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2025 National Survey of Children's Health

Data Users Frequently Asked Questions (FAQs)

The U.S. Census Bureau has reviewed this data product to ensure appropriate access, use, and disclosure avoidance protection of the confidential source data used to produce this product (Data Management System (DMS) number: P-7502891; Disclosure Review Board (DRB) approval number: CBDRB-FY26-0307).

INTRODUCTION

This document identifies frequently asked questions (FAQs) and provides summarized answers for the 2025 National Survey of Children's Health (NSCH). In addition to the Data Users FAQs, the 2025 NSCH Methodology Report provides a detailed report on the design and operation of the survey.

The FAQs are organized by topic:

- Overview
- History
- Data Collection Design
- Data Collection Results
- Data Processing Methods
- Data Use
- Estimation, Hypothesis Testing, and Data Analysis

For further questions about the survey design, operation, and analysis not addressed in this document, please send an email to childrenshealth@census.gov.

OVERVIEW

What is the NSCH?

The NSCH is a household survey that produces national and state-level data on the physical and emotional health of children ages 0 to 17 years old in the United States. The survey collects information related to the health and well-being of children, including access to and use of health care, family interactions, parental health, school and after-school experiences, and neighborhood characteristics.

Why is the NSCH important?

The NSCH is the only national and state-level survey on the health and well-being of children, their families, and their communities. The NSCH is essential to:

- Title V Maternal and Child Health Services Block Grant programs
- State-level planning and program development
- Federal policy and program development
- General scientific research on public health

Who sponsored the 2025 NSCH?

The United States Department of Health and Human Services (HHS), Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) provided the primary funding for the 2025 NSCH. Additional funding was provided by:

- Centers for Disease Control and Prevention (CDC), National Center on Birth Defects and Developmental Disabilities (NCBDDD), Division of Human Development and Disability (DHDD) and Division of Birth Defects and Infant Disorders (DBDID)
- Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Nutrition, Physical Activity, and Obesity (DNPAO)
- Centers for Disease Control and Prevention (CDC), National Center for Environmental Health (NCEH), Division of Environmental Health Science and Practice (DEHSP)
- United States Department of Agriculture (USDA), Food and Nutrition Service (FNS)

Who conducted the 2025 NSCH?

The United States Census Bureau, Associate Director for Demographic Programs on behalf of the United States Department of Health and Human Services (HHS), Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) conducted the 2025 NSCH.

How often are data collected and released?

Since 2016, the NSCH has been an annual survey. The survey supports national and state-level estimates. Multiple years of data can be combined to increase precision or support estimates for smaller populations. Trends or comparisons between the original (i.e., prior to 2016) and redesigned surveys should NOT be made. The surveys are substantially different due to changes in the survey's mode of data collection, sampling frame, and questionnaire content.

What kinds of questions are asked?

Survey topics include:

- Child and family characteristics
- Physical and mental health status, including current conditions and functional difficulties
- Health insurance status, type, and adequacy
- Access to and use of health care services
- Medical, dental, and specialty care needed and received
- School readiness, school outcomes, and activities
- Family nutrition, housing, health and activities
- Impact of child's health on family
- Neighborhood characteristics

When and where will the new 2025 data be released?

The 2025 NSCH SAS and Stata public use data files were released in October 2026. Use https://www.census.gov/programs-surveys/nsch/data/datasets.html to download these data. This link can also be used to access NSCH data since its 2016 redesign.

Where can I find additional information about the NSCH?

You can find additional information about the survey here:

- National Survey of Children's Health (MCHB)
- National Survey of Children's Health (Census)

HISTORY

How long has HRSA MCHB been collecting these data?

HRSA MCHB first conducted the NSCH in 2003. MCHB also fielded the National Survey of Children with Special Health Care Needs (NS-CSHCN) in 2001, 2005-2006, and 2009-2010 to assess the prevalence and impact of special health care needs among children and their families in the U.S. In 2016, HRSA MCHB combined content from both the NSCH and NS-CSHCN into a single survey which retained the NSCH name. More Information on the 2016 redesign is in the 2016 NSCH Methodology Report. Due to changes in the survey's mode of data collection, sampling frame, and questionnaire content, the original and redesigned surveys are substantially different and trends or comparisons should NOT be made between them. See "Is it possible to conduct time-series trend analyses with NSCH data prior to 2016?" for additional information.

