trastorno ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, el trastorno es:

Leve Moderado Grave

ALGUNA VEZ un médico, otro proveedor de atención médica o un educador le ha dicho a usted que este(a) niño(a) padece de...

332 ¿Problemas de comportamiento o conducta?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

333 ¿Retraso en el desarrollo?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

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ALGUNA VEZ un médico, otro proveedor de atención médica o un educador le ha dicho a usted que este(a) niño(a) padece de...

334 ¿Discapacidad intelectual (anteriormente conocida como retraso mental)?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la discapacidad ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la discapacidad es:

Leve Moderada Grave

335 ¿Trastorno del habla u otro trastorno del lenguaje?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

336 ¿Discapacidades del aprendizaje?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la discapacidad ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la discapacidad es:

Leve Moderada Grave

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

337 ¿Cualquier otra condición de salud mental?

Sí No

↳ Si la respuesta es sí, especifique: _____

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

338 ¿ALGUNA VEZ la ha dicho a usted un médico u otro proveedor de atención médica que este(a) niño(a) padece de Autismo o Trastorno del Espectro Autista (TEA)? Incluye los diagnósticos de Síndrome de Asperger o Trastorno Generalizado del Desarrollo (TGD).

Sí No → PASE a la pregunta **339** en la página 7

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

339 ¿Qué edad tenía este(a) niño(a) cuando un médico u otro proveedor de atención médica le dijo a usted por PRIMERA VEZ que este(a) niño(a) tenía Autismo, Trastornos del Espectro Autista (TEA), Síndrome de Asperger o Trastorno Generalizado del Desarrollo (TGD)? Marque (X) sólo UNA opción.

Edad en años No sabe

340 ¿Qué tipo de médico u otro proveedor de atención médica fue el PRIMERO en decirle a usted que este(a) niño(a) tenía Autismo, Trastornos del Espectro Autista (TEA), Síndrome de Asperger o Trastorno Generalizado del Desarrollo (TGD)? Marque (X) sólo UNA opción.

Proveedor de atención primaria

Especialista

Psicólogo(a)/consejero(a) escolar

Otro(a) psicólogo(a) (no escolar)

Psiquiatra

Otro(a), especifique: _____

No sabe

341 ¿Toma este(a) niño(a) ACTUALMENTE medicamentos para tratar el Autismo, los Trastornos del Espectro Autista(TEA), Síndrome de Asperger, o el Trastorno Generalizado del Desarrollo (TGD)?

Sí No

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342 En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) tratamiento de la conducta 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(a) niño(a) para ayudar con su conducta?

Sí No

343 ¿ALGUNA VEZ le dijo a usted un médico u otro proveedor de atención médica que este(a) niño(a) padece del Trastorno por Déficit de Atención e Hiperactividad, es decir, TDA o TDAH?

Sí No → PASE a la pregunta **344**

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

344 ¿Toma este(a) niño(a) ACTUALMENTE medicamentos para tratar el Trastorno por Déficit de Atención (TDA) o el Trastorno por Déficit de Atención con Hiperactividad (TDAH)?

Sí No

345 En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) tratamiento de la conducta por el 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(a) niño(a) para ayudar con su conducta?

Sí No

346 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia las condiciones o los problemas de salud de este(a) niño(a) afectaron su capacidad para hacer actividades que realizan otros(a) niño(s) de su edad?

Este(a) niño(a) no padece ninguna condición médica → PASE a la pregunta **347**

Nunca

A veces

Casi siempre

Siempre

347 ¿En qué medida las condiciones o problemas de salud de este(a) niño(a) afectan su capacidad de hacer actividades?

Muy poco

Algo

En gran medida

B. Este(a) niño(a) cuando era bebé

348 ¿Nació este(a) niño(a) más de 3 semanas antes de la fecha para la cual se esperaba el parto?

Sí No

349 ¿Cuánto pesó al nacer? Responda utilizando libras y onzas O kilogramos y gramos. Puede proveer su mejor aproximación o estimación.

libras Y onzas

O

kilogramos Y gramos

350 ¿Qué edad tenía la madre cuando nació este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

Edad en años

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C. Servicios de atención médica

351 DURANTE LOS ÚLTIMOS 12 MESES, ¿vino este(a) niño(a) a algún médico, enfermero(a) u otro profesional de la salud para recibir atención médica (por ejemplo, para cuidado preventivo, cuidado médico, hospitalizaciones)?

Sí

No → PASE a la pregunta **352**

352 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces tuvo este(a) niño(a) una consulta con un médico, enfermero(a) u otro(a) profesional de la salud para realizarse un chequeo PREVENTIVO? El chequeo preventivo se realiza cuando este(a) niño(a) no ha estado enfermo(a) ni lesionado(a), tal como un chequeo preventivo anual o un examen físico para hacer deporte o la visita de niño sano.

0 visitas

1 visita

2 visitas o más

353 Pensando en la ÚLTIMA VEZ que llevó al (a la) niño a un chequeo PREVENTIVO, ¿aproximadamente cuánto tiempo en el consultorio estuvo con usted el médico o proveedor de atención médica que examinó a este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

Menos de 10 minutos

De 10 a 20 minutos

Más de 20 minutos

354 ¿Cuál es la estatura ACTUAL de este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

pies Y pulgadas

O

metros Y centímetros

355 ¿Cuál es el peso ACTUAL de este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

libras Y onzas

O

kilogramos Y gramos

356 ¿Le preocupa el peso de este(a) niño(a)?

Sí, este(a) niño(a) pesa mucho

Sí, este(a) niño(a) pesa muy poco

No, no me preocupa

357 ¿Alguna vez un médico u otro proveedor de atención médica le ha dicho a usted que este(a) niño(a) tiene sobrepeso?

Sí

No

358 ¿Hay algún lugar en donde usted u otro cuidador USUALMENTE lleva a este(a) niño(a) cuando está enfermo(a) o necesita asesoramiento sobre la salud de este(a) niño(a)?

Sí

No → PASE a la pregunta **359**

359 Si la respuesta es sí, ¿adónde NORMALMENTE va este(a) niño(a) primero? Marque (X) 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

360 ¿Hay algún lugar en donde este(a) niño(a) USUALMENTE va cuando necesita atención preventiva de rutina, como un examen físico o un chequeo de niño sano?

Sí

No → PASE a la pregunta **361** en la página 9

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111 Si la respuesta es sí, ¿es este el mismo lugar a donde este(a) niño(a) va cuando está enfermo(a)?

Sí
 No

112 DURANTE LOS ÚLTIMOS 12 MESES, ¿se le hizo a este(a) niño(a) un examen de la vista, utilizando imágenes, formas o letras?

Sí
 No → PASE a la pregunta **114**

113 Si la respuesta es sí, ¿dónde se le examinó la vista a este(a) niño(a)? Marque (X) TODAS las que apliquen.

Consultorio de un oculista o especialista en ojos (oftalmólogo, optometrista)
 Consultorio del pediatra u otro médico generalista
 Clínica o centro de salud
 Escuela
 Otro(a), especifique: _____

114 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) al dentista u otro profesional de la salud oral para recibir algún tipo de atención o cuidado dental u oral?

Sí, fue al dentista
 Sí, fue a otro(a) profesional de la salud oral
 No → PASE a la pregunta **117**

115 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) al dentista u otro(a) 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 **117**
 Sí, 1 visita
 Sí, 2 visitas o más

116 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿qué servicio(s) dental(es) preventivo(s) recibió este(a) niño(a)? Marque (X) TODAS las que apliquen.

Chequeo
 Limpieza
 Instrucciones sobre cepillado de dientes y cuidado de la salud oral
 Radiografías
 Tratamiento de fluoruro
 Sellador (sellador plástico en muelas posteriores)
 No sabe

117 DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) algún tratamiento, consejería o asesoría de salud mental que este(a) niño(a) necesitaba? Los profesionales de salud mental incluyen psiquiatras, psicólogos(as), enfermeros(as) psiquiátricos(as) y trabajadores sociales clínicos.

Sí
 No, pero este(a) niño(a) necesitaba ver a un profesional de la salud mental
 No, este(a) niño(a) no necesitó ver a un profesional de la salud mental → PASE a la pregunta **119**

118 ¿Qué tan difícil le resultó obtener el tratamiento, consejería o asesoría de salud mental que este(a) niño(a) necesitaba?

No fue difícil
 Algo difícil
 Muy difícil
 No fue posible obtenerlo

119 DURANTE LOS ÚLTIMOS 12 MESES, ¿tomó este(a) niño(a) algún medicamento debido a dificultades con sus emociones, concentración o conducta?

Sí
 No

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120 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) a algún especialista aparte de un profesional de la salud mental? Los especialistas son médicos como cirujanos, cardiólogos(as), alergistas, dermatólogos y otros médicos que se especializan en una sola área de la atención médica.

Sí
 No, pero este(a) niño(a) necesitó ver a un especialista
 No, este(a) niño(a) no necesitó ver a un especialista → PASE a la pregunta **122**

121 ¿Qué tan difícil le resultó a usted que este(a) niño(a) recibiera la atención del especialista que necesitaba?

No fue difícil
 Algo difícil
 Muy difícil
 No fue posible obtenerla

122 DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó este(a) niño(a) algún tipo de cuidado médico o tratamiento alternativo? El cuidado médico o tratamiento alternativo 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

123 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este(a) niño(a) atención médica en alguna ocasión pero no la recibió? For 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 **125**

124 Si la respuesta es sí, ¿qué tipo de atención no recibió? Marque (X) TODAS las que apliquen.

Atención médica
 Atención dental
 Atención de la vista
 Atención de la audición
 Servicios de salud mental
 Otro(a), especifique: _____

125 ¿Cuáles de las siguientes razones contribuyeron a que este(a) niño(a) no recibiera los servicios de salud necesarios? Marque (X) Sí o No en cada categoría.

	Sí	No
a. Este(a) niño(a) no era elegible para recibir los servicios	<input type="checkbox"/>	<input type="checkbox"/>
b. Los servicios que necesitaba este(a) niño(a) no estaban disponibles en su área	<input type="checkbox"/>	<input type="checkbox"/>
c. Hubo problemas para programar o obtener una cita cuando este(a) niño(a) la necesitó	<input type="checkbox"/>	<input type="checkbox"/>
d. Hubo problemas para obtener transporte o cuidado de los niños	<input type="checkbox"/>	<input type="checkbox"/>
e. El consultorio (del médico o la clínica) no estaba abierto(a) cuando este(a) niño(a) necesitó atención	<input type="checkbox"/>	<input type="checkbox"/>
f. Hubo problemas relacionados con el costo	<input type="checkbox"/>	<input type="checkbox"/>

126 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia se sintió frustrado(a) en sus esfuerzos para obtener servicios para este(a) niño(a)?

Nunca
 A veces
 Casi siempre
 Siempre

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127 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces fue este(a) niño(a) a la sala de emergencias de un hospital?

Nunca
 1 vez
 2 o más veces

128 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) admitido(a) al hospital para quedarse ahí por lo menos una noche?

Sí
 No

129 ¿Recibió este(a) niño(a) ALGUNA VEZ un plan de educación especial o de intervención temprana? Los(as) niños(as) que reciben estos servicios a menudo cuentan con un Plan de Servicio Familiar Individualizado (IFSP) o Plan de Educación Individualizado (IEP).

Sí
 No → PASE a la pregunta **131**

130 Si la respuesta es sí, ¿qué edad tenía este(a) niño(a) cuando se estableció el PRIMER plan?

Años Y Meses

131 ¿Recibe este(a) niño(a) ACTUALMENTE servicios bajo alguno de estos planes?

Sí
 No

132 ¿Recibió este(a) niño(a) ALGUNA VEZ servicios especiales para cumplir con sus necesidades del desarrollo, tales como terapia del habla, ocupacional o de la conducta?

Sí
 No → PASE a la pregunta **134**

133 Si la respuesta es sí, ¿qué edad tenía este(a) niño(a) cuando comenzó a recibir estos servicios especiales?

Años Y Meses

134 ¿Recibe este(a) niño(a) ACTUALMENTE estos servicios especiales?

Sí
 No

D. Experiencia con los proveedores de atención médica de este(a) niño(a)

135 ¿Tiene usted a una o más personas a quienes considera como médico o enfermero(a) de cabecera de este(a) niño(a)? Un médico o enfermero(a) es un profesional de la salud quien conoce bien al (a la) niño(a) y está familiarizado con la historia de salud de este(a) niño(a). Puede ser un médico de medicina general, un pediatra, un médico especialista, un(e) enfermero(a) practicante o asociado médico.

Sí, a una persona
 Sí, a más de una persona
 No

136 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este(a) niño(a) un refuerzo para ver a algún médico o recibir algún servicio?

Sí
 No → PASE a la pregunta **138** en la página 12

137 ¿Qué tan difícil le resultó a usted obtener referidos?

No fue difícil
 Algo difícil
 Muy difícil
 No fue posible obtener referidos

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138 Responda las siguientes preguntas sólo si este(a) niño(a) tuvo una visita de atención médica EN LOS ÚLTIMOS 12 MESES. De lo contrario vaya a la pregunta **135** en la página 11.

139 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este(a) niño(a) hicieron lo siguiente...

	Siempre	Casi siempre	A veces	Nunca
a. ¿Estuvieron tiempo suficiente con este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Lo(a) escucharon a usted con atención?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Mostraron sensibilidad por sus 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(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Lo(a) hicieron sentir como un(a) participante en la atención y cuidado de este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

140 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó tomar alguna decisión sobre el cuidado de salud de este(a) niño(a), tal como obtener medicamentos recetados, referidos o algún otro procedimiento médico?

Sí
 No → PASE a la pregunta **142**

141 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este(a) niño(a) hicieron lo siguiente...

	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(a) niño(a)?	<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(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Trabajaron con usted para decidir cuáles serían las mejores opciones para este(a) niño(a) en lo que se refiere a cuidado de salud y opciones de tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

142 DURANTE LOS ÚLTIMOS 12 MESES, ¿le ayudó alguien a organizar o coordinar el cuidado de este(a) niño(a) entre los diferentes médicos y servicios que este(a) niño(a) utiliza?

Sí
 No
 No vio a más de un proveedor de atención médica en los ÚLTIMOS 12 MESES

143 DURANTE LOS ÚLTIMOS 12 MESES, ¿sentió que podría haber usado ayuda adicional para hacer arreglos o coordinar la atención médica de este(a) niño(a) entre los diferentes proveedores o servicios de atención médica?

Sí
 No → PASE a la pregunta **145** en la página 13

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E. Cobertura de seguro médico de este(a) niño(a)

Q0 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(a) niño(a)?

Casi siempre
 A veces
 Nunca

Q10 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuán satisfecho(a) estuvo con respecto a la comunicación entre los médicos de este(a) niño(a) y los demás proveedores de atención médica?

Muy satisfecho
 Algo satisfecho
 Algo insatisfecho
 Muy insatisfecho

Q11 DURANTE LOS ÚLTIMOS 12 MESES, ¿el proveedor de atención médica de este(a) niño(a) se comunicó con la escuela, el proveedor de cuidado de niños o el programa de educación especial de este(a) niño(a)?

Sí
 No → PASE a la pregunta **Q1**

No fue necesario que el proveedor de atención médica se comunicara con estos proveedores → PASE a la pregunta **Q1**

Q12 Si la respuesta es sí, durante este tiempo, ¿qué tan satisfecho(a) se ha sentido con respecto a la comunicación que el proveedor de atención médica de este(a) niño(a) ha tenido con la escuela, el proveedor de cuidado de niños o el programa de educación especial?

Muy satisfecho
 Algo satisfecho
 Algo insatisfecho
 Muy insatisfecho

Q13 ¿Está este(a) niño(a) cubierto(a) por ALGÚN tipo de seguro médico o plan de cobertura de salud?

Sí
 No → PASE a la pregunta **Q1** en la página 14

Q14 Indique si algunos de los siguientes es un motivo por el cual este(a) niño(a) no tuvo cobertura de salud DURANTE LOS ÚLTIMOS 12 MESES:

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 demasiado	<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(a), especifique: _____	<input type="checkbox"/>	<input type="checkbox"/>

Q15 ¿Está este(a) niño(a) cubierto(a) ACTUALMENTE por ALGÚN tipo de seguro de salud o plan de cobertura de salud?

Sí
 No → PASE a la pregunta **Q1** en la página 14

F. Proveyendo para el cuidado de salud de este(a) niño(a)

Q16 ¿Está este(a) niño(a) ACTUALMENTE cubierto(a) por alguno de los siguientes tipos de seguro de salud o planes de cobertura de salud? Marque (X) Sí o No en CADA categoría.

a. Seguro a través de un empleador actual o previo o a través de un sindicato	<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(a), especifique: _____	<input type="checkbox"/>	<input type="checkbox"/>

Q17 ¿Con qué frecuencia el seguro de salud de este(a) niño(a) ofrece beneficios o cubre servicios que satisfacen las necesidades de este(a) niño(a)?

Siempre
 Casi siempre
 A veces
 Nunca

Q18 ¿Con qué frecuencia el seguro de salud de este(a) niño(a) le permite ver a los proveedores de atención médica que necesita?

Siempre
 Casi siempre
 A veces
 Nunca

Q19 Pensando específicamente en las necesidades de salud mental o de conducta de este(a) niño(a), ¿con qué frecuencia el seguro de salud de este(a) niño(a) ofrece beneficios o cubre servicios que satisfacen estas necesidades?

Este(a) niño(a) no utiliza servicios de salud mental o de la conducta
 Siempre
 Casi siempre
 A veces
 Nunca

Q20 ¿Dejó el trabajo o se ausentó unos cuantos días debido a la salud o condición(es) médica(s) de este(a) niño(a)?

