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2025 National Survey of Children's Health

Methodology Report

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-SEHSD003-092).

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Abstract

Objectives

This report details the development, plan, and operation of the 2025 National Survey of Children's Health (NSCH). This survey is designed to provide national and state-level estimates on key indicators of the health and well-being of children, their families and communities, as well as information about the prevalence and impact of special health care needs. Funding and direction for this survey was provided by the Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB) within the U.S. Department of Health and Human Services. The U.S. Census Bureau conducted the survey on behalf of HRSA MCHB.

Methods

The 2025 NSCH used a national sample of 360,000 addresses. During data collection, a screener questionnaire was used to identify households with children and roster children in the household. The screener questionnaire also included a battery of questions to identify children with special health care needs. One child was randomly selected from each eligible household, and that child was the subject of a more detailed topical questionnaire. Responses to the screener and topical questionnaires were collected, processed, and published in the Topical Public Use File.[1]

Results

The weighted Overall Response Rate for the 2025 NSCH was 34.7%. A total of 108,000[2] screener questionnaires were completed, and of those 56,000 were eligible for topical questionnaire follow-up. Of those topical-eligible households, 45,139 completed a topical interview. Weighted estimates from the Topical file generalize to state and national resident child populations

[1] Between 2016 and 2024, annual data products for the NSCH included a Screener and Topical Public Use File. The Screener Public Use File included information on all children reported on the household roster but only that information reported on the screener information. To further protect respondent confidentiality and focus analytic efforts on the Topical Public Use File, the Screener Public Use File has been discontinued as a stand-alone data product with the 2025 NSCH.

[2] Rounded to the nearest thousand in accordance with the U.S. Census Bureau disclosure avoidance practices.

Introduction

The 2025 National Survey of Children's Health (NSCH) was conducted by the U.S. Census Bureau for the Health Resources and Services Administration, Maternal and Child Health Bureau (HRSA MCHB) within the U.S. Department of Health and Human Services (HHS). As stated in the Office of Management and Budget Clearance Package, the purpose of the NSCH is to "collect information on factors related to the well-being of children, including access to and quality of health care, family interactions, parental health, school and after-school experiences, and neighborhood characteristics."[3] This document details the objectives, methodologies, and results of the 2025 NSCH into seven sections.

- *Survey History*. The 2025 NSCH was the tenth annual production cycle following the redesign and merging of the previous NSCH and National Survey of Children with Special Health Care Needs (NS-CSHCN).

- *Frame, Sample and Selected Child Subsample.* A screener questionnaire identified households with children and rostered the children in those households. A topical questionnaire collected detailed information about one child selected at random from the household.

- *Data Collection.* Data were collected using a two-stage paper survey instrument and a single-stage web-based survey instrument. This section discusses treatment groups, mail schedule and data capture methods for the web, paper, and telephone questionnaire assistance operations.

- *Response Analysis.* This section discusses the calculation of response rates along with analyses of survey breakoffs, item nonresponse, and treatment group comparisons.

- *Data Processing.* Web and paper survey responses were cleaned for analysis, including unduplication of responses, edits for data quality, creating standardized and derived variables, and imputation of missing values.

- *Weighting Specifications.* Weights allow for estimates to be generalized to state and national child resident populations.

- *Estimation, Hypothesis Testing, and Data Use Guidelines.* A discussion of the best practices for data users and limitations of the 2025 NSCH.

[3] The Office of Management and Budget Clearance Package is available at https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=202503-0607-004

Survey History

The Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB), within the U.S. Department of Health and Human Services (HHS), has sponsored the National Survey of Children's Health (NSCH)[4] and its companion survey, the National Survey of Children with Special Health Care Needs (NS-CSHCN),[5] since 2001. HRSA MCHB has provided funding and direction for the two periodic surveys to provide both national and state estimates of key indicators of child health and well-being for children ages 0-17 years.

Together, these surveys provided critical data on key measures of child health; the presence and impact of special health care needs; health care access, utilization, and quality; and the family and community factors that impact child and adolescent health and well-being. Both surveys were fielded three times (NS-CSHCN 2001, 2005-06, and 2009-10; NSCH 2003, 2007, and 2011-12) as modules of the State and Local Area Integrated Telephone Survey (SLAITS) system by the Centers for Disease Control and Prevention's National Center for Health Statistics. As part of the SLAITS system, the surveys utilized a random-digit-dial sample of landline telephone numbers, with cell-phone supplementation in the last year of administration for both surveys.

In 2015, HRSA MCHB redesigned the NSCH and the NS-CSHCN into a single combined survey that utilized an address-based sampling frame. When this newly consolidated survey was first fielded in 2016 it incorporated questions from the former surveys and retained the NSCH name. The U.S. Census Bureau now conducts the NSCH annually on behalf of HRSA MCHB and HHS under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. 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. Any 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.

Preparing for the 2022 NSCH release, HRSA MCHB collaborated with the Census Bureau to revise imputation and weighting by race and ethnicity as part of multi-faceted efforts to promote consistency across federal surveys, specifically to address differences in race reporting options between the NSCH and the American Community Survey (ACS) which provides population estimates for NSCH weighting;

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[4] Blumberg SJ, Foster EB, Frasier AM, et al. 2012. Design and Operation of the National Survey of Children's Health, 2007. National Center for Health Statistics. *Vital Health Stat,* 1(55). http://www.cdc.gov/nchs/data/series/sr_01/sr01_055.pdf

[5] Bramlett MD, Blumberg SJ, Ormson AE, et al. 2014. Design and Operation of the National Survey of Children with Special Health Care Needs, 2009–2010. National Center for Health Statistics. *Vital Health Stat,* 1(57). http://www.cdc.gov/nchs/data/series/sr_01/sr01_057.pdf

see NSCH Enhancements Technical Document (census.gov) and NSCH Weighting Revisions (census.gov) for additional information. In April 2024, all data files since the 2016 NSCH were re-released to reflect these revisions and enable comparisons across years.

With the 2025 NSCH, the Screener Public Use File was discontinued. For the 2016 to 2024 NSCH, the Screener file included all children rostered on completed screeners and data reported on the screener instrument. The Topical Public Use File, meanwhile, had data from the topical instrument and household-level and selected child data from the screener instrument for all households that completed the topical instrument. As disclosure risks evolve and requirements change, to further protect respondent confidentiality, the decision was made to not release child-level screener responses. Data users are encouraged to use the Topical file for all NSCH analysis.

