



FOR PUBLIC COMMENT

**Topics under Consideration for Redesigned National Health Interview Survey
Sample Child Questionnaire Structure**

Version: May 25, 2016

	2018	2019	2020	2021	2022	2023	2024	2025
	Selection of Sample Child - Identification of Parent/Guardian Respondent - Informed Consent							
Annual core content	General Health Status - Functioning and Disability - Health Insurance Asthma - Developmental and Learning Disabilities Usual Place for Care - Most Recent Preventive Visit Health Care Utilization - Unmet Health Care Needs Dental Care - Vision Care - Mental Health Care - Therapies Prescription Medication - Flu Vaccination Schooling Demographics - Nativity - Housing - Income Financial Burden of Medical Care - Program Participation							
Rotating core content	Mental Health	Injuries		Mental Health	Injuries		Mental Health	Injuries
	Stressful Life Events	Providers - Conditions	Physical activity - Sleep	Stressful Life Events	Providers - Conditions	Physical activity - Sleep	Stressful Life Events	Providers - Conditions
Sponsored content	2-year supplements		1-year supplements	2-year supplements		1-year supplements	2-year supplements	
	1-year supplements	2-year supplements		1-year supplements	2-year supplements		1-year supplements	2-yr supplements
	1-year supplements	1-year supplements	2-year supplements		1-year supplements	2-year supplements		1-year supplements



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Topics under Consideration for Redesigned National Health Interview Survey Sample Child Questionnaire

Version: May 25, 2016

This document presents the topics currently under consideration by the National Center for Health Statistics (NCHS) for inclusion in the redesigned NHIS sample child interview, including content to be included annually and content that will rotate on and off the questionnaire with a pre-established periodicity. Additional topics sponsored by federal partners will also be included in the sample child interview but are not presented here. See http://www.cdc.gov/nchs/data/nhis/nhis_supplements_and_sponsors.pdf for a list of sponsored content from previous years.

For NHIS interviews in 2018 and beyond, NCHS proposes that one “sample adult” aged 18 years or more and one “sample child” aged 17 years or less (if any children live in the household) will be randomly selected from each household following a brief screener that identifies the age, sex, race, and ethnicity of everyone who usually lives or stays in the household. Information about the sample adult will be collected from the sample adult him/herself unless he/she is physically or mentally unable to do so, in which case a knowledgeable proxy will be allowed to answer for the sample adult. Information about the sample child will be collected from a knowledgeable adult who may or may not also be the sample adult. The relationship between the sample child and the knowledgeable adult respondent will be determined.

The order of the two interviews (sample adult and sample child) will vary by household depending on the availability of the respondents. The relationship between the sample adult and sample child will be obtained to determine whether they are in the same family. When they are, content areas that refer to the family will be captured only once, in whichever interview comes first.

ANNUAL CORE CONTENT UNDER CONSIDERATION FOR SAMPLE CHILDREN

Family size and composition

For NHIS, a family is defined as two or more persons residing together who are related by birth, marriage, or adoption, as well as any unrelated children who are cared for by the family (such as foster children) and any unmarried cohabiting partners and their children.

- Question(s) to determine which household members are in the same family as the sample child *(if not already known from sample adult interview)*
- Identification of parents in family
 - If parents in family:*
 - Type(s) of resident parent(s) (biological, step, foster, adoptive)
 - Marital status of resident parents *(if not already known from sample adult interview)*
 - Educational attainment of resident parents *(if not already known from sample adult interview)*
 - If no parents in family:*
 - Identification of primary caregivers in family
 - Relationship of primary caregivers to child
 - Educational attainment of primary caregivers *(if not already known from sample adult interview)*

Current health status

- General health status

If sample child is 0-23 months, then skip to health insurance coverage (page 4).

Vision and hearing

- Use of eyeglasses (age 2-17)
- Level of difficulty seeing (with glasses) (age 2-17)
- Use of hearing aid (age 2-17)
- Level of difficulty hearing people's voices or music (with hearing aid) (age 2-17)

Mobility

- Use of equipment or receipt of help for walking (age 2-17)
If yes:
 - Level of difficulty walking without aids (age 2-4)
 - Level of difficulty walking with aids (age 2-4)
 - Level of difficulty walking 100 yards without aids (age 5-17)
 - Level of difficulty walking 500 yards without aids (age 5-17)
 - Level of difficulty walking 100 yards with aids (age 5-17)
 - Level of difficulty walking 500 yards with aids (age 5-17)*If no:*
 - Compared with children of same age, level of difficulty walking (age 2-4)
 - Compared with children of same age, level of difficulty walking 100 yards (age 5-17)
 - Compared with children of same age, level of difficulty walking 500 yards (age 5-17)