Sí
 No

Q21 ¿Redució la cantidad de horas que trabaja debido a la salud o condición(es) médica(s) de este(a) niño(a)?

Sí
 No

Q22 ¿Evitó cambiar de trabajo para mantener el seguro de salud para este(a) niño(a)?

Sí
 No

Q23 DURANTE LOS ÚLTIMOS 12 MESES, ¿tuvo su familia problemas para pagar las facturas médicas o de atención médica de este(a) niño(a)?

Sí
 No

Q24 DURANTE LOS ÚLTIMOS 12 MESES, ¿usted u otro miembro de la familia...

a. ¿Dejó el trabajo o se ausentó unos cuantos días debido a la salud o condición(es) médica(s) de este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Redució la cantidad de horas que trabaja debido a la salud o condición(es) médica(s) de este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Evitó cambiar de trabajo para mantener el seguro de salud para este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>

Q25 ¿Con qué frecuencia son razonables estos costos?

Siempre
 Casi siempre
 A veces
 Nunca

Q26 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuánto dinero pagó por los cuidados médicos, de salud, dentales y de visión de este(a) niño(a) DURANTE LOS ÚLTIMOS 12 MESES? No incluye las primas o los costos del seguro que fueron o serán reembolsados por el seguro u otra fuente.

\$0 (Sin gastos médicos o gastos relacionados con la salud) → PASE a la pregunta **Q1**

De \$1 a \$249
 De \$250 a \$499
 De \$500 a \$999
 De \$1,000 a \$5,000
 Más de \$5,000

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G. La educación y las actividades de este(a) niño(a)

Q27 EN UNA SEMANA PROMEDIO, ¿cuántas horas dedica usted u otros miembros de la familia a la atención médica de este(a) niño(a) en su hogar? El cuidado puede incluir cambiar vendajes o dar medicamentos y terapias cuando sea necesario.

Este(a) niño(a) no necesita atención médica en el hogar cada semana
 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

Q28 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(a) niño(a), tal como programar citas o localizar servicios?

Este(a) niño(a) no necesita atención médica coordinada cada semana
 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

Q29 DURANTE LOS ÚLTIMOS 12 MESES, ¿aproximadamente cuántos días se ausentó de la escuela este(a) niño(a) por una enfermedad o lesión? Si este(a) niño(a) recibe educación formal en el hogar, incluya los días en los que él(ella) se ausentó.

No se ausentó ningún día
 De 1 a 3 días
 De 4 a 6 días
 De 7 a 10 días
 11 días o más

Q30 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces se comunicó la escuela de este(a) niño(a) con usted u otro adulto de su casa por algún problema del (de la) niño(a) en la escuela?

Nunca
 1 vez
 2 veces o más

Q31 DESDE QUE COMENZO KINDERGARTEN, ¿alguna vez ha repetido este(a) niño(a) algún grado?

Sí
 No

Q32 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia asistió usted a eventos o actividades en las que este(a) niño(a) participaba?

Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

H. Acerca de usted y este(a) niño(a)

Q33 DURANTE LOS ÚLTIMOS 12 MESES, ¿participó este(a) niño(a) en...

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, lugar de culto o comunidad?	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Alguna actividad con paga, incluyendo trabajos usuales como cuidar niños(as), cortando el césped u otro trabajo ocasional?	<input type="checkbox"/>	<input type="checkbox"/>

Q34 ¿Nació este(a) niño(a) en los Estados Unidos?

Sí → PASE a la pregunta **Q3**
 No

Q35 Si la respuesta es no, ¿cuánto tiempo ha vivido este(a) niño(a) en los Estados Unidos?

Años Y Meses

Q36 ¿Cuántas veces se ha mudado este(a) niño(a) a una dirección nueva desde que nació?

Cantidad de veces

Q37 ¿Con qué frecuencia este(a) niño(a) se va a dormir aproximadamente a la misma hora durante las noches entre semana?

Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

Q38 DURANTE LA SEMANA PASADA, ¿cuántas horas durmió este(a) niño(a) la mayoría de las noches entre semana?

Menos de 6 horas
 6 horas
 7 horas
 8 horas
 9 horas
 10 horas
 11 horas o más

Q39 En comparación con otros(as) niños(as) de la misma edad, ¿qué dificultad tiene este(a) niño(a) para hacer o mantener amistades?

Ninguna dificultad
 Un poco de dificultad
 Mucha dificultad

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H6 EN LA MAYORÍA DE LOS DÍAS DE LA SEMANA, ¿aproximadamente cuánto tiempo pasa este(a) niño(a) frente a una televisión, computadora, teléfono celular u otro dispositivo electrónico viendo programas, jugando juegos, accediendo a la internet, o utilizando los medios de comunicación social? No incluye el tiempo dedicado a hacer tareas escolares.

Menos de 1 hora
 1 hora
 2 horas
 3 horas
 4 horas o más

H7 ¿Qué tan bien pueden usted y este(a) niño(a) compartir ideas o hablar sobre cosas realmente importantes?

Muy bien
 Algo bien
 No muy bien
 Nada de bien

H8 ¿Cómo considera que sobrelleva las obligaciones cotidianas de la crianza de los(as) niños(as)?

Muy bien
 Algo bien
 No muy bien
 Nada de bien

H9 DURANTE EL MES PASADO, ¿con qué frecuencia sintió...?

	Nunca	En raras ocasiones	A veces	Casi siempre	Siempre
a. ¿Qué este(a) niño(a) es mucho más difícil de cuidar que la mayoría de los(as) niños(as) de su edad?	<input type="checkbox"/>				
b. ¿Qué este(a) niño(a) hace cosas que realmente le molestan mucho a usted?	<input type="checkbox"/>				
c. ¿Qué estaba enojado(a) con este(a) niño(a)?	<input type="checkbox"/>				

H10 DURANTE LOS ÚLTIMOS 12 MESES, ¿hubo alguien a quien usted pudiera recurrir regularmente en busca de apoyo emocional relacionado con la crianza de los(as) niños(as)?

Sí
 No → PASE a la pregunta **H1** en la página 18

H11 Si la respuesta es sí, ¿recibió usted apoyo emocional de...?

	Sí	No
a. ¿Esposo(a) o compañero(a) de casa?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Otro familiar o amigo(a) cercano(a)?	<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 condición de salud específica?	<input type="checkbox"/>	<input type="checkbox"/>
f. ¿Un grupo de apoyo?	<input type="checkbox"/>	<input type="checkbox"/>
g. Un consejero u otro profesional de la salud mental?	<input type="checkbox"/>	<input type="checkbox"/>
h. Otra persona, especifique: _____	<input type="checkbox"/>	<input type="checkbox"/>

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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, cigarrillos o tabaco de pipa?

Sí
 No → PASE a la pregunta **I4**

I3 Si la respuesta es sí, ¿alguien fuma dentro del hogar?

Sí
 No

I4 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia se utilizaron pesticidas dentro de su residencia para controlar los insectos? Si la frecuencia cambió durante el año, indique la frecuencia más alta.

Más de una vez a la semana
 Una vez a la semana
 Una vez al mes
 Una vez cada 2 a 5 meses
 Una vez cada 6 meses
 Una vez durante los últimos 12 meses
 Nunca
 No sé

I5 DURANTE LOS ÚLTIMOS 12 MESES, aparte de en una ducha o bañera ¿ha visto moho, hongos u otros signos de daños por agua en las paredes u otras superficies dentro de su casa?

Sí
 No

I6 Cuando su familia enfrenta problemas, ¿con qué frecuencia es probable que hagan lo siguiente?

	Siempre	Casi siempre	A veces	Nunca
a. Hablar 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 tenemos fuerzas en donde apoyamos	<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"/>

I7 DESDE QUE ESTE(A) NIÑO(A) NACIO, ¿con qué frecuencia ha sido muy difícil cubrir los gastos básicos, como alimentos y vivienda, utilizando sus ingresos familiares?

Nunca
 En raras ocasiones
 En algunas ocasiones
 En muchas ocasiones

I8 ¿Cuál de estas afirmaciones describe mejor la capacidad de su hogar para poder cocinar los alimentos que necesitaba DURANTE LOS ÚLTIMOS 12 MESES?

Siempre pudimos cocinar buenas comidas nutritivas.
 Siempre pudimos cocinar lo suficiente para comer, pero no siempre la clase de alimentos que debemos comer.
 A veces no pudimos cocinar lo suficiente para comer.
 Con frecuencia no pudimos cocinar lo suficiente para comer.

I9 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. ¿Dispones 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"/>

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I10 ¿En su vecindario hay...?

	Sí	No
a. ¿Acoras o pasos 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 ambiente?	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Basura o desperdicios en las calles o aceras?	<input type="checkbox"/>	<input type="checkbox"/>
f. ¿Hogares deteriorados o mal conservados?	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Vandalismo, como ventanas rotas o grafitis?	<input type="checkbox"/>	<input type="checkbox"/>

I11 ¿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(as) hijos(as)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Este(a) niño(a) está seguro(a) 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(a) niño(a) está seguro(a) en la escuela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I12 Además de usted o los demás adultos en su hogar, ¿hay al menos otro adulto en la escuela, vecindario o comunidad del (de la) niño(a) que conozca bien al (a) niño(a) y en quien el (la) niño(a) pueda depender para recibir consejo u orientación?

Sí
 No

I13 Las siguientes preguntas son sobre eventos que pueden haber ocurrido durante la vida del (de la) niño(a). Estos pueden suceder en cualquier familia, pero algunas personas quizás se sientan incómodas con estas preguntas. Usted puede omitir cualquier pregunta que no desee responder.

A su entender, ¿este(a) niño(a) experimentó ALGUNAS 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 pelearse en el hogar	<input type="checkbox"/>	<input type="checkbox"/>
e. Fue víctima o testigo de violencia en su vecindario	<input type="checkbox"/>	<input type="checkbox"/>
f. Vivió con alguna persona que tenía una enfermedad mental, estaba suicida o tenía depresión grave o severa	<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(a) o juzgado(a) injustamente por su raza o grupo étnico	<input type="checkbox"/>	<input type="checkbox"/>

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J. Cuidador(es) de este(a) niño(a)

J4 Complete las siguientes preguntas hasta un máximo de dos adultos por hogar para cada uno de los cuidadores primarios de este(a) niño(a). Si sólo un adulto es el cuidador primario, conteste las preguntas solamente para ese adulto.

J1 ¿Qué parentesco tiene con este(a) niño(a)?

Padre o madre biológica o adoptiva
 Padrastro o madrastra
 Abuelo(a)
 Padre o madre de crianza a través del programa Foster del gobierno
 Otro(a): Pariente
 Otro(a): 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 (X) sólo UNA opción.

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)

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

NSCH-S-T2 20

Module T3 (for children 12-17 years old; Spanish)

26138208
26138198

OMB No. 0607-0990; Aprobado hasta el 05/31/2019

Encuesta Nacional de Salud de los Niños

Un estudio realizado por el Departamento de Salud y Servicios Humanos de los EE. UU. para entender mejor los problemas de salud que enfrentan actualmente los(as) niños(as) en los Estados Unidos.

La Oficina del Censo de los EE.UU. está obligada por ley a proteger su información y no se le permite divulgar sus respuestas de manera que usted o su hogar pudieran ser identificados. La Oficina del Censo de los Estados Unidos está llevando a cabo la Encuesta Nacional de Salud de los Niños para el Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS) en conformidad con la Sección 8(b) del Título 13, Código de los Estados Unidos, que le permite a la Oficina del Censo realizar encuestas para otras agencias. La Sección 701(a)(2) del Título 42, Código de los Estados Unidos, le permite al HHS recopilar información con el propósito de entender la salud y el bienestar de los(as) niños(as) en los Estados Unidos. Las leyes federales protegen su privacidad y mantienen confidenciales sus respuestas, en conformidad con la Sección 9 del Título 13, Código de los Estados Unidos. De acuerdo con la Ley para el Fortalecimiento de la Seguridad Cibernética del 2016, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten.

Cualquier información que proporcione será compartida para fines relacionados con el trabajo identificado anteriormente y según lo permitido por la Ley de Privacidad de 1974 (Sección 552 del Título 5, Código de los Estados Unidos) y SCRN COMMERCE/CENSUS-3, Recopilación de la Encuesta Demográfica (Marco Muestral de la Oficina del Censo).

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
(04/05/2018) Draft 16

Comience Aquí

Recientemente, usted completó una encuesta con preguntas sobre los(as) niños(as) que usualmente viven o se quedan en esta dirección. Gracias por tomar de su tiempo para completar esta encuesta.

Ahora le haremos algunas preguntas de seguimiento sobre:

Si el nombre que aparece anteriormente es incorrecto o no corresponde a un(a) niño(a) que viva en este hogar, llame al 1-800-845-8241.

Hemos seleccionado solamente a un(a) niño(a) por hogar con el fin de minimizar la cantidad de tiempo que necesitará para responder a las preguntas de seguimiento.

La encuesta deberá ser completada por un adulto familiarizado con la salud y atención médica de este(a) niño(a).

Su participación es importante. Gracias.

A. La salud de este(a) niño(a)

A1 En general, ¿cómo describiría la salud de este(a) niño(a) (cuyo nombre aparece más arriba)?

Excelente
 Muy buena
 Buena
 Regular
 Deficiente

A2 ¿Cómo describiría la salud dental de este(a) niño(a)?

Excelente
 Muy buena
 Buena
 Regular
 Deficiente

A3 ¿Con qué frecuencia este(a) niño(a)...

	Siempre	Casi siempre	A veces	Nunca
a. Muestra interés y curiosidad por aprender cosas nuevas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trabaja para terminar las tareas que comienza?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Se mantiene tranquilo(a) y en control cuando enfrenta un desafío?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Le importa que le vaya bien en la escuela?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hace toda la tarea requerida?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Discute demasiado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces este(a) niño(a) fue víctima de acoso escolar, burlas o fue excluido(a) por otros(as) niños(as)? Si la cantidad de veces cambió durante el año, reporte la cantidad más alta.

Nunca (en los últimos 12 meses)
 1-2 veces (en los últimos 12 meses)
 1-2 veces por mes
 1-2 veces por semana
 Casi todos los días

A5 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces este(a) niño(a) hostigó a otros(as) en el entorno escolar, se burló de los(as) demás o los(as) excluyó(a)? Si la cantidad de veces cambió durante el año, reporte la cantidad más alta.

Nunca (en los últimos 12 meses)
 1-2 veces (en los últimos 12 meses)
 1-2 veces por mes
 1-2 veces por semana
 Casi todos los días

NSCH-S-T3

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A6 DURANTE LOS ÚLTIMOS 12 MESES, ¿este(a) niño(a) ha tenido dificultades CRONICAS o FRECUENTES con cualquiera de los(as) siguientes?

	Si	No
a. Respirar u otros problemas respiratorios (como respiración silbante o falta de aire)	<input type="checkbox"/>	<input type="checkbox"/>
b. Comer o tragar debido a una condición médica	<input type="checkbox"/>	<input type="checkbox"/>
c. Digestión de comida, incluyendo problemas estomacales o intestinales, estreñimiento o diarrea	<input type="checkbox"/>	<input type="checkbox"/>
d. Dolor físico crónico o recurrente, incluyendo dolor de cabeza, dolor de espalda o dolor corporal	<input type="checkbox"/>	<input type="checkbox"/>
e. Dolor de muelas	<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"/>

A7 ¿Presenta este(a) niño(a) alguno de los siguientes problemas?

	Si	No
a. Dificultades serias para concentrarse, recordar o tomar decisiones debido a una condición 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 solo o sola, como visitar el consultorio u oficina del médico o ir de compras, debido a una condición física, mental o emocional	<input type="checkbox"/>	<input type="checkbox"/>
e. Sordara o problemas de audición	<input type="checkbox"/>	<input type="checkbox"/>
f. Ceguera o problemas de la vista, incluso cuando usa anteojos o lentes	<input type="checkbox"/>	<input type="checkbox"/>

A8 ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A9 ¿Alergias (incluyendo alimentos, medicamentos, insectos o de otro tipo)?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Gravo

A10 ¿Artritis?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Gravo

A11 ¿Asma?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Gravo

A12 ¿Lesión cerebral, contusión o lesión en la cabeza?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Gravo

A13 ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A14 ¿Parálisis cerebral?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Gravo

A15 ¿Diabetes?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Gravo

A16 ¿Epilepsia o trastornos convulsivos?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Gravo

A17 ¿Condición o problemas cardíacos?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Gravo

A18 ¿Dolores de cabeza frecuentes o intensos, incluyendo migrañas?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Gravo

A19 ¿Síndrome de Tourette?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Gravo

A20 ¿Problemas de ansiedad?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Gravo

A21 ¿Depresión?

Si No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Si No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Gravo

NSCH-S-T3

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ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A20 ¿Síndrome de Down?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A21 ¿Trastornos sanguíneos (como enfermedad de anemia drepanocítica o de células falciformes, talasemia o hemofilia)?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

↳ Si la respuesta es sí, ¿fue este(a) niño(a) diagnosticado(a) con:

Enfermedad de anemia drepanocítica	<input type="checkbox"/>	<input type="checkbox"/>
Talasemia	<input type="checkbox"/>	<input type="checkbox"/>
Hemofilia	<input type="checkbox"/>	<input type="checkbox"/>
Otros trastornos sanguíneos	<input type="checkbox"/>	<input type="checkbox"/>

A22 ¿Fibrosis quística?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

5

20138198

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A23 ¿Otra condición genética o hereditaria?