Frame, Sample, and Selected Child Subsample

The 2025 NSCH sampled approximately 360,000 addresses to participate in the survey. One child from each household with children was selected, or subsampled, to be the subject of the topical questionnaire. This section covers the design of the sample and subsample.

Frame and Sample Selection

The 2025 NSCH used an address-based sample selected from an extract of the Census Bureau's Master Address File (MAF).[6,7] It covers the 50 states and the District of Columbia.[8] The sample frame uses administrative records-based flags to identify three mutually exclusive strata:[9]

- Stratum 1: Addresses that are explicitly linked to children using administrative records are assigned to Stratum 1. Approximately 80% of these addresses are households with children.
- Stratum 2a: Addresses that are probabilistically linked to children using administrative records and block group characteristics. Approximately 15% of these addresses are households with children.
- Stratum 2b: The remaining addresses. Less than 5% of these addresses are households with children.

Addresses assigned to Stratum 1 are explicitly linked to a child record either directly or through a parent using administrative and survey records. Data sources include:

- Social Security applications and the Census Numident
- IRS 1040s and 1099s
- Medicare Enrollment Database (MEDB)
- Indian Health Service database (IHS)
- Selective Service System (SSS)
- Public Indian Housing Information Center (PIC) and Tenant Rental Assistance Certification System (TRACS) data from the Department of Housing and Urban Development (HUD)
- National Change of Address (NCOA) data from the US Postal Service
- American Community Survey and the Census Unedited files (for parent-child links)

Approximately 39 million unique addresses were linked to at least one child record and assigned to Stratum 1. The remaining addresses were then subdivided into Strata 2a and 2b. All Stratum 2 addresses were assigned a probability of child presence using administrative records and small-area geographic

[6] To minimize burden on individual households, addresses that were selected for NSCH data collection in the previous five years are excluded from sample selection.
[7] The MAF is a Title 13 data source, and all data collected 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).
[8] Hereafter, 'state' will include the District of Columbia.
[9] The statistical summaries reported here on characteristics of the NSCH frame have been cleared by the Census Bureau's Disclosure Review Board, release authorization number CBDRB-FY25-CES023-007.

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 reported in the 2023 American Community Survey). All other addresses were assigned to Stratum 2a, and Strata 1 and 2a combined represented 95% of households with children in each state.

To increase the efficiency of the sample, Stratum 1 addresses were sampled at a higher rate than Stratum 2a households; Stratum 2b households were excluded from sampling. For the sample selection:

- The sampling rates by strata in each state were optimized to maximize the number of households with children in each state without compromising the reliability of survey estimates. Nationally, 63.4% of addresses came from Stratum 1 and 36.6% from Stratum 2a.
- The addresses within each state were first sorted by strata, then organized into two groups by the block group[10] poverty rate to ensure states had proportional representation of addresses in high poverty areas selected for the sample.
- The sample was distributed across states to produce a roughly equal number of completed interviews per state. Twelve states included an oversample (see Attachment A) to increase the number of interviews completed in those states (oversample states: Arizona, California, Colorado, Illinois, Kansas, Nebraska, New Mexico, Ohio, Pennsylvania, Utah, West Virginia, and Wyoming).
- To minimize respondent burden, addresses can be selected only once in any five-year period.

Selected Child Subsample

The screener questionnaire collects information on the presence of children within the household, child demographic information, and basic questions about each child's health.[11] One child is selected from the completed screener, and one of three age-based topical questionnaires is provided to the household based on the sampled child's age:

- NSCH-T1: children aged 0 through 5,
- NSCH-T2: children aged 6 through 11, or
- NSCH-T3: children aged 12 through 17

[10] A Census block group is a geographical unit with 600 to 3,000 population. Census blocks are grouped into block groups; block groups, in turn, are grouped into Census tracts. The block group is the smallest scale geographical unit for which the Census Bureau publishes sample statistics, i.e., estimates based on a sample of residents in the block group. Consequently, it is the smallest scale geographical unit that could be used for this exercise.

[11] Bethell CD, Read D, Neff J, Blumberg SJ, Stein RE, Sharp V, Newacheck PW. 2002. "Comparison of the Children with Special Health Care Needs Screener to the Questionnaire for Identifying Children with Chronic Conditions—Revised." *Ambulatory Pediatrics*, Jan-Feb 2(1): 49-57.

The probability of selection for a child is based on the number of children in the household, the special health care needs status, and the age of the child. When appropriate, an 80% oversample is applied to children with special health care needs.[12] See Attachment B for more details.[13]

For mailed-in screener responses, the appropriate topical questionnaire is mailed to the household, and mail materials indicate which child has been selected. In the web-based instrument, the child's reported age is used to navigate the respondent to age-appropriate survey items.

[12] The 80% oversample is applicable only for those households with both CSHCN and Non-CSHCN present.
[13] Eligible children in a household are sorted first by special health care needs status (CSHCN then Non-CSHCN) and then by age (youngest to oldest). Additionally, children with the same special health care needs status and age are sorted by name. In households with four or more eligible children, children are sorted first on special health care needs status, then alphabetically by name, and then by age.

Data Collection

Data collection efforts for the 2025 National Survey of Children's Health (NSCH) began on June 20, 2025 and continued until March 6, 2026.[14] The 2025 NSCH retained a two-phase data collection approach: (1) an initial household screener to assess the presence, basic demographic characteristics, and special health care needs status of any children in the home; and (2) a substantive topical questionnaire to be completed by a parent or caregiver of the selected child. The data collection methodology employed strategies to increase response, including clear and concise question wording, providing response mode options, cash incentives and other treatments.

This section covers survey content and 2025 content changes, data collection instruments, and the data collection process.

Survey Content

Questionnaires were designed to encourage cooperation by prospective respondents, enhance respondent comprehension, and make instructions clear and simple. Questions were developed and grouped by subject area to create logical, clear questionnaires with concrete question wording and simple grammar.

The screener questionnaire consisted of two sections. The first section contained four questions about the presence of children in the home, the primary language spoken, and home tenure (rent or own). The next section contained detailed questions about the demographics and health of children in the household.