Motor skills and self-care

- Compared with children of same age, level of difficulty picking up small objects (age 2-4)
- Level of difficulty with self-care such as feeding or dressing (age 5-17)

Communication

- Level of difficulty understanding parent/guardian (age 2-4)
- When speaking, level of difficulty being understood by parent/guardian (age 2-4)
- When speaking, level of difficulty being understood by people inside household (age 5-17)
- When speaking, level of difficulty being understood by people outside household (age 5-17)

Cognition

- Compared with children of same age, level of difficulty learning things (age 2-17)
- Compared with children of same age, level of difficulty remembering things (age 5-17)

Affect

- Frequency of seeming anxious, nervous, or worried (age 5-17)
- Frequency of seeming sad or depressed (age 5-17)

Behavior

- Compared with children of same age, level of difficulty playing (age 2-4)
- Compared with children of same age, frequency of kicking, biting, or hitting others (age 2-4)
- Compared with children of same age, level of difficulty controlling behavior (age 5-17)
- Level of difficulty focusing on enjoyable activities (age 5-17)
- Level of difficulty accepting changes in routine (age 5-17)
- Level of difficulty making friends (age 5-17)

Current health insurance coverage

- Any health insurance coverage or health care plan?

If yes:

- Type of health insurance

If no insurance coverage reported:

- Confirm no Medicaid

If no single service plan reported:

- Confirm no single service plan

If still no insurance coverage reported:

- Confirm no insurance

Specifics about current insurance coverage

If enrolled in Medicaid:

- Can child go to any doctor, must you select from list, or is doctor assigned?

If list or assigned:

- Name of plan that provided the list or assigned doctor (*open-ended*)

If enrolled in a private plan:

(If sample adult questionnaire is complete, adult and child are in same family, and sample adult was enrolled in a private plan, ask if child has same plan as adult. If so, skip this section. If not, repeat these questions for each private plan in which sample child is enrolled)

- Name of plan (*open-ended*)
- Relationship to policyholder
- Does the plan cover only the child or other family members too?
- How plan was obtained (employer, union, association, direct purchase, etc.)
- Was plan obtained through healthcare.gov or Marketplace?
- Who pays for plan? (family, employer, person outside household, govt. program, etc.)
- Out-of-pocket premium amount
- Is it a high deductible health plan?
- Does it include a health savings account?
- Does it include prescription drug coverage?
- Does it include dental coverage?

If enrolled in CHIP, state-sponsored, and/or other government plan:

(Repeated for each type of CHIP, state-sponsored, and/or other government plan in which sample child is enrolled)

- Name of plan (*open-ended*)
- Was the plan obtained through healthcare.gov or Marketplace?
- Are you required to pay a premium?

If military health care:

- Type of plan (TRICARE, VA, CHAMP-VA, other)

If enrolled in Medicare:

- Part A, Part B, or both
- Medicare Advantage enrollment
- Managed care

If enrolled in Advantage or managed care:

- Name of Advantage or HMO plan (*open-ended*)
- Part D enrollment

If single-service plan(s):

- What plans pay for (dental, vision, prescriptions, accidents, cancer treatment, etc.)

Health insurance continuity

If currently uninsured:

- Reason(s) for not having health insurance
- Length of time since last insured

If less than 12 months:

- (Past 12 months) Number of months without health insurance

If currently insured:

- (Past 12 months) Any time without health insurance

If yes:

- (Past 12 months) Number of months without health insurance

Asthma

- Ever told by doctor or other health professional that child had asthma

If yes:

- Still has asthma
- (Past 12 months) Had an asthma attack
- (Past 12 months) Had an ER or urgent care visit due to asthma

Developmental and learning disabilities

- Ever told by doctor or other health professional that child had ADHD (age 2-17)

If yes:

- (Currently) Has ADHD

- Ever told by doctor or other health professional that child had intellectual disability

If yes:

- (Currently) Has intellectual disability

- Ever told by doctor or other health professional that child had autism spectrum disorder (age 2-17)

If yes:

- (Currently) Has autism spectrum disorder

- Ever told by doctor or other health professional that child had other developmental delay

If yes:

- (Currently) Has other developmental delay

- Ever told by school or health professional that child had learning disability (age 2-17)

If yes:

- (Currently) Has learning disability

Usual place for care

- Has a usual place for care when sick

If yes:

- Type of place / location

Health care utilization

- Time since last seen/talked to health professional
- Time since most recent preventive visit (excluding dental care)

If not "never":

- Location of most recent preventive visit

- (Past 12 months) Number of urgent care center visits
- (Past 12 months) Number of ER visits
- (Past 12 months) Any overnight hospital stay (excluding child's birth, if child age < 1 year)

Unmet need / delayed care

- (Past 12 months) Delayed getting medical care because of cost
- (Past 12 months) Delayed getting medical care for any other reason
- (Past 12 months) Did not get medical care because of cost
- (Past 12 months) Did not get medical care because of any other reason

Dental care

- Time since most recent preventive dental visit
 - If more than 12 months:*
 - (Past 12 months) Received any dental care from a dentist, orthodontist, or oral surgeon
- (Past 12 months) Any dental care needed that child didn't get for any reason
 - If yes:*
 - Was unmet need due to cost, transportation problems, or some other reason?