Sí No

↳ Si la respuesta es sí, especifique:"

La condición es:

Leve Moderada Grave

Esta condición, ¿fue identificada por medio de una prueba de sangre realizada poco después del nacimiento? Estas pruebas a veces se llaman pruebas de detección para recién nacidos.

Sí No

A24 ¿Trastornos por uso de drogas?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) el trastorno ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, el trastorno es:

Leve Moderado Grave

ALGUNA VEZ un médico, otro proveedor de atención médica o un educador le ha dicho a usted que este(a) niño(a) padece de...

Algunos ejemplos de educadores son maestros(as) y enfermeros(as) escolares.

A25 ¿Problemas de comportamiento o conducta?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A26 ¿Retraso en el desarrollo?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

ALGUNA VEZ un médico, otro proveedor de atención médica o un educador le ha dicho a usted que este(a) niño(a) padece de...

A27 ¿Discapacidad intelectual (anteriormente conocida como retraso mental)?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la discapacidad ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la discapacidad es:

Leve Moderada Grave

A28 ¿Trastorno del habla u otro trastorno del lenguaje?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A29 ¿Discapacidades del aprendizaje?

Sí No

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la discapacidad ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la discapacidad es:

Leve Moderada Grave

ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A30 ¿Cualquier otra condición de salud mental?

Sí No

↳ Si la respuesta es sí, especifique:"

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

ALGUNA VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este(a) niño(a) padece de...

A31 ¿Alguna VEZ le ha dicho a usted un médico u otro proveedor de atención médica que este(a) niño(a) padece de Autismo o Trastorno del Espectro Autista (TEA)? Incluye los diagnósticos de Síndrome de Asperger o Trastorno Generalizado del Desarrollo (TGD).

Sí No → PASE a la pregunta **A32** en la página 7

↳ Si la respuesta es sí, ¿padece este(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A32 ¿Qué edad tenía este(a) niño(a) cuando un médico u otro proveedor de atención médica le dijo a usted por PRIMERA VEZ que este(a) niño(a) tenía Autismo, Trastornos del Espectro Autista (TEA), Síndrome de Asperger o Trastorno Generalizado del Desarrollo (TGD)?

Edad en años No sabe

A33 ¿Qué tipo de médico u otro proveedor de atención médica fue el PRIMERO en decirle a usted que este(a) niño(a) tenía Autismo, Trastornos del Espectro Autista (TEA), Síndrome de Asperger, o Trastorno Generalizado del Desarrollo (TGD)? Marque (X) solo UNA opción.

Proveedor de atención primaria

Especialista

Psicólogo(a)/consejero(a) escolar

Otro(a) psicólogo(a) (no escolar)

Psiquiatra

Otro(a), especifique: "

No sabe

A34 ¿Toma este(a) niño(a) ACTUALMENTE medicamentos para tratar el Autismo, los Trastornos del Espectro Autista(TEA), Síndrome de Asperger, o el Trastorno Generalizado del Desarrollo (TGD)?

Sí No

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ALGUNA VEZ un médico u otro(a) profesional de la salud le ha dicho a usted que este(a) niño(a) padece de...

A35 En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) tratamiento de la conducta 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(a) niño(a) para ayudar con su conducta?

Sí No

A36 ¿ALGUNA VEZ le dijo a usted un médico u otro proveedor de atención médica que este(a) niño(a) 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(a) niño(a) la condición ACTUALMENTE?

Sí No

↳ Si la respuesta es sí, la condición es:

Leve Moderada Grave

A37 ¿Toma este(a) niño(a) ACTUALMENTE medicamentos para tratar el Trastorno por Déficit de Atención (TDA) o el Trastorno por Déficit de Atención e Hiperactividad (TDAH)?

Sí No

A38 En algún momento DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) tratamiento de la conducta por el 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(a) niño(a) para ayudar con su conducta?

Sí No

A39 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia las condiciones o los problemas de salud de este(a) niño(a) afectaron su capacidad para hacer actividades que realizan otros(a)s niño(a)s de su edad?

Este(a) niño(a) no padece ninguna condición médica → PASE a la pregunta **A41**

Nunca

A veces

Casi siempre

Siempre

7

20138172

En qué medida las condiciones o problemas de salud de este(a) niño(a) afectan su capacidad de hacer actividades?

Muy poco

Algo

En gran medida

B. Este(a) niño(a) cuando era bebé

B1 ¿Nació este(a) niño(a) más de 3 semanas antes de la fecha para la cual se esperaba el parto?

Sí

No

B2 ¿Cuánto pesó al nacer? Responda utilizando libras y onzas O kilogramos y gramos. Puede proveer su mejor aproximación o estimación.

libras Y onzas

O

kilogramos Y gramos

B3 ¿Qué edad tenía la madre cuando nació este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

Edad en años

C. Servicios de atención médica

C1 DURANTE LOS ÚLTIMOS 12 MESES, ¿vio este(a) niño(a) a algún médico, enfermero(a) u otro profesional de la salud para recibir atención médica (por ejemplo, para cuidado preventivo, cuidado médico, hospitalizaciones)?

Sí

No → PASE a la pregunta **C5**

C2 Si la respuesta es sí, en su ÚLTIMA VISITA DE ATENCIÓN MÉDICA, ¿tuvo el (la) niño(a) 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

C3 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces tuvo este(a) niño(a) una consulta con un médico, enfermero(a) u otro(a) profesional de la salud para realizarse un chequeo PREVENTIVO? El chequeo preventivo se realiza cuando este(a) niño(a) no ha estado enfermo(a) ni lesionado(a), tal como un chequeo preventivo anual o un examen físico para hacer deporte o la visita de niño sano.

0 visitas

1 visita

2 visitas o más

C4 Pensando en la ÚLTIMA VEZ que llevó al (a) la niño(a) a un chequeo PREVENTIVO, ¿aproximadamente cuánto tiempo en el consultorio estuvo con usted el médico o proveedor de atención médica que examinó a este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

Menos de 10 minutos

De 10 a 20 minutos

Más de 20 minutos

C5 ¿Cuál es la estatura ACTUAL de este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

pies Y pulgadas

O

metros Y centímetros

C6 ¿Cuál es el peso ACTUAL de este(a) niño(a)? Puede proveer su mejor aproximación o estimación.

libras Y onzas

O

kilogramos Y gramos

C7 ¿Le preocupa el peso de este(a) niño(a)?

Sí, este(a) niño(a) pasa mucho

Sí, este(a) niño(a) pasa muy poco

No, no me preocupa

C8 ¿Alguna vez un médico u otro proveedor de atención médica le ha dicho a usted que este(a) niño(a) tiene sobrepeso?

Sí

No

C9 ¿Hay algún lugar en donde usted u otro cuidador USUALMENTE lleva a este(a) niño(a) cuando está enfermo(a) o necesita asesoramiento sobre la salud de este(a) niño(a)?

Sí

No → PASE a la pregunta **C11**

C10 Si la respuesta es sí, ¿adónde NORMALMENTE va este(a) niño(a) primero? Marque (X) 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 este(a) niño(a) USUALMENTE va cuando necesita atención preventiva de rutina, como un examen físico o un chequeo de niño sano?

Sí

No → PASE a la pregunta **C12** en la página 9

8

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C16 Si la respuesta es sí, ¿es este el mismo lugar a donde está(n) niño(a) va cuando está enfermo(a)?

Sí
 No

C17 DURANTE LOS ÚLTIMOS 12 MESES, ¿se le hizo a este(a) niño(a) un examen de la vista, utilizando imágenes, formas o letras?

Sí
 No → PASE a la pregunta **C18**

C18 Si la respuesta es sí, ¿dónde se le examinó la vista a este(a) niño(a)? Marque (X) TODAS las que apliquen.

Consultorio de un oculista o especialista en ojos (oftalmólogo, optometrista)
 Consultorio del pediatra u otro médico generalista
 Clínica o centro de salud
 Escuela
 Otro(a), especifique: _____

C19 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) al dentista u otro profesional de la salud oral para recibir algún tipo de atención o cuidado dental u oral?

Sí, fue al dentista
 Sí, fue a otro(a) profesional de la salud oral
 No → PASE a la pregunta **C18**

C20 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) al dentista u otro(a) 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

C21 Si la respuesta es sí, DURANTE LOS ÚLTIMOS 12 MESES, ¿qué servicio(s) dental(es) preventivo(s) recibió este(a) niño(a)? Marque (X) TODAS las que apliquen.

Chequeo
 Limpieza
 Instrucciones sobre cepillado de dientes y cuidado de la salud oral
 Radiografías
 Tratamiento de fluoruro
 Sellador (sellador plástico en muelas posteriores)
 No sabe

C22 DURANTE LOS ÚLTIMOS 12 MESES, ¿recibió este(a) niño(a) algún tratamiento, consejería o asesoría por parte de un profesional de la salud mental? Los profesionales de salud mental incluyen psiquiatras, psicólogos(as), enfermeros(as) psiquiátricos(as) y trabajadores sociales clínicos.

Sí
 No, pero este(a) niño(a) necesitaba ver a un profesional de la salud mental
 No, este(a) niño(a) no necesitaba ver a un profesional de la salud mental → PASE a la pregunta **C23**

C23 ¿Qué tan difícil le resultó obtener el tratamiento, consejería o asesoría de salud mental que este(a) niño(a) necesitaba?

No fue difícil
 Algo difícil
 Muy difícil
 No fue posible obtenerlo

C24 DURANTE LOS ÚLTIMOS 12 MESES, ¿tomó este(a) niño(a) algún medicamento debido a dificultades con sus emociones, concentración o conducta?

Sí
 No

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26138156

C25 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) a algún especialista aparte de un profesional de la salud mental? Los especialistas son médicos como cirujanos, cardiólogos(as), alergistas, dermatólogos y otros médicos que se especializan en una sola área de la atención médica.

Sí
 No, pero este(a) niño(a) necesitó ver a un especialista
 No, este(a) niño(a) no necesitó ver a un especialista → PASE a la pregunta **C23**

C26 ¿Qué tan difícil le resultó a usted que este(a) niño(a) recibiera la atención del especialista que necesitaba?

No fue difícil
 Algo difícil
 Muy difícil
 No fue posible obtenerla

C27 DURANTE LOS ÚLTIMOS 12 MESES, ¿utilizó este(a) niño(a) algún tipo de cuidado médico o tratamiento alternativo? El cuidado médico o tratamiento alternativo 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

C28 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este(a) niño(a) 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**

C29 Si la respuesta es sí, ¿qué tipo de atención no recibió? Marque (X) TODAS las que apliquen.

Atención médica
 Atención dental
 Atención de la vista
 Atención de la salud mental
 Servicios de salud mental
 Otro(a), especifique: _____

C30 ¿Cuáles de las siguientes razones contribuyeron a que este(a) niño(a) no recibiera los servicios de salud necesarios? Marque (X) Sí o No en cada categoría.

	Sí	No
a. Este(a) niño(a) no era elegible para recibir los servicios	<input type="checkbox"/>	<input type="checkbox"/>
b. Los servicios que necesitaba este(a) niño(a) no estaban disponibles en su área	<input type="checkbox"/>	<input type="checkbox"/>
c. Hubo problemas para programar u obtener una cita cuando este(a) niño(a) la necesitó	<input type="checkbox"/>	<input type="checkbox"/>
d. Hubo problemas para obtener transporte o cuidado de los niños	<input type="checkbox"/>	<input type="checkbox"/>
e. El consultorio (del médico o la clínica) no estaba abierto(a) cuando este(a) niño(a) necesitó atención	<input type="checkbox"/>	<input type="checkbox"/>
f. Hubo problemas relacionados con el costo	<input type="checkbox"/>	<input type="checkbox"/>

C31 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia se sintió frustrado(a) en sus esfuerzos para obtener servicios para este(a) niño(a)?

Nunca
 A veces
 Casi siempre
 Siempre

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26138149

C32 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces fue este(a) niño(a) a la sala de emergencias de un hospital?

Nunca
 1 vez
 2 o más veces

C33 DURANTE LOS ÚLTIMOS 12 MESES, ¿fue este(a) niño(a) admitido(a) al hospital para quedarse ahí por lo menos una noche?

Sí
 No

C34 ¿Recibió este(a) niño(a) ALGUNA VEZ un plan de educación especial o de intervención temprana? Los(as) niño(a)s que reciben estos servicios a menudo cuentan con un Plan de Servicio Familiar Individualizado (IFSP) o Plan de Educación Individualizado (IEP).

Sí
 No → PASE a la pregunta **C35**

C35 Si la respuesta es sí, ¿qué edad tenía este(a) niño(a) cuando se estableció al PRIMER plan?

Años Y Meses

C36 ¿Recibe este(a) niño(a) ACTUALMENTE servicios bajo alguno de estos planes?

Sí
 No

C37 ¿Recibió este(a) niño(a) ALGUNA VEZ servicios especiales para cumplir con sus necesidades del desarrollo, tales como terapia del habla, ocupacional o de la conducta?

Sí
 No → PASE a la pregunta **C38**

C38 Si la respuesta es sí, ¿qué edad tenía este(a) niño(a) cuando comenzó a recibir estos servicios especiales?

Años Y Meses

C39 ¿Recibe este(a) niño(a) ACTUALMENTE estos servicios especiales?

Sí
 No

D. Experiencia con los proveedores de atención médica de este(a) niño(a)

D1 ¿Tiene usted a una o más personas a quienes considera como médico o enfermero(a) de cabecera de este(a) niño(a)? Un médico o enfermero(a) es un profesional de la salud quien conoce bien al (a la) niño(a) y está familiarizado con la historia de salud de este(a) niño(a). Puede ser un médico de medicina general, un pediatra, un médico especialista, un(a) enfermero(a) practicante o asociado médico.

Sí, a una persona
 Sí, a más de una persona
 No

D2 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó este(a) niño(a) un referido para ver a algún médico o recibir algún servicio?

Sí
 No → PASE a la pregunta **D4** en la página 12

D3 ¿Qué tan difícil le resultó a usted obtener referidos?

No fue difícil
 Algo difícil
 Muy difícil
 No fue posible obtener referidos

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D4 Responda las siguientes preguntas sólo si este(a) niño(a) tuvo una visita de atención médica EN LOS ÚLTIMOS 12 MESES. De lo contrario vaya a la pregunta **D5** en la página 13.

DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia los médicos u otros proveedores de atención médica de este(a) niño(a) hicieron lo siguiente...

	Siempre	siempre	A veces	Nunca
a. ¿Estuvieron tiempo suficiente con este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Lo(a) escucharon a usted con atención?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Mostraron sensibilidad por sus 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(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Lo(a) hicieron sentir como un(a) participante en la atención y cuidado de este(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D5 DURANTE LOS ÚLTIMOS 12 MESES, ¿necesitó tomar alguna decisión sobre el cuidado de salud de este(a) niño(a), tal como obtener medicamentos recetados, referidos o algún otro 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(a) niño(a)...

	Siempre	siempre	A veces	Nunca
a. ¿Analizaron con usted la variedad de opciones a considerar para la atención médica o el tratamiento de este(a) niño(a)?	<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(a) niño(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Trabajaron con usted para decidir cuáles serían las mejores opciones para este(a) niño(a) en lo que se refiere a cuidado de salud y opciones de tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D7 DURANTE LOS ÚLTIMOS 12 MESES, ¿le ayudó alguien a organizar o coordinar el cuidado de este(a) niño(a) entre los diferentes médicos y servicios que este(a) niño(a) utiliza?

Sí
 No
 No vio a más de un proveedor de atención médica en los ÚLTIMOS 12 MESES

D8 DURANTE LOS ÚLTIMOS 12 MESES, ¿sintió que podría haber usado ayuda adicional para hacer arreglos o coordinar la atención médica de este(a) niño(a) entre los diferentes proveedores o servicios de atención médica?

Sí
 No → PASE a la pregunta **D9** en la página 13

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(a) niño(a)?

Casi siempre
 A veces
 Nunca

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Q10 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuán satisfecho(a) estuvo con respecto a la comunicación entre los médicos de este(a) niño(a) y los demás proveedores de atención médica?

Muy satisfecho
 Algo satisfecho
 Algo insatisfecho
 Muy insatisfecho

Q11 DURANTE LOS ÚLTIMOS 12 MESES, ¿el proveedor de atención médica de este(a) niño(a) se comunicó con la escuela, el proveedor de cuidado de niños o el programa de educación especial de este(a) niño(a)?

Sí
 No → PASE a la pregunta **Q12**
 No fue necesario que el proveedor de atención médica se comunicara con estos proveedores → PASE a la pregunta **Q13**

Q12 Si la respuesta es sí, durante este tiempo, ¿qué tan satisfecho(a) se ha sentido con respecto a la comunicación que el proveedor de atención médica de este(a) niño(a) ha tenido con la escuela, el proveedor de cuidado de niños o el programa de educación especial?

Muy satisfecho
 Algo satisfecho
 Algo insatisfecho
 Muy insatisfecho

Q13 ¿Acaso algunos de los médicos o proveedores de atención médica de este(a) niño(a) tratan solamente a niños(as)?

Sí
 No → PASE a la pregunta **Q14**

Q14 Si la respuesta es sí, ¿han hablado ellos(as) con usted sobre cuando este(a) niño(a) necesitará ver a médicos u otros proveedores de atención médica que tratan a adultos?

Sí
 No

Q15 El médico de este(a) niño(a) u otro proveedor de atención médica, ¿ha trabajado con este(a) niño(a) para...?

a. ¿Hacer elecciones positivas para la salud? Por ejemplo, comer saludable, hacer actividad física periódicamente, no consumir tabaco, alcohol u otras drogas, o posponer la actividad sexual.

