

2018 National Survey of Children’s Health (NSCH) *Guide to Topics & Questions Asked*

The National Survey of Children’s Health (NSCH) is funded and directed by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, and is administered by the U.S. Census Bureau. Between June 2018 and January 2019, participants were mailed an invitation to complete a household screener and then a child-level questionnaire online using a secure, confidential website. Additionally, participants were provided the opportunity to complete a mailed, paper version of the household screener and questionnaire instead of the web-based materials. Below is a guide to the questions asked on the screener and child-level questionnaires. As in previous editions of the surveys, some variables in the public use file may be recoded to ensure consistency and ease of use. These recoded variables will appear in the public use file but will not appear in the table below.

KEY:

- ^ Denotes that survey item is new to the 2018 NSCH (vs. 2017 NSCH). *New items are noted in purple font.*
 - * Denotes that item content has substantively changed in the 2018 NSCH (vs. 2017 NSCH) or data are not comparable with the 2017 NSCH due to question wording or response option changes, or stem (preceding) question changes and are *noted in red font.* See box below for more information on the criteria used for content changes.
 - α Denotes that response option for the survey item has substantively changed in the 2018 NSCH (vs. 2017 NSCH).
 - Indicates a list of questions under one question stem.
 - { } Complex skip patterns are explained in brackets.
 - x No number was assigned to this survey question. This question is nested within another survey item.
 - Question does not exist in this version of the survey.
- No symbol: Indented questions represent question sequences and are used if the respondent answered “yes” or gave a response other than “no” or “0” to the primary, non-indented question.

Reasons for changes to content in 2018 NSCH

1. To be consistent with other Federal policy/programs
2. To reflect an updated understanding of a topic/question
3. To focus on updated Maternal and Child Health Bureau priorities
4. To reflect emerging priorities as identified by stakeholders

Note:

Items with minor wording changes are not indicated here. Survey items listed herein from the 2018 NSCH can be found in the full survey instruments which are available at the [HRSA’s MCHB website](#).

Pre-Survey Screener (Completed prior to full survey):

The screener is administered in advance of the full survey. It begins by asking an adult in the household if there are any children 0-17 years old in the home, how many children there are (TOTKIDS_R), what primary language is spoken (HHLANGUAGE), and ^if the house, apartment, or mobile home is owned with or without a mortgage or loan, rented or occupied without rent (TENURE). The # sign following each question number indicates which child in the household the response is referencing when there is more than one child in the household.

The following questions are then asked about each of the four youngest children living in the home:

1. How old is this child? (C#_AGE_YEARS)
2. What is this child's sex? (C#_SEX)
3. Is this child of Hispanic, Latino, or Spanish origin? (C#_HISPANIC_R)
4. What is this child's race? [Mark one or more boxes] (C#_RACE_R)
5. How well does this child speak English? [only asked of children 4+ years old] (C#_ENGLISH)
6. Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins? (C#_K2Q10, C#_K2Q11, C#_K2Q12)
7. Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age (C#_K2Q13, C#_K2Q14, C#_K2Q15)
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? (C#_K2Q16, C#_K2Q17, C#_K2Q18)
9. Does this child need or get special therapy, such as physical, occupational, or speech therapy? (C#_K2Q19, C#_K2Q20, C#_K2Q21)
10. Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling? (C#_K2Q22, C#_K2Q23)

If YES to any of items 6-9, two follow-up questions are asked:

- Is this because of ANY medical, behavioral, or other health condition?
- Is this a condition that has lasted or is expected to last 12 months or longer?

If YES to 10, one follow-up question is asked:

- Has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

Respondents are also asked to provide basic information (age and sex) about up to six additional children in the household. These data are used for statistical purposes only and are not released.

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- ^ New item in 2018 NSCH

Once information on all children is gathered via the screener, one child from the household is randomly selected. The remaining questions of the survey pertain to this randomly selected child.

