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 questionnaire. 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.

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.

- Indicates a list of questions under one question stem
  ^ 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.
### A. This Child’s Health

**In general, how would you describe this child’s health?** (K2Q01) ........................................

**How would you describe the condition of this child’s teeth?** (K2Q01_D) .................................

**How often** .................................................................................................................................

- ** Is this child affectionate and tender with you?** (K6Q70_R)..................................................
  - A3a  -  -
- ** Does this child bounce back quickly when things do not go his or her way?** (K6Q73_R) ..........................................................
  - A3b  -  -
- ** Does this child show interest and curiosity in learning new things?** (K6Q71_R) ..............
  - A3c  A3a  A3a
- ** Does this child smile and laugh?** (K6Q72_R) .................................................................
  - A3d  -  -
- ** Does this child work to finish tasks he or she starts?** (K7Q84_R) ....................................
  -  -  A3b  A3b
- ** Does this child stay calm and in control when faced with a challenge?** (K7Q85_R) ........
  -  -  A3c  A3c
- ** Does this child care about doing well in school?** (K7Q82_R) .............................................
  - - A3d  A3d
- ** Does this child do all required homework?** (K7Q83_R) ...................................................
  - - A3e  A3e
- ** Does this child argue too much?** (K7Q70_R) .................................................................
  - - A3f  A3f

**DURING THE PAST 12 MONTHS,** how often was this child bullied, picked on, or excluded by other children? (BULLIED_R) ..................................................

- A4  A4

**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? ..........................................................................

- 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?** ..........................................................................

- 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

- Indicates a list of questions under one question stem
  - Question does not exist in this version of the survey
  - Response option with substantive change
  * Item with substantive change in 2018 NSCH (vs 2017)
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? (ARTHRITE) ......................................................................................................................... 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)  
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:  
- 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  

If YES to items from A19 to A21 (0-5 yrs) or A21 to A23 (6-17 yrs), a follow up question is asked:  
- ^ 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  

If YES to above question under A19 (0-5 yrs) or A21 (6-17 yrs), a follow up question is asked:  
- ^ If YES, was this child diagnosed with Sickle Cell Disease, Thalassemia, Hemophilia, Other Blood Disorders? (SICKLECELL, THALASSEMA, HEMOPHILIA, BLOOD_OTHER) ................................................................. x x x  

• Indicates a list of questions under one question stem  
  - Question does not exist in this version of the survey  
  x No number was assigned to this survey question  
  ^ New item in 2018 NSCH
<table>
<thead>
<tr>
<th>Question</th>
<th>A28</th>
<th>A29</th>
<th>A30</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Does this child CURRENTLY have the condition? (K2Q35B)</td>
<td></td>
<td></td>
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<tr>
<td>If yes, is it Mild, Moderate, or Severe? (K2Q35C)</td>
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</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>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)</td>
<td></td>
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</tr>
<tr>
<td>Is this child CURRENTLY taking medication for Autism, ASD, Asperger’s Disorder or PDD? (AUTISMMED)</td>
<td></td>
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</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
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</tr>
<tr>
<td>Does this child CURRENTLY have the condition? (K2Q31B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, is it Mild, Moderate, or Severe? (K2Q31C)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this child CURRENTLY taking medication for ADD or ADHD? (K2Q31D)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent do this child’s health conditions or problems affect his or her ability to do things? (HCEXTENT)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### B. This Child as an Infant

<table>
<thead>
<tr>
<th>Question</th>
<th>B1</th>
<th>B2</th>
<th>B3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this child born more than 3 weeks before his or her due date? (K2Q05)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much did he or she weigh when born? (K2Q04R)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was the age of the mother when this child was born? (MOMAGE)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Was this child EVER breastfed or fed breast milk? (K6Q40)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, how old was this child when he or she COMPLETELY stopped breastfeeding or being fed breast milk? (BREASTFEDEND) (K6Q41_STILL)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How old was this child when he or she was FIRST fed formula? (FRSTFORMULA) (6Q42R_NEVER)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How old was this child when he or she was FIRST fed anything other than breast milk or formula? (FRSTSOLIDS) (K6Q43R_NEVER)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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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- Question does not exist in this version of the survey
- Item with substantive change in 2018 NSCH (vs 2017)
* 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? (DOCPRI)