Sí No No sabe

b. ¿Adquirir habilidades para controlar su salud y atención médica? Por ejemplo, comprender sus necesidades actuales de salud, saber qué hacer en caso de una emergencia médica, o tomar los medicamentos que necesita.

Sí No No sabe

c. ¿Comprender los cambios en la atención médica que ocurren a los 18 años? Por ejemplo, comprender los cambios con respecto a la privacidad, dar consentimiento, acceso a la información o la toma de decisiones.

Sí No No sabe

Q16 ¿Recibieron usted y este(a) niño(a) un resumen médico sobre el historial médico de su hijo(a) (por ejemplo, condiciones médicas, alergias, medicamentos, inmunizaciones)?

Sí
 No

Q17 El médico u otros proveedores de atención médica de este(a) niño(a), ¿han trabajado con usted y el (la) niño(a) para crear un plan de cuidado con el fin de alcanzar las metas y necesidades de salud del (de la) niño(a)?

Sí
 No → PASE a la pregunta **Q18** en la página 14

Q18 Si la respuesta es sí, ¿usted y este(a) niño(a) tienen acceso a este plan de cuidado?

Sí
 No

Q19 ¿Acaso este plan de cuidado aborda la transición a médicos y otros proveedores de atención médica que tratan a adultos?

Sí
 No
 No, este(a) niño(a) ya va a proveedores que tratan a adultos

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Q20 La elegibilidad para el seguro de salud a menudo cambia en la adultez temprana. ¿Sabe cómo este(a) niño(a) estará asegurado(a) cuando pase a ser adulto?

Sí → PASE a la pregunta **Q21**
 No

Q21 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(a) niño(a) pase a ser adulto?

Sí
 No

E. Cobertura de seguro médico de este(a) niño(a)

Q22 DURANTE LOS ÚLTIMOS 12 MESES, ¿estuvo este(a) niño(a) cubierto(a) por ALGUN tipo de seguro médico o plan de cobertura de salud?

Sí, este(a) niño(a) tuvo cobertura durante los 12 meses → PASE a la pregunta **Q23**
 Sí, pero este(a) niño(a) tuvo una interrupción en la cobertura → PASE a la pregunta **Q24**
 No

Q23 Indique si algunos de los siguientes es un motivo por el cual este(a) niño(a) no tuvo cobertura de salud DURANTE LOS ÚLTIMOS 12 MESES:

a. Cambio de empleador o de situación laboral Sí No
b. Cancelación por primas vencidas Sí No
c. Renunció a la cobertura porque costaba demasiado Sí No
d. Renunció a la cobertura porque los beneficios eran inadecuados Sí No
e. Renunció a la cobertura porque las opciones de proveedores de atención médica eran inadecuadas Sí No
f. Problemas con el proceso de solicitud o renovación de la cobertura Sí No
g. Otro(a), especifique: _____

Q24 ¿Está este(a) niño(a) cubierto(a) ACTUALMENTE por ALGUN tipo de seguro de salud o plan de cobertura de salud?

Sí
 No → PASE a la pregunta **Q25** en la página 15

Q25 ¿Está este(a) niño(a) ACTUALMENTE cubierto(a) por alguno de los siguientes tipos de seguro de salud o planes de cobertura de salud? Marque [X] Sí o No en CADA categoría.

a. Seguro a través de un empleador actual o previo o a través de un sindicato Sí No
b. Seguro adquirido directamente de una compañía de seguros Sí No
c. Medicaid, Medical Assistance, o cualquier tipo de plan de asistencia del gobierno para personas con bajos ingresos o una discapacidad Sí No
d. TRICARE u otros servicios de atención médica de las Fuerzas Armadas Sí No
e. Servicio de Salud Indio (Indian Health Services) Sí No
f. Otro(a), especifique: _____

Q26 ¿Con qué frecuencia el seguro de salud de este(a) niño(a) ofrece beneficios o cubre servicios que satisfacen las necesidades de este(a) niño(a)?

Siempre
 Casi siempre
 A veces
 Nunca

Q27 ¿Con qué frecuencia el seguro de salud de este(a) niño(a) le permite ver a los proveedores de atención médica que necesita?

Siempre
 Casi siempre
 A veces
 Nunca

Q28 Pensando específicamente en las necesidades de salud mental o de conducta de este(a) niño(a), ¿con qué frecuencia el seguro de salud de este(a) niño(a) ofrece beneficios o cubre servicios que satisfacen estas necesidades?

Este(a) niño(a) no utiliza servicios de salud mental o de conducta
 Siempre
 Casi siempre
 A veces
 Nunca

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F. Proveyendo para el cuidado de salud de este(a) niño(a)

Q1 Incluyendo co-pagos y cantidades reembolsables de las Cuentas de Ahorros de Salud (HSA) y Cuentas de Gastos Flexibles (FSA), ¿cuánto dinero pagó por los cuidados médicos, de salud, dentales y de visión de este(a) niño(a) DURANTE LOS ÚLTIMOS 12 MESES? No incluya las primas o los costos del seguro que fueron o serán reembolsados por el seguro u otra fuente.

\$0 (Sin gastos médicos o gastos relacionados con la salud) → PASE a la pregunta **Q2**
 De \$1 a \$249
 De \$250 a \$499
 De \$500 a \$999
 De \$1,000 a \$5,000
 Más de \$5,000

Q2 ¿Con qué frecuencia son razonables estos costos?

Siempre
 Casi siempre
 A veces
 Nunca

Q3 EN UNA SEMANA PROMEDIO, ¿cuántas horas dedica usted u otros miembros de la familia a la atención médica de este(a) niño(a) en su hogar? El cuidado puede incluir cambiar vendajes o dar medicamentos y terapias cuando sea necesario.

Este(a) niño(a) no necesita atención médica en el hogar cada semana
 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

Q4 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(a) niño(a), tal como programar citas o localizar servicios?

Este(a) niño(a) no necesita atención médica coordinada cada semana
 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(a) niño(a)

Q5 DURANTE LOS ÚLTIMOS 12 MESES, ¿aproximadamente cuántos días se ausentó de la escuela este(a) niño(a) por una enfermedad o lesión? Si este(a) niño(a) recibe educación formal en el hogar, incluya los días en los que él(ella) se ausentó.

No se ausentó ningún día
 De 1 a 3 días
 De 4 a 6 días
 De 7 a 10 días
 11 días o más

Q6 DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces se comunicó la escuela de este(a) niño(a) con usted u otro adulto de su casa por algún problema del (de la) niño(a) en la escuela?

Nunca
 1 vez
 2 veces o más

Q7 DURANTE LOS ÚLTIMOS 12 MESES, ¿usted u otro miembro de la familia...?

a. ¿Dejó el trabajo o se ausentó unos cuantos días debido a la salud o condición(es) médica(s) de este(a) niño(a)? Sí No
b. ¿Redució la cantidad de horas que trabaja debido a la salud o condición(es) médica(s) de este(a) niño(a)? Sí No
c. ¿Evió cambiar de trabajo para mantener el seguro de salud para este(a) niño(a)? Sí No

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H. Acerca de usted y este(a) niño(a)

Q8 DESDE QUE COMENZO KINDERGARTEN, ¿alguna vez ha repetido este(a) niño(a) algún grado?

Sí
 No

Q9 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia asistió usted a eventos o actividades en las que este(a) niño(a) participaba?

Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

Q10 DURANTE LOS ÚLTIMOS 12 MESES, ¿participó este(a) niño(a) en...?

a. ¿Un equipo deportivo o clases de algún deporte después de la escuela o los fines de semana? Sí No
b. ¿Clubes u organizaciones después de la escuela o los fines de semana? Sí No
c. ¿Alguna otra actividad organizada o clases, tal como música, baile, otro idioma u otras artes? Sí No
d. ¿Algún tipo de servicio comunitario o trabajo voluntario en la escuela, lugar de culto o comunidad? Sí No
e. ¿Alguna actividad con paga, incluyendo trabajos usuales como cuidar niños(as), cortando el césped u otro trabajo ocasional? Sí No

Q11 DURANTE LA SEMANA PASADA, ¿cuántos días hizo este(a) niño(a) ejercicio, practicó un deporte o participó en actividades físicas durante al menos 60 minutos?

0 días
 De 1 a 3 días
 De 4 a 6 días
 Todos los días

Q12 En comparación con otros(as) niño(as) de la misma edad, ¿qué dificultad tiene este(a) niño(a) para hacer o mantener amistades?

Ninguna dificultad
 Un poco de dificultad
 Mucha dificultad

Q13 ¿Nació este(a) niño(a) en los Estados Unidos?

Sí → PASE a la pregunta **Q14**
 No

Q14 Si la respuesta es no, ¿cuánto tiempo ha vivido este(a) niño(a) en los Estados Unidos?

Años Y Meses

Q15 ¿Cuántas veces se ha mudado este(a) niño(a) a una dirección nueva desde que nació?

Cantidad de veces

Q16 ¿Con qué frecuencia este(a) niño(a) se va a dormir aproximadamente a la misma hora durante las noches entre semanas?

Siempre
 Casi siempre
 A veces
 En raras ocasiones
 Nunca

Q17 DURANTE LA SEMANA PASADA, ¿cuántas horas durmió este(a) niño(a) la mayoría de las noches entre semana?

Menos de 6 horas
 6 horas
 7 horas
 8 horas
 9 horas
 10 horas
 11 horas o más

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10 EN LA MAYORÍA DE LOS DÍAS DE LA SEMANA, ¿aproximadamente cuánto tiempo pasó este(a) niño(a) frente a una televisión, computadora, teléfono celular u otro dispositivo electrónico viendo programas, jugando juegos, accediendo a Internet, o utilizando los medios de comunicación social? No incluye el tiempo dedicado a hacer tareas escolares.

Menos de 1 hora
 1 hora
 2 horas
 3 horas
 4 horas o más

11 ¿Qué tan bien pueden usted y este(a) niño(a) compartir ideas o hablar sobre cosas realmente importantes?

Muy bien
 Algo bien
 No muy bien
 Nada de bien

12 ¿Cómo considera que sobrelleva las obligaciones cotidianas de la crianza de los(as) niño(a)s?

Muy bien
 Algo bien
 No muy bien
 Nada de bien

DURANTE EL MES PASADO, ¿con qué frecuencia sintió...?

	Nunca	En raras ocasiones	A veces	Casi siempre	Siempre
a. ¿Qué este(a) niño(a) es mucho más difícil de cuidar que la mayoría de los(as) niños(as) de su edad?	<input type="checkbox"/>				
b. ¿Qué este(a) niño(a) hace cosas que realmente le molestan mucho a usted?	<input type="checkbox"/>				
c. ¿Qué estaba enojado(a) con este(a) niño(a)?	<input type="checkbox"/>				

13 DURANTE LOS ÚLTIMOS 12 MESES, ¿hubo alguien a quien usted pudiera recurrir regularmente en busca de apoyo emocional relacionado con la crianza de los(as) niños(as)?

Sí
 No → **PASE a la pregunta 14**

14 Si la respuesta es sí, ¿recibió usted apoyo emocional de...?

	Si	No
a. ¿Esposo(a) o compañero(a) de casa?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Otro familiar o amigo(a) cercano(a)?	<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 condición de salud específica?	<input type="checkbox"/>	<input type="checkbox"/>
f. ¿Un grupo de apoyo?	<input type="checkbox"/>	<input type="checkbox"/>
g. Un consejero u otro profesional de la 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

15 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

16 ¿Alguien que vive en su hogar fuma cigarrillos, cigarros o tabaco de pipa?

Sí
 No → **PASE a la pregunta 14 en la página 18**

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13 Si la respuesta es sí, ¿alguien fuma dentro del hogar?

Sí
 No

14 DURANTE LOS ÚLTIMOS 12 MESES, ¿con qué frecuencia se utilizaron pesticidas dentro de su residencia para controlar los insectos? Si la frecuencia cambió durante el año, indique la frecuencia más alta.

Más de una vez a la semana
 Una vez a la semana
 Una vez al mes
 Una vez cada 2 a 5 meses
 Una vez cada 6 meses
 Una vez durante los últimos 12 meses
 Nunca
 No sé

15 DURANTE LOS ÚLTIMOS 12 MESES, aparte de en una ducha o bañera ¿ha visto moho, hongos u otros signos de daños por agua en las paredes u otras superficies dentro de su casa?

Sí
 No

16 Cuando su familia enfrenta problemas, ¿con qué frecuencia es probable que hagan lo siguiente?

	Siempre	Casi siempre	A veces	Nunca
a. Hablar 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 tenemos fuerzas en donde apoyamos	<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"/>

17 DESDE QUE ESTE(A) NIÑO(A) NACIÓ, ¿con qué frecuencia ha sido muy difícil cubrir los gastos básicos, como alimentos y vivienda, utilizando sus ingresos familiares?

Nunca
 En raras ocasiones
 En algunas ocasiones
 En muchas ocasiones

18 ¿Cuál de estas afirmaciones describe mejor la capacidad de su hogar para poder costear los alimentos que necesitaba DURANTE 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.

19 En algún momento, DURANTE LOS ÚLTIMOS 12 MESES, aunque fuera durante un mes, ¿algún miembro de la familia recibió lo siguiente...?

	Si	No
a. ¿Ayuda en efectivo de un programa de asistencia social del gobierno?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Vouchers 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"/>

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10 ¿En su vecindario hay...

	Si	No
a. ¿Aceras o pasos 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 deteriorados o mal conservados?	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Vandalismo, como ventanas rotas o grafitis?	<input type="checkbox"/>	<input type="checkbox"/>

11 ¿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(as) hijos(as)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Este(a) niño(a) está seguro(a) en nuestro vecindario	<input 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(a) niño(a) está seguro(a) en la escuela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 Además de usted o los demás adultos en su hogar, ¿hay al menos otro adulto en la escuela, vecindario o comunidad del (de la) niño(a) que conozca bien al (a la) niño(a) y a quien el (la) niño(a) pueda depender para recibir consejo u orientación?

Sí
 No

13 Las siguientes preguntas son sobre eventos que pueden haber ocurrido durante la vida del (de la) niño(a). Estos pueden suceder en cualquier familia, pero algunas personas quizás se sientan incómodas con estas preguntas. Usted puede omitir cualquier pregunta que no desee responder.

A su entender, ¿este(a) niño(a) experimentó ALGUNAS VEZ algunas de las siguientes situaciones?

	Si	No
a. Los padres o tutores se divorcaban 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. Vivió u oyó a sus padres o adultos abofetearse, golpearse, patearse o pelearse en el hogar	<input type="checkbox"/>	<input type="checkbox"/>
e. Fue víctima o testigo de violencia en su vecindario	<input type="checkbox"/>	<input type="checkbox"/>
f. Vivió con alguna persona que tenía una enfermedad mental, estaba suelta o tenía depresión grave o severa	<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(a) o juzgado(a) injustamente por su raza o grupo étnico	<input type="checkbox"/>	<input type="checkbox"/>

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J. Cuidador(es) de este(a) niño(a)

14 Complete las siguientes preguntas hasta un máximo de dos adultos por hogar para cada uno de los cuidadores primarios de este(a) niño(a). Si sólo un adulto es el cuidador primario, conteste las preguntas solamente para ese adulto.

15 ¿Qué parentesco tiene con este(a) niño(a)?

Padre o madre biológica o adoptiva
 Padrastro o madrastra
 Abuelo(a)
 Padre o madre de crianza a través del programa Foster del gobierno
 Otro(a): Pariente
 Otro(a): No pariente

16 ¿Cuál es su sexo?

Masculino
 Femenino

17 ¿Qué edad tiene?

Edad en años

18 ¿Dónde nació?

En los Estados Unidos → **PASE a la pregunta 19**
 Fuera de los Estados Unidos

19 ¿Cuándo vino a vivir a los Estados Unidos?

Año

20 ¿Cuál es el grado o nivel escolar más alto que usted ha completado? Marque (X) solo UNA opción.

