

2020 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 (HRSA MCHB), and is administered by the U.S. Census Bureau. Between June 2020 and January 2021, participants were mailed an invitation to complete an online household screener followed by a child-level questionnaire using a secure and 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. See the NSCH [Methodology Report](#) and [Sampling and Administration Diagram](#) for more information. 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 2020 NSCH (vs. 2019 NSCH). *New items are noted in purple font.*
 - * Denotes that item content has substantively changed in the 2020 NSCH (vs. 2019 NSCH) or data are not comparable with the 2019 NSCH due to changes in question wording or response options; these are *noted in red font*. See box below for more information on the criteria used for content changes.
 - § Indicates that survey item is moved to another section of the survey instrument.
 - 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 2020 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 2020 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:

2. How old is this child? (C#_AGE_YEARS)
3. What is this child's sex? (C#_SEX)
4. Is this child of Hispanic, Latino, or Spanish origin? (C#_HISPANIC_R)
5. What is this child's race? [Mark one or more boxes] (C#_RACE_R)
6. How well does this child speak English? [*only asked of children 4+ years old*] (C#_ENGLISH)
7. Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins? (C#_K2Q10, C#_K2Q11, C#_K2Q12)
8. Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age (C#_K2Q13, C#_K2Q14, C#_K2Q15)
9. Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do? (C#_K2Q16, C#_K2Q17, C#_K2Q18)
10. Does this child need or get special therapy, such as physical, occupational, or speech therapy? (C#_K2Q19, C#_K2Q20, C#_K2Q21)
11. 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 7-10, 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 11, 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.

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
DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?	A3	A3	A3
• Breathing or other respiratory problems (such as wheezing or shortness of breath) (BREATHING)	A3a	A3a	A3a
• Eating or swallowing because of a health condition (SWALLOWING)	A3b	A3b	A3b
• Digesting food, including stomach/intestinal problems, constipation, or diarrhea (STOMACH)	A3c	A3c	A3c
• Repeated or chronic physical pain, including headaches or other back or body pain (PHYSICALPAIN)	A3d	A3d	A3d
• Using their hands (HANDS)	A3e	-	-
• Coordination or moving around (COORDINATION)	A3f	-	-
• Toothaches (TOOTHACHES)	A3g	A3e	A3e
• Bleeding gums (GUMBLEED)	A3h	A3f	A3f
• Decayed teeth or cavities (CAVITIES)	A3i	A3g	A3g
Does this child have any of the following?	A4	A4	A4
• Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition (MEMORYCOND)	-	A4a	A4a
• Serious difficulty walking or climbing stairs (WALKSTAIRS)	-	A4b	A4b
• Difficulty dressing or bathing (DRESSING)	-	A4c	A4c
• Difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical, mental, or emotional condition (ERRANDALONE)	-	-	A4d
• Deafness or problems with hearing (K2Q43B)	A4a	A4d	A4e
• Blindness or problems with seeing, even when wearing glasses (BLINDNESS)	A4b	A4e	A4f
Has a doctor or other health care provider EVER told you that this child has:			
• Allergies (including food, drug, insect, or other)? (ALLERGIES)	A5	A5	A5
• Arthritis? (ARTHRITIS)	A6	A6	A6
• Asthma? (K2Q40A)	A7	A7	A7
• Cerebral Palsy? (K2Q61A)	A8	A8	A8
• Diabetes? (K2Q41A)	A9	A9	A9
• Epilepsy or Seizure Disorder? (K2Q42A)	A10	A10	A10
• Heart condition? (HEART)	A11	A11	A11
^If yes, was this child born with the condition. (HEART_BORN)			
• Frequent or severe headaches, including migraine? (HEADACHE)	A12	A12	A12
• Tourette Syndrome? (K2Q38A)	A13	A13	A13
• Anxiety problems? (K2Q33A)	A14	A14	A14
• Depression? (K2Q32A)	A15	A15	A15