There were three different topical questionnaires tailored to three child age groups: NSCH-T1 for 0 to 5-year-old children, NSCH-T2 for 6 to 11-year-old children, and NSCH-T3 for 12 to 17-year-old children. All three questionnaires contained 11 sections about the child, their family and neighborhood, but the specific questions were tailored to be relevant to children in that age range. Copies of the screener and topical questionnaires can be found at https://www.census.gov/programs-surveys/nsch/technical-documentation/questionnaires.html.

Section A. This Child's Health
Current or lifelong physical, mental, behavioral, learning, or developmental conditions, and the impact of these conditions on the child's activities.

Section B: This Child as an Infant
Birth-related questions including birth weight, breastfeeding, and use of formula. Infant feeding questions are only included on NSCH-T1.

[14] Mailout operations were impacted by the lapse in federal appropriations from October 1 to November 12, 2026. Several mailing were rescheduled after normal operations resumed, and survey closeout was extended from January 16 to March 6, 2026 to accommodate the change to the mailout schedule.

Section C: Health Care Services
Health care providers and the child's need for and use of medical, dental, mental, and specialized health services in the last 12 months.

Section D: Experience with This Child's Health Care Providers
Frequency of care and satisfaction with the child's health care providers, and how the child's doctor or health care providers worked with the child. NSCH-T3 includes questions about the child's preparation for transition into adult health care.

Section E: This Child's Health Insurance Coverage
Status and adequacy of health insurance coverage, including any gaps in health insurance coverage in the past 12 months.

Section F: Providing for this Child's Health
Cost of health care in the past 12 months and time spent providing and arranging for the child's health care.

Section G: This Child's Learning/Schooling and Activities
Early language development and learning for children ages 1 to 5 years. For children ages 6 to 17 years, experiences at school, participation in organized activities, and physical activities.

Section H: About You and This Child
Daily life and household activities, including the child's sleep habits, screen time, and the demands of parenting/caregiving on the respondent.

Section I: About Your Family and Household
Frequency of family meals, the use of tobacco and vaping in the home, how the family copes with problems, food adequacy, and adverse childhood experiences. Also, the respondent's perception of their neighborhood (e.g., amenities, safety).

Section J: Child's Caregivers
Demographic information of up to two adults (the respondent and one other person) in the household who are the child's primary caregivers.

Section K: Household Information
Household count, family count, and family income.

2025 Content Changes
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.

Changes to question wording and response options since 2016 are noted in the NSCH codebook (https://www.census.gov/data-tools/demo/uccb/nschdict).

Data Collection Instruments

The data collection design focuses on efforts to increase response rates. Respondents have multiple options to respond to the survey and receive assistance including:

- Web Instrument (English and Spanish)
- Paper Instrument (English and Spanish)
- Telephone Questionnaire Assistance (TQA)
- Email Questionnaire Assistance (EQA)

Web Instrument

The web survey was programmed using the U.S. Census Bureau's Centurion system for internet data collection and was accessible using an internet-connected device with a modern web browser. The interview was self-administered by the respondent. The mailed invitation included the survey URL and a unique 8-digit login ID. Respondents were asked to verify their address. If the respondent answered that the address selected for the sample (and displayed on screen) did not match their own, they were encouraged to contact Census Telephone Questionnaire Assistance (TQA) to review the address incongruity. The agent could determine that the difference was not substantial and that the responding household was, in fact, the sampled household. In that case, the respondent was encouraged to complete the interview. Otherwise, the survey was concluded, and the address was removed from further mailings.

If the listed address matched the respondent's residence, the case was assigned a PIN that the respondent would need to log back into the survey. When returning, the respondent could use that PIN

or create a new PIN by correctly answering a security question, which the respondent created during the original PIN creation process.

After setting up the PIN, the respondent reported the number of children (0-17 years of age) that usually resided at that address. If there were no children that usually resided at the address, the survey was concluded, and the address was removed from further mailings. If there were children that usually resided at the address, the respondent was then directed through the rest of the screener questionnaire.

In the screener questionnaire, respondents provided basic demographic and health information for children in the household. There were two hard edits programmed into the web instrument which required the respondent to provide a valid answer before continuing. These answers were necessary for subsampling: child's first name, initials, or nickname; and child's age. Respondents were able to skip any or all other questions and continue the survey.

After the respondent completed the screener questionnaire, the web instrument applied the subsampling methodology. First, the rostered children were sorted by special health care needs (SHCN) status (children with SHCN, then children without SHCN), then by child name (a to z)[15], and then by age (youngest to oldest). One of the first four children was randomly selected to be the subject of the topical questionnaire. At this point in the survey process, content from the screener portion of the questionnaire was locked.

The name of the selected child was then prefilled into some topical questions, and the web instrument guided respondents through skip patterns. Some response fields only accepted responses that represented legitimate values; other fields offered a "pick list" of response categories. There were soft edits for some questions that prompted respondents to provide an answer or revise an existing answer, but respondents were able to continue past these edits without changing their answers.

Respondents could review and edit any answers in the topical portion of the instrument before submitting. Once the survey was submitted, a submission confirmation screen appeared with the date and time of completion. The instrument was then locked and the respondent was only able to view the submission confirmation screen if they logged back in.

Respondents from households without children completed the web instrument in an average of 1 minute, 15 seconds. Respondents from households with children completed the screener portion of the instrument in 4 minutes, 51 seconds; the web topical portion in 30 minutes, 26 seconds; and the entire web instrument in 35 minutes, 17 seconds, on average.

[15] Children are sorted by name only if there are four or more children in the household. Otherwise, children are sorted only by SHCN and age.

Table 1. Web Submission Times (in Minutes)

	With Children		No Children	
	Mean	**Median**	**Mean**	**Median**
Screener	4.9	3.7	1.2	0.8
Topical	30.4	26.1		
Total	35.3	30.6	1.2	0.8

Paper Instrument

The second mode of data collection was a two-phase, self-administered mail survey using paper questionnaires. The paper questionnaires were created using Amgraf One Form Plus. Topical questionnaires were printed, trimmed, and stitched through an in-house print on-demand process using a Docuprint system that allowed personalization to each respondent.