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)

21 ¿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)

22 En general, ¿cómo está su salud física?

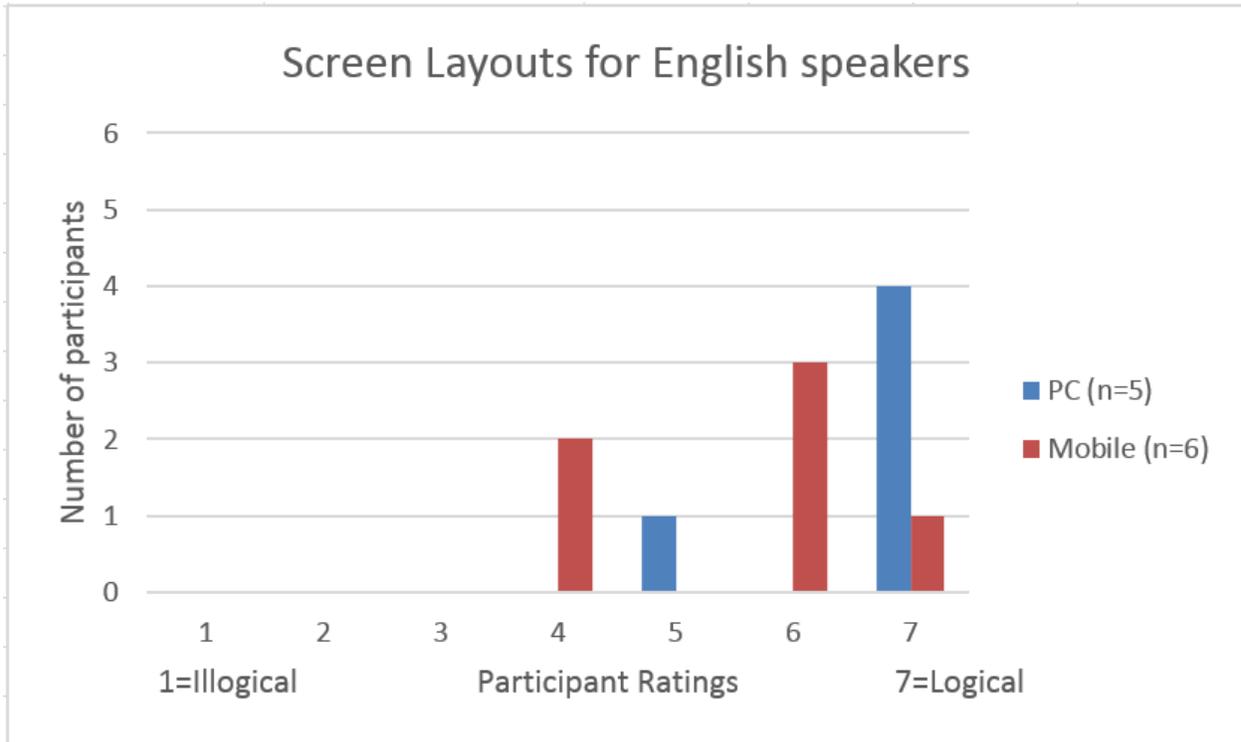
Excelente
 Muy buena
 Buena
 Regular
 Deficiente

NSCH-S-T3 20

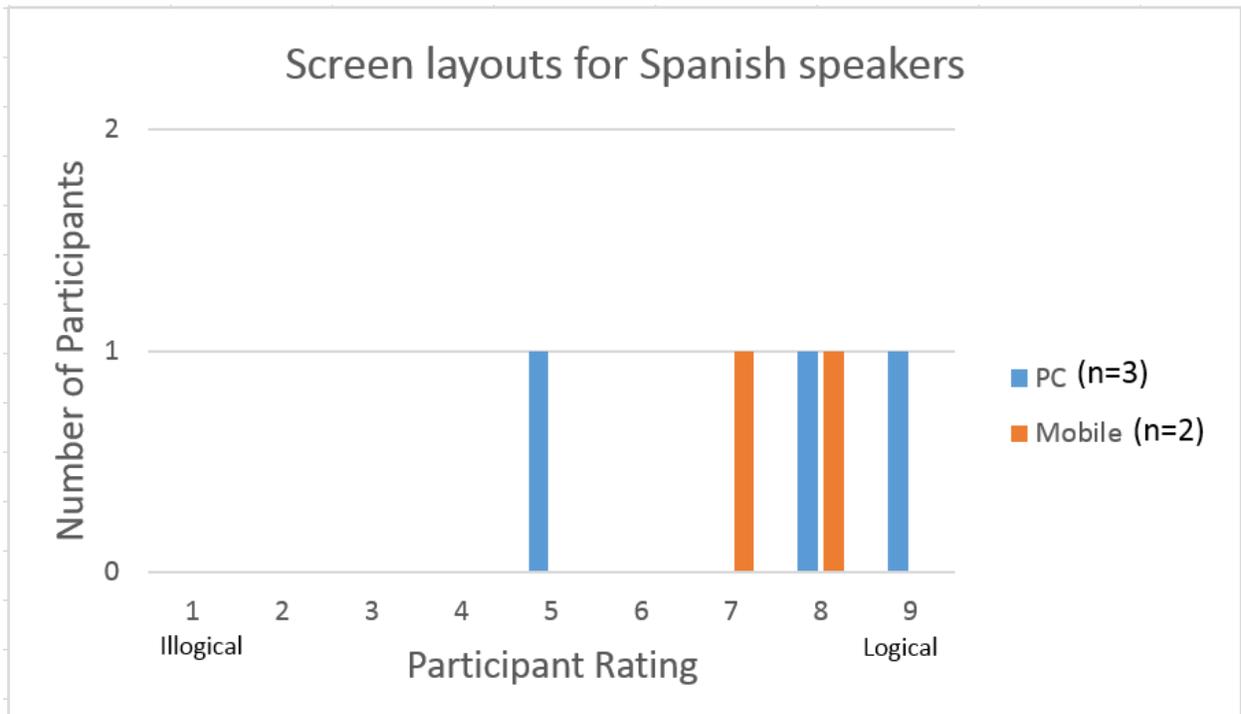
<p>26138040</p> <p>J9 En general, ¿cómo está su salud mental o emocional?</p> <p><input type="checkbox"/> Excelente</p> <p><input type="checkbox"/> Muy buena</p> <p><input type="checkbox"/> Buena</p> <p><input type="checkbox"/> Regular</p> <p><input type="checkbox"/> Deficiente</p> <p>J10 ¿Tuvo trabajo por lo menos 50 semanas de las últimas 52 semanas?</p> <p><input type="checkbox"/> Sí</p> <p><input type="checkbox"/> No</p> <p>J11 ¿Ha prestado usted alguna vez servicio militar activo en las Fuerzas Armadas, la Reserva Militar, o la Guardia Nacional de los Estados Unidos? Marque (X) sólo UNA opción.</p> <p><input type="checkbox"/> Nunca estubo en el servicio militar → PASE a la pregunta J15</p> <p><input type="checkbox"/> Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional I → PASE a la pregunta J17</p> <p><input type="checkbox"/> En servicio activo ahora</p> <p><input type="checkbox"/> En servicio activo en el pasado, pero no ahora</p> <p>J12 ¿Fue movilizado(a) en algún momento durante la vida de este(a) niño(a)?</p> <p><input type="checkbox"/> Sí</p> <p><input type="checkbox"/> No</p> <p>→ Las preguntas J13 a la J24 tratan sobre otro cuidador primario adulto que puede estar viviendo en este hogar además de usted.</p> <p>J13 ¿Qué parentesco tiene este cuidador primario adulto que vive en este hogar con este(a) niño(a)?</p> <p><input type="checkbox"/> Sólo hay un cuidador primario en este hogar para este(a) niño(a) → PASE a la pregunta K3 en la página 22.</p> <p><input type="checkbox"/> Padre o madre biológica o adoptiva</p> <p><input type="checkbox"/> Padrastro o madrastra</p> <p><input type="checkbox"/> Abuelo(a)</p> <p><input type="checkbox"/> Padre o madre de crianza a través del programa Foster del gobierno.</p> <p><input type="checkbox"/> Otro(a): Pariente</p> <p><input type="checkbox"/> Otro(a): No pariente</p> <p>NSCH-S-T3</p>	<p>26138040</p> <p>J14 ¿Cuál es el sexo de este cuidador primario?</p> <p><input type="checkbox"/> Masculino</p> <p><input type="checkbox"/> Femenino</p> <p>J15 ¿Qué edad tiene este cuidador primario?</p> <p><input type="text"/> Edad en años</p> <p>J16 ¿Dónde nació este cuidador primario?</p> <p><input type="checkbox"/> En los Estados Unidos → PASE a la pregunta J18</p> <p><input type="checkbox"/> Fuera de los Estados Unidos</p> <p>J17 ¿Cuándo vino este cuidador primario a vivir a los Estados Unidos?</p> <p>Año</p> <p><input type="text"/></p> <p>J18 ¿Cuál es el grado o nivel escolar más alto que este cuidador primario ha completado? Marque (X) SÓLO una opción.</p> <p><input type="checkbox"/> Grado 8 o menos</p> <p><input type="checkbox"/> Grado 9 al 12; sin diploma</p> <p><input type="checkbox"/> Completó secundaria o GED</p> <p><input type="checkbox"/> Completó un programa de escuela vocacional, comercial o de negocios</p> <p><input type="checkbox"/> Algunos créditos universitarios, pero sin título</p> <p><input type="checkbox"/> Título asociado universitario (AA, AS)</p> <p><input type="checkbox"/> Título de licenciatura universitaria (BA, BS, AB)</p> <p><input type="checkbox"/> Título de maestría (MA, MS, MSW, MBA)</p> <p><input type="checkbox"/> Título de doctorado (PhD, EdD) o título profesional (MD, DDS, DVM, JD)</p>	<p>26138032</p> <p>J19 ¿Cuál es el estado civil de este cuidador primario?</p> <p><input type="checkbox"/> Casado(a)</p> <p><input type="checkbox"/> No casado(a), pero vive con una pareja</p> <p><input type="checkbox"/> Nunca se ha casado</p> <p><input type="checkbox"/> Divorciado(a)</p> <p><input type="checkbox"/> Separado(a)</p> <p><input type="checkbox"/> Viudo(a)</p> <p>J20 En general, ¿cómo está la salud física de este cuidador primario?</p> <p><input type="checkbox"/> Excelente</p> <p><input type="checkbox"/> Muy buena</p> <p><input type="checkbox"/> Buena</p> <p><input type="checkbox"/> Regular</p> <p><input type="checkbox"/> Deficiente</p> <p>J21 En general, ¿cómo está la salud mental o emocional de este cuidador primario?</p> <p><input type="checkbox"/> Excelente</p> <p><input type="checkbox"/> Muy buena</p> <p><input type="checkbox"/> Buena</p> <p><input type="checkbox"/> Regular</p> <p><input type="checkbox"/> Deficiente</p> <p>J22 ¿Tuvo trabajo este cuidador primario por lo menos 50 semanas de las últimas 52 semanas?</p> <p><input type="checkbox"/> Sí</p> <p><input type="checkbox"/> No</p> <p>J23 Este cuidador primario, ¿ha prestado alguna vez servicio militar activo en las Fuerzas Armadas, la Reserva Militar, o la Guardia Nacional de los Estados Unidos? Marque (X) sólo UNA opción.</p> <p><input type="checkbox"/> Nunca estubo en el servicio militar → PASE a la pregunta J15</p> <p><input type="checkbox"/> Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta J17</p> <p><input type="checkbox"/> En servicio activo ahora</p> <p><input type="checkbox"/> En servicio activo en el pasado, pero no ahora</p> <p>J24 ¿Fue este cuidador primario movilizado en algún momento durante la vida de este(a) niño(a)?</p> <p><input type="checkbox"/> Sí</p> <p><input type="checkbox"/> No</p> <p style="text-align: center;">K. Información del Hogar</p> <p>K1 ¿Cuántas personas viven o se quedan en esta dirección? Incluye a todas las personas que usualmente viven o se quedan en esta dirección. NO incluye a personas que están viviendo en otro lugar desde hace más de dos meses, como estudiantes universitarios que viven fuera o personas de las Fuerzas Armadas en despliegue.</p> <p><input type="text"/> Cantidad de personas</p> <p>K2 ¿Cuántas de estas personas en su hogar son miembros de su familia? Familia se define como cualquier persona que tenga parentesco con este(a) niño(a) por consanguinidad, matrimonio, adopción o por el programa de cuidado Foster del gobierno.</p> <p><input type="text"/> Cantidad de personas</p> <p>NSCH-S-T3</p>
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<p>26138024</p> <p>K3 Ingreso en 2017. Marque (X) la casilla "SÍ" para los tipos de ingresos recibidos por la familia y de 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.</p> <p>a. Jornales, sueldos o salarios, comisiones, bonos o propinas de todos los empleos</p> <p><input type="checkbox"/> Sí → <input type="text"/> CANTIDAD TOTAL en el último año calendario</p> <p><input type="checkbox"/> No</p> <p>b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad</p> <p><input type="checkbox"/> Sí → <input type="text"/> CANTIDAD TOTAL en el último año calendario</p> <p><input type="checkbox"/> No</p> <p>c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos</p> <p><input type="checkbox"/> Sí → <input type="text"/> CANTIDAD TOTAL en el último año calendario</p> <p><input type="checkbox"/> No</p> <p>d. Seguro social o retiro para personal de ferrocarriles; pensión por retiro, pensión para viudos(as) y dependientes de fallecidos; o pensión por incapacidad</p> <p><input type="checkbox"/> Sí → <input type="text"/> CANTIDAD TOTAL en el último año calendario</p> <p><input type="checkbox"/> No</p> <p>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</p> <p><input type="checkbox"/> Sí → <input type="text"/> CANTIDAD TOTAL en el último año calendario</p> <p><input type="checkbox"/> No</p> <p>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</p> <p><input type="checkbox"/> Sí → <input type="text"/> CANTIDAD TOTAL en el último año calendario</p> <p><input type="checkbox"/> No</p> <p>NSCH-S-T3</p>	<p>26138024</p> <p>K4 La siguiente pregunta se refiere a sus ingresos en el año 2017. Pense en su ingreso familiar total EN EL ÚLTIMO AÑO CALENDARIO para 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.</p> <p><input type="text"/> CANTIDAD TOTAL en el último año calendario</p>	<p>26138016</p> <p style="text-align: center;">Instrucciones de envío postal</p> <p>Gracias por su participación.</p> <p>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 este(a) niño(a) y su familia.</p> <p>Sus respuestas son importantes para nosotros y facilitarán que investigadores, personas encargadas de formular políticas públicas y defensores de la familia comprendan mejor las necesidades en materia de salud y atención médica de los(as) niños(as) de nuestra población diversa.</p> <p>Coloque el cuestionario completado en el sobre con franqueo pagado. Si el sobre se ha extraviado, envíe el cuestionario por correo a:</p> <p>U.S. Census Bureau ATTN: DCB 60-A 1201 E. 10th Street Jeffersonville, IN 47132-0001</p> <p>También puede llamar al 1-800-845-8241 para solicitar un sobre de reemplazo.</p> <p>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, recopilar y mantener 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 que toma, escriba a: Paperwork Project 0607-0990, U.S. Census Bureau, 4600 Silver Hill Road, Room 8H500, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a DEMO.Paperwork@census.gov; escriba como asunto "Paperwork Project 0607-0990".</p> <p>NSCH-S-T3</p>
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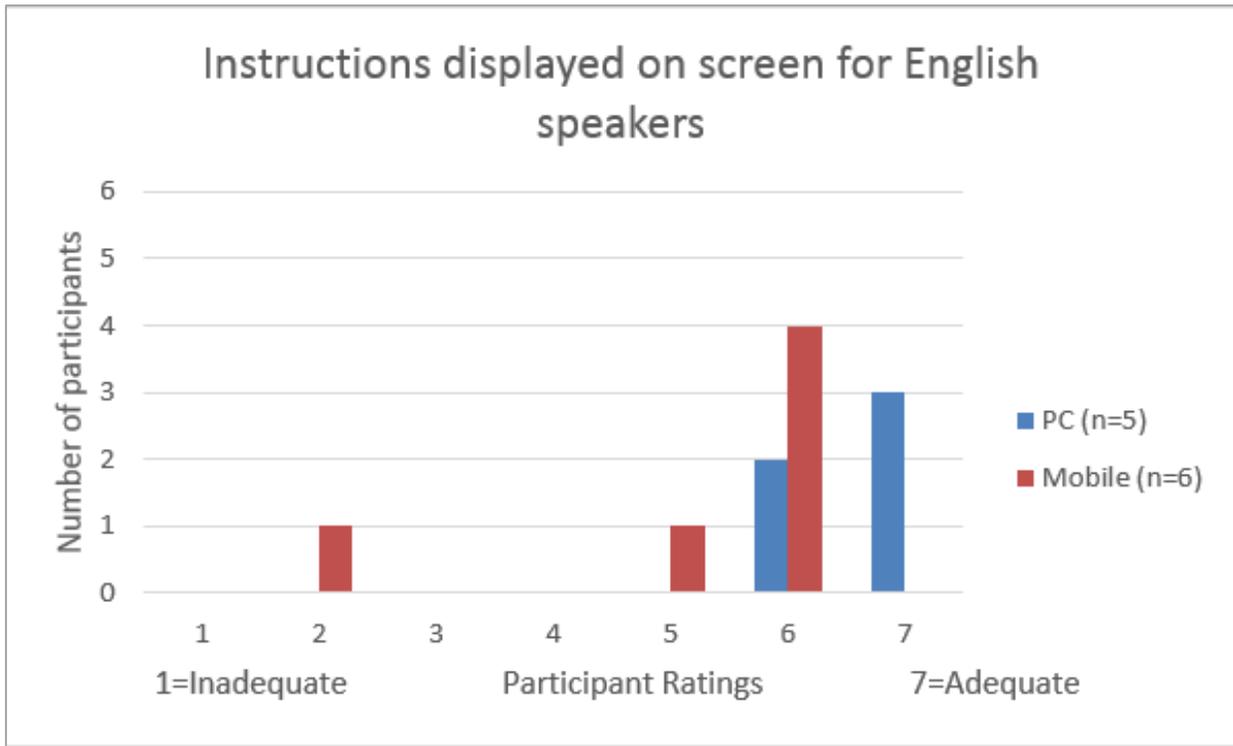
Satisfaction Results



