What’s New and Changed in the
2020 National Survey of Children’s Health (NSCH)
as compared to the 2019 NSCH

Survey items from the 2020 NSCH can be found in the full survey instruments which are available at HRSA’s [MCHB website](https://mchb.hrsa.gov). Please reference the original question wording when reviewing.

### New Items

#### Topical Questionnaire

**Child’s Health**
- If a doctor or other health care provider has ever told that the child has a heart condition, then a new item is asked:
  - Was this child born with the condition?
- Do you think this child has EVER had a concussion or brain injury?
  - If yes, did you seek medical care from a doctor or other health care provider?
  - If yes, did a doctor or other health care provider tell you that your child had a concussion or brain injury?*

**About Child’s Family and Household**
- To the best of your knowledge, has this child EVER experienced any of the following: Treated or judged unfairly because of their sexual orientation or gender identity?

### Changed Items

#### Topical Questionnaire
- Changed pronoun “he/she” to “they” and “his/her” to “their” across the topical survey instruments (but not in the household screening questionnaire).

#### School
*The following items were moved from “This Child’s Health” to “This Child’s Learning” (0-5 years) section:*
- How often... *(0-5 years survey instrument)*
  - a. Is this child affectionate and tender with you?
  - b. Does this child bounce back quickly when things do not go their way?
  - c. Does this child show interest and curiosity in learning new things?
  - d. Does this child smile and laugh?
Changed items (continued)

Topical Questionnaire

School (continued)
The following items were moved from “This Child’s Health” to “This Child’s Schooling and Activities” (6-17 years) section:

- DURING THE PAST 12 MONTHS, how often was this child bullied, picked on, or excluded by other children?
- DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them?
- How often does this child… (6-11 years and 12-17 years survey instruments)
  a. Show interest and curiosity in learning new things?
  b. Work to finish tasks they start?
  c. Stay calm and in control when faced with a challenge?
  d. Care about doing well in school?
  e. Do all required homework?
  f. Argue too much?

Demographics (respondent and other parent or caregiver in the household)

- Which of the following best describes your current employment status? (changed from “Were you employed at least 50 of the last 52 weeks?”)
  Response options were changed from “Yes or No” to “Employed full-time, employed part-time, Working WITHOUT pay, Not employed but looking for work, Not employed and not looking for work”.
- The lead in question to assessing whether there was a second parent/caregiver living in the household was changed to “Does this child have another primary adult caregiver who lives in the household?”.
- How is this other caregiver related to this child? (response option “There is only one primary adult caregiver for this child” was removed)
- All items about the second caregiver are now phrased as “this caregiver” which is a change from 2019 where it was worded “Caregiver 2”.

Survey items from the 2020 NSCH can be found in the survey instrument. The full survey instruments are available at HRSA’s MCHB website. Please reference the original question wording when reviewing.

Note: Question order changes within the survey instrument sections and response order changes are not included in this document.
Dropped items

**Topical Questionnaire**

**Child’s Health**
- Has a doctor or other health care provider EVER told you that this child has brain injury, concussion or head injury?
  - If yes, does this child CURRENTLY have brain injury, concussion, or head injury?
    - If yes, is it: Mild, Moderate, Severe
- Parent-rated severity of Down Syndrome
- Has a doctor or other health care provider EVER told you that this child has... Substance Use Disorder?
  - If yes, does this child CURRENTLY have the disorder?
    - If yes, is it: Mild, Moderate, Severe

**About Child’s Family and Household**
- DURING THE PAST 12 MONTHS, how often were pesticides used inside your residence to control for insects? If the frequency changed throughout the year, report the highest frequency.
- 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?

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