Where can I find data released before 2016?

Information about, and data from, the NSCH and NS-CSHCN prior to 2016 can be accessed through the CDC's National Center for Health Statistics (NCHS) or the Data Resource Center for Child & Adolescent Health. Due to changes in the survey's mode of data collection, sampling frame, and questionnaire content, the original and redesigned surveys are substantially different, and trends or comparisons should NOT be made between them.

What were the major content changes to the NSCH in 2025?

Four items were added in 2025:

- **ASTHMAATTACK**, Section A. This Child's Health, "DURING THE PAST 12 MONTHS, has this child had an episode of asthma or an asthma attack?"
- **FASD_YEARS**, Section C. Health Care Services, "How old was this child when a doctor or other health care provider FIRST told you that they had a Fetal Alcohol Spectrum Disorder?"
- **HOURSOFCARE**, Section H. About You and This Child, "IN AN AVERAGE WEEK, how many hours does this child receive care from someone other than their parent or guardian?"
- **MEDSHORT**, Section A. This Child's Health, "DURING THE PAST 12 MONTHS, have medication shortages negatively impacted this child's ADD or ADHD treatment?"

Three items from the 2024 NSCH were removed:

- **EVALFASD**, Section C. 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?"
- **OUTDOORSWKDAY**, Section H. About You and This Child, "ON MOST WEEKDAYS, how much time does this child spend playing outdoors?"
- **OUTDOORSWKEND**, Section H. About You and This Child, "ON AN AVERAGE WEEKEND DAY, how much time does this child spend playing outdoors?"

Two items, VEGETABLES and FRUIT were added to questionnaires for children ages 6 to 17. These items were collected for children ages 1 to 5 since 2021.

Additional differences among the 2016 to 2025 NSCH data files are noted in the NSCH codebook.

DATA COLLECTION

When were the data collected?

Data were collected from June 2025 to March 2026. Data collection was extended to account for the lapse in federal appropriations in October and November 2025 and the consequent pause in survey operations. The Methodology Report, Mailing Contents and Schedules, details adjustments made to the data collection schedule.

Who participated in the 2025 NSCH?

The NSCH is a national sample survey of households with children. A screener instrument identifies households with children and rosters children in the household. One child is randomly selected from each household as the subject of a follow-up, topical questionnaire. The questionnaire is completed by an adult that is familiar with the health and health care of the selected child. Participation in the NSCH is voluntary.

What was the 2025 NSCH sample design?

A sample of approximately 360,000 addresses was selected from the Census Master Address File (MAF).
The Census Bureau's Center for Economic Studies developed an indicator based on multiple sources of administrative data to identify households with children under 18 years old. Addresses that were directly linked to a child under 18 years old using administrative data were assigned to stratum 1.

The remaining addresses were assigned a probability of child presence using administrative records and small-area geographic characteristics. Beginning with those addresses with the lowest probability of children presence, addresses were assigned to stratum 2b by state until the stratum represented at most 5% of households with children in that state, as estimated using the 2023 American Community Survey. All other addresses were assigned to stratum 2a, so strata 1 and 2a covered 95% of households with children in each state.

State-level samples were allocated with the goal of producing an approximately equal number of completed questionnaires from each state and the District of Columbia. Twelve states (Arizona, California, Colorado, Illinois, Kansas, Nebraska, New Mexico, Ohio, Pennsylvania, Utah, West Virginia, and Wyoming) funded oversamples to produce additional interviews in these locations.

From the sample of households with children, a child was subsampled as the subject of the topical questionnaire.
Sampled addresses received a screener questionnaire to determine if the address represented an occupied residence, and if there were eligible children ages 0 to 17 living at the sampled address. The screener questionnaire included a series of health questions used to determine whether each eligible child could be classified as having a special health care need. One eligible child from each completed screener questionnaire was subsampled. When subsampling:

- Children with Special Health Care Needs (CSHCN) were oversampled (at 80%)
- A secondary oversample of children ages 0 to 5 years (at 60%) was applied because younger children are often underrepresented in household surveys and administrative records.