Vision care

- (Past 12 months) Received an eye exam from an optometrist, ophthalmologist, or eye doctor
- (Past 12 months) Any vision care or eyeglasses needed that child didn't get for any reason
 - If yes:*
 - Was unmet need due to cost, transportation problems, or some other reason?

Mental health care

- (Past 12 months) Received counseling, therapy, or other non-medication treatment from a mental health professional
- (Past 12 months) Any counseling or therapy needed that child didn't get for any reason
 - If yes:*
 - Was unmet need due to cost, transportation problems, or some other reason?

Physical, occupational, or speech therapy

- (Past 12 months) Received special therapy, such as physical, occupational, or speech therapy
- (Past 12 months) Any special therapy needed that child didn't get for any reason
 - If yes:*
 - Was unmet need due to cost, transportation problems, or some other reason?

Prescription medications

- (Past 12 months) Any medication needed that child didn't get due to cost
- (Past 12 months) Any medication prescribed
 - If yes:*
 - Any medication prescribed for emotions, concentration, or behavior

Immunizations

- (Past 12 months) Flu shot or flu nasal spray
 - If yes:*
 - Month and year of most recent flu shot or flu nasal spray

Current schooling

- Has child started school? (age 3-5)
 - If yes, or if child 6-17:*
 - (Past 12 months) Number of school days missed due to child's illness/injury/disability
- (Ever) Receive special educational or early intervention services
 - If yes:*
 - (Currently) Receive special educational or early intervention services
 - If yes:*
 - Are services received because of a problem with emotions, concentration, or behavior?

Nativity and acculturation

- Was child born in the United States?
 - If no:*
 - Total number of years in the United States
 - US citizenship
 - If yes, or if otherwise a US citizen at birth:*
 - Were any of child's resident parents born outside the United States?
- Level of proficiency with spoken English language (age 5-17)

Housing

Skip section if sample adult questionnaire is complete and if adult and child are in same family.

- Owned, rented, or occupied by some other arrangement
 - If rented:*
 - Paying lower rent because a government program is paying part of the cost
- (Past 12 months) Level of difficulty affording housing costs (utilities/rent/mortgage/taxes)

Housing stability

- Length of time child has lived at current address
 - If less than 12 months:*
 - (Past 12 months) Number of times child has moved

Employment of all adult family members

Skip section if sample adult questionnaire is complete and if adult and child are in same family.

- *Ask for each adult family member:*
 - (Currently) Working full-time, part-time, or not employed

Family income and source(s) of income

Skip section if sample adult questionnaire is complete and if adult and child are in same family.

- (Past 12 months) Did any family members living here receive:
 - Income from self-employment, including business or farm income?
 - Social Security or Railroad Retirement?
 - Disability, survivor, or retirement pensions?
 - Supplemental Security Income (SSI)?
 - Any cash assistance from a state or county welfare program, such as (program name)?
 - Income from any other source, such as VA payments, Worker's Compensation, unemployment, child support, alimony, interest, or dividends
- (Past 12 months) Family income

Financial burden of medical care on family

Skip section if sample adult questionnaire is complete and if adult and child are in same family

- (Past 12 months) Problems paying medical bills
 - If yes:*
 - (Currently) Have medical bills unable to pay at all
 - (Currently) Level of worry about ability to pay medical costs if got sick or had an accident
 - (Currently) Level of worry about ability to pay for normal healthcare
- If sample child was continuously insured for the past 12 months:*
- (Past 12 months) Anyone in family uninsured, even for one month

Family participation in food-related programs

Skip section if sample adult questionnaire is complete and if adult and child are in same family

- (Past 12 months) Anyone in family receive SNAP/food stamp benefits
- (Past 12 months) Any children in the family receive free or reduced-cost lunches at school
- (Past 12 months) Any women or children in the family get food through the WIC program
- (Past 12 months) Family has enough of the kinds of food they want to eat

Telephone ownership

- What is your telephone number? *(if not already known from sample adult interview because sample child respondent is the same as the sample adult)*
- Is there a working telephone in your home that is not a cell phone? *(if not already known from sample adult interview)*
- Does child or anyone in household have a working cell phone? *(if not already known from sample adult interview)*