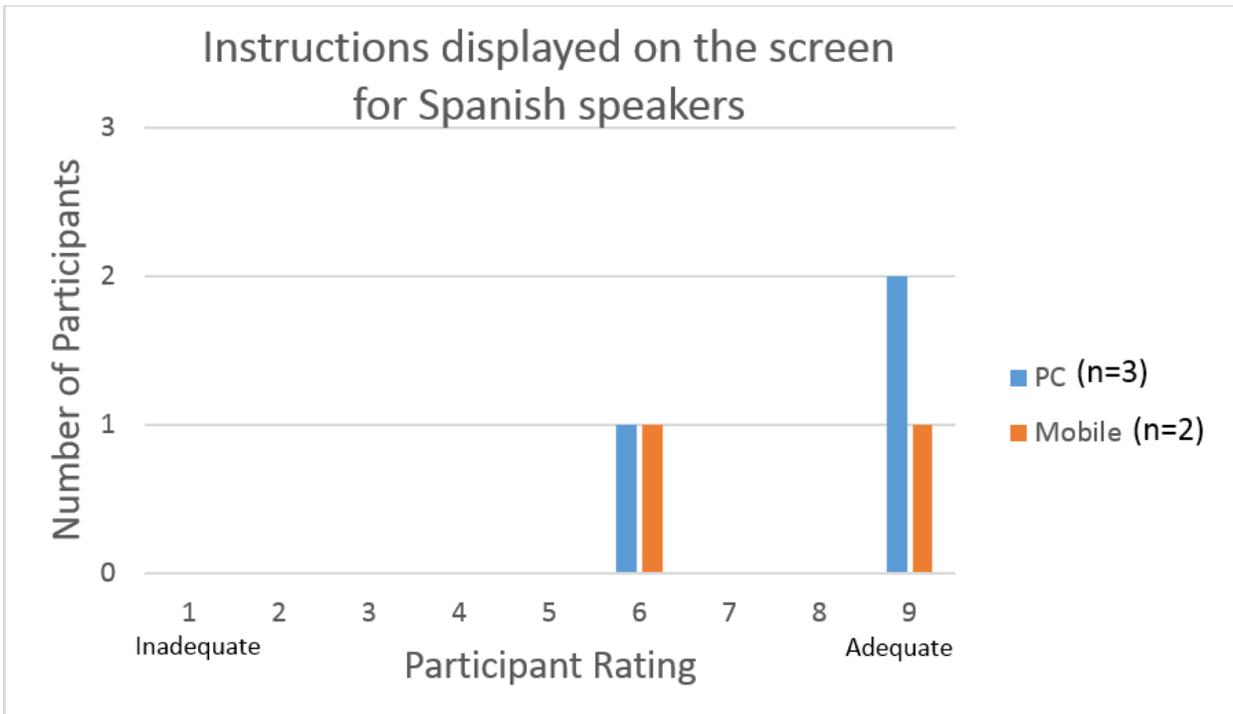
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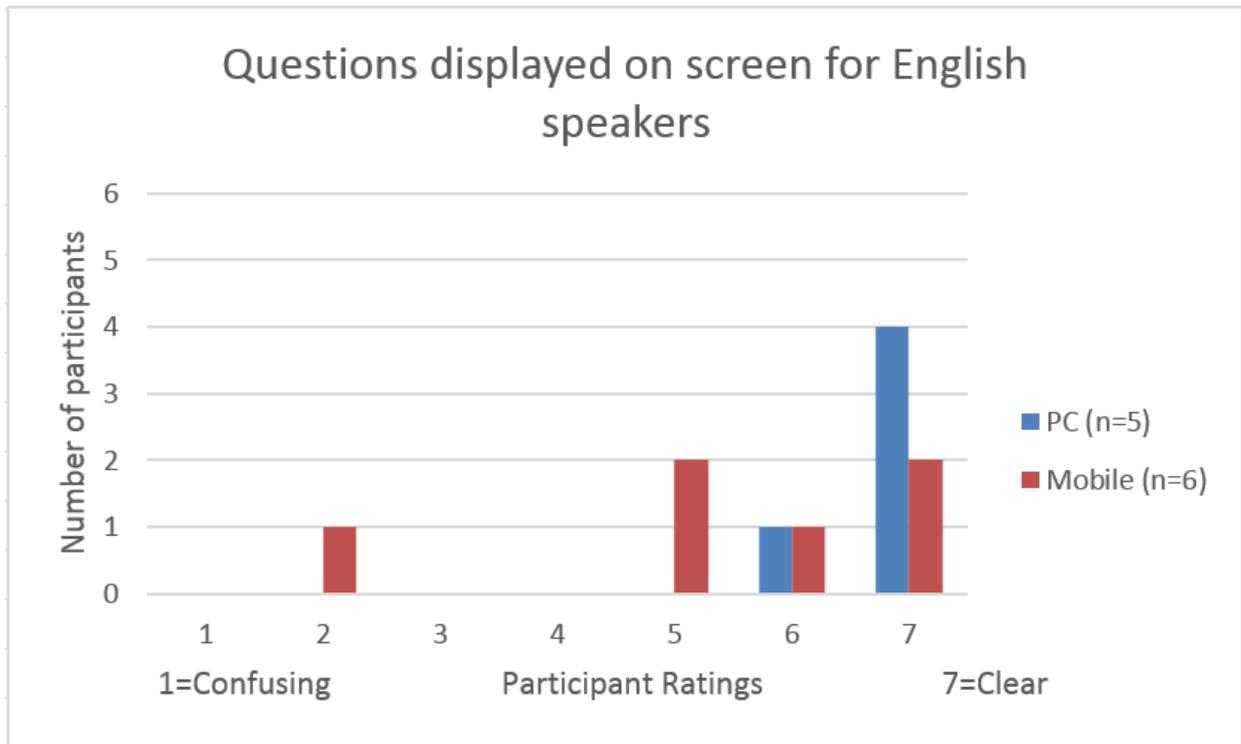
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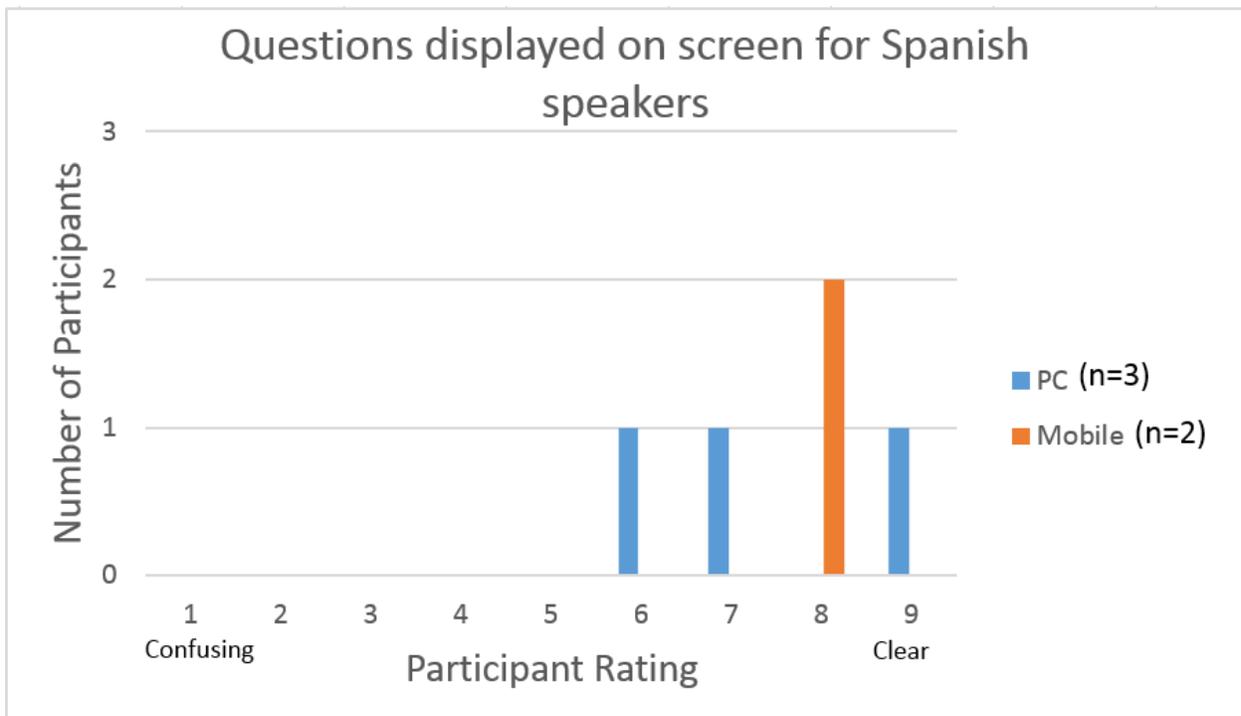
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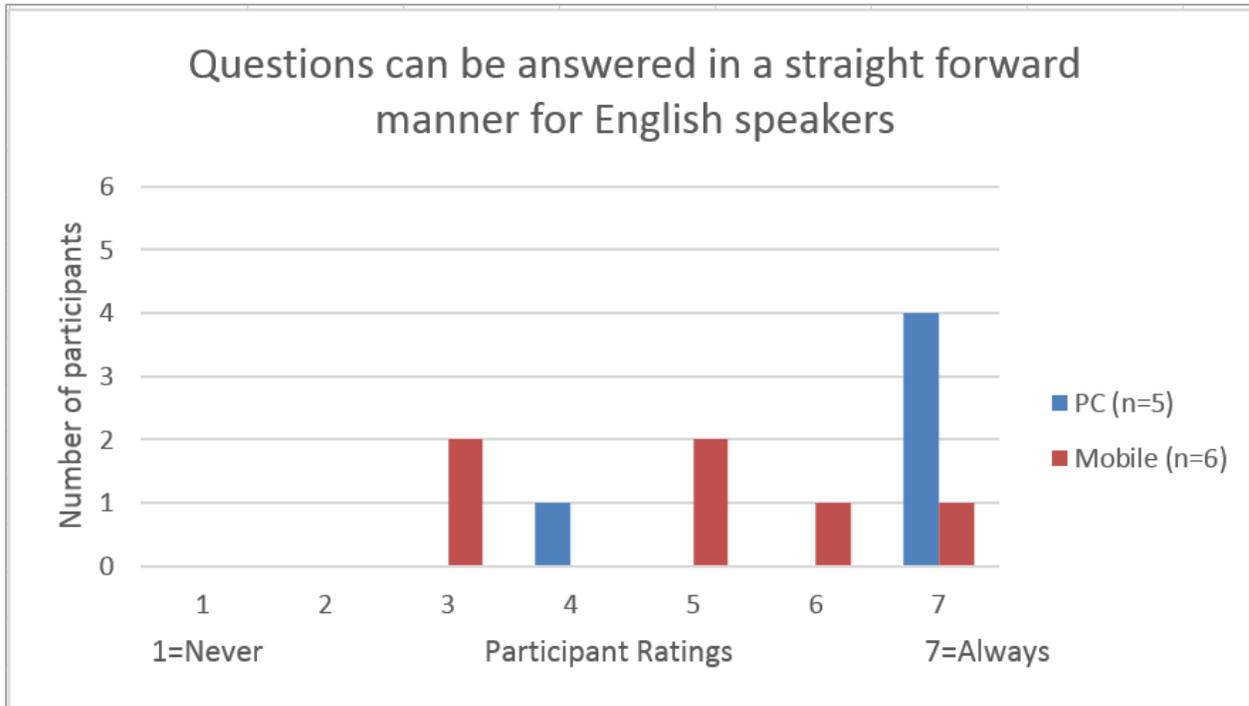
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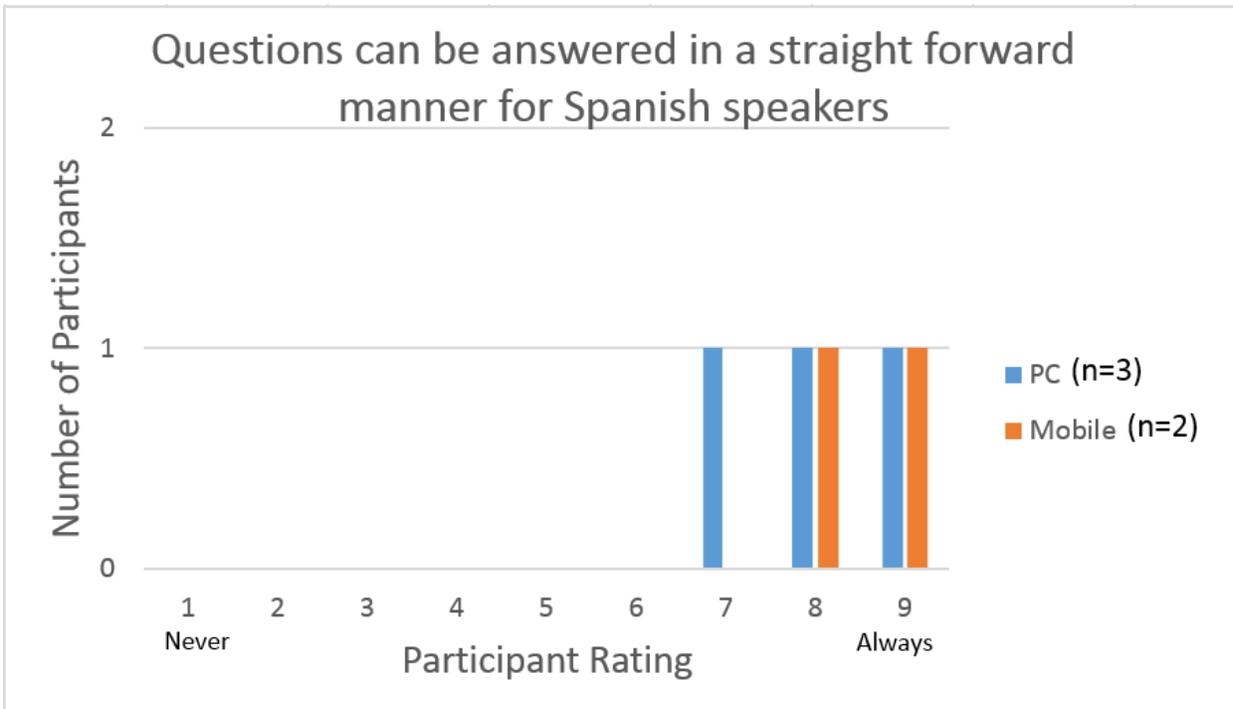
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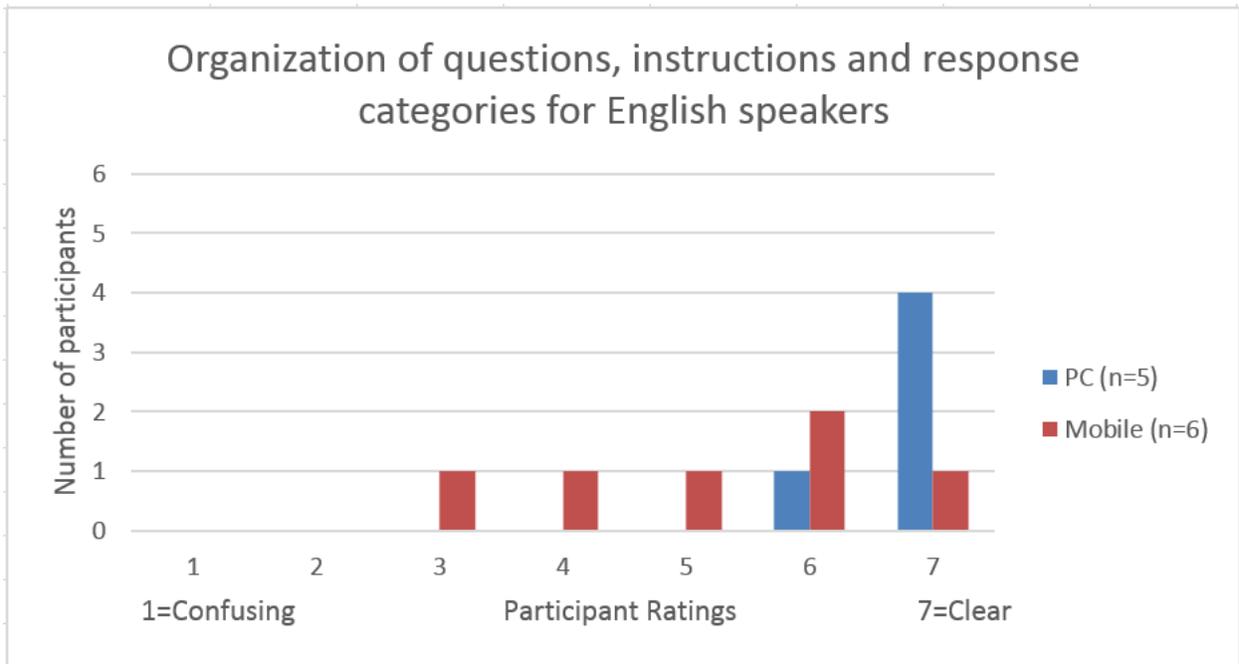