More details on sampling and subsampling are available in the 2025 Methodology Report, *Frame, Sample, and Selected Child Subsample*.

How were the 2025 NSCH data collected?

Respondents answered survey questions using a Screener Questionnaire and Topical Questionnaire.
The screener questionnaire (NSCH-S1) determined if the address represented an occupied residence, and if there were eligible children ages 0 to 17 living at the sampled address.

The topical questionnaire included detailed questions about one randomly selected child in the household. Households received one of the three age-specific topical questionnaires based on the age of the sampled child:

- NSCH-T1 (or T1) for children ages 0 to 5 years,
- NSCH-T2 (or T2) for children ages 6 to 11 years, or
- NSCH-T3 (or T3) for children ages 12 to 17 years.

Households could complete the 2025 NSCH online, on paper, or over the phone.
Selected addresses were mailed instructions to complete the 2025 NSCH. Non-responding addresses received follow-up mailings as reminders.

To complete the survey online, households received invitation letters in the mail with instructions for the web instrument. Respondents first completed the screener portion and were then directed into one of the three age-specific topical questionnaires based on eligibility. The subsampling process was programmed to occur immediately after the screener

questions were completed. Respondents had the option to complete the survey in English or Spanish.

To complete the survey on paper, households received a self-administered paper-and-pencil interviewing (PAPI) screener questionnaire. Households received an English-language screener questionnaire; a Spanish-language screener questionnaire was provided upon request. Respondents completed the screener questionnaire and mailed it back. For households with eligible children, the same household was mailed one of the three age-specific topical questionnaires in the same language that was used to complete the screener. The thirty percent (30%) of sampled addresses determined to be most likely to respond by mail received paper questionnaires in the initial mailing. All addresses that required at least two non-response follow-up mailings also received paper questionnaires in the third and fourth follow-up mailings.

To complete the survey over the phone, respondents called a toll-free telephone questionnaire assistance (TQA) number that was listed on survey materials. Respondents completed interviews over the phone while TQA agents conducted the interviews using the web instrument.

What techniques were applied to protect respondent confidentiality?

A variety of methods were exercised to protect respondent confidentiality. First, all Census Bureau employees with access to respondent details are sworn and legally obligated to protect respondent confidentiality. Within the Census Bureau, data access is limited to employees with a specific need to know.

Second, during the data collection phase, mailed envelopes did not associate the materials or address with the NSCH. For the web instrument, a PIN was randomly generated when respondents first entered the instrument, and respondents were required to supply the PIN to re-access the survey instrument.

Finally, various methods were applied during data processing and preparation to anonymize data products: 1) The NSCH public data file does not include personally identifiable information (e.g., respondent or child name or address). 2) The NSCH data file only includes geographic identifiers that represent a population of at least 250,000; in most cases, this means state of residence and metro status. 3) Response options with a small number of observations are collapsed with another response option. 4) All public data disclosures are reviewed by the Census Bureau's Disclosure Review Board (DRB) to ensure the Census Bureau upholds its legal responsibility to protect respondent confidentiality; to that end, the DRB requires additional modifications as necessary.

Where can I find copies of the 2025 questionnaires?

You can find copies of the 2025 household screener and age-specific topical questionnaires here: https://mchb.hrsa.gov/data/national-surveys/questionnaires-datasets-supporting-documents and https://www.census.gov/programs-surveys/nsch/technical-documentation/questionnaires.2025.html

Did the 2025 NSCH use incentives to encourage participation?

Yes. An incentive experiment in the 2016 NSCH established the efficacy of unconditional cash incentives to improve response rates and reduce nonresponse bias, and similar treatments since 2016 were also productive. The 2025 NSCH used unconditional incentives (90% of sample, $5 incentive) and a control group (10% of sample, no cash incentive) in the initial mailing to improve response rates while monitoring the effect of the incentive on sampled addresses.