Survey Questions (variable name in public use data file)	Survey question number		
	0-5 yrs survey	6-11 yrs survey	12-17 yrs survey
A. This Child's Health			
In general, how would you describe this child's health? (K2Q01)	A1	A1	A1
How would you describe the condition of this child's teeth? (K2Q01_D)	A2	A2	A2
How often	A3	A3	A3
• * ^α Is this child affectionate and tender with you? (K6Q70_R)	A3a	-	-
• * ^α Does this child bounce back quickly when things do not go his or her way? (K6Q73_R)	A3b	-	-
• * ^α Does this child show interest and curiosity in learning new things? (K6Q71_R)	A3c	A3a	A3a
• * ^α Does this child smile and laugh? (K6Q72_R)	A3d	-	-
• * ^α Does this child work to finish tasks he or she starts? (K7Q84_R)	-	A3b	A3b
• * ^α Does this child stay calm and in control when faced with a challenge? (K7Q85_R)	-	A3c	A3c
• * ^α Does this child care about doing well in school? (K7Q82_R)	-	A3d	A3d
• * ^α Does this child do all required homework? (K7Q83_R)	-	A3e	A3e
• * ^α Does this child argue too much? (K7Q70_R)	-	A3f	A3f
* ^α DURING THE PAST 12 MONTHS, how often was this child bullied, picked on, or excluded by other children? (BULLIED_R)	-	A4	A4
* ^α DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them? (BULLY)	-	A5	A5
DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?	A4	A6	A6
• Breathing or other respiratory problems (such as wheezing or shortness of breath) (BREATHING)	A4a	A6a	A6a
• Eating or swallowing because of a health condition (SWALLOWING)	A4b	A6b	A6b
• Digesting food, including stomach/intestinal problems, constipation, or diarrhea (STOMACH)	A4c	A6c	A6c
• Repeated or chronic physical pain, including headaches or other back or body pain (PHYSICALPAIN)	A4d	A6d	A6d
• Using his or her hands (HANDS)	A4e	-	-
• Coordination or moving around (COORDINATION)	A4f	-	-
• Toothaches (TOOTHACHES)	A4g	A6e	A6e
• Bleeding gums (GUMBLEED)	A4h	A6f	A6f
• Decayed teeth or cavities (CAVITIES)	A4i	A6g	A6g
Does this child have any of the following?	A5	A7	A7
• Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition (MEMORYCOND)	-	A7a	A7a
• Serious difficulty walking or climbing stairs (WALKSTAIRS)	-	A7b	A7b
• Difficulty dressing or bathing (DRESSING)	-	A7c	A7c
• Difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical, mental, or emotional condition (ERRANDALONE)	-	-	A7d
• Deafness or problems with hearing (K2Q43B)	A5a	A7d	A7e
• Blindness or problems with seeing, even when wearing glasses (BLINDNESS)	A5b	A7e	A7f

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Has a doctor or other health care provider EVER told you that this child has:			
• Allergies (including food, drug, insect, or other)? (ALLERGIES)	A6	A8	A8
• Arthritis? (ARTHRITIS)	A7	A9	A9
• Asthma? (K2Q40A)	A8	A10	A10
• Brain Injury, concussion or head injury? (K2Q46A)	A9	A11	A11
• Cerebral Palsy? (K2Q61A)	A10	A12	A12
• Diabetes? (K2Q41A)	A11	A13	A13
• Epilepsy or Seizure Disorder? (K2Q42A)	A12	A14	A14
• Heart condition? (HEART)	A13	A15	A15
• Frequent or severe headaches, including migraine? (HEADACHE)	A14	A16	A16
• Tourette Syndrome? (K2Q38A)	A15	A17	A17
• Anxiety problems? (K2Q33A)	A16	A18	A18
• Depression? (K2Q32A)	A17	A19	A19
• Down Syndrome? (DOWNSYN)	A18	A20	A20
• Substance Use Disorder? (SUBABUSE)	-	A24	A24
Has a doctor, other health care provider, or educator EVER told you that this child has:			
• Behavioral or conduct problems? (K2Q34A)	A22	A25	A25
• Developmental Delay? (K2Q36A)	A23	A26	A26
• Intellectual Disability (formerly known as Mental Retardation)? (K2Q60A) . .	A24	A27	A27
• Speech or other language disorder? (K2Q37A)	A25	A28	A28
• Learning Disability? (K2Q30A)	A26	A29	A29
Has a doctor or other health care provider EVER told you that this child has any other mental health condition? If yes, specify (ANYOTHER)	A27	A30	A30
<i>If YES to any of the items from A6 (0-5 yrs) or A8 (6-17 yrs) to this point, two follow up questions are asked:</i>			
• Does this child CURRENTLY have the condition? (variable name differs based on condition)	x	x	x
• If YES, is it Mild, Moderate, or Severe? (variable name differs based on condition)	x	x	x
Has a doctor or other health care provider EVER told you that this child has:			
• Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)? (BLOOD)	A19	A21	A21
• Cystic Fibrosis? (CYSTFIB)	A20	A22	A22
• Other genetic or inherited condition? (GENETIC)	A21	A23	A23
<i>If YES to items from A19 to A21 (0-5 yrs) or A21 to A23 (6-17 yrs), a follow up question is asked:</i>			
• ^ Was this condition identified through a blood test done shortly after birth? (These tests are sometimes called newborn screening) (BLOOD_SCREEN, CYSTFIB_SCREEN, GENETIC_SCREEN)	x	x	x
<i>If YES to above question under A19 (0-5 yrs) or A21 (6-17 yrs), a follow up question is asked:</i>			
• ^ If YES, was this child diagnosed with Sickle Cell Disease, Thalassemia, Hemophilia, Other Blood Disorders? (SICKLECELL, THALASSEMIA, HEMOPHILIA, BLOOD_OTHER)	x	x	x