* 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)

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? (DOCR)

<table>
<thead>
<tr>
<th>Height and Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is this child’s CURRENT height? (HEIGHT)†</td>
</tr>
<tr>
<td>How much does this child CURRENTLY weigh? (WEIGHT)†</td>
</tr>
</tbody>
</table>

[*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? (WGTC)

^ Has a doctor or other health care provider ever told you that this child is overweight? (OVRWGT)

<table>
<thead>
<tr>
<th>Developmental Concerns &amp; Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
</tr>
</tbody>
</table>

(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)

If yes, [and child is 9-23 months], did the questionnaire ask about your concerns or observations about: [Mark ALL that apply]

- How this child talks or makes speech sounds? (K6Q13A)
- How this child interacts with you and others? (K6Q13B)

If yes, [and child is 2-5 years], did the questionnaire ask about your concerns or observations about: [Mark ALL that apply]

- Words and phrases this child uses and understands? (K6Q14A)
- How this child behaves and gets along with you and others? (K6Q14B)

<table>
<thead>
<tr>
<th>Usual Source of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
</tr>
</tbody>
</table>

If yes, where does this child USUALLY go first? (K4Q02) R

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)

If yes, is this the same place this child goes when he or she is sick? (USUALSICK)

* 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
- Question does not exist in this version of the survey
^ New item in 2018 NSCH
* Item with substantive change in 2018 NSCH (vs 2017)
<table>
<thead>
<tr>
<th>Question</th>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DURING THE PAST 12 MONTHS, has this child had his or her vision tested, such as with pictures, shapes, or letters?</strong> (K4Q31_R)</td>
<td>C14</td>
<td>C12</td>
<td>C13</td>
</tr>
<tr>
<td>If yes, where was this child’s vision tested? (K4Q32X)</td>
<td>C15</td>
<td>C13</td>
<td>C14</td>
</tr>
<tr>
<td><strong>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?</strong> (K4Q30_R)</td>
<td>C16</td>
<td>C14</td>
<td>C15</td>
</tr>
<tr>
<td>If yes, <strong>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?</strong> (DENTISTVISIT)</td>
<td>C17</td>
<td>C15</td>
<td>C16</td>
</tr>
<tr>
<td>If yes, <strong>DURING THE PAST 12 MONTHS, what preventive dental services did this child receive?</strong> (DENTALSERV)</td>
<td>C18</td>
<td>C16</td>
<td>C17</td>
</tr>
<tr>
<td><strong>DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with his or her emotions, concentration, or behavior?</strong> (K4Q23)</td>
<td>C20</td>
<td>C18</td>
<td>C19</td>
</tr>
<tr>
<td><strong>How difficult was it to get the mental health treatment or counseling that this child needed?</strong> (TREATNEED)</td>
<td>C21</td>
<td>C19</td>
<td>C20</td>
</tr>
<tr>
<td><strong>DURING THE PAST 12 MONTHS, has this child used any type of alternative health care or treatment?</strong> (ALTHEALTH)</td>
<td>C22</td>
<td>C20</td>
<td>C21</td>
</tr>
<tr>
<td><strong>How difficult was it to get the specialist care that this child needed?</strong> (K4Q26)</td>
<td>C23</td>
<td>C21</td>
<td>C22</td>
</tr>
<tr>
<td><strong>DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?</strong> (HOSPITALSTAY)</td>
<td>C25</td>
<td>C23</td>
<td>C24</td>
</tr>
<tr>
<td>If yes, which types of care were not received? (K4Q28X)</td>
<td>C26</td>
<td>C24</td>
<td>C25</td>
</tr>
<tr>
<td>Did any of the following reasons contribute to this child not receiving needed health services?:</td>
<td>C27</td>
<td>C25</td>
<td>C26</td>
</tr>
<tr>
<td>• This child was not eligible for the services (NOTEILIG)</td>
<td>C27a</td>
<td>C25a</td>
<td>C26a</td>
</tr>
<tr>
<td>• The services this child needed were not available in your area (AVAILABLE)</td>
<td>C27b</td>
<td>C25b</td>
<td>C26b</td>
</tr>
<tr>
<td>• There were problems getting an appointment when this child needed one (APPOINTMENT)</td>
<td>C27c</td>
<td>C25c</td>
<td>C26c</td>
</tr>
<tr>
<td>• There were problems with getting transportation or child care (TRANSPORTCC)</td>
<td>C27d</td>
<td>C25d</td>
<td>C26d</td>
</tr>
<tr>
<td>• The clinic or doctor’s office wasn’t open when this child needed care (NOTOPEN)</td>
<td>C27e</td>
<td>C25e</td>
<td>C26e</td>
</tr>
<tr>
<td>• There were issues related to cost (ISSUECOST)</td>
<td>C27f</td>
<td>C25f</td>
<td>C26f</td>
</tr>
<tr>
<td><strong>DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?</strong> (HOSPITALER)</td>
<td>C29</td>
<td>C27</td>
<td>C28</td>
</tr>
<tr>
<td><strong>DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?</strong> (HOSPITALSTAY)</td>
<td>C30</td>
<td>C28</td>
<td>C29</td>
</tr>
</tbody>
</table>