In the first phase of this mode of data collection, paper screener questionnaires were mailed to High Paper addresses with the initial invitation, and to all other addresses (High Web) with the second nonresponse follow-up mailing.[16] Respondents completed a screener questionnaire to determine if there were any children 17 years of age or younger who usually lived or stayed at the address. Resident children were rostered in the screener instrument. Detailed information was collected for up to four children, while basic information (name, age, sex) was collected for an additional six children.

If the respondent mailed back the screener, it was then processed to determine if eligible children usually resided at the address. Returned forms were processed by iCADE to capture responses through OMR (optical mark recognition), OCR (optical character recognition), and KFI (keying from image). If the respondent answered that the address selected for the sample did not match their own or that there were no children that usually resided at the address, the survey was concluded and the household was removed from further mailings. If the respondent listed children that usually resided at the address, Census Bureau staff applied the subsampling methodology to select one child from the household roster to be the subject of the topical questionnaire.

In the second phase, households that reported eligible children were mailed one of three age-based topical questionnaires requesting more information about the selected child living at the address. To ensure respondents answered the topical questions for the selected child, Docuprint systems printed the selected child's first name, initials, or nickname, age, and sex provided on the screener questionnaire onto the invitation letter and paper questionnaire.

The paper and web instruments were designed to be as similar as possible to minimize the influence of mode on responses. While automatic skips and soft edits could not be implemented in the paper

[16] More information on the High Web/High Paper group assignments is covered in the Mailing Content and Schedule section.

instrument, the questionnaire did include skip instructions within the question wording to mimic the web instrument.

Telephone Questionnaire Assistance (TQA)

The National Processing Center call centers in Jeffersonville, Indiana and Tucson, Arizona provided telephone questionnaire assistance (TQA) for the 2025 NSCH. Respondents could call a toll-free telephone line if they had questions about the survey, wanted to complete the interview over the phone using the web instrument, or submit feedback. All mail content and the web instrument listed this toll-free number.

In 2025, completion of the NSCH over the phone occurred with support of NSCH trained TQA interviewers certified in several languages, including English and Spanish.

Interviewers were trained to use the Automated Tracking and Control (ATAC) system to report call-ins using one of the TQA purpose codes seen in Table 2.

Table 2. TQA Purpose Codes used in ATAC System

TQA Purpose Codes	Definitions
02	Refusal to participate
03	Questionnaire completed – Children in the household
04	Questionnaire completed – No children in the household
07	Confirmed correct address
08	Confirmed incorrect address (close the case)
09	Out-of-Scope (vacant, business, not a full-time residence)
12	Child moved and/or doesn't live at residence at least 50% of the time
20	Questions about incentive
29	Paper questionnaire status
30	Request English paper questionnaire
31	Request Spanish paper questionnaire
32	Trouble completing paper questionnaire
33	Child listed on questionnaire is deceased
51	Web issues – PIN and/or Login ID issue
52	Web issues – Other
53	Web issues – Reset case
60	Questions about the survey (FAQs)
80	None of the above (general comment)

If any changes were needed to the ATAC TQA instrument based on comments received from interviewers, the survey team coordinated programming updates. All updates to procedures were communicated to the TQA interviewers. Incoming call volumes were also monitored throughout data collection and interviewer schedules were adjusted accordingly.

Email Questionnaire Assistance (EQA)

In addition to the toll-free telephone line, respondents were able to interact with Census Bureau staff via email. An email address (childrenshealth@census.gov) was listed on all invitation letters and on the Centurion login page. Emails were answered by survey operations staff at Census Headquarters. Staff checked the email inbox daily and replied to respondents' messages within 2 business days when possible. If an email could be associated with a specific case (by address or case control number), based on the email purpose and outcome, a purpose code could be assigned to the relevant case (see Table 2. TQA Purpose Codes used in ATAC System).

EQA staff employed scripted responses for common concerns and questions. These scripts ensured consistent and accurate information. When replying to the messages, agents removed any information in the response email that could be considered personally identifiable (e.g., address, phone number, name). EQA staff directed respondents to call the TQA help line for assistance when their question or concern could not be resolved by email.

Spanish Language Translation

The NSCH paper and web instruments were available in both English and Spanish. The Census Bureau reviewed and verified text from the 2024 Spanish-language questionnaires and provided new translations where necessary for the 2025 questionnaires. Respondents could request a Spanish-language questionnaire by calling TQA. Spanish-speaking respondents that called the TQA line were placed in a Spanish-language calling queue; a trained Spanish-language agent then answered any questions or administered the Spanish-language web instrument over the phone. Approximately 40 interviews were conducted using the Spanish-language web instrument by a trained Spanish-language agent.

If a Spanish paper questionnaire was requested, the agent flagged the case and informed the respondent that a questionnaire would arrive in the mail within three weeks. If a respondent returned a Spanish-language paper screener questionnaire indicating the presence of children in the household, the appropriate Spanish-language topical questionnaire was subsequently mailed to the household. The web instrument included a toggle on every page that allowed respondents to switch between the English and Spanish-language versions of the instrument.

Treatments

Respondent contact strategies and letters were carefully designed to capture the attention of the respondent and pique interest in the subject matter. A range of treatments were deployed to increase response and minimize nonresponse bias. The 2025 NSCH treatments were:

- Screener Cash Incentives
- Mixed Mode (High Paper) vs. Web-Push (High Web)
- Web Partial Follow-up using FedEx or USPS with visible incentive
- Topical Cash Incentives, FedEx Delivery

Screener Cash Incentives

In the initial mailing for screener questionnaires, 90% of the sample received a $5 bill as an incentive to complete the survey. The other 10% of the sample did not receive an incentive and represented the control group for monitoring the effectiveness of the incentive treatments.

Mixed Mode (High Paper) vs. Web-Push (High Web)

The High Paper treatment group was composed of the 30% of addresses identified as having the highest probability of responding by paper only and were contacted using a mixed-mode strategy. These addresses received a paper screener questionnaire and an invitation to respond by web in the first contact. The remaining 70% of addresses (High Web) were contacted using a web-push strategy. These addresses were mailed only the invitation to respond by web in the first and second contact attempts. More information about the mailout schedule is included in the Data Collection section.