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^ New item in 2020 NSCH

<i>If YES to any of the items from A5 (0-17 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:			
• Down Syndrome? (DOWNSYN)	A16	A16	A16
• Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)? (BLOOD)	A17	A17	A17
• Cystic Fibrosis? (CYSTFIB)	A18	A18	A18
• Other genetic or inherited condition? (GENETIC) (if yes, specify)	A19	A19	A19
<i>If YES to above question under A17 (0-17 yrs), a follow up question is asked:</i>			
Was this child diagnosed with Sickle Cell Disease, Thalassemia, Hemophilia, Other Blood Disorders? (SICKLECELL, THALASSEMIA, HEMOPHILIA, BLOOD_OTHER)	x	x	x
<i>If YES to any of the items from A17 to A19 (0-17 yrs), follow up questions are asked:</i>			
If YES, is it Mild, Moderate, or Severe? (variable name differs based on condition)	x	x	x
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
Has a doctor, other health care provider, or educator EVER told you that this child has:			
• Behavioral or conduct problems? (K2Q34A)	A20	A20	A20
• Developmental Delay? (K2Q36A)	A21	A21	A21
• Intellectual Disability (formerly known as Mental Retardation)? (K2Q60A) ..	A22	A22	A22
• Speech or other language disorder? (K2Q37A)	A23	A23	A23
• Learning Disability? (K2Q30A)	A24	A24	A24
<i>If YES to any of the items from A20 (0-17 yrs) to this point, two follow up questions are asked:</i>			
If yes, 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 Autism or Autism Spectrum Disorder (ASD)? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD). (K2Q35A)	A25	A25	A25
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 they had Autism, ASD, Asperger's Disorder or PDD? (K2Q35A_1_YEARS)	A26	A26	A26
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)	A27	A27	A27

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Is this child CURRENTLY taking medication for Autism, ASD, Asperger’s Disorder or PDD? (AUTISMMED)	A28	A28	A28
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 their behavior? (AUTISMTREAT)	A29	A29	A29
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)	A30	A30	A30
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)	A31	A31	A31
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 their behavior? (ADDTREAT)	A32	A32	A32
^Do you think this child has EVER had a concussion or brain injury? (CONCUSSION)	A33	A33	A33
^If yes, did you seek medical care from a doctor or other health care provider? (SEEKCARE)			
^If yes, did a doctor or other health care provider tell you that your child had a concussion or brain injury? (CONFIRMINJURY)			
DURING THE PAST 12 MONTHS, how often have this child’s health conditions or problems affected their ability to do things other children their age do? (HCABILITY)	A34	A34	A34
To what extent do this child’s health conditions or problems affect their ability to do things? (HCEXTENT)	A35	A35	A35
B. This Child as an Infant			
Was this child born more than 3 weeks before their due date? (K2Q05)	B1	B1	B1
What month and year was this child born? (BIRTH_YR)	B2	B2	B2
How much did they weigh when born? (BIRTHWT_OZ_S)	B3	B3	B3
What was the age of the mother when this child was born? (MOMAGE)	B4	B4	B4
Was this child EVER breastfed or fed breast milk? (K6Q40)	B5	-	-
If yes, how old was this child when they COMPLETELY stopped breastfeeding or being fed breast milk? (BREASTFEDEND) (K6Q41_STILL)	B6	-	-
How old was this child when they were FIRST fed formula? (FRSTFORMULA) (K6Q42R_NEVER)	B7	-	-
How old was this child when they were FIRST fed anything other than breast milk or formula? (FRSTSOLIDS) (K6Q43R_NEVER)	B8	-	-
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 sick-child care, well-child checkups, physical exams, hospitalizations or any kind of medical care? (S4Q01)	C1	C1	C1
If yes, at their 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

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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	C5
How much does this child CURRENTLY weigh? (WEIGHT)	-	C5	C6
<i>[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.</i>			
Are you concerned about this child's weight? (WGTCNC)	C4	C6	C7
Has a doctor or other health care provider ever told you that this child is overweight? (OVERWEIGHT)	C5	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)	C6	-	-
<i>{If child is <9 months, skip to C10}</i>			
DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about observations or concerns you may have about this child's development, communication, or social behaviors? (K6Q12)	C7	-	-
If yes, [and child is 9-23 months], did the questionnaire ask about your concerns or observations about:	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:	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 they are sick or you need advice about their health? (K4Q01)	C8	C8	C9
If yes, where does this child USUALLY go first? (K4Q02_R)	C9	C9	C10
Is there a place that this child USUALLY goes when they need routine preventive care, such as a physical examination or well-child check-up? (USUALGO)	C10	C10	C11
If yes, is this the same place this child goes when they are sick? (USUALSICK)	C11	C11	C12
Vision Testing			
DURING THE PAST 12 MONTHS, has this child had their vision tested, such as with pictures, shapes, or letters? (K4Q31_R)	C12	C12	C13
If yes, where was this child's vision tested? (K4Q32X01-05)	C13	C13	C14

