National Survey of Children’s Health (NSCH): Asthma Content

The NSCH examines the physical and emotional health of children ages 0-17 years. Special emphasis is placed on factors that may relate to well-being of children, including medical homes, family interactions, parental health, school and after-school experiences, and safe neighborhoods.

Administered by the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA), DHHS

Survey Website: [http://www.cdc.gov/nchs/slaits/nsch.htm](http://www.cdc.gov/nchs/slaits/nsch.htm)

**Sampling Frame and Methodology:**
- Periodic data collection (January 2003-July of 2004, April 2007 to July 2008, and July 2011 to June 2012) by the State and Local Area Integrated Telephone Survey (SLAITS)
- Telephone interview
- Nationally representative
- Stratified probability sample, households with telephones among the civilian noninstitutionalized population (ages 0-17 years)
- Geography: National and State estimates

**Respiratory Health Content:**
Seven asthma questions (ages 0-17 years):
- Lifetime asthma diagnosis
- Current asthma prevalence
- Asthma attack prevalence
- Asthma severity
- Family burden
- Time since medication taken
- Hospitalization in past 12 months

**Most Recent Survey and Available Data:**
National Survey of Children’s Health (NSCH): Asthma Content

Questionnaire, Data Access, & Technical Information:

All Years Questionnaires, Data and Documentation: [http://www.cdc.gov/nchs/slaits/nsch.htm](http://www.cdc.gov/nchs/slaits/nsch.htm)

Related Resources:

SLAITS: [http://www.cdc.gov/nchs/slaits.htm](http://www.cdc.gov/nchs/slaits.htm)
Data Resource Center for Child and Adolescent Health: [http://www.nschdata.org/](http://www.nschdata.org/)

Developed by CDC National Asthma Control Program: [http://www.cdc.gov/asthma/NACP.htm](http://www.cdc.gov/asthma/NACP.htm)

Updated April 2015
## National Survey of Children’s Health (NSCH)

### NSCH Relevant Survey Questions:

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<tr>
<td>Has a doctor or health professional ever told you that [CHILD] has any of the following conditions? Asthma?</td>
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<td>Does [CHILD] still have asthma?</td>
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<td>Would you describe the health difficulties caused by [his/her] asthma as minor, moderate, or severe?</td>
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<td>Overall, would you say [his/her] asthma puts a burden on your family a great deal, a medium amount, a little, or not at all?</td>
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<td>How long has it been since [he/she] last took asthma medication?</td>
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<td>During the past 12 months, has [CHILD] had an episode of asthma or an asthma attack?</td>
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<td>During the past 12 months, has [CHILD] stayed overnight in a hospital because of [his/her] asthma?</td>
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<td>Has a doctor or other health care provider ever told you that [S.C.] had… asthma?</td>
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<td>Does [S.C.] currently have asthma?</td>
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<td>Would you describe (his/her) asthma as mild, moderate, or severe?</td>
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<td>During the past 12 months, how many times did [S.C.] see a doctor or other health care provider because of (his/her) [FILL CONDITION NAMES]? Asthma?</td>
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