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- ^ New item in 2018 NSCH

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). (K2Q35A)	A28	A29	A29
Does this child CURRENTLY have the condition? (K2Q35B)			
If yes, is it Mild, Moderate, or Severe? (K2Q35C)			
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? (K2Q35A_1_YEARS)	A29	A30	A30
What type of doctor or other health care provider was the FIRST to tell you that this child had Autism, ASD, Asperger’s Disorder or PDD? (K2Q35D)	A30	A31	A31
Is this child CURRENTLY taking medication for Autism, ASD, Asperger’s Disorder or PDD? (AUTISMMED)	A31	A32	A32
At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for Autism, ASD, Asperger’s Disorder or PDD, such as training or an intervention that you or this child received to help with his or her behavior? (AUTISMTREAT)	A32	A33	A33
Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder, that is, ADD or ADHD? (K2Q31A)	A33	A34	A34
Does this child CURRENTLY have the condition? (K2Q31B)			
If yes, is it Mild, Moderate, or Severe? (K2Q31C)			
Is this child CURRENTLY taking medication for ADD or ADHD? (K2Q31D)	A34	A35	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? (ADDTREAT)	A35	A36	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? (HCABILITY)	A36	A37	A37
To what extent do this child’s health conditions or problems affect his or her ability to do things? (HCEXTENT)	A37	A38	A38
B. This Child as an Infant			
Was this child born more than 3 weeks before his or her due date? (K2Q05)	B1	B1	B1
How much did he or she weigh when born? (K2Q04R)	B2	B2	B2
What was the age of the mother when this child was born? (MOMAGE)	B3	B3	B3
Was this child EVER breastfed or fed breast milk? (K6Q40)	B4	-	-
If yes, how old was this child when he or she COMPLETELY stopped breastfeeding or being fed breast milk? (BREASTFEDEND) (K6Q41_STILL)	B5	-	-
How old was this child when he or she was FIRST fed formula? (FRSTFORMULA) (6Q42R_NEVER)	B6	-	-
How old was this child when he or she was FIRST fed anything other than breast milk or formula? (FRSTSOLIDS) (K6Q43R_NEVER)	B7	-	-
C. Health Care Services			
Health Care Visits			
* 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) ? (S4Q01)	C1	C1	C1

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* If yes, 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? (DOCPRIVATE)	-	-	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? (K4Q20R)	C2	C2	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? (DOCROOM)	C3	C3	C4
Height and Weight			
What is this child's CURRENT height? (HEIGHT) [†]	C4	C4	C5
How much does this child CURRENTLY weigh? (WEIGHT) [†]	C5	C5	C6
[[†] Data from the items on height and weight is not released individually, but they are combined to create a variable BMICLASS (10-17 years only) which is released]			
Are you concerned about this child's weight? (WGTCNC)	C6	C6	C7
[^] Has a doctor or other health care provider ever told you that this child is overweight? (OVERWEIGHT)	C7	C7	C8
Developmental Concerns & Screening			
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? (K6Q10)	C8	-	-
{If child is <9 months, skip to 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, communications, or social behaviors? (K6Q12)	C9	-	-
If yes, [and child is 9-23 months], did the questionnaire ask about your concerns or observations about: [Mark ALL that apply]	x	-	-
• How this child talks or makes speech sounds? (K6Q13A)	x	-	-
• How this child interacts with you and others? (K6Q13B)	x	-	-
If yes, [and child is 2-5 years], did the questionnaire ask about your concerns or observations about: [Mark ALL that apply]	x	-	-
• Words and phrases this child uses and understands? (K6Q14A)	x	-	-
• How this child behaves and gets along with you and others? (K6Q14B)	x	-	-
Usual Source of Care			
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? (K4Q01)	C10	C8	C9
If yes, where does this child USUALLY go first? (K4Q02_R)	C11	C9	C10
Is there a place that this child USUALLY goes when he or she needs routine preventive care, such as a physical examination or well-child check-up? (USUALGO)	C12	C10	C11
If yes, is this the same place this child goes when he or she is sick? (USUALSICK)	C13	C11	C12