Addresses that returned a paper screener questionnaire and listed eligible children in the household received up to four topical invitations. An unconditional $5 cash incentive was included in the initial topical mailing to all eligible addresses. Also, as a special intervention to offset the impact of the October 2025 lapse in federal appropriations and consequent impact on the mailout schedule, an additional $5 incentive was included in a final follow-up mailing to topical groups C, E and F. The Methodology Report, Mailing Contents and Schedules, details all adjustments made to the data collection schedule.

The 2025 NSCH included additional testing of the targeted web-partial follow-up that was introduced with the 2024 NSCH. In the final screener mailing, addresses that had started but not completed the survey online were mailed a special

invitation to complete the survey. This invitation included a $5 cash incentive. In 2025, half of participating households received their special invitation by FedEx (the delivery method used in 2024). The other half of households received their invitations from USPS, but the included incentive was visible through a window in the envelope.

More information about incentives is found in the Methodology Report.

DATA COLLECTION RESULTS

Who were the respondents to the 2025 NSCH?

A parent or other adult caregiver with knowledge of the sampled child's health and health care filled out the topical questionnaire.

- 60% of respondents were mothers (biological, step, foster, or adoptive)
- 31% were fathers (biological, step, foster, or adoptive)
- 6% were other relatives or caregivers
- 3% were missing relationship information

How long did it take to complete a questionnaire?

Based on web keystroke data, the estimated average survey length was:

- approximately 1 minute for households without children.
- approximately 35 minutes for households with children.

How many questionnaires were completed?

56,000 screener questionnaires with children were completed.
From the approximately 360,000 sampled addresses in the 50 states and the District of Columbia, 42.6% were screened for age-eligible children. 53.2% of households reported age-eligible children living or staying in the household.

45,139 detailed topical questionnaires were completed.
From the sample of households with age-eligible children, 11.4% of topical questionnaires were completed using the paper instrument, 88.6% using the web instrument. Among the web respondents, 49.4% used a computer, 49.6% used a mobile device, and 0.9% used a mix of devices.

What were the response rates?

Response to the NSCH is completed in two stages, a screener to identify households with children and roster children in the household, and a detailed topical questionnaire focused on one randomly selected child in the household. Prior to screening, addresses that are not occupied residences (e.g., vacant households or businesses) are identified and removed from data collection procedures.

A screener interview is complete if the household indicates there are no children in the household or return a valid child roster. To be valid, a roster must include an age in years between 0 and 17 for one or more children.

After screening, eligible households receive a topical questionnaire that is appropriate to the age of the selected child. There are two requirements for a topical questionnaire to be considered sufficiently complete. First, the respondent must provide valid answers to at least 25 of 50 test questions. Test questions are a subset of all questions on the survey that are on path for all respondents and are selected to represent the full length of the survey. Second, the respondent must provide at least one valid response in Section H or beyond. Approximately 80% of screened and topical-eligible households returned a sufficiently complete topical questionnaire.

The NSCH prioritizes two measures for tracking response to the survey.[1]

The weighted Interview Completion Rate is 77.1%.
The Interview Completion Rate is the probability that a **household** that initiates the survey will complete it. It is calculated as the product of the Screener Conversion Rate (the proportion of screeners that are completed; 98.4%) and the Topical Conversion Rate (the proportion of households that complete a detailed topical questionnaire after reporting children on a completed screener; 78.4%).[2]

The weighted Overall Response Rate is 34.7%.
The Overall Response Rate is the probability that an **address** progresses through the three major stages of survey completion – resolution, screener, and topical questionnaire. The rate is calculated as the product of the Interview Completion Rate and the Resolution Rate (the proportion of addresses that are resolved – i.e., have sufficient information to determine if the address represents an occupied residence; 45.0%).

What was the potential impact of nonresponse bias on key survey estimates?

The NSCH survey design includes several strategies to minimize nonresponse bias, including incentives and other treatments to increase response. In addition, the data were evaluated for potential bias from nonresponse and changes in sample composition. This analysis considered differences between respondents and nonrespondents, and effectiveness of weighting adjustments to correct for those differences. The 2025 NSCH Nonresponse Bias Analysis located on the Technical Documentation Page did not find strong or consistent evidence of nonresponse bias.

