New Items

Topical Questionnaire

Health Care Services

- Has this child EVER (0-5 years)/DURING THE PAST 2 YEARS, has this child (6-17 years) received a vision screening from a provider other than an eye doctor? The screening could have occurred at a pediatrician’s office, in a school, preschool/child care center, or a community setting, using pictures, shapes, letters, or a camera like tool.
  - If yes, was it recommended that this child see an eye doctor or other eye care provider for an eye examination or additional vision services as a result of the vision screening? An eye doctor may be referred to as an optometrist or ophthalmologist.

- Has this child EVER (0-5 years)/DURING THE PAST 2 YEARS, has this child (6-17 years) seen an eye doctor? An eye doctor may be referred to as an optometrist or ophthalmologist.
  - If yes, what care has this child received from the eye doctor? Mark (X) ALL that apply (Received eye examination, Prescribed eyeglasses or contact lenses, Diagnosis of a vision disorder other than nearsighted/farsighted or astigmatism, Some other care).

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 due to a health condition or disability?
- During the past 12 months, has this child had any health care visits by video or phone?
  - If yes, were any of this child’s health care visits by video or phone because of the coronavirus pandemic?
- During the past 12 months, did this child miss, delay or skip any PREVENTIVE check-ups because of the coronavirus pandemic?
- During the past 12 months, has this child’s regular daycare or other childcare arrangement been closed or unavailable at any time because of the coronavirus pandemic? (0-11 years)
New Items

Topical Questionnaire

About Child's Caregiver and Child (0-5 years questionnaire only)
• DURING THE PAST WEEK, how many times did this child drink sugary drinks such as soda, fruit drinks, sports drinks, or sweet tea? Do not include 100% fruit juice.
• DURING THE PAST WEEK, how many times did this child eat vegetables? Include any that were fresh, frozen, or canned. Do not include French fries, fried potatoes, or potato chips.
• DURING THE PAST WEEK, how many times did this child eat fruit? Include any that were fresh, frozen, canned, or dried. Do not include juice.
Answer the following questions only if this child is at least 3 year old.
• ON MOST WEEKDAYS, how much time does this child spend playing outdoors? Include time spent playing in your yard or neighborhood, outside at school or child care, in a park, playground or other outdoor recreation area. Your best estimate is fine.
• ON AN AVERAGE WEEKEND DAY, how much time does this child spend playing outdoors? Include time spent playing in your yard or neighborhood, outside at school or child care, in a park, playground or other outdoor recreation area. Your best estimate is fine.

Changed items

Screener Questionnaire
• Changed pronoun “he/she” to “they” and “his/her” to “their” in the child screening questionnaire.

Topical Questionnaire

Health Care Services
• DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care? Include health care visits done by video or phone. “Include health care visits done by video or phone” was added.
• Is there a place that you or another caregiver USUALLY take this child when they are sick or you need advice about their health? If yes, where does this child USUALLY go first? “Urgent care center” was added as a response option.

Survey items from the 2021 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 are not included in this document.
Dropped items

Topical Questionnaire

Health Care Services
- DURING THE PAST 12 MONTHS, has this child had their vision tested, such as with pictures, shapes, or letters? (ages 0-17)
  - If yes, where was this child's vision tested? (Eye doctor or eye specialist (ophthalmologist, optometrist) office, Pediatrician or other general doctor's office, Clinic or health center, School, Other, specify)