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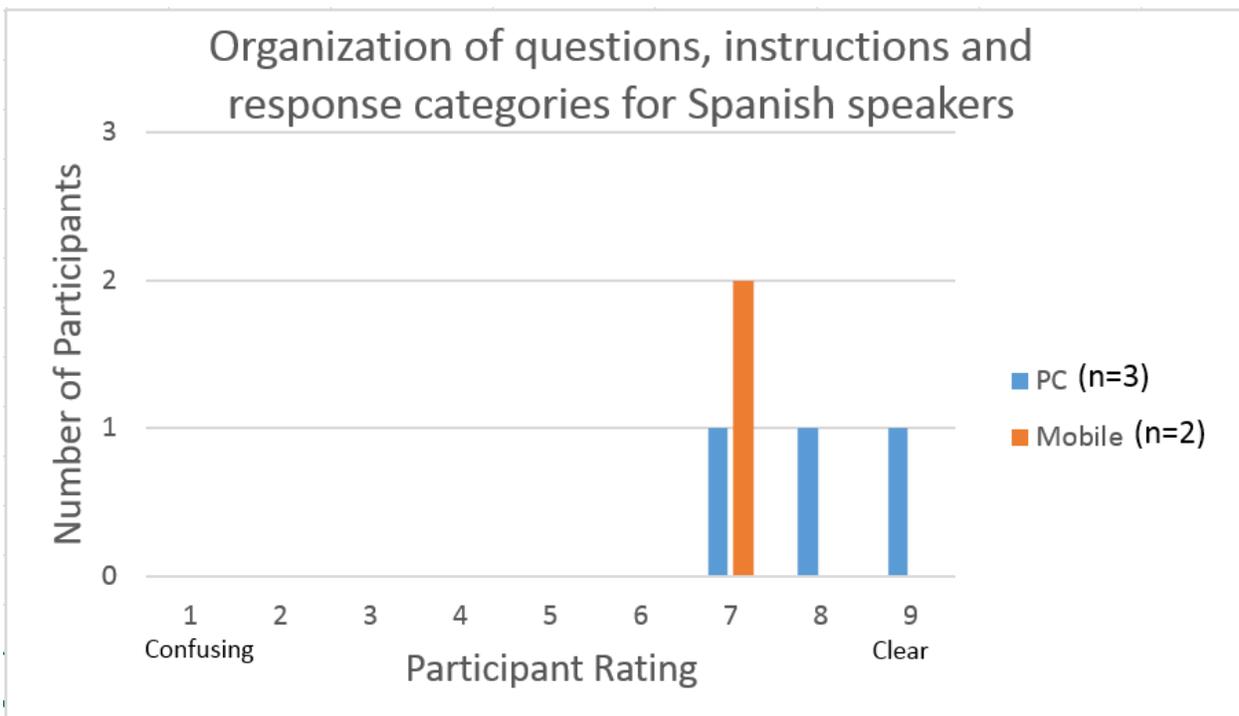
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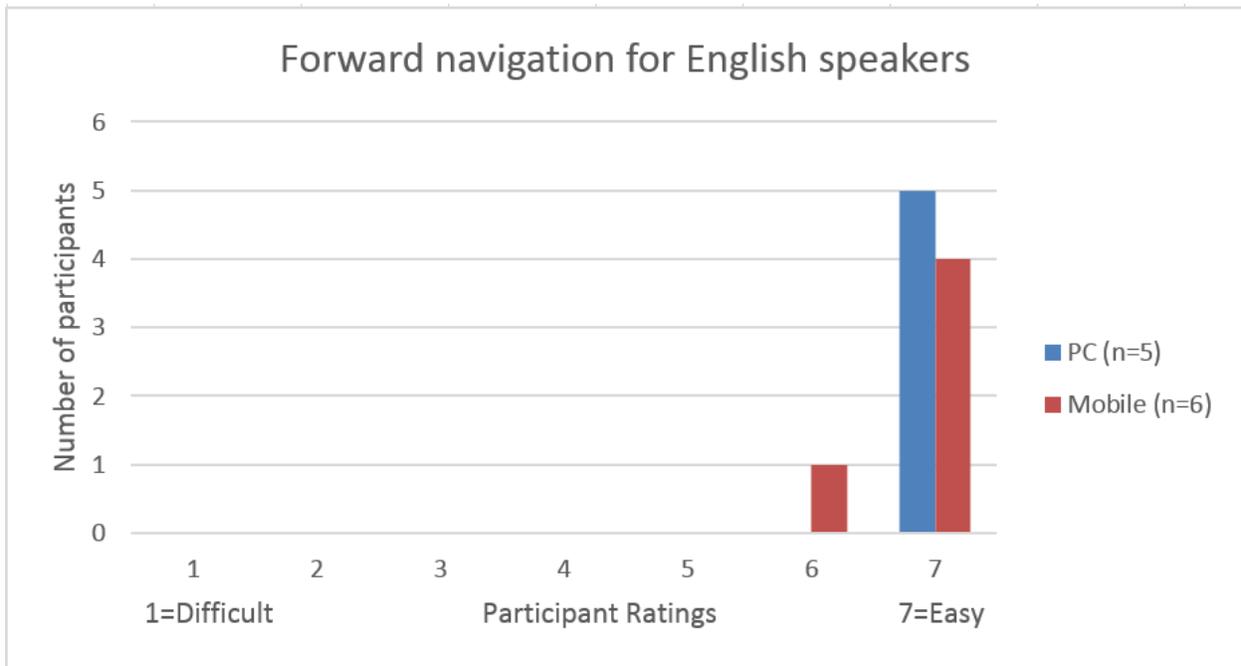
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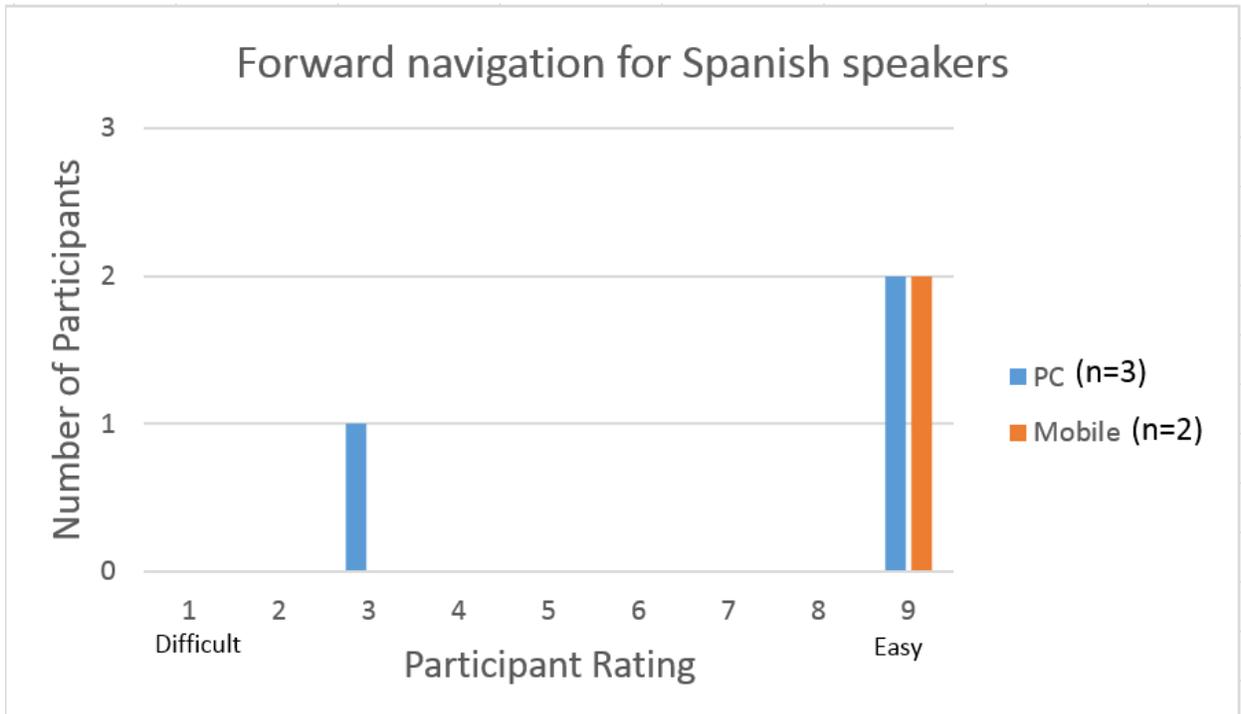
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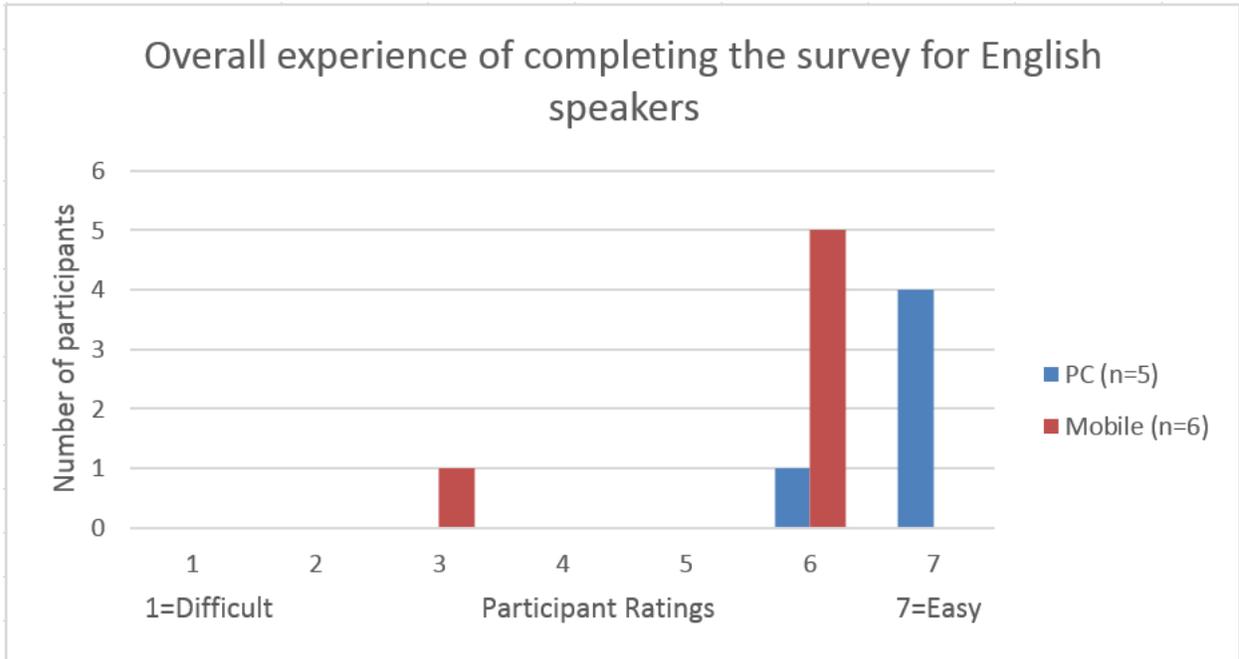
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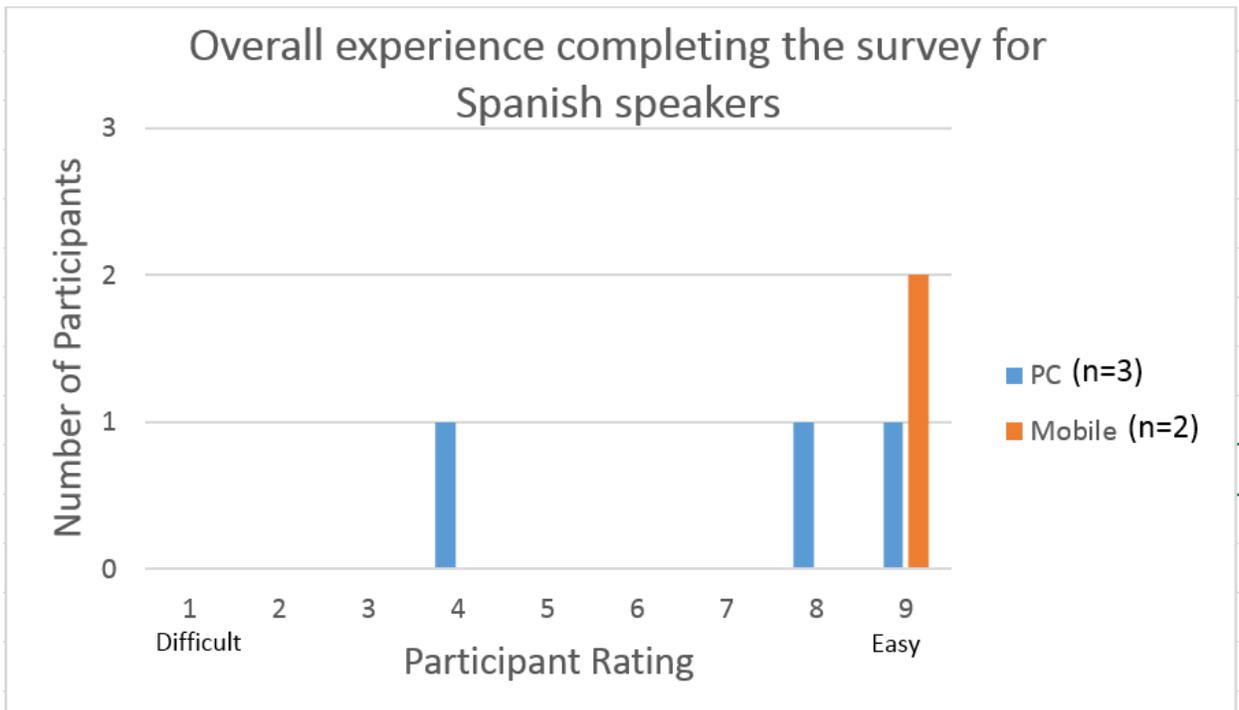
Source: 2018 NSCH usability testing. One participant did not answer the question.