- Indicates a list of questions under one question stem
- New item in 2018 NSCH
- Item with substantive change in 2018 NSCH (vs 2017)
- Response option with substantive change
### Educational & Developmental Services

<table>
<thead>
<tr>
<th>Question</th>
<th>C31</th>
<th>C29</th>
<th>C30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has this child EVER had a special education or early intervention plan?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(K6Q15)</td>
<td>C32</td>
<td>C30</td>
<td>C31</td>
</tr>
<tr>
<td>Is this child CURRENTLY receiving services under one of these plans?</td>
<td>C33</td>
<td>C31</td>
<td>C32</td>
</tr>
<tr>
<td>(SESCURRSSVC)</td>
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<td></td>
</tr>
<tr>
<td>Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy? (K4Q36)</td>
<td>C34</td>
<td>C32</td>
<td>C33</td>
</tr>
<tr>
<td>If yes, how old was this child when he or she began receiving these special services? (K4Q37)</td>
<td>C35</td>
<td>C33</td>
<td>C34</td>
</tr>
<tr>
<td>Is this child CURRENTLY receiving these special services? (K4Q38)</td>
<td>C36</td>
<td>C34</td>
<td>C35</td>
</tr>
</tbody>
</table>

### Personal Doctor or Nurse

<table>
<thead>
<tr>
<th>Question</th>
<th>D1</th>
<th>D1</th>
<th>D1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have one or more persons you think of as this child’s personal doctor or nurse? (K4Q04_R)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Referrals for Care

<table>
<thead>
<tr>
<th>Question</th>
<th>D2</th>
<th>D2</th>
<th>D2</th>
</tr>
</thead>
<tbody>
<tr>
<td>DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services? (K5Q10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>** If yes, how difficult was it to get referrals? (K5Q11)</td>
<td>D3</td>
<td>D3</td>
<td>D3</td>
</tr>
</tbody>
</table>

### Family-Centered Care

<table>
<thead>
<tr>
<th>Question</th>
<th>D4</th>
<th>D4</th>
<th>D4</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Only answer questions D4-D12 if child had a health care visit in the past 12 months)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DURING THE PAST 12 MONTHS, how often did this child’s doctors or other health care providers:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Spend enough time with this child? (K5Q40)</td>
<td>D4a</td>
<td>D4a</td>
<td>D4a</td>
</tr>
<tr>
<td>• Listen carefully to you? (K5Q41)</td>
<td>D4b</td>
<td>D4b</td>
<td>D4b</td>
</tr>
<tr>
<td>• Show sensitivity to your family’s values and customs? (K5Q42)</td>
<td>D4c</td>
<td>D4c</td>
<td>D4c</td>
</tr>
<tr>
<td>• Provide the specific information you needed concerning this child? (K5Q43)</td>
<td>D4d</td>
<td>D4d</td>
<td>D4d</td>
</tr>
<tr>
<td>• Help you feel like a partner in this child’s care? (K5Q44)</td>
<td>D4e</td>
<td>D4e</td>
<td>D4e</td>
</tr>
</tbody>
</table>