DATA PROCESSING METHODS

How were sample weights calculated?

The Topical data file includes a single, child-level weight, FWC. The weighting scheme begins with the base sampling weight (the inverse probability of the selection of the address) and then applies the following adjustments:

- An adjustment for screener nonresponse
- A raking that compares eligible children from the screener questionnaire cases to population controls from the 2024 American Community Survey
- An applied within-household subsampling factor for screener questionnaire cases
- An adjustment for detailed topical questionnaire nonresponse
- A raking adjustment that matched sample demographic estimates for the children from the topical interviews to various demographic controls

Raking the screener cases uses two analytical domains of interest.

- Dimension #1 – State by Child's Race and Ethnicity
- Dimension #2 – State by Child's Sex by Child's Age Group

Raking the topical cases uses seven analytical domains of interest.

- Dimension #1 – State by Household Poverty Ratio

[1] All measures presented here are consistent with the American Association for Public Opinion Research (AAPOR) standards; The American Association for Public Opinion Research. 2016. *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 9th edition.* AAPOR.

[2] The Screener and Topical Conversion Rates are conceptually similar to the Screener and Topical Completion Rates, but the conversion rates include only screened households in the denominators (i.e., Screened HHs for Screener Conversion and screened HHs with children for Topical Conversion).

- Dimension #2 – State by Household Size
- Dimension #3 – State Groupings by Respondent's Education
- Dimension #4 – State by Selected Child's Race and Ethnicity
- Dimension #5 – State by Selected Child's Age Group
- Dimension #6 – National Selected Child's Race and Ethnicity
- Dimension #7 – National Selected Child's Sex by Age

The 2025 NSCH used the 2024 American Community Survey (ACS) 1-year estimates to calculate population controls for raking.

The NSCH public use file includes demographic detail that, in some cases, is partially adjusted in weighting. For any demographic characteristic not explicitly included in a post-stratification adjustment (i.e., the raking dimensions), the weights are not likely to sum to that specific population total. Along these lines, the strong state-level design of the NSCH means that median weights can differ significantly across states (i.e., larger weights for more populous states with a lower probability of selection given approximately equal state-level sample sizes). We recommend that data users apply caution and consider the impact of high-leverage cases when interpreting results for smaller population groups.

Additional information on limitations and data-use recommendations is available in the Methodology Report.

How are missing data identified on the data files?

The Topical Public Use File includes special missing value codes to differentiate between different types of missing values.

- (.L) Legitimate skip— the item is not applicable to the respondent, as determined by a previous answer to a root question.
- (.M) Missing in error—the value is missing due to respondent or system errors, or the respondent did not provide a valid answer.
- (.N) Not in universe—the item was not included on the respondent's age-specific topical questionnaire.
- (.D) Cannot disclose— the value is suppressed to protect the privacy of therespondent/child.

Are any missing data imputed?

The following demographic variables were imputed for raking during weighting procedures.

- Household Tenure (TENURE)
- Child's sex (C_SEX)
- Child's race, detailed (C_RACE_R)
- Child's Hispanic origin (C_HISPANIC_R)
- Selected child's sex (SC_SEX)
- Selected child's race (SC_RACE_R, SC_AIAN, SC_ASIAN, SC_NHPI)
- Variables derived from SC_RACE_R
  - Selected child's race, Asian alone or in combination with another race (SC_ASIAN)
  - Selected child's race, American Indian/Alaska Native alone or in combination with another race (SC_AIAN)
  - Selected child's race, Native Hawaiian or other Pacific Islander alone or in combination with another race (SC_NHPI)
- Selected child's Hispanic origin (SC_HISPANIC_R)
- Adult 1 highest completed year of school (A1_GRADE)
- Household size (HHCOUNT)
- Poverty ratio (FPL_I1-FPL_I6)

The child demographic variables (sex, race and Hispanic origin) and household tenure were imputed using hot-deck imputation. Adult 1 education, household size, and family income were imputed using sequential regression imputation

methods. Household size, family size, and other family composition indicators were used to set the family poverty threshold. Family income and the family poverty threshold were used to calculate the family poverty ratio – family income relative to the poverty threshold The topical data file includes one implicate for Adult 1 education and household size and six implicates for poverty ratio. Guidance for the analysis of multiply imputed poverty data is available in the Guide to Multiply Imputed Data Analysis.