To assign the High Paper treatment, we first model historical NSCH response on Block Group characteristics (tenure, vacancy, education, employment, age, etc.) to estimate response probabilities by Block Group and survey stratum, with and without the High Paper treatment. We then assign those probabilities to sampled addresses. Addresses with the highest marginal response probability with the High Paper treatment (i.e., the largest difference in response probability with versus without the High Paper treatment) are assigned to the High Paper treatment group. We then assign a swap group (cases in the High Paper treatment and control group are swapped) to facilitate continuing evaluation.

Web Partial Follow-up

The web partial follow-up was a new treatment introduced with the 2024 NSCH. For the final screener mailing (the third nonresponse follow-up), households with children that had started but not completed the survey online were mailed a tailored package designed to encourage these households to complete the survey. The package included a web invitation and a $5 incentive; it was delivered by FedEx. In 2025, this treatment was modified to test a visible incentive. The USPS envelope was designed with a cutout and transparent covered window so the included cash incentive was visible inside the fully sealed envelope. Approximately half of web partial follow-up households received their materials from FedEx and the other half from USPS with the visible incentive.

Topical Cash Incentives, FedEx Delivery

Among those households that were mailed a paper topical questionnaire (approximately 10,000 households), the initial mailed invitations were mailed via FedEx and included a $5 cash incentive. In the

2022 NSCH, a $10 incentive was tested to encourage paper topical response. Based on that test, it was determined that FedEx delivery was a more effective treatment to encourage paper topical response.

To compensate for the impact of the 2025 lapse in federal appropriations that closed survey operations in October and November of that year, an additional $5 topical incentive was included for some households included in that mailing (topical groups C, E and F). See Mailing Contents and Schedule for additional details.

Mailing Contents and Schedule

Data collection for the 2025 NSCH involved a series of mailings and nonresponse follow-up activities, emphasizing questionnaire completion. Mailouts began June 20, 2025 and continued until the survey closeout on March 6, 2026. Contact materials and strategy were designed to maximize response across the two available response modes, mail-out-mail-back paper questionnaire and web. As such, mailings took several forms:

- **Web invitation:** A letter to the respondent with their web login information. The letter was folded into a business class envelope (4 ⅛ in. x 9 ½ in.). With the initial mailing, 90% of web invitations also included a $5 cash incentive.
- **Paper invitation (screener):** A letter to the respondent with web login information, a paper screener questionnaire, and a postage-paid return envelope. These materials were packaged in a USPS flat mail envelope (11 ½ in. x 9 in.). With the initial mailing, 90% of paper invitations also included a $5 cash incentive that was held by glue dot to an incentive flier (8 ½ in x 11 in. sheet of yellow paper).
- **Paper invitation (topical):** A letter to the respondent, a paper topical questionnaire, and a postage-paid return envelope. With the initial topical mailing, the paper invitation was mailed via FedEx and included a $5 cash incentive that was held by glue dot to the same incentive flier as was used in the initial paper screener incentivized mailing. Subsequent topical paper invitations were mailed in a USPS flat mail envelope (11 ½ in. x 9 in.) and did not include an incentive.[17]
- **Pressure sealed postcard:** A single-sheet letter with respondent login information that was folded in half and pressure sealed so that the contents within remained secure. The pressure sealed postcard encouraging survey participation was mailed approximately one week after some web or paper invitations (see Table 3. Production Mailout Schedule for details).
- **Web partial follow-up:** A specialized follow-up mailing to households that had started but not completed the web version of the survey. The web survey follow-up was similar to the incentivized

[17] Topical groups C, E, and F also received a follow-up topical paper invitation with an incentive in topical mailing 9. Packages to groups C and E were mailed via FedEx; packages to group F were mailed via USPS. This adjustment was made to compensate for the impact of the federal government shutdown on the mailout schedule, the planned mailing count, and survey response.

web invitation, but it was mailed in a FedEx envelope or a USPS business class envelope (4 ⅛ in. x 9 ½ in.) with a transparent covered window that made the cash incentive visible.

The production mailing schedule for the 2025 NSCH in Table 3 includes these screener and topical mailings. Households received up to seven screener mailings: five web or paper invitations and two pressured sealed postcards. [18] After returning a paper screener with rostered children, a household received up to five topical mailings: four paper invitations and one pressured sealed postcard. These households were organized into eight topical mailing groups (A – G and I below) based on when the paper screener was returned. [19]

Table 3. Production Mailout Schedule

Date	Event
June 20, 2025	Initial Screener Mailing, Web Invitation: High Web ($5 incentive to 90% of households)
June 20, 2025	Initial Screener Mailing, Paper Invitation: High Paper ($5 incentive to 90% of households)
June 30, 2025	1st Pressure Sealed Postcard (Screener): High Web and High Paper
July 18, 2025	1st Screener Follow-Up, Web Invitation: High Web
July 28-August 6, 2025	1st Screener Follow-Up, Paper Invitation: High Paper
July 28, 2025	2nd Pressure Sealed Postcard (Screener): High Web (10% of households)
August 7, 2025	2nd Pressure Sealed Postcard (Screener): High Paper (10% of households)
August 8, 2025	Topical Mailing 1: Group A
August 15, 2025	Topical Pressure Sealed Postcard: Group A
August 25-28, 2025	2nd Screener Follow-Up, Paper Invitation: High Web
August 22, 2025	Topical Mailing 2: Group B
August 29, 2025	Topical Pressure Sealed Postcard: Group B
September 2-3, 2025	2nd Screener Follow-Up, Paper Invitation: High Paper
September 5, 2025	Topical Mailing 3: Groups A and C

[18] Addresses stopped receiving mailings if the residents submitted a web survey, returned a complete paper screener, explicitly refused to participate, or if the address was out-of-scope (i.e., not an occupied residence). The address also received fewer mailings if the USPS determined the address to be undeliverable as addressed.

[19] Mailed paper screener returns were received but not processed between October 1 and November 12, and topical mailings 5 and later were delayed six weeks from their original schedule. As a result, paper screener returns that would have been processed and organized into groups G, H and I were all assigned to group G; group H became redundant. The initial (and only) mailing to topical group I was delayed so that paper screeners returned after the government shutdown could be processed and contacted.