### Shared Decision Making

<table>
<thead>
<tr>
<th>Question</th>
<th>D5</th>
<th>D5</th>
<th>D5</th>
</tr>
</thead>
<tbody>
<tr>
<td>* 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)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, DURING THE PAST 12 MONTHS, how often did this child’s doctors or other health care providers:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Discuss with you the range of options to consider for his or her health care or treatment? (DISCUSSOPT)</td>
<td>D6a</td>
<td>D6a</td>
<td>D6a</td>
</tr>
<tr>
<td>• Make it easy for you to raise concerns or disagree with recommendations for the child’s health care? (RAISECONC)</td>
<td>D6b</td>
<td>D6b</td>
<td>D6b</td>
</tr>
<tr>
<td>• Work with you to decide together which health care and treatment choices would be best for this child? (BESTFORCHILD)</td>
<td>D6c</td>
<td>D6c</td>
<td>D6c</td>
</tr>
</tbody>
</table>

### Care Coordination

<table>
<thead>
<tr>
<th>Question</th>
<th>D7</th>
<th>D7</th>
<th>D7</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Indicates a list of questions under one question stem
{ } Complex skip patterns are explained in brackets
* Item with substantive change in 2018 NSCH (vs 2017)
α Response option with substantive change
<table>
<thead>
<tr>
<th>Question</th>
<th>Code1</th>
<th>Code2</th>
<th>Code3</th>
</tr>
</thead>
<tbody>
<tr>
<td>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? [If No, skip to D10] <em>(K3Q04)</em></td>
<td>D8</td>
<td>D8</td>
<td>D8</td>
</tr>
<tr>
<td>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? <em>(K5Q22)</em></td>
<td>D9</td>
<td>D9</td>
<td>D9</td>
</tr>
<tr>
<td>DURING THE PAST 12 MONTHS, how satisfied were you with the communication among this child’s doctors and other health care providers? <em>(K5Q30)</em></td>
<td>D10</td>
<td>D10</td>
<td>D10</td>
</tr>
<tr>
<td>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? [If No OR did not need these services within the past 12 months, skip to E1] <em>(K5Q31)</em></td>
<td>D11</td>
<td>D11</td>
<td>D11</td>
</tr>
<tr>
<td>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? <em>(K5Q32)</em></td>
<td>D12</td>
<td>D12</td>
<td>D12</td>
</tr>
</tbody>
</table>

**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)* | -     | -     | 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)* If child was covered all 12 months, skip to E1 | 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)* | E2a   | E2a   | E2a   |

* Indicates a list of questions under one question stem

{ } Complex skip patterns are explained in brackets

- Question does not exist in this version of the survey

^ New item in 2018 NSCH

* Item with substantive change in 2018 NSCH (vs 2017)
- 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:
- 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

• Indicates a list of questions under one question stem
{ } Complex skip patterns are explained in brackets
- Question does not exist in this version of the survey
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

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

- Indicates a list of questions under one question stem
- Question does not exist in this version of the survey
^ New item in 2018 NSCH
### 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

**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

**SINCE STARTING KINDERGARTEN, has this child repeated any grades? (REPEATED)**
- G3

**DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in? (K7Q33)**
- G4

**DURING THE PAST 12 MONTHS, did this child participate in:**
- **A sports team or did he or she take sports lessons after school or on weekends? (K7Q30)**
  - G5
  - 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

**Compared to other children his or her age, how much difficulty does this child have making or keeping friends? (MAKEFRIEND)**
- G7

### H. About You and This Child

**Was this child born in the United States? (If yes, skip to H3) (BORNUSA)**
- H1

- If no, how long has this child been living in the United States? (LIVEUSA_YR/LIVEUSA_MO)
  - H2

**How many times has this child moved to a new address since he or she was born? (K11Q43R)**
- H3

**How often does this child go to bed at about the same time on weeknights? (BEDTIME)**
- 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

---

- Indicates a list of questions under one question stem
- Complex skip patterns are explained in brackets
- Question does not exist in this version of the survey
In which position do you most often lay this baby down to sleep now? (<12 months old only) (SLEEPPOS).