The 2025 NSCH data files flag missing or imputed variables.
The public use files include flag variables to identify imputed values. The missing rate for each variable before imputation is listed below:

Variable	Variable Missing Rates	Imputation Flag Variable
Household tenure (TENURE)	1.46%	Flag for Household Tenure (TENURE_IF)
Child's sex (C_SEX)	0.18%	Flag for child's sex (C_SEX_IF)
Child's race (C_RACE_R)	1.86%	Flag for child's race (C_RACE_R_IF)
Child's Hispanic origin (C_HISPANIC_R)	0.41%	Flag for child's Hispanic origin (C_HISPANIC_R_IF)
Selected child's sex (SC_SEX)	0.09%	Flag for selected child's sex (SC_SEX_IF)
Selected child's race (SC_RACE_R)	1.50%	Flag for selected child's race (SC_RACE_R_IF)
Selected child's Hispanic origin (SC_HISPANIC_R)	0.24%	Flag for selected child's Hispanic origin (SC_HISPANIC_R_IF)
Adult 1's highest completed year of school (A1_GRADE)	3.31%	Flag for adult 1's highest completed year of school (A1_GRADE_IF)
Household size (HHCOUNT)	3.14%	Flag for household size (HHCOUNT_IF)
Family poverty ratio (FPL)	20.09%	Flag for family poverty ratio (FPL_IF)

Are any survey responses excluded from the public use data file?

In addition to personally identifiable information (e.g., child name), it is often necessary to suppress specific responses to protest respondent confidentiality. In most cases, this can be accomplished by coarsening details. For example, reporting to Tourette Syndrome Severity Description (K2Q38C) collapses 'Moderate' and 'Severe' to a single category. Individual years and ages are often collapsed to year and age ranges.

For Cystic Fibrosis Newborn Screening (CYSTFIB_SCREEN), coarsening was not sufficient. The variable is not included on the public use data file.

Additional precautions are taken for rare health conditions. A maximum of one identified blood disorder (Hemophilia,

Sickle Cell, or Thalassemia) and a maximum of one rare health condition (Cerebral Palsy, Cystic Fibrosis, Diabetes, Down Syndrome, FASD, any Blood Disorder, or Tourette Syndrome) is reported on the public use data file. Children identified with more than one of these conditions are identified with an edit flag, MULTIPLECOND = 1. Values for all other conditions in the rare condition set are suppressed, and the true value is replaced with .D.

See "How can I access the restricted use data file?" for information on accessing suppressed responses.

Where can I find more information about NSCH data files, including derived variables and data suppression?

The NSCH Codebook details the variables names, definitions, and values included on the Topical data file. The Methodology Report also documents the variables and values that are collapsed or suppressed to protect the confidentiality of the individual respondents and children.

ESTIMATION, HYPOTHESIS TESTING, AND DATA ANALYSIS

Whom does this sample represent?

Weighted estimates represent all non-institutionalized children ages 0 to 17 years in the U.S., and in each state and the District of Columbia residing in housing units.

Weighted estimates do not generalize to the population of parents, mothers, or pediatric health care providers. Analysts are advised to avoid statements such as "the percent of parents." Instead, estimates should be framed in terms of children, e.g., 51% of US children live with a college educated mother.

Is it possible to conduct time-series trend analyses with NSCH data prior to 2016?

An accurate comparison of estimates between the redesigned NSCH and prior surveys cannot be made due to substantive changes in sampling frame and data collection modes, in addition to questionnaire content and wording in many cases. Observed differences in estimates before and after the redesign, or lack thereof, may be attributable to design changes and it is not possible to distinguish the contribution of actual or real changes over time. Therefore, combining or comparing data from before or after the redesign is not recommended.

Is it possible to conduct time-series trend analyses with NSCH data from 2016 to 2025?