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Vision Testing			
* DURING THE PAST 12 MONTHS , has this child had his or her vision tested, such as with pictures, shapes, or letters? (K4Q31_R)	C14	C12	C13
If yes, where was this child's vision tested? (K4Q32X)	C15	C13	C14
Dental Health Care			
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? (K4Q30_R)	C16	C14	C15
If yes, DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for preventive dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments? (DENTISTVISIT)	C17	C15	C16
If yes, DURING THE PAST 12 MONTHS, what preventive dental services did this child receive? (DENTALSERV)	C18	C16	C17
Mental Health Care and Other Types of Care			
DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? (K4Q22_R)	C19	C17	C18
* ^α How difficult was it to get the mental health treatment or counseling that this child needed? (TREATNEED)	C20	C18	C19
DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with his or her emotions, concentration, or behavior? (K4Q23)	C21	C19	C20
DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional? (K4Q24_R)	C22	C20	C21
* ^α How difficult was it to get the specialist care that this child needed? (K4Q26)	C23	C21	C22
DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? (ALTHEALTH)	C24	C22	C23
Forgone Health Care			
DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not received? (K4Q27)	C25	C23	C24
If yes, which types of care were not received? (K4Q28X)	C26	C24	C25
Did any of the following reasons contribute to this child not receiving needed health services?:	C27	C25	C26
• This child was not eligible for the services (NOTELIG)	C27a	C25a	C26a
• The services this child needed were not available in your area (AVAILABLE)	C27b	C25b	C26b
• There were problems getting an appointment when this child needed one (APPOINTMENT)	C27c	C25c	C26c
• There were problems with getting transportation or child care (TRANSPORTCC)	C27d	C25d	C26d
• The clinic or doctor's office wasn't open when this child needed care (NOTOPEN)	C27e	C25e	C26e
• There were issues related to cost (ISSUECOST)	C27f	C25f	C26f
DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child? (C4Q04)	C28	C26	C27
ER Use			
DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room? (HOSPITALER)	C29	C27	C28
[^] DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night? (HOSPITALSTAY)	C30	C28	C29

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- ^α Response option with substantive change

Educational & Developmental Services			
Has this child EVER had a special education or early intervention plan? (K6Q15)	C31	C29	C30
If yes, how old was this child at the time of the FIRST plan? (SESPLANYR, SESPLANMO)	C32	C30	C31
Is this child CURRENTLY receiving services under one of these plans? (SECURRSVC)	C33	C31	C32
Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy? (K4Q36)	C34	C32	C33
If yes, how old was this child when he or she began receiving these special services? (K4Q37)	C35	C33	C34
Is this child CURRENTLY receiving these special services? (K4Q38)	C36	C34	C35
D. Experience with This Child’s Health Care Providers			
Personal Doctor or Nurse			
Do you have one or more persons you think of as this child’s personal doctor or nurse? (K4Q04_R)	D1	D1	D1
Referrals for Care			
DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services? (K5Q10)	D2	D2	D2
* ^α If yes, how difficult was it to get referrals? (K5Q11)	D3	D3	D3
Family-Centered Care			
{Only answer questions D4-D12 if child had a health care visit in the past 12 months}	D4	D4	D4
DURING THE PAST 12 MONTHS, how often did this child’s doctors or other health care providers:			
• Spend enough time with this child? (K5Q40)	D4a	D4a	D4a
• Listen carefully to you? (K5Q41)	D4b	D4b	D4b
• Show sensitivity to your family’s values and customs? (K5Q42)	D4c	D4c	D4c
• Provide the specific information you needed concerning this child? (K5Q43)	D4d	D4d	D4d
• Help you feel like a partner in this child’s care? (K5Q44)	D4e	D4e	D4e
Shared Decision Making			
* 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? (DECISIONS)	D5	D5	D5
If yes, DURING THE PAST 12 MONTHS, how often did this child’s doctors or other health care providers:	D6	D6	D6
• Discuss with you the range of options to consider for his or her health care or treatment? (DISCUSSOPT)	D6a	D6a	D6a
• Make it easy for you to raise concerns or disagree with recommendations for the child’s health care? (RAISECONC)	D6b	D6b	D6b
• Work with you to decide together which health care and treatment choices would be best for this child? (BESTFORCHILD)	D6c	D6c	D6c
Care Coordination			
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? (K5Q20_R)	D7	D7	D7

