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.
Start Here

Respond online today at: https://respond.census.gov/nsch

OR complete this form and mail it back as soon as possible.

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

If your household has children 0 - 17 years old, the questions on this form should be answered by an adult who is familiar with their health and health care. If your household does not have any children, please answer question 1 below AND return the questionnaire.

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

For Telephone Device for the Deaf (TDD) assistance, please call: 1-800-582-8330. The telephone call is free.

Si necesita ayuda o tiene preguntas sobre cómo completar este formulario, llame al 1-800-845-8241. La llamada es gratuita. Para recibir ayuda relacionada con el Dispositivo Telefónico para Personas Sordas (TDD), llame al 1-800-582-8330. La llamada es gratuita.

In Your Home

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: [ Type language here ]

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 will 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.
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.

3. What is this child’s sex?
   - Male
   - Female

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
   - Black or African American
   - American Indian or Alaska Native
   - Asian Indian
   - Chinese
   - Filipino
   - Japanese
   - Korean
   - Vietnamese
   - Other Asian
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan
   - Other Pacific Islander

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. Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?
   - Yes
   - No
   → If yes, is this child’s need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?
     - Yes
     - No
     → If yes, is this a condition that has lasted or is expected to last 12 months or longer?
       - Yes
       - No

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 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
**CHID 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
   - [ ] Months

3. What is this child’s sex?
   - [ ] Male
   - [ ] Female

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, other Hispanic, Latino, or Spanish origin

5. What is this child’s race? *Mark (X) one or more boxes.*
   - [ ] White
   - [ ] Black or African American
   - [ ] American Indian or Alaska Native
   - [ ] Asian Indian
   - [ ] Chinese
   - [ ] Filipino
   - [ ] Japanese
   - [ ] Other Asian
   - [ ] Native Hawaiian
   - [ ] Guamanian or Chamorro
   - [ ] Other Pacific Islander

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. Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?
   - [ ] Yes
   - [ ] No
   
   ▷ If yes, is this child’s need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?
   - [ ] Yes
   - [ ] No
   
   ▷ If yes, is this a condition that has lasted or is expected to last 12 months or longer?
   - [ ] Yes
   - [ ] No

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 treatment or counseling?
    - [ ] Yes
    - [ ] No
    
    ▷ If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?
    - [ ] Yes
    - [ ] No
## CHILD 3
(Next 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
   - [ ] 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
   - [ ] Black or African American
   - [ ] American Indian or Alaska Native
   - [ ] Asian Indian
   - [ ] Chinese
   - [ ] Filipino
   - [ ] Japanese
   - [ ] Korean
   - [ ] Vietnamese
   - [ ] Other Asian
   - [ ] Native Hawaiian
   - [ ] Guamanian or Chamorro
   - [ ] Samoan
   - [ ] Other Pacific Islander

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. **Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?**
   - [ ] Yes
   - [ ] No