Yes, when data sets are using the same weighting methodology. With the 2022 NSCH, the processes for imputation and weighting by race and ethnicity were revised as part of multi-faceted efforts to improve consistency across federal surveys. Similar enhancements were made retroactively to the 2016-2021 NSCH data files. Data users should utilize re-released data file, identified with the following naming convention: nsch_YYYYe_topical and nsch_YYYYe_screener.[3] Public use data files are available for download from www.census.gov/nsch.

With that condition satisfied, significance testing of estimates with non-overlapping samples can be done using standard two-sample methods. For example, these methods could be used to determine whether there is a statistically significant difference in the percent of CSHCN in 2020-2021 versus 2018-2019 (note the exclusive, non-overlapping samples). Changes over time should be sustained over multiple assessments to confirm a change versus a single fluctuation or random error.

For more information, see the Guide to Multi-Year Analysis.

Can I combine data from different years of the redesigned survey?

Yes, when data sets are using the same weighting methodology. For the 2022 NSCH, the processes for imputation and

[3] The 2025 NSCH does not include a Screener Public Use File (nsch_2025e_screener).

weighting by race and ethnicity were revised as part of multi-faceted efforts to improve consistency across federal surveys. Similar enhancements were made retroactively to the 2016-2021 NSCH data files. Data users should utilize re-released data files, identified with the following naming convention: nsch_YYYYe_topical and nsch_YYYYe_screener. Public use data files are available for download from www.census.gov/nsch.

With that condition satisfied, the data sets can be combined (appended) to derive multi-year estimates, though the survey weights should be adjusted. To adjust the multi-year estimates to represent the population of children residing in households, divide each weight by the number of years being combined to derive multi-year estimates with an average annual or midpoint population size.

For example, to calculate the combined 2021-2025 weight, analysts must divide each individual survey weight by 5 (i.e., number of survey years being combined; see the Guide to Multi-Year Analysis).

The redesigned NSCH uses two state-level strata in sampling. The naming convention for these strata changed after the 2016 NSCH. We recommend that data users replace values for the variable STRATUM from '2a' to '2'. This change is necessary so the combined file is correctly treated as having two mutually exclusive sampling strata rather than three for design-adjusted standard error calculations.

Are special programs needed to analyze these data?

Yes. For proper estimation and hypothesis testing, programs must be able to account for the complex sample design. Examples include SUDAAN, Stata, SPSS Complex Samples module, WesVar, the SAS SURVEY procedures, and the base program R with the separate SURVEY package.

How do I estimate variance?

The following variables contain survey design information that is needed to correctly estimate variance:

- Stratum identifiers: state of residence (FIPSST) and sampling stratum (STRATUM)
- Primary sampling unit: household ID (HHID)

Some analysts may be using statistical programs that only permit the specification of a single stratum variable. These users should define a new variable with 102 levels by crossing STRATUM (2 levels) with FIPSST (51 levels). Use this new variable as the single stratum variable.

- Stata users can specify only one variable in the strata() option of svyset. They will need to create a single variable (named STRATACROSS for this example) that crosses FIPSST and STRATUM: EGEN STRATACROSS = GROUP (FIPSST STRATUM).
- SUDAAN users can identify both FIPSST and STRATUM in the NEST statement. However, SUDAAN users should note that the first variable listed after the word NEST is assumed to be the stratum variable, and the second variable listed is assumed to be the primary sampling unit (PSU). To properly identify the PSU variable, the PSULEV option must be invoked in the NEST statement: NEST FIPSST STRATUM HHID / PSULEV = 3.

Can the data be used for subgroup analysis?

Subsetting data is the procedure of keeping only select records and list-wise deleting others. Most software packages that analyze complex survey data will incorrectly compute standard errors for subsetted data, because subsetting the data can delete important design information needed for variance estimation. Analysts interested in examining specific population subgroups (such as children living in poverty) must use the appropriate options in their software package (e.g., SUBPOPN in SUDAAN). The exception to this rule is subsetting by state. Subsetting by state does not compromise variance estimation.

Sub-groups with small sample sizes may produce unstable estimates.