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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? <i>{If No, skip to D10}</i> (K5Q21)	D8	D8	D8
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? (K5Q22)	D9	D9	D9
DURING THE PAST 12 MONTHS, how satisfied were you with the communication among this child's doctors and other health care providers? (K5Q30)	D10	D10	D10
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? <i>{If No OR did not need these services within the past 12 months, skip to E1}</i> (K5Q31_R)	D11	D11	D11
If yes, during this time, how satisfied are you with the health care provider's communication with the school, child care provider, or special education program? (K5Q32)	D12	D12	D12
Transition to Adult Health Care			
Do any of this child's doctors or other health care providers treat only children? (TREATCHILD)	-	-	D13
If yes, have they talked with you about when this child will need to see doctors or other health care providers who treat adults? (TREATADULT)	-	-	D14
Has this child's doctor or other health care provider actively worked with this child to:	-	-	D15
• Make positive choices about his or her health? (POSCHOICE)	-	-	D15a
• Gain skills to manage his or her health and health care? (GAINSKILLS)	-	-	D15b
• Understand the changes in health care that happen at age 18? (CHANGEAGE)	-	-	D15c
^ Did you and this child receive a summary of your child's medical history (for example, medical conditions, allergies, medications, immunizations)? (MEDHISTORY)	-	-	D16
* 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? (WRITEPLAN)	-	-	D17
* If yes, do you and this child have access to this plan of care? (RECEIVECOPY)	-	-	D18
^ Does this plan of care address transition to doctors and other health care providers who treat adults? (PLANNEEDS_R)	-	-	D19
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? (HEALTHKNOW)	-	-	D20
If no, has anyone discussed with you how to obtain or keep some type of health insurance coverage as this child becomes an adult? (KEEPINSADULT)	-	-	D21
E. This Child's Health Insurance Coverage			
DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan? (K3Q04_R) <i>{If child was covered all 12 months, skip to E4}</i>	E1	E1	E1
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:	E2	E2	E2
• Change in employer or employment status (K12Q01_A)	E2a	E2a	E2a

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• Cancellation due to overdue premiums (K12Q01_B)	E2b	E2b	E2b
• Dropped coverage because it was unaffordable (K12Q01_C)	E2c	E2c	E2c
• Dropped coverage because benefits were inadequate (K12Q01_D)	E2d	E2d	E2d
• Dropped coverage because choice of health care providers was inadequate (K12Q01_E)	E2e	E2e	E2e
• Problems with application or renewal process (K12Q01_F)	E2f	E2f	E2f
• Other, specify (K12Q01_G)	E2g	E2g	E2g
Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan? {If child is not currently covered by any kind of health insurance or health coverage plan, skip to F1} (CURRCOV)	E3	E3	E3
Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans?	E4	E4	E4
• Insurance through a current or former employer or union (K12Q03)	E4a	E4a	E4a
• Insurance purchased directly from an insurance company (K12Q04)	E4b	E4b	E4b
• Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability (K12Q12)	E4c	E4c	E4c
• TRICARE or other military health care (TRICARE)	E4d	E4d	E4d
• Indian Health Service (K11Q03R)	E4e	E4e	E4e
• Other, specify (HCCOVOTH)	E4f	E4f	E4f
How often does this child’s health insurance offer benefits or cover services that meet this child’s needs? (K3Q20)	E5	E5	E5
How often does this child’s health insurance allow him or her to see the health care providers he or she needs? (K3Q22)	E6	E6	E6
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? (MENBEVCOV)	E7	E7	E7
F. Providing for This Child’s Health			
How much money did you pay for this child’s medical, health, dental, and vision care DURING THE PAST 12 MONTHS? (HOWMUCH)	F1	F1	F1
How often are these costs reasonable? (K3Q21B)	F2	F2	F2
DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child’s medical or health care bills? (K3Q25)	F3	F3	F3
DURING THE PAST 12 MONTHS, have you or other family members:	F4	F4	F4
• Left a job or taken a leave of absence because of this child’s health or health conditions? (STOPWORK)	F4a	F4a	F4a
• Cut down on the hours you work because of this child’s health or health conditions? (CUTHOURS)	F4b	F4b	F4b
• Avoided changing jobs because of concerns about maintaining health insurance for this child? (AVOIDCHG)	F4c	F4c	F4c
IN AN AVERAGE WEEK, how many hours do you or other family members spend providing health care at home for this child? (ATHOMEHC)	F5	F5	F5