Consent for linkage with other records

- Consent to linkage with vital statistics and health-related records of other government agencies
- Personal identifiers necessary for linkage

ROTATING CORE CONTENT: MENTAL HEALTH

Strengths and Difficulties Questionnaire (age 4-17)

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- (Past six months) Considerate of other people's feelings
- (Past six months) Restless, overactive, cannot stay still for long
- (Past six months) Often complains of headaches, stomach-aches or sickness
- (Past six months) Shares readily with other (children/youth)
- (Past six months) Often loses temper
- (Past six months) Rather solitary, prefers to play alone (age 4-10)
- (Past six months) Would rather be alone than with other youth (age 11-17)
- (Past six months) Generally well behaved, usually does what adults request
- (Past six months) Many worries or often seems worried
- (Past six months) Helpful if someone is hurt, upset or feeling ill
- (Past six months) Constantly fidgeting or squirming
- (Past six months) Has at least one good friend
- (Past six months) Often fights with other (children/youth) or bullies them
- (Past six months) Often unhappy, depressed or tearful
- (Past six months) Generally liked by other (children/youth)
- (Past six months) Easily distracted, concentration wanders
- (Past six months) Nervous or clingy in new situations, easily loses confidence
- (Past six months) Kind to younger (children/youth)
- (Past six months) Often lies or cheats
- (Past six months) Picked on or bullied by other (children/youth)
- (Past six months) Often offers to help others, such as parents, teachers, and other children
- (Past six months) Thinks things out before acting
- (Past six months) Steals from home, school or elsewhere
- (Past six months) Gets along better with adults than with other (children/youth)
- (Past six months) Many fears, easily scared
- (Past six months) Good attention span, sees chores or homework through to the end

Strengths and Difficulties Questionnaire – Impact Supplement (age 4-17)

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- (Currently) Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?
If yes:
 - How long have these difficulties been present?
 - Do the difficulties upset or distress your child?
 - Do the difficulties interfere with ... home life?
 - Do the difficulties interfere with ... friendships?
 - Do the difficulties interfere with ... classroom learning?
 - Do the difficulties interfere with ... leisure activities?
 - Do the difficulties put a burden on you or the family as a whole?

Quality of relationship between children and adults (to be asked of sample adult)

Concepts related to the quality of the relationship are under development

- How well adult believes they can share ideas and talk about things that really matter to child
- Whether adult enjoys doing things with child

ROTATING CORE CONTENT: STRESSFUL LIFE EVENTS

Adverse childhood experiences

- Ever live with a parent or guardian who served time in jail or prison after child was born?
- Ever see or hear any parents, guardians, or any other adults in his/her home slap, hit, kick, or punch one another in the home?
- Ever live with anyone who was mentally ill or suicidal, or severely depressed?
- Ever live with anyone who had a problem with alcohol or drugs?

ROTATING CORE CONTENT: PHYSICAL ACTIVITY AND SLEEP

Concepts related to physical activity and sedentary behavior are under development

Body measurements (age 10-17)

- Parent-reported height
- Parent-reported weight

Physical activity (age 6-17)

- (Past week) Number of days physically active for a total of at least 60 minutes per day
- (Typical week) Number of days child goes to PE classes
- (Past 12 months) Number of sports teams that the child played on

Neighborhood characteristics (age 6-17)

- Roads, sidewalks, paths or trails where child can walk or ride bicycle
- Local parks or playgrounds that are close enough for child to walk or bike to
- Does traffic make it unsafe for child to walk or bike, even with an adult?
- Does crime make it unsafe for child to walk or bike, even with an adult?

Sedentary behavior

- Average number of hours in front of TV, on weekdays
- Average number of hours with computers or electronic devices, on weekdays, doing things other than schoolwork

Sleep

- Frequency that child goes to bed at about the same time on weeknights
- Number of hours of sleep on an average weeknight

ROTATING CORE CONTENT: INJURIES

Injuries

- *Specific content to be determined*

ROTATING CORE CONTENT: PROVIDERS AND CONDITIONS

Rotating providers list

If most recent preventive visit was within past 12 months:

- Type(s) of providers seen at most recent preventive visit

If female and 13-17 years:

- (Past 12 months) Seen or talked to obstetrician/gynecologist

All children:

- (Past 12 months) Seen or talked to some other specialist doctor
- (Past 12 months) Seen or talked to nurse practitioner
- (Past 12 months) Seen or talked to physician's assistant
- *Additional providers may be added by sponsors*

Rotating conditions list

- (Past 12 months) Hay fever or seasonal allergy
- (Past 12 months) Any other kind of respiratory allergy
- (Past 12 months) Any kind of food or digestive allergy
- (Past 12 months) Eczema or any kind of skin allergy
- *Additional conditions may be added by sponsors*