Date	Event
September 8, 2025	3rd Pressure Sealed Postcard (Screener): High Web (90% of households)
September 11, 2025	3rd Pressure Sealed Postcard (Screener): High Paper (90% of households)
September 12, 2025	Topical Pressure Sealed Postcard: Group C
September 23-29, 2025	3rd Screener Follow-Up, Paper Invitation: High Web
September 19, 2025	Topical Mailing 4: Groups B and D
September 26, 2025	Topical Pressure Sealed Postcard: Group D
September 30, 2025	3rd Screener Follow-Up, Paper Invitation: High Paper
Mailing Activity Halted Due to Lapse in Federal Appropriations, October 1 to November 12	
November 19-20, 2025	Topical Mailing 5: Groups A, C and E
November 26, 2025	Topical Pressure Sealed Postcard: Group E
December 4, 2025	Web Partial Follow-Up
December 10, 2025	Topical Mailing 6: Groups B, D, and F
December 15, 2025	Topical Pressure Sealed Postcard: Group F
December 18, 2026	4th Screener Follow-Up, Web Invitation: Stratum 1
December 22, 2025	Topical Mailing 7: Groups A, C, E, and G
December 29, 2025	Topical Pressure Sealed Postcard: Group G
January 6, 2026	Topical Mailing 8: Groups B, D, and F
January 22, 2026	Topical Mailing 9: Groups C, E, F, G, and I
January 27, 2026	Topical Pressure Sealed Postcard: Group I
March 6, 2026	Survey Closeout

Screener Mailing Strategy

Before mailing, households were assigned to one of two mailing strategies, High Paper or High Web. The assignments were made to maximize survey response based on the address-level probability that each mailing strategy would result in a complete interview. High Web households received up to two web invitations and two paper invitations, while High Paper households received up to four paper invitations. Households remained in their mode assignment (High Paper or High Web) unless a High Web household requested a paper questionnaire before the first follow-up mailing. Ninety percent of households in the High Web and High Paper groups received a $5 cash incentive with the initial web or paper invitation. Following the federal government shutdown and resumption of data collection activities, an additional web invitation was added to the mail schedule for nonresponding Stratum 1 households in both treatment groups to help offset the impact of the shutdown on survey response.

High Web and High Paper households received a pressure sealed postcard after the initial screener mailing and a follow-up mailing. Ten percent of households that received the first screener follow-up also received a pressure sealed postcard one week later. Households that received a second screener follow-up and did not receive a second pressure sealed postcard previously received a pressure sealed postcard one week after the second screener follow-up.

As part of the third screener follow-up, the web partial follow-up treatment identified households with children that had started but not completed the survey online; they were mailed a tailored package, including a $5 cash incentive, designed to encourage these households to complete the survey. The web partial follow-up did not include a paper screener questionnaire.

Topical Questionnaire

The topical questionnaires were only sent to households that returned a complete paper screener questionnaire, had eligible children in the household, and had not submitted a questionnaire by web.

There were 9 pre-determined mailing dates (1-9) for topical questionnaires. When respondents returned a complete paper screener, they were assigned to the next planned mailing date's initial mailing group (A-G and I; see Table 4). The initial mailing for each group was sent via FedEx and included a $5 cash incentive. There were up to three attempts for nonresponse follow-up depending on the respondent's group assignment. The number of follow-up mailings was constrained by the data collection window, with later groups receiving fewer attempts; groups A-C received three follow-ups, groups D-F received two, group G received one, and group I did not receive follow-up mailings. Follow-up mailings were sent via USPS and did not include an incentive. All topical mailings included a paper topical questionnaire.

Postcard reminders were mailed approximately one week after the initial mailing for that household.

Table 4. Topical Mailings and Topical Mailing Groups

Mailing	Initial	1st Follow-up	2nd Follow-up	3rd Follow-up
Mailing 1	Group A			
Mailing 2	Group B			
Mailing 3	Group C	Group A		
Mailing 4	Group D	Group B		
Mailing 5	Group E	Group C	Group A	
Mailing 6	Group F	Group D	Group B	
Mailing 7	Group G	Group E	Group C	Group A
Mailing 8		Group F	Group D	Group B
Mailing 9	Group I	Group G	Group E, F	Group C

Response Analysis

Response Rates

Table 5 provides a summary of the survey completion counts. Approximately 108,000 households completed a screener portion of the survey. Of those, 56,000 rostered eligible children.

Complete and sufficient partial topical questionnaires are included on the Topical Public Use File. Of the 56,000 screened households with children, 45,139 returned a complete or sufficient partial topical survey. In 2025, 88.6% of respondents completed the survey using the web instrument and 11.4% of respondents completed the survey using the paper instruments.

Table 5. 2025 Final Dispositions (Unweighted)

Final Disposition	Count
Total Cases	360,000 [a]
Occupied Households (Estimated)	292,000 [a]
Households with Children (Estimated)	176,000 [a]
Completed Screeners	108,000 [a]
Screeners with Children	56,000 [a]
Completed Topicals	45,139

[a] Rounded to the nearest thousand

For the purposes of calculating response rates, all sampled addresses were assigned screener and topical outcomes codes. These outcomes can be summarized as not eligible, eligible but not complete, complete or eligibility unknown.

For some addresses, there was not sufficient correspondence to determine if the address was eligible to complete the screener or topical questionnaires. These addresses were classified as unresolved. Among these addresses, we estimated the share that were occupied residences using the Household Rate, which is the proportion of resolved addresses that are occupied residences.[20] We also estimated the Child Rate, which is the share of those households that include children, based on the proportion of households that had children by state and stratum in the American Community Survey (ACS) sampling audit.[21] The product of the Household Rate and Child Rate is the Eligibility Rate (e), the estimated proportion of unresolved addresses that are households with children. Using this approach, we estimate

[20] Specifically, we used the midpoint between the Household Rate including undeliverable addresses (the proportion of all resolved addresses that are occupied residences) and the Household Rate excluding undeliverable addresses (UAAs) by state and stratum. Because UAAs are identified by the U. S. Postal Service, it is assumed that UAAs are identified at a higher rate than other noneligible addresses (businesses, vacant residences, etc.) that must be self-identified. The midpoint assumes that there are some UAAs still unresolved but at a lower rate than they appear among the resolved addresses.