* 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).

DURING THE PAST WEEK, how many days did you or other family members read to this child? (K6Q60_R).

DURING THE PAST WEEK, how many days did you or other family members tell stories or sing songs to this child? (K6Q61_R).

How well can you and this child share ideas or talk about things that really matter? (K8Q21).

How well do you think you are handling the day-to-day demands of raising children? (K8Q30).

DURING THE PAST MONTH, how often have you felt: .............................................
- That this child is much harder to care for than most children his or her age? (K8Q31).
- That this child does things that really bother you a lot? (K8Q32).
- Angry with this child? (K8Q34).

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).

If yes, did you receive emotional support from: ..........................................................
- * Spouse or domestic partner? (EMOSUPPSPO).
- Other family member or close friend? (EMOSUPOFAM).
- Health care provider? (EMOSUPHCP).
- Place of worship or religious leader? (EMOSUPWOR).
- Support or advocacy group related to specific health condition? (EMOSUPADV).
- Peer support group? (EMOSUPPEER).
- Counselor or other mental health professional? (EMOSUPMHP).
- Other person, specify (EMOSUPOTH).

Does this child receive care for at least 10 hours per week from someone other than his or her parent or guardian? (K6Q20).

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).

### 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).

Does anyone living in your household use cigarettes, cigars, or pipe tobacco? (K9Q40).

If yes, does anyone smoke inside your home? (K9Q41).

DURING THE PAST 12 MONTHS, how often were pesticides used inside your resident to control for insects? (PESTICIDE).

<table>
<thead>
<tr>
<th>Item</th>
<th>NSCH (vs 2017)</th>
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</thead>
<tbody>
<tr>
<td>K9Q40 - Indicates a list of questions under one question stem</td>
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<td>- Question does not exist in this version of the survey</td>
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</tr>
<tr>
<td>* Item with substantive change in 2018 NSCH (vs 2017)</td>
<td></td>
</tr>
</tbody>
</table>
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? (K11G60) ...................... I9a I9a I9a
- Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? (K11G61) .......................................................... I9b I9b I9b
- Free or reduced-cost breakfasts or lunches at school? (K11G62) ....................... 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 -

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 (ACE5) ............................................. I12c I13c I13c

- Indicates a list of questions under one question stem
- Question does not exist in this version of the survey
* Item with substantive change in 2018 NSCH (vs 2017)
- Saw or heard parents or adults slap, hit, kick punch one another in the home (ACE6) ......................................................... I12d  I13d  I13d
- Was a victim of violence or witnessed violence in his or her neighborhood (ACE7) ................................................................. I12e  I13e  I13e
- Lived with anyone who was mentally ill, suicidal, or severely depressed (ACE8) ............................................................... I12f  I13f  I13f
- Lived with anyone who had a problem with alcohol or drugs (ACE9) .............................................................. I12g  I13g  I13g
- Treated or judged unfairly because of his or her race or ethnic group (ACE10) ............................................................... I12h  I13h  I13h

J. About You

*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.

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
Where were you born? (A#_BORN) .............................................................. J4/J16  J4/J16  J4/J16
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

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
- Wages, salary, commissions, bonuses, or tips from all jobs? (INCWAGES)* .............................................................. K3a  K3a  K3a
- Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships? (INCESELFEMP)* .............................................................. K3b  K3b  K3b
- Interest, dividends, net rental income, royalty income, or income from estates and trusts? (INCINTDIV)* .............................................................. K3c  K3c  K3c
- Social security or railroad retirement; retirement, survivor, or disability pensions? (INCSSRR)* .............................................................. K3d  K3d  K3d
- Supplemental security income (SSI); any public assistance or welfare payments from the state or local welfare office? (INCSSIPA)* .............................................................. K3e  K3e  K3e
- Any other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support, or alimony? (INCOOTHER)* .............................................................. 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

* Item with substantive change in 2018 NSCH (vs 2017)

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