Source: 2018 NSCH usability testing



Source: 2018 NSCH usability testing



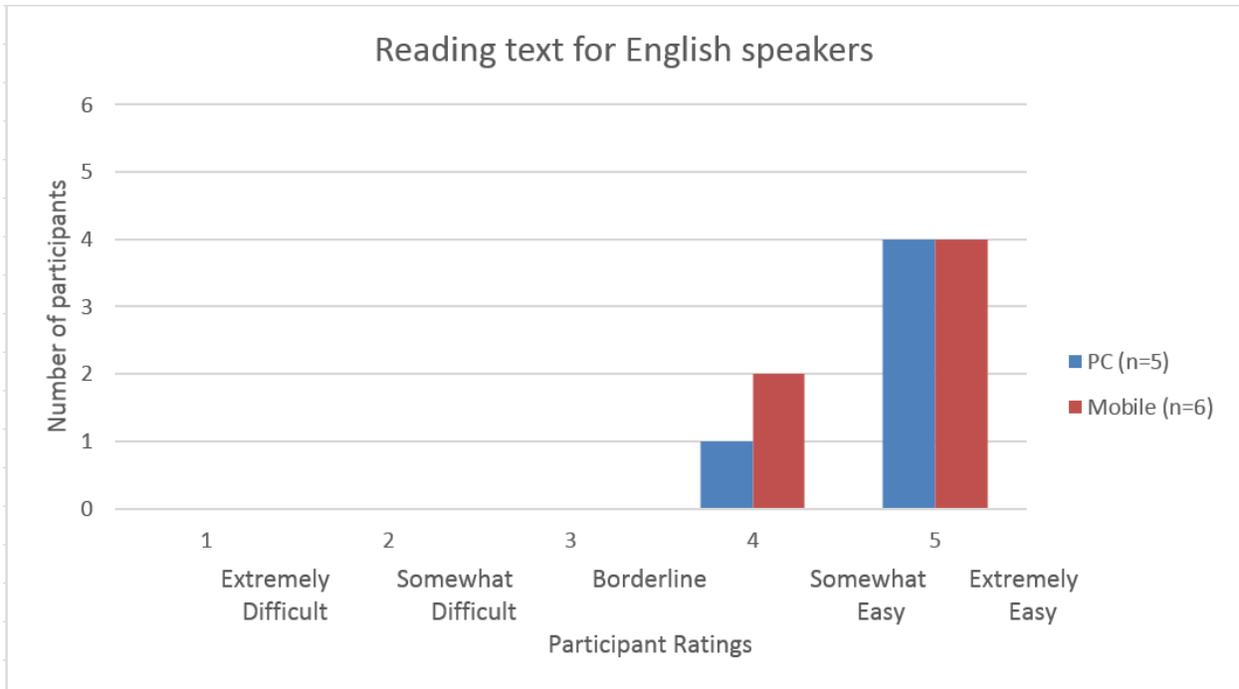
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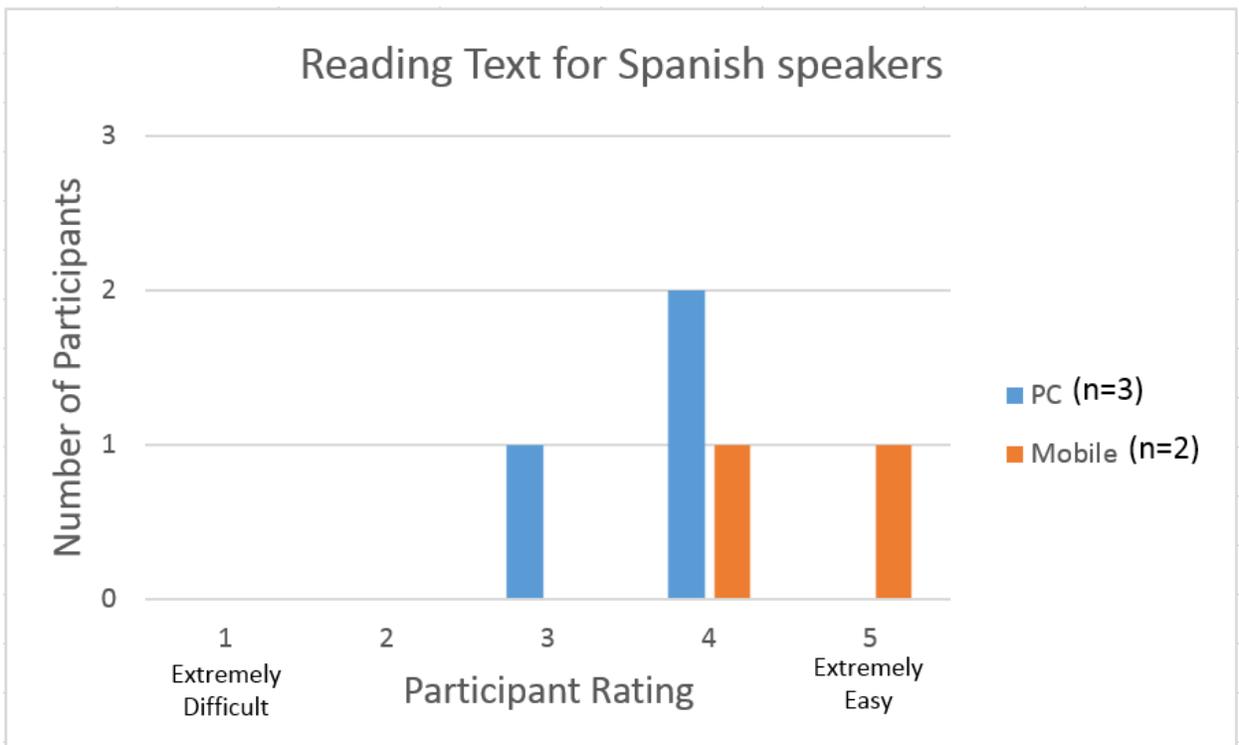
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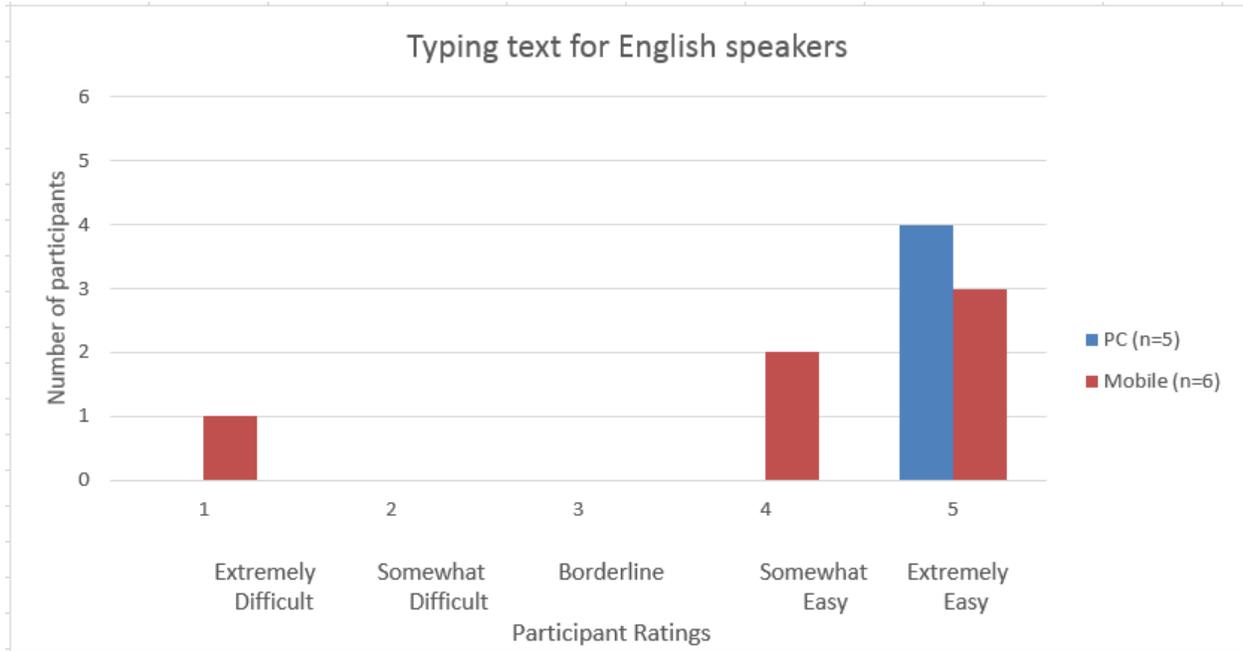
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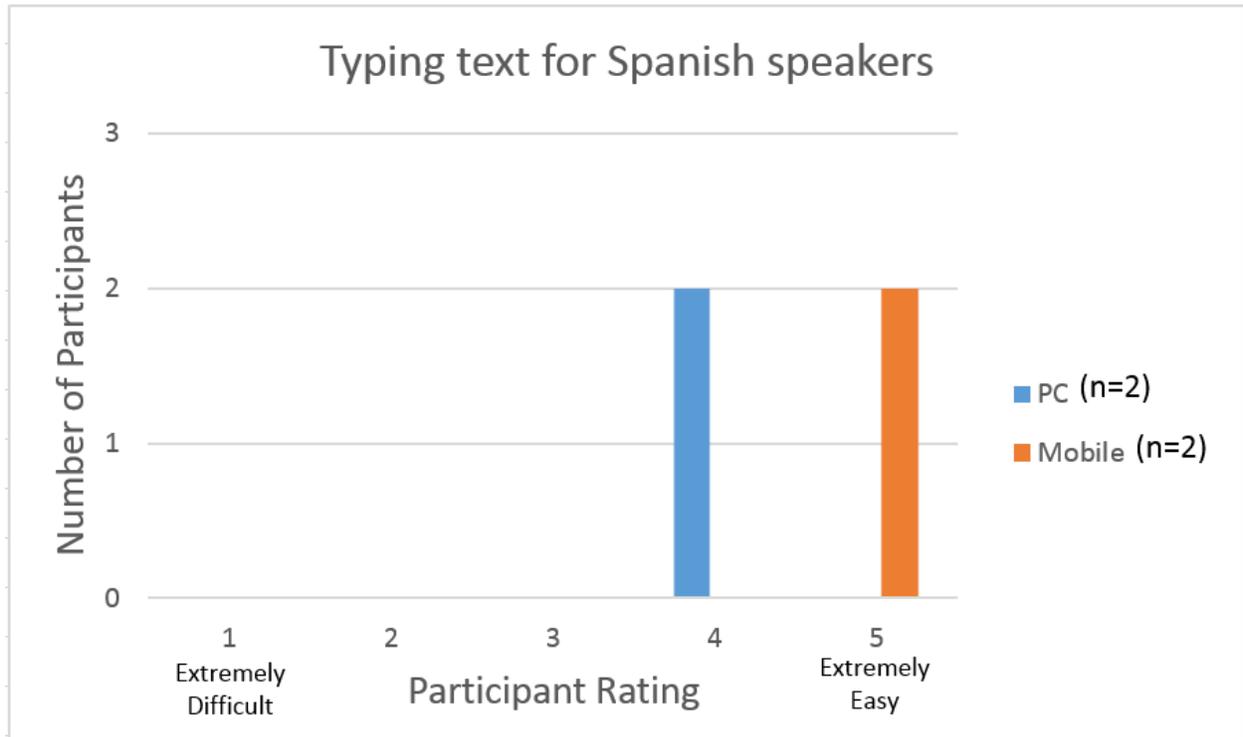
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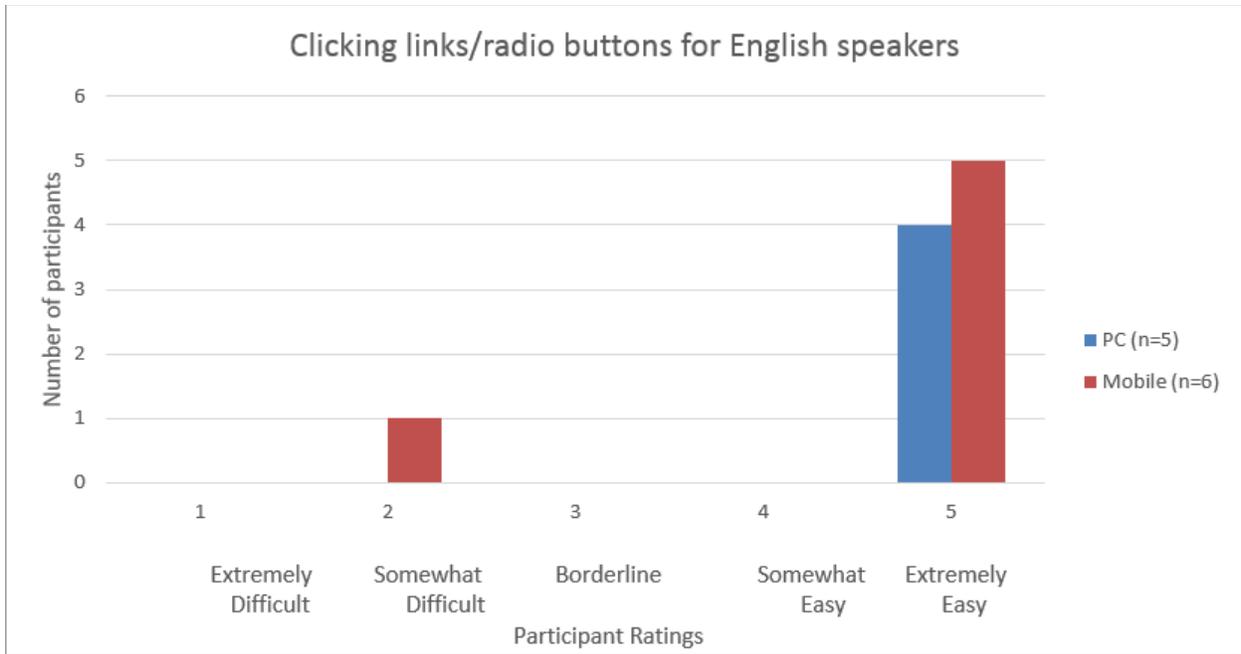
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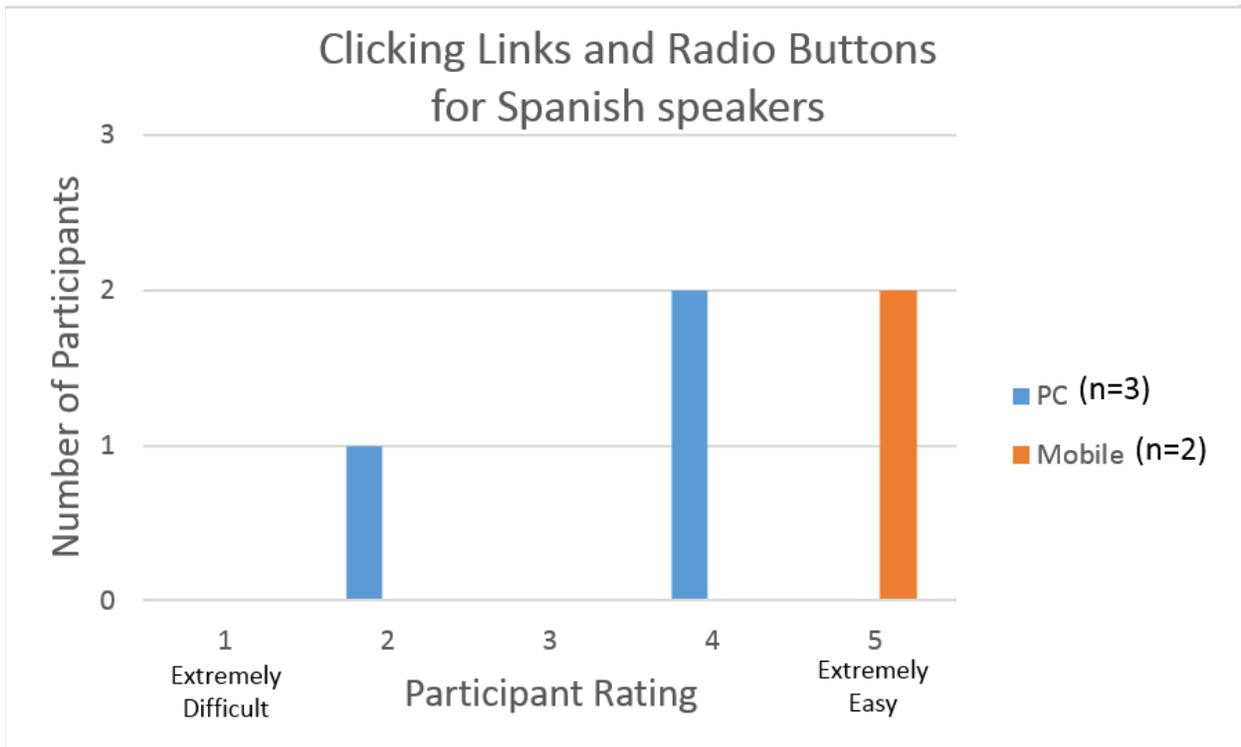
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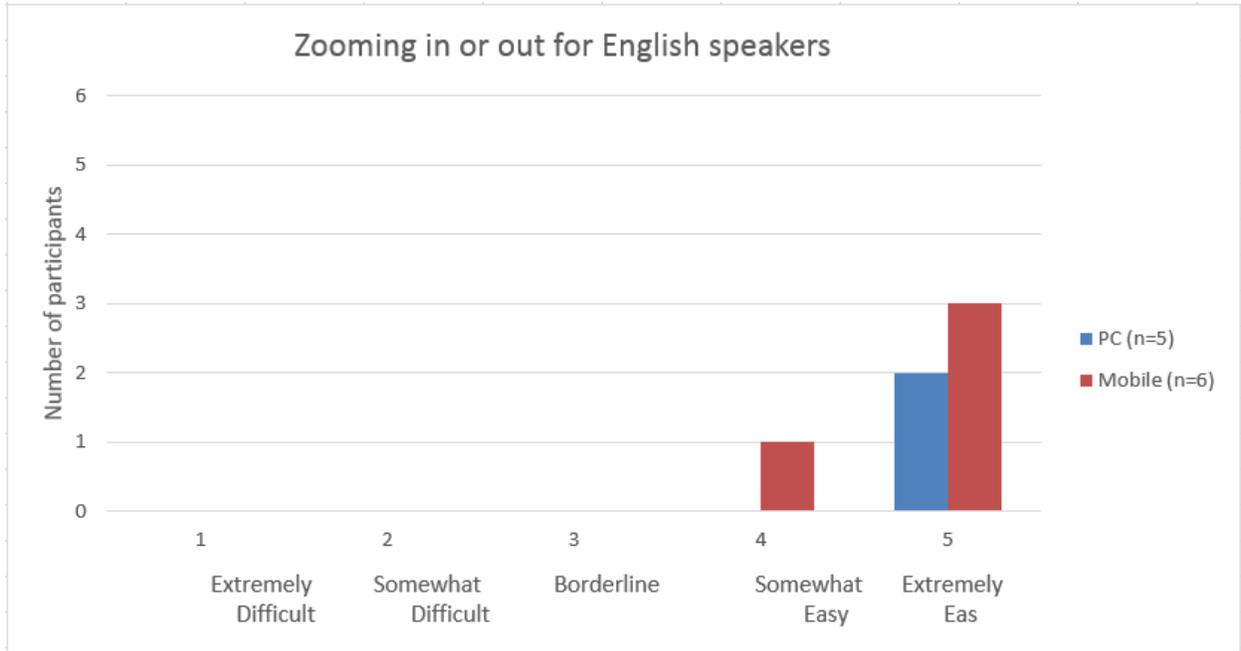
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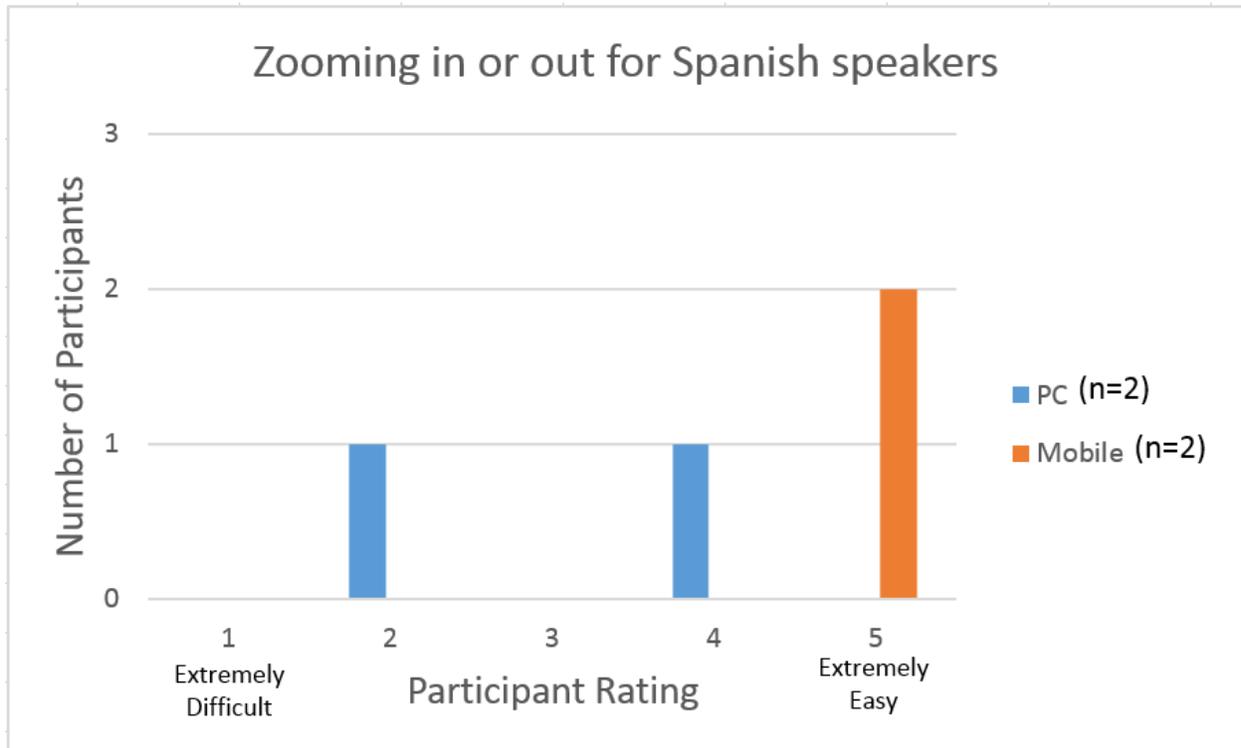
Source: 2018 NSCH usability testing. One participant selected not applicable.



Source: 2018 NSCH usability testing



Source: 2018 NSCH usability testing. Six participants selected not applicable.



Source: 2018 NSCH usability testing