[21] See *Frame, Sample, and Selected Child Subsample*, page 5.

that 84.9% (weighted) of unresolved addresses were households, and 44.5% (weighted) of those were households with children.

$$e = Household\ Rate * Child\ Rate$$

Three different response rates were calculated based on the estimated proportion of eligible addresses that completed the screener and topical questionnaires. Definitions of completion and the calculation of these three response rates are detailed below.

Interview Completion Rate and Overall Response Rate

The Interview Completion Rate (ICR) and Overall Response Rate (ORR) account for the multi-stage design of the NSCH. They are the products of two (for ICR) or three (for ORR) response rate metrics that are each consistent with AAPOR standards. [22]

The ICR is the probability that a ***household*** that initiates the survey will complete the screener and, if applicable, the topical portions of the survey. It is calculated as the product of the Screener Conversion Rate and the Topical Conversion Rate. The Screener Conversion Rate is the percent of resolved households [23] that complete the screener, and the Topical Conversion Rate is the percent of screened households with children that complete the topical interview.

$$ICR = Screener\ Conversion\ Rate * Topical\ Conversion\ Rate$$

The ORR is the probability that an ***address*** progresses through all three major stages of survey completion – resolution, screener, and topical questionnaire.

$$ORR = Resolution\ Rate * Screener\ Conversion\ Rate * Topical\ Conversion\ Rate$$

The Resolution Rate is the proportion of addresses that are resolved, i.e., returned sufficient information to determine if the address represents a household. In 2025, the weighted Resolution Rate was 45.0%.

$$Resolution\ Rate = \frac{Resolved\ Addresses}{Total\ Addresses}$$

Table 6 lists the weighted rate for each of the response metrics discussed above. A breakdown of the response rates by state is provided in Attachment C.

Table 6. 2025 NSCH Weighted Response Rates

Metric	Rate
Resolution Rate	45.0%

[22] The American Association for Public Opinion Research. 2016. Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 9th edition. AAPOR.

[23] A resolved household is one that provides sufficient information to determine that the address represents a household (not a business, vacant property, undeliverable mailing address, etc.). Addresses can be resolved from USPS delivery reports, telephone or email questionnaire assistance, or providing responses on the screener questionnaire.

Screener Conversion Rate	98.4%
Topical Conversion Rate	78.4%
Interview Completion Rate	77.1%
Overall Response Rate	34.7%

Item-Level Response

The item-level response rate is the proportion of item-eligible respondents that provided a valid answer to a particular item. Many items were applicable to a subset of survey respondents only; for example, some questions were applicable to children in a specific age range. In that case, the denominator for the item-level response rate is the count of children in the eligible age range, and the numerator is the count of those children with valid responses.

In some cases, it is uncertain if the child was eligible for an item due to nonresponse on a preceding item. For example, before asking about the severity of certain conditions, we ask if the child currently has the condition. The severity item is applicable if the child currently has the condition, and it is not applicable if the child does not currently have the condition. If the respondent skips the current condition filter item, we cannot know definitively if the severity item is applicable or not.

We account for this situation in the item-level response rate by assigning eligibility to cases with unknown eligibility equal to the proportion of cases that were eligible when eligibility was known. For example, if 10% of respondents reported that the child did have the condition currently, and so were eligible for the severity follow-up question, the denominator for the severity item response rate becomes

$$\#\ Eligible + (\#\ Eligibility\ Unknown\ *\ .1)$$

Across all survey items, more than 98% of response opportunities produced a valid response. Items that require a write-in response, that require respondents to follow a skip pattern, and are near the end of the survey tend to have higher nonresponse. Table 7 lists the 20 variables with the lowest item-level response rates. The list predominantly reflects items that are on-path for few respondents (e.g., HEMOPHILIA), items that require a write-in response (e.g., K2Q35A_1_YEARS), items near the end of the survey (e.g., A2 items), and sensitive items (e.g., ACE items).[24]

Table 7. Lowest Item-Level Response Rates

Variable	Description	Response Rate among Eligible	% Eligible
FASD_YEARS	FASD How Old - Age in Years	70.3%	0.2%

[24] This table does not include the six poverty status implicates (FPL_I1-FPL_I6). Values for these items are derived from several survey items, and partial responses are used to inform the multiple imputation. For comparison, 20% of respondents do not provide sufficient information to deduce the poverty status from survey responses alone. These cases are identified with FPL_IF.

HEMOPHILIA	Blood Disorder Hemophilia	86.3%	0.6%
SICKLECELL	Blood Disorder Sickle Cell	87.0%	0.6%
BLOOD_SCREEN	Blood Disorder Newborn Screening	87.3%	0.6%
THALASSEMIA	Blood Disorder Thalassemia	87.4%	0.6%
K2Q35A_1_YEARS	Autism ASD - First Told Age in Years	90.9%	4.7%
BLOOD_OTHER	Blood Disorder Other	92.2%	0.6%
DIABETES_DESC	Diabetes Severity Description	95.1%	0.1%
SSIDISABILITY	Receive SSI for Disability	95.1%	2.4%
SPCSERVMO	Received Special Services - Age in Months	95.3%	19.5%
K4Q37	Received Special Services - Age in Years	95.3%	19.5%
A2_BORN	Adult 2 - Where Born	95.5%	85.6%
A2_DEPLSTAT	Adult 2 - Deployment Status	95.6%	5.3%
ACE8	Child Experienced - Lived with Mentally Ill	95.7%	100.0%
BMICLASS	Body Mass Index, Percentile	95.7%	73.2%
A2_MARITAL	Adult 2 - Marital Status	95.8%	85.6%
STRENGTHS	Facing Problems - How Often Draw on Strengths	95.8%	100.0%
ACE9	Child Experienced - Lived with Person with Alcohol/Drug Problem	95.8%	100.0%
WKTOSOLVE	Facing Problems - How Often Work Together	95.8%	100.0%

Treatment Groups and Response

This section reviews response patterns based on the following treatment group assignments:

- Screener ($5) Cash Incentive versus Control (No Incentive)
- Pressure Sealed Postcard Timing, 1st Versus 2nd Screener Follow-up
- Web Partial Follow-up, FedEx versus Visible Incentive

Screener Cash Incentives

In the initial mailing for screener questionnaires, 90% of the sample received a $5 bill as an incentive to complete the survey.