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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? (ARRANGEHC)	F6	F6	F6
G. This Child's Learning (0-5 years)			
^ Is this child able to do the following... {If child is <1 year, skip to section H}	G1	-	-
• ^ Say at least one word, such as "hi" or "dog"? (ONEWORD)	G1a	-	-
• ^ Use 2 words together, such as "car go"? (TWOWORDS)	G1b	-	-
• ^ Use 3 words together in a sentence, such as, "Mommy come now."? (THREEWORDS)	G1c	-	-
• ^ Ask questions like "who," "what," "when," "where"? (ASKQUESTION)	G1d	-	-
• ^ Ask questions like "why" and "how"? (ASKQUESTION2)	G1e	-	-
• ^ Tell a story with a beginning, middle, and end? (TELLSTORY)	G1f	-	-
• ^ Understand the meaning of the word "no"? (UNDERSTAND)	G1g	-	-
• ^ Follow a verbal direction without hand gestures, such as "Wash your hands."? (DIRECTIONS)	G1h	-	-
• ^ Point to things in a book when asked? (POINT)	G1i	-	-
• ^ Follow 2-step directions, such as "Get your shoes and put them in the basket."? (DIRECTIONS2)	G1j	-	-
• ^ Understand words such as "in," "on," and "under"? (UNDERSTAND2)	G1k	-	-
Is this child 3 years old or older? (SC_AGE_YEARS) {If child is <3 years, skip to section H}	G2	-	-
Has this child started school? (STARTSCHOOL)	G3	-	-
Are you concerned about how this child is learning to do things for him or herself? (K6Q08_R)	G4	-	-
How confident are you that this child is ready to be in school? (CONFIDENT)	G5	-	-
How often can this child recognize the beginning sound of a word? (RECOGBEGIN)	G6	-	-
About how many letters of the alphabet can this child recognize? (RECOGABC)	G7	-	-
Can this child rhyme words? (RHYMEWORD)	G8	-	-
How often can this child explain things he or she has seen or done so that you get a very good idea what happened? (CLEAREXP)	G9	-	-
How often can this child write his or her first name, even if some of the letters aren't quite right or are backwards? (WRITENAME)	G10	-	-
How high can this child count? (COUNTTO)	G11	-	-
How often can this child identify basic shapes such as a triangle, circle, or square? (RECSHAPES)	G12	-	-
Can this child identify the colors red, yellow, blue, and green by name? (COLOR)	G13	-	-
How often is this child easily distracted? (DISTRACTED)	G14	-	-
How often does this child keep working at something until he or she is finished? (WORKTOFIN)	G15	-	-
When this child is paying attention, how often can he or she follow instructions to complete a simple task? (SIMPLEINST)	G16	-	-
How does this child usually hold a pencil? (USEPENCIL)	G17	-	-
How often does this child play well with others? (PLAYWELL)	G18	-	-

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- ^ New item in 2018 NSCH

How often does this child become angry or anxious when going from one activity to another? (NEWACTIVITY)	G19	-	-
How often does this child show concern when others are hurt or unhappy? (HURTSAD)	G20	-	-
When excited or all wound up, how often can this child calm down quickly? (CALMDOWN)	G21	-	-
How often does this child lose control of his or her temper when things do not go his or her way? (TEMPER)	G22	-	-
Compared to other children his or her age, how much difficulty does this child have making or keeping friends? (MAKEFRIEND)	G23	G7	G7
Compared to other children his or her age, how often is this child able to sit still? (SITSTILL)	G24	-	-
G. This Child's Schooling and Activities (6-17 years)			
DURING THE PAST 12 MONTHS, about how many days did this child miss school because of illness or injury? (K7Q02R_R)	-	G1	G1
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? (K7Q04R_R)	-	G2	G2
SINCE STARTING KINDERGARTEN, has this child repeated any grades? (REPEATED)	-	G3	G3
DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in? (K7Q33)	-	G4	G4
DURING THE PAST 12 MONTHS, did this child participate in:	-	G5	G5
• A sports team or did he or she take sports lessons after school or on weekends? (K7Q30)	-	G5a	G5a
• Any clubs or organizations after school or on weekends? (K7Q31)	-	G5b	G5b
• Any other organized activities or lessons, such as music, dance, language, or other arts? (K7Q32)	-	G5c	G5c
• Any type of community service or volunteer work at school, church, or in the community? (K7Q37)	-	G5d	G5d
• Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work? (K7Q38)	-	G5e	G5e
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? (PHYSACTIV)	-	G6	G6
Compared to other children his or her age, how much difficulty does this child have making or keeping friends? (MAKEFRIEND)	G23	G7	G7
H. About You and This Child			
Was this child born in the United States? {If yes, skip to H3} (BORNUSA)	H1	H1	H1
If no, how long has this child been living in the United States? (LIVEUSA_YR/LIVEUSA_MO)	H2	H2	H2
How many times has this child moved to a new address since he or she was born? (K11Q43R)	H3	H3	H3
How often does this child go to bed at about the same time on weeknights? (BEDTIME)	H4	H4	H4
DURING THE PAST WEEK, how many hours of sleep did this child get [during an average day (count both nighttime sleep and naps) (HOURSLEEP05) /on most weeknights]? (HOURSLEEP)	H5	H5	H5