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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)	C14	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)	C15	C15	C16
If yes, DURING THE PAST 12 MONTHS, what PREVENTATIVE dental services did this child receive? (DENTALSERV1-7)	C16	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)	C17	C17	C18
How difficult was it to get the mental health treatment or counseling that this child needed? (TREATNEED)	C18	C18	C19
DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with their emotions, concentration, or behavior? (K4Q23)	C19	C19	C20
DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional? (K4Q24_R)	C20	C20	C21
How difficult was it to get the specialist care that this child needed? (K4Q26)	C21	C21	C22
DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? (ALTHEALTH)	C22	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)	C23	C23	C24
If yes, which types of care were not received? (K4Q28X01-05; K4Q28X_EAR)	C24	C24	C25
Did any of the following reasons contribute to this child not receiving needed health services?:	C25	C25	C26
• This child was not eligible for the services (NOTELIG)	C25a	C25a	C26a
• The services this child needed were not available in your area (AVAILABLE)	C25b	C25b	C26b
• There were problems getting an appointment when this child needed one (APPOINTMENT)	C25c	C25c	C26c
• There were problems with getting transportation or child care (TRANSPORTCC)	C25d	C25d	C26d
• The clinic or doctor's office wasn't open when this child needed care (NOTOPEN)	C25e	C25e	C26e
• There were issues related to cost (ISSUECOST)	C25f	C25f	C26f
DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child? (C4Q04)	C26	C26	C27
ER Use			
DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room? (HOSPITALER)	C27	C27	C28
DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night? (HOSPITALSTAY)	C28	C28	C29
Educational & Developmental Services			
Has this child EVER had a special education or early intervention plan? (K6Q15)	C29	C29	C30
If yes, how old was this child at the time of the FIRST plan? (SESPLAN1YR, SESPLANMO)	C30	C30	C31
Is this child CURRENTLY receiving services under one of these plans? (SESCURRSVC)	C31	C31	C32

• Indicates a list of questions under one question stem

Has this child EVER received special services to meet their developmental needs such as speech, occupational, or behavioral therapy? (K4Q36)	C32	C32	C33
If yes, how old was this child when they began receiving these special services? (K4Q37)	C33	C33	C34
Is this child CURRENTLY receiving these special services? (K4Q38)	C34	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
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 their 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 their 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
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} (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 between 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? {If No OR did not need these services within the past 12 months, skip to E1} (K5Q31_R)	D11	D11	D11
If yes, during this time, how satisfied were you with the health care provider’s communication with the school, child care provider, or special education program? (K5Q32)	D12	D12	D12

• Indicates a list of questions under one question stem

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 their health? (POSCHOICE)	-	-	D15a
• Gain skills to manage their 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 this 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 their 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 they become 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) {If child was covered all 12 months, skip to E4}	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
• 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 reason (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

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<ul style="list-style-type: none"> Other type (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 them to see the health care providers they need? (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			
Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE PAST 12 MONTHS? (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
<ul style="list-style-type: none"> Left a job or taken a leave of absence because of this child's health or health conditions? (STOPWORK) 	F4a	F4a	F4a
<ul style="list-style-type: none"> Cut down on the hours you work because of this child's health or health conditions? (CUTHOURS) 	F4b	F4b	F4b
<ul style="list-style-type: none"> 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
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 question G25}	G1	-	-
<ul style="list-style-type: none"> Say at least one word, such as "hi" or "dog"? (ONEWORD) 	G1a	-	-
<ul style="list-style-type: none"> Use 2 words together, such as "car go"? (TWOWORDS) 	G1b	-	-
<ul style="list-style-type: none"> Use 3 words together in a sentence, such as, "Mommy come now."? (THREEWORDS) 	G1c	-	-
<ul style="list-style-type: none"> Ask questions like "who," "what," "when," "where"? (ASKQUESTION) 	G1d	-	-
<ul style="list-style-type: none"> Ask questions like "why" and "how"? (ASKQUESTION2) 	G1e	-	-
<ul style="list-style-type: none"> Tell a story with a beginning, middle, and end? (TELLSTORY) 	G1f	-	-
<ul style="list-style-type: none"> Understand the meaning of the word "no"? (UNDERSTAND) 	G1g	-	-
<ul style="list-style-type: none"> Follow a verbal direction without hand gestures, such as "Wash your hands."? (DIRECTIONS) 	G1h	-	-
<ul style="list-style-type: none"> Point to things in a book when asked? (POINT) 	G1i	-	-
<ul style="list-style-type: none"> Follow 2-step directions, such as "Get your shoes and put them in the basket."? (DIRECTIONS2) 	G1j	-	-
<ul style="list-style-type: none"> Understand words such as "in," "on," and "under"? (UNDERSTAND2) 	G1k	-	-