In both individual year and multi-year analyses, the NSCH sample size may be limited for smaller populations (e.g., American

Indian or Alaska Native) and state-level subgroups or rare outcomes (e.g., adolescent CSHCN or autism in a particular state). To minimize misinterpretation, we recommend only presenting statistics with a sample size or unweighted denominator of 30 or more.

Furthermore, if the 95% confidence interval width exceeds 20 percentage points or 1.2 times the estimate (≈ relative standard error >30%), data should be flagged for poor reliability and/or present a measure of statistical reliability (e.g., confidence intervals or statistical significance testing) to promote appropriate interpretation.

State-level estimates may be compared to national estimates.
Analysts can use a nested z-test to identify significant differences at a given alpha or Type 1 error level (e.g., 0.05, 0.01). The formula for this is as follows:

$$Z = \frac{\bar{X}_i - \bar{X}_j}{\sqrt{SE_i^2 + SE_j^2 - 2P * SE_j^2}}$$

Where *j* is a subset of *i* (e.g., Alabama as part of the Total US), $\bar{X}$ the mean or proportion, *SE* is the standard error, and *P* is the proportion of the weighted denominator for a given indicator that is specific to j (e.g., Alabama weighted denominator divided by the Total US weighted denominator). An independent Z-test would be a more conservative test that may increase Type II error—the probability of failing to reject the null of no difference when there is a difference.

How can I access the restricted use data file?

Alternative and lower-level geographic identifiers and suppressed responses that are not included with the public use data file are included on a restricted use data file (RUF). Access to the RUF is restricted to the Federal Statistical Research Data Centers (RDCs). Researchers can apply for RDC access; proposed projects must demonstrate scientific merit, require non-public data, be feasible, pose no risk to respondent confidentiality, and provide benefit to Census Bureau programs. The currently open RDCs are listed at https://www.census.gov/about/adrm/fsrdc/locations.html, and additional information on the RDC application process is available at https://www.census.gov/about/adrm/ced/apply-for-access.html.

DATA USE

The United States Census Bureau conducts the NSCH on behalf of HHS under Title 13, United States Code, Section (b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the U.S. The data collected under this agreement are confidential under 13 U.S.C. Section 9. All access to Title 13 data from this survey is restricted to Census Bureau employees and those holding Census Bureau Special Sworn Status pursuant to 13 U.S.C. Section 23(c).

Any effort to determine the identity of any reported case is prohibited. The Census Bureau and HRSA MCHB take extraordinary measures to assure that the identity of survey subjects cannot be disclosed. All direct identifiers, as well as characteristics that might lead to identification, have been omitted from the data files. Any intentional identification or disclosure of a person or establishment violates the assurances of confidentiality given to the providers of the information. Therefore, users must:

- Use the data in these data files for statistical reporting and analysis only;
- Make no use of the identity of any person discovered, inadvertently or otherwise;
- Not link these data files with individually identifiable data from any other Census Bureau or non-Census Bureau data sets.

Use of the data files signifies users' agreement to comply with the above-stated statutory-based requirements. Before

releasing any statistics to the public, the Census Bureau reviews them to make sure none of the information or characteristics could identify someone. For more information about the Census Bureau's privacy and confidentiality protections, contact the Policy Coordination Office toll-free at 1-800-923-8282.

How do I cite this document and the NSCH data?

Proper citation ensures that research and results can be discovered, reused and replicated, and that survey usage and impact is credited and measured. Data users are free to produce and publish works based on the NSCH data and documentation; proper attribution to the NSCH source material should accompany these works.

This document:
The United States Census Bureau, Associate Director for Demographic Programs, National Survey of Children's Health. 2025 National Survey of Children's Health Frequently Asked Questions. October 2026. Available from: https://www.census.gov/programs-surveys/nsch/data/datasets.html

NSCH data:
Health Resources and Services Administration, Maternal and Child Health Bureau. 2025 National Survey of Children's Health Public Use Microdata File, [SAS/STATA]. Administered by the U.S. Census Bureau. Retrieved [MM/DD/YYY] from: https://www.census.gov/programs-surveys/nschlc/data.html.