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In which position do you most often lay this baby down to sleep now? {<12 months old only} (SLEEPPOS)	H6	-	-
* ON MOST WEEKDAYS, about how much time does this child usually 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.) (SCREENTIME)	H7	H6	H6
DURING THE PAST WEEK, how many days did you or other family members read to this child? (K6Q60_R)	H8	-	-
DURING THE PAST WEEK, how many days did you or other family members tell stories or sing songs to this child? (K6Q61_R)	H9	-	-
How well can you and this child share ideas or talk about things that really matter? (K8Q21)	-	H7	H7
How well do you think you are handling the day-to-day demands of raising children? (K8Q30)	H10	H8	H8
DURING THE PAST MONTH, how often have you felt:	H11	H9	H9
• That this child is much harder to care for than most children his or her age? (K8Q31)	H11a	H9a	H9a
• That this child does things that really bother you a lot? (K8Q32)	H11b	H9b	H9b
• Angry with this child? (K8Q34)	H11c	H9c	H9c
DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support with parenting or raising children? (K8Q35)	H12	H10	H10
If yes, did you receive emotional support from:	H13	H11	H11
• * Spouse or domestic partner? (EMOSUPSPO)	H13a	H11a	H11a
• Other family member or close friend? (EMOSUPOFAM)	H13b	H11b	H11b
• Health care provider? (EMOSUPHCP)	H13c	H11c	H11c
• Place of worship or religious leader? (EMOSUPWOR)	H13d	H11d	H11d
• Support or advocacy group related to specific health condition? (EMOSUPADV)	H13e	H11e	H11e
• Peer support group? (EMOSUPPEER)	H13f	H11f	H11f
• Counselor or other mental health professional? (EMOSUPMHP)	H13g	H11g	H11g
• Other person, specify (EMOSUPOTH)	H13h	H11h	H11h
Does this child receive care for at least 10 hours per week from someone other than his or her parent or guardian? (K6Q20)	H14	-	-
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? (K6Q27)	H15	-	-
I. About Your Family and Household			
DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal together? (K8Q11)	I1	I1	I1
Does anyone living in your household use cigarettes, cigars, or pipe tobacco? (K9Q40)	I2	I2	I2
If yes, does anyone smoke inside your home? (K9Q41)	I3	I3	I3
DURING THE PAST 12 MONTHS, how often were pesticides used inside your resident to control for insects? (PESTICIDE)	I4	I4	I4

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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? (MOLD)	I5	I5	I5
When your family faces problems, how often are you likely to do each of the following?	I6	I6	I6
• Talk together about what to do (TALKABOUT)	I6a	I6a	I6a
• Work together to solve our problems (WKTOSOLVE)	I6b	I6b	I6b
• Know we have strengths to draw on (STRENGTHS)	I6c	I6c	I6c
• Stay hopeful even in difficult times (HOPEFUL)	I6d	I6d	I6d
* SINCE THIS CHILD WAS BORN, how often has it been very hard to cover the basics, like food or housing, on your family's income? (ACE1)	I7	I7	I7
Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS? (FOODSIT)	I8	I8	I8
At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive:	I9	I9	I9
• Cash assistance from a government welfare program? (K11Q60)	I9a	I9a	I9a
• Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? (K11Q61)	I9b	I9b	I9b
• Free or reduced-cost breakfasts or lunches at school? (K11Q62)	I9c	I9d	I9c
• Benefits from the Women, Infants, and Children (WIC) Program? (S9Q34) ..	I9d	I9c	I9d
In your neighborhood, is/are there:	I10	I10	I10
• Sidewalks or walking paths? (K10Q11)	I10a	I10a	I10a
• A park or playground? (K10Q12)	I10b	I10b	I10b
• A recreation center, community center, or boys' and girls' club? (K10Q13) ..	I10c	I10c	I10c
• A library or bookmobile? (K10Q14)	I10d	I10d	I10d
• Litter or garbage on the street or sidewalk? (K10Q20)	I10e	I10e	I10e
• Poorly kept or rundown housing? (K10Q22)	I10f	I10f	I10f
• Vandalism such as broken windows or graffiti? (K10Q23)	I10g	I10g	I10g
To what extent do you agree with these statements about your neighborhood or community?	I11	I11	I11
• People in this neighborhood help each other out (K10Q30)	I11a	I11a	I11a
• We watch out for each other's children in this neighborhood (K10Q31)	I11b	I11b	I11b
• This child is safe in our neighborhood (K10Q40_R)	I11c	I11c	I11c
• When we encounter difficulties, we know where to go for help in our community (GOFORHELP)	I11d	I11d	I11d
• This child is safe at school (K10Q41_R)	-	I11e	I11e
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? (K9Q96)	-	I12	I12
To the best of your knowledge, has this child EVER experienced any of the following?	I12	I13	I13
• Parent or guardian divorced or separated (ACE3)	I12a	I13a	I13a
• Parent or guardian died (ACE4)	I12b	I13b	I13b
• Parent or guardian served time in jail (ACES)	I12c	I13c	I13c