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Is this child 3 years old or older? (SC_AGE_YEARS) {If child is <3 years, skip to question G25}	G2	-	-
Has this child started school? (STARTSCHOOL)	G3	-	-
Are you concerned about how this child is learning to do things for themselves? (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 they have seen or done so that you get a very good idea what happened? (CLEAREXP)	G9	-	-
How often can this child write their 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 they are finished? (WORKTOFIN)	G15	-	-
When this child is paying attention, how often can they 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	-	-
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 their temper when things do not go their way? (TEMPER)	G22	-	-
Compared to other children their age, how much difficulty does this child have making or keeping friends? (MAKEFRIEND)	G23	-	-
Compared to other children their age, how often is this child able to sit still? (SITSTILL)	G24	-	-
[§] How often	G25	-	-
• [§] Is this child affectionate and tender with you? (K6Q70_R)	G25a	-	-
• [§] Does this child bounce back quickly when things do not go their way? (K6Q73_R)	G25b	-	-
• [§] Does this child show interest and curiosity in learning new things? (K6Q71_R)	G25c	-	-
• [§] Does this child smile and laugh? (K6Q72_R)	G25d	-	-

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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 they are 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 they 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, place of worship, 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 their age, how much difficulty does this child have making or keeping friends? (MAKEFRIEND)	-	G7	G7
[§] DURING THE PAST 12 MONTHS, how often was this child bullied, picked on, or excluded by other children? (BULLIED_R)	-	G8	G8
[§] DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them? (BULLY)	-	G9	G9
[§] How often does this child	-	G10	G10
• [§] Show interest and curiosity in learning new things? (K6Q71_R)	-	G10a	G10a
• [§] Work to finish tasks they start? (K7Q84_R)	-	G10b	G10b
• [§] Stay calm and in control when faced with a challenge? (K7Q85_R)	-	G10c	G10c
• [§] Care about doing well in school? (K7Q82_R)	-	G10d	G10d
• [§] Do all required homework? (K7Q83_R)	-	G10e	G10e
• [§] Argue too much? (K7Q70_R)	-	G10f	G10f
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 they were 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 their 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 their 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
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)	I4	I4	I4
Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS? (FOODSIT)	I5	I5	I5

