What's New and Changed in the 2022 National Survey of Children's Health (NSCH) as compared to the 2021 NSCH

Survey items from the 2022 NSCH can be found in the full survey instruments which are available at HRSA's MCHB website. Please reference the original question wording when reviewing.

New Items

**Topical Questionnaire**

**This Child's Health**
- Has a doctor or other health care provider EVER told you that this child has Autoimmune disease (such as Type 1 Diabetes, Celiac, or Juvenile Idiopathic Arthritis)?
  - If yes, is it mild, moderate or severe?
- Has a doctor or other health care provider EVER told you that this child has Fetal Alcohol Spectrum Disorder (FASD)?
- DURING THE PAST 12 MONTHS, did this child engage in any of the following? (6-17 years)
  - Skipping meals or fasting (Do NOT include skipping meals or fasting for religious reasons)
  - Having low interest in food
  - Extremely picky eating
  - Binge eating
  - Purging or vomiting after eating
  - Using diet pills, laxatives, or diuretics (water pills) to lose or maintain weight without a doctor's orders
  - Over-exercising
  - Not eating due to fear of vomiting or choking
  - If yes to any of the item: DURING THE PAST 12 MONTHS, how concerned were you about this child engaging in these behaviors?
- DURING THE PAST 12 MONTHS, how concerned was this child about their body weight, body shape, or body size?

**Health Care Services**
- Has a doctor, other health care provider, or educator EVER recommended that this child be evaluated for a Fetal Alcohol Spectrum Disorder? *Examples of educators are teachers and school nurses.*
- Has this child EVER received an evaluation for a Fetal Alcohol Spectrum Disorder?
New Items

This Child’s Learning (0-5 years)
- How often can this child come up with words that start with the same sound? For example, can this child come up with "sock" and "sun"?
- How often can this child focus on a task you give them for at least a few minutes? For example, can this child focus on simple chores?
- How often can this child read one-digit numbers? For example, can this child read the numbers 2 or 8?
- How often can this child correctly do simple addition? For example, can this child tell you that two blocks and three blocks add to a total of five blocks?
- How often can this child tell which group of objects has more? For example, can this child tell you a group of seven blocks has more than a group of four blocks?
- How often can this child recognize and name their own emotions?
- How often does this child have difficulty waiting for their turn?
- How often does this child keep working on a task even when it is hard for them?
- How often does this child share toys or games with other children?
- How well can this child bounce a ball for several seconds?
- How well can this child draw a circle?
- How well can this child draw a face with eyes and mouth?
- How well can this child draw a person with a head, body, arms, and legs?

This Child’s Schooling and Activities (6-17 years)
- Across all subjects, what grades did this child get during the 2021-2022 school year?

About Your Family and Household
- Does anyone vape or use e-cigarettes inside your home?
- At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive school meal debit/Electronic Benefits Transfer (EBT) cards?
- Does this child receive SSI, that is, Supplemental Security Income? SSI is different from Social Security.
  - If yes, is this for a disability they have?
- DURING THE PAST 12 MONTHS, was there a time when you were not able to pay the mortgage or rent on time?
- DURING THE PAST 12 MONTHS, how often were you worried or stressed about being evicted, foreclosed on, or having your house condemned?
- DURING THE PAST 12 MONTHS, how many places has this child lived?
- SINCE THIS CHILD WAS BORN, have they ever been homeless or lived in a shelter? Include living in a shelter, motel, temporary or transitional living situation, scattered site housing, or having no steady place to sleep at night.
Topical Questionnaire

This Child’s Health
- Has a doctor or other health care provider EVER told you that this child has Type 2 diabetes.

Health Care Services
- Has this child EVER received special services to meet their developmental needs? Special services can include therapies such as speech, occupational, physical or behavioral or other services received to meet developmental needs.
- DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room? Do NOT include visits to urgent care centers. Response options: None, 1 time, 2-3 times, 4 or more times

This Child’s Learning (0-5 years)
- How often can this child explain things they have seen or done so that you know what happened?
  
  Changed “…you get a very good idea what happened” to “…you know what happened”.

- If asked to count objects, how high can this child count correctly?
  
  Response options also changed: “Up to 50” and “Up to 100” were replaced by “Up to 30 or more”

- How well can this child come up with words that rhyme? For example, can this child come up with “cat” and “mat?”

- How often does this child have difficulty when asked to end one activity and start a new activity?

- How often does this child play well with other children?

- How often does this child lose their temper?
  
  Item previously was worded: How often does this child lose control of their temper when things do not go their way?

- How often does this child show concern when they see others who are hurt or unhappy?

- How often does this child have trouble calming down?
  
  Item previously was worded “When excited or all wound up, how often can this child calm down quickly?”

This Child’s Schooling and Activities (6-17 years)
- DURING THE PAST 12 MONTHS, how often was this child bullied, picked on, or excluded by other children? Do not include siblings (for children 6-17) or dating partners (for children 12-17). If the frequency changed throughout the year, report the highest frequency.

- DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them? Do not include siblings (for children 6-17) or dating partners (for children 12-17). If the frequency changed throughout the year, report the highest frequency.

Survey items from the 2022 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

This Child’s Health
- Has a doctor or other health care provider EVER told you that this child has arthritis?
  - If yes, does this child currently have the condition?
    - If yes, is it mild, moderate or severe?
- Item asking if cerebral palsy condition is current has been dropped.

This Child’s Learning (0-5 years)
- Are you concerned about how this child is learning to do things for themselves?
- How confident are you that this child is ready to be in school?
- How often can this child identify basic shapes such as a triangle, circle, or square?
- Can this child identify the colors red, yellow, blue, and green by name?
- How often does this child keep working at something until they are finished?
- When this child is paying attention, how often can they follow instructions to complete a simple task?
- How does this child usually hold a pencil?
- Compared to other children their age, how much difficulty does this child have making or keeping friends? *(dropped from age 0-5 survey instrument)*
- Compared to other children their age, how often is this child able to sit still?


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