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<ul style="list-style-type: none"> Saw or heard parents or adults slap, hit, kick punch one another in the home (ACE6) 	I12d	I13d	I13d
<ul style="list-style-type: none"> Was a victim of violence or witnessed violence in his or her neighborhood (ACE7) 	I12e	I13e	I13e
<ul style="list-style-type: none"> Lived with anyone who was mentally ill, suicidal, or severely depressed (ACE8) 	I12f	I13f	I13f
<ul style="list-style-type: none"> Lived with anyone who had a problem with alcohol or drugs (ACE9) 	I12g	I13g	I13g
<ul style="list-style-type: none"> Treated or judged unfairly because of his or her race or ethnic group (ACE10) 	I12h	I13h	I13h
J. About You			
<i>*These questions are to be completed for each of the 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.</i>			
How are you related to this child? (A#_RELATION)	J1/J13	J1/J13	J1/J13
What is your sex? (A#_SEX)	J2/J14	J2/J14	J2/J14
What is your age? (A#_AGE)	J3/J15	J3/J15	J3/J15
Where were you born? (A#_BORN)	J4/J16	J4/J16	J4/J16
[If outside of the U.S.] When did you come to live in the United States? (A#_LIVEUSA)	J5/J17	J5/J17	J5/J17
What is the highest grade or level of school you have completed? (A#_GRADE)	J6/J18	J6/J18	J6/J18
What is your marital status? (A#_MARITAL)	J7/J19	J7/J19	J7/J19
In general, how is your physical health? (A#_PHYSHEALTH)	J8/J20	J8/J20	J8/J20
In general, how is your mental or emotional health? (A#_MENTHEALTH)	J9/J21	J9/J21	J9/J21
Were you employed at least 50 out of the past 52 weeks? (A#_K11Q50_R)	J10/J22	J10/J22	J10/J22
Have you ever served on active duty in the U.S. Armed forces, Reserves, or the National Guard? (A#_ACTIVE)	J11/J23	J11/J23	J11/J23
Were you deployed at any time during this child's life? (A#_DEPLSTAT)	J12/J24	J12/J24	J12/J24
K. Household Information			
How many people are living or staying at this address? (HHCOUNT)	K1	K1	K1
How many of these people in your household are family members? (FAMCOUNT)	K2	K2	K2
Income in 2017 (The public use file does not include the following individual variables# but are presented as an aggregate variable labeled FPL (if imputed FPL_I). IN THE LAST CALENDAR YEAR (2017). Mark Yes or No for each type of income this child's family received, and give best estimate of the total amount for those types marked Yes.	K3	K3	K3
<ul style="list-style-type: none"> Wages, salary, commissions, bonuses, or tips from all jobs? (INCWAGES)# 	K3a	K3a	K3a
<ul style="list-style-type: none"> Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships? (INCSSELFEMP)# 	K3b	K3b	K3b
<ul style="list-style-type: none"> Interest, dividends, net rental income, royalty income, or income from estates and trusts? (INCINTDIV)# 	K3c	K3c	K3c
<ul style="list-style-type: none"> Social security or railroad retirement; retirement, survivor, or disability pensions? (INCSSRR)# 	K3d	K3d	K3d
<ul style="list-style-type: none"> Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office? (INCSSIP)# 	K3e	K3e	K3e
<ul style="list-style-type: none"> Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony? (INCOTHER)# 	K3f	K3f	K3f
Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount before taxes? (TOTINCOME)#	K4	K4	K4

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