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At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive:	I6	I6	I6
• Cash assistance from a government welfare program? (K11Q60)	I6a	I6a	I6a
• Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits? (K11Q61)	I6b	I6b	I6b
• Free or reduced-cost breakfasts or lunches at school? (K11Q62)	I6c	I6c	I6c
• Benefits from the Women, Infants, and Children (WIC) Program? (S9Q34) ..	I6d	I6d	I6d
In your neighborhood, is/are there:	I7	I7	I7
• Sidewalks or walking paths? (K10Q11)	I7a	I7a	I7a
• A park or playground? (K10Q12)	I7b	I7b	I7b
• A recreation center, community center, or boys' and girls' club? (K10Q13) ..	I7c	I7c	I7c
• A library or bookmobile? (K10Q14)	I7d	I7d	I7d
• Litter or garbage on the street or sidewalk? (K10Q20)	I7e	I7e	I7e
• Poorly kept or rundown housing? (K10Q22)	I7f	I7f	I7f
• Vandalism such as broken windows or graffiti? (K10Q23)	I7g	I7g	I7g
To what extent do you agree with these statements about your neighborhood or community?	I8	I8	I8
• People in this neighborhood help each other out (K10Q30)	I8a	I8a	I8a
• We watch out for each other's children in this neighborhood (K10Q31)	I8b	I8b	I8b
• This child is safe in our neighborhood (K10Q40_R)	I8c	I8c	I8c
• When we encounter difficulties, we know where to go for help in our community (GOFORHELP)	I8d	I8d	I8d
• This child is safe at school (K10Q41_R)	-	I8e	I8e
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 they can rely on for advice or guidance? (K9Q96)	-	I9	I9
To the best of your knowledge, has this child EVER experienced any of the following?	I9	I10	I10
• Parent or guardian divorced or separated (ACE3)	I9a	I10a	I10a
• Parent or guardian died (ACE4)	I9b	I10b	I10b
• Parent or guardian served time in jail (ACE5)	I9c	I10c	I10c
• Saw or heard parents or adults slap, hit, kick punch one another in the home (ACE6)	I9d	I10d	I10d
• Was a victim of violence or witnessed violence in their neighborhood (ACE7) ..	I9e	I10e	I10e
• Lived with anyone who was mentally ill, suicidal, or severely depressed (ACE8)	I9f	I10f	I10f
• Lived with anyone who had a problem with alcohol or drugs (ACE9)	I9g	I10g	I10g
• Treated or judged unfairly because of their race or ethnic group (ACE10) ...	I9h	I10h	I10h
• ^Treated or judged unfairly because of their sexual orientation or gender identity (ACE12)	-	I10i	I10i
When your family faces problems, how often are you likely to do each of the following?	I10	I11	I11
• Talk together about what to do (TALKABOUT)	I10a	I11a	I11a
• Work together to solve our problems (WKTOSOLVE)	I10b	I11b	I11b
• Know we have strengths to draw on (STRENGTHS)	I10c	I11c	I11c
• Stay hopeful even in difficult times (HOPEFUL)	I10d	I11d	I11d

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^ New item in 2020 NSCH

J. Child's Caregivers			
*The questions are first asked of the respondent ("About you") and then asked for a second adult if "Yes" to J13 "Does this child have another parent or adult caregiver who lives in this household?". In 2020, the second adult (if any) is referred to as "other parent or caregiver in the household".			
How are you [this other caregiver] related to this child? (A1_RELATION) (A2_RELATION)	J1/J14	J1/J14	J1/J14
What is your [this caregiver's] sex? (A1_SEX) (A2_SEX)	J2/J15	J2/J15	J2/J15
What is your [this caregiver's] age? (A1_AGE) (A2_AGE)	J3/J16	J3/J16	J3/J16
Where were you [this caregiver] born? (A1_BORN) (A2_BORN)	J4/J17	J4/J17	J4/J17
{If outside of the U.S.} When did you [this caregiver] come to live in the United States? (A1_LIVEUSA) (A2_LIVEUSA)	J5/J18	J5/J18	J5/J18
What is the highest grade or level of school you [this caregiver] have completed? (A1_GRADE) (A2_GRADE)	J6/J19	J6/J19	J6/J19
What is your [this caregiver's] marital status? (A1_MARITAL) (A2_MARITAL)	J7/J20	J7/J20	J7/J20
In general, how is your [this caregiver's] physical health? (A1_PHYSHEALTH) (A2_PHYSHEALTH)	J8/J21	J8/J21	J8/J21
In general, how is your [this caregiver's] mental or emotional health? (A1_MENTHEALTH) (A2_MENTHEALTH)	J9/J22	J9/J22	J9/J22
*Which of the following best describes your [this caregiver's] current employment status? (A1_EMPLOYED) (A2_EMPLOYED)	J10/J23	J10/J23	J10/J23
Have you [this caregiver] ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard? (A1_ACTIVE) (A2_ACTIVE)	J11/J24	J11/J24	J11/J24
Were you [this caregiver] deployed at any time during this child's life? (A1_DEPLSTAT) (A2_DEPLSTAT)	J12/J25	J12/J25	J12/J25
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 2019 (The public use file does not include the following individual variables# but are presented as an aggregate variable labeled FPL (if imputed FPL_I)).	K3	K3	K3
Income in 2019. Mark Yes or No for each type of income this child's family received, and give best estimate of the total amount in the last calendar year			
• 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? (INCSSELFEMP)#	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? (INCSSIP)#	K3e	K3e	K3e
• 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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 * Item with change in 2020 NSCH (vs 2019)

Citation: Child and Adolescent Health Measurement Initiative (2021). "2020 National Survey of Children's Health: Guide to Topics and Questions". Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [mm/dd/yy] from [www.childhealthdata.org].

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U59MC27866, National Maternal and Child Health Data Resource Initiative, \$4.5M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.