   **If yes, is this child’s need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?**
   - [ ] Yes
   - [ ] No

   **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**
   - [ ] Yes
   - [ ] No

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 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
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name, initials, or nickname of the next youngest child</td>
<td>audi2600034</td>
</tr>
<tr>
<td>How old is this child? If the child is less than one month old, round</td>
<td>in months to 1.</td>
</tr>
<tr>
<td>age in months to 1.</td>
<td></td>
</tr>
<tr>
<td>What is this child’s sex?</td>
<td>□ Male □ Female</td>
</tr>
<tr>
<td>Is this child of Hispanic, Latino, or Spanish origin?</td>
<td>□ No, not of Hispanic, Latino, or Spanish origin □ Yes, Mexican, Mexican</td>
</tr>
<tr>
<td>What is this child’s race? Mark (X) one or more boxes</td>
<td>□ White □ Black or African American □ American Indian or Alaska Native</td>
</tr>
<tr>
<td>Answer the following question only if this child is at least 4 years</td>
<td>old. Otherwise, SKIP to question 7. How well does this child speak</td>
</tr>
<tr>
<td>old. Otherwise, SKIP to question 7. How well does this child speak</td>
<td>English? □ Very well □ Well □ Not well □ Not at all</td>
</tr>
<tr>
<td>Does this child CURRENTLY need or use medicine prescribed by a doctor,</td>
<td>□ Yes □ No □ Not well □ Yes, Puerto Rican □ Yes, Cuban □ Yes, another Hispanic, Latino, or Spanish origin</td>
</tr>
<tr>
<td>or other than vitamins?</td>
<td>□ Yes □ No □ Not well □ Yes, Puerto Rican □ Yes, Cuban □ Yes, another Hispanic, Latino, or Spanish origin</td>
</tr>
<tr>
<td>Does this child need or use more medical care, mental health, or</td>
<td>□ Yes □ No □ Not well □ Yes, Puerto Rican □ Yes, Cuban □ Yes, another Hispanic, Latino, or Spanish origin</td>
</tr>
<tr>
<td>educational services than is usual for most children of the same age?</td>
<td>□ Yes □ No □ Not well □ Yes, Puerto Rican □ Yes, Cuban □ Yes, another Hispanic, Latino, or Spanish origin</td>
</tr>
<tr>
<td>Is this child limited or prevented in any way in his or her ability</td>
<td>□ Yes □ No □ Not well □ Yes, Puerto Rican □ Yes, Cuban □ Yes, another Hispanic, Latino, or Spanish origin</td>
</tr>
<tr>
<td>to do the things most children of the same age can do?</td>
<td>□ Yes □ No □ Not well □ Yes, Puerto Rican □ Yes, Cuban □ Yes, another Hispanic, Latino, or Spanish origin</td>
</tr>
<tr>
<td>Does this child need or get special therapy, such as physical,</td>
<td>□ Yes □ No □ Not well □ Yes, Puerto Rican □ Yes, Cuban □ Yes, another Hispanic, Latino, or Spanish origin</td>
</tr>
<tr>
<td>occupational, or speech therapy?</td>
<td>□ Yes □ No □ Not well □ Yes, Puerto Rican □ Yes, Cuban □ Yes, another Hispanic, Latino, or Spanish origin</td>
</tr>
<tr>
<td>Does this child have any kind of emotional, developmental, or</td>
<td>□ Yes □ No □ Not well □ Yes, Puerto Rican □ Yes, Cuban □ Yes, another Hispanic, Latino, or Spanish origin</td>
</tr>
<tr>
<td>behavioral problem which he or she needs treatment or counseling?</td>
<td>□ Yes □ No □ Not well □ Yes, Puerto Rican □ Yes, Cuban □ Yes, another Hispanic, Latino, or Spanish origin</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>CHILD 5</th>
<th>First name, initials, or nickname</th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Years OR Months</td>
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<tr>
<td>Sex</td>
<td>Male □ Female □</td>
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<tr>
<th>CHILD 6</th>
<th>First name, initials, or nickname</th>
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</tr>
<tr>
<td>Age</td>
<td>Years OR Months</td>
</tr>
<tr>
<td>Sex</td>
<td>Male □ Female □</td>
</tr>
</tbody>
</table>

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<tr>
<th>CHILD 7</th>
<th>First name, initials, or nickname</th>
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<td></td>
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<tr>
<td>Age</td>
<td>Years OR Months</td>
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<tr>
<td>Sex</td>
<td>Male □ Female □</td>
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<th>CHILD 8</th>
<th>First name, initials, or nickname</th>
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<tr>
<td>Age</td>
<td>Years OR Months</td>
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<tr>
<td>Sex</td>
<td>Male □ Female □</td>
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<tr>
<th>CHILD 9</th>
<th>First name, initials, or nickname</th>
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<td></td>
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</tr>
<tr>
<td>Age</td>
<td>Years OR Months</td>
</tr>
<tr>
<td>Sex</td>
<td>Male □ Female □</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD 10</th>
<th>First name, initials, or nickname</th>
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<tr>
<td>Age</td>
<td>Years OR Months</td>
</tr>
<tr>
<td>Sex</td>
<td>Male □ Female □</td>
</tr>
</tbody>
</table>
Thank you for your participation.

On behalf of the U.S. Department of Health and Human Services, we would like to thank you for the time and effort you have spent sharing information about your household and the children of this household.

Your answers are important to us and will help researchers, policymakers and family advocates to better understand the health and health care needs of children in our diverse population.

Make sure you have:

- Listed all first names, initials, or nicknames of children 0-17 years old in the household
- Answered all questions for each child reported

Place the completed questionnaire in the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

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

We estimate that completing the National Survey of Children’s Health will take 5 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Commerce, 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. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.