The unconditional cash incentives are included with the initial invitation to encourage households to respond. The results of the intervention are reported in Table 8. Eligible households that received a $5 incentive were more likely to complete the Screener and Topical questionnaires than households that received no incentive. Extrapolating from the results below and the estimate in Table 5 that the 2025 sample included 176,000 households with children, we estimate that 8,500 fewer households would have completed the topical questionnaire if we did not use screener incentives.

Table 8. Data Collection Costs and Completed Questionnaires by Screener Incentive

Screener Cash Incentive Group	Average Cost per Completed Screener	Percent of Eligible Households that Completed a Screener	Average Cost per Completed Topical	Percent of Eligible Households that Completed a Topical
Total	$35.27	37.0%	$90.77	25.7%
No Incentive	$25.36	31.7%	$70.68	20.9%
$5 Incentive	$36.19	37.6%	$92.54	26.2%

Pressure Sealed Postcard Timing

Reflecting operational necessities and not a planned test, only 10% of addresses received a pressure sealed postcard one week after the first screener follow-up (control group). The remaining 90%, if they were still nonresponsive for the second screener follow-up mailing, were mailed a pressure sealed postcard after the second screener follow-up (test group). Addresses were randomly assigned to the control and test groups. This offered an opportunity to test the impact of timing when using the pressure sealed postcard.

To that end, we consider two metrics. First, did the postcard timing affect overall survey response? No. Screener response was not statistically different between the groups (18.6% versus 18.5%). That being the case, which approach was less costly? The test group used 8% fewer postcards by mailing them with the second screener follow-up. The control group mailed fewer of the more expensive paper invitations in the second and third screener follow-ups (91.9% versus 91.5% and 84.6% versus 82.1% of the original treatment groups, respectively). Combined, the difference in overall cost per case between the two treatments is negligible.

Table 9. Pressure Sealed Postcard Timing Test

Pressure Sealed Reminder Group	Sample	Included in the Second Follow-up	Included in the Third Follow-up	Screener Completes
Control (1st screener follow-up)	29,500	91.5%	82.1%	18.6%
Test (2nd screener follow-up)	266,000	91.9%	84.6%	18.5%

Web Partial Follow-up

The web partial follow-up was introduced with the 2024 NSCH. It is a targeted mailing near the end of data collection designed to encourage households that have started but not completed a web interview to do so. In 2024, these households received a mailing in a FedEx envelope, with a $5 cash incentive, and a letter with the web login information. The intervention was successful, significantly boosting response over the same group in 2023. But it was costly.

We designed a test for the 2025 NSCH with the goal of mitigating the cost of the web partial follow-up. From the eligible households (about 10,000), 50% were randomly assigned to receive their materials in a USPS business class envelope with a transparent covered window that made the $5 cash incentive

visible from the outside. While we anticipated lower response from the USPS group – FedEx use with the NSCH has consistently been associated with significant response gains – using USPS in place of FedEx reduced the cost of the follow-up by almost 50%.

The 2025 web partial follow-up test, scheduled to begin on October 1, 2025, was delayed two months by the federal government shutdown. The delay was a major setback for an intervention specifically designed to encourage action from partial respondents. Therefore, we consider these results to be incomplete, with additional testing planned for the 2026 NSCH.

That said, response from the FedEx group was higher than from the USPS group, 33.3% to 30.0%. But the cost per case for the FedEx treatment was more than 2.5 times that of the USPS treatment, and the cost per completed topical was more than 2.3 times ($46.87 to $19.66). Because testing is incomplete, we are not prepared to draw conclusions from these results other than to say that there does seem to be merit in using USPS with the web partial follow-up.

Table 10. Web Partial Follow-Up, FedEx versus Visible Incentive

Treatment for Final Screener Follow-up	Sample	Topical Completion Rate	Cost per Topical Completion
FedEx	5,000	33.3%	$46.87
USPS	5,000	30.0%	$19.66

Data Processing

Data were processed and edited to ensure data quality and respondent confidentiality.

Unduplication

The 2025 National Survey of Children's Health allowed two primary modes for completing the survey, a web-based questionnaire (web) and a pen-and-paper questionnaire received and returned by mail (paper). In some cases, respondents utilized both options. Also, additional paper questionnaires were included in nonresponse follow-up mailings, so it was also possible for a household to return more than one paper questionnaire. To account for these situations, an unduplication hierarchy was developed (see Table 11). Within each step in the hierarchy, web was prioritized over paper, and paper was prioritized by date of receipt (earlier over later). For example, a complete interview was selected over a partial interview regardless of mode; if two complete interviews were returned from a single household (one by web, one by paper), the web interview was selected.

Table 11. Unduplication Criteria for Web and Paper Returns

Order Chosen	Type of Return
1	Complete interview, household with children
2	Partial interview, household with children
3	Complete interview, household without children
4	Topical ineligible, household with children (e.g., selected child is deceased)
5	Topical refusal, household with children
6	Screener refusal, household with children (i.e., household reports children are present but does not roster children for subsampling)
7	Screener ineligible (i.e., not a residential address)
8	Screener refusal, other (i.e., household does provide sufficient information to determine if children are present)

Paper to Web Standardization

Responses were standardized across web and paper so they could be appended in a single data file. Although survey questions had the same valid values for the paper and web instruments, sometimes the values output for the paper questionnaire did not match the output from the web survey instrument. For instance, any questions that included a list of checkboxes where the respondent was instructed to "*Mark (X) ONE box*" differed between paper and web. The web instrument had the ability to prevent the selection of more than one checkbox via a radio button, whereas a paper respondent could mark more than one box even if the question explicitly said not to. Since all data from the paper instruments is captured for processing, each of the response option checkboxes have their own associated output variable. Therefore, prior to appending web and paper responses into a single data file, paper responses were reformatted to the proper valid values.

Data Edits

The 2025 NSCH raw output was processed to manage inconsistent and invalid responses in nine sequential steps:

- *Stop Process Edit*. A case is removed from the data file if the case fails address verification (the respondent indicates that their address does not match the address on file), the respondent indicates that there are no children in the household, or the respondent does not complete a screener for a household with children. The cases are not eligible to be included on a NSCH data file so they are removed from processing.

- *Not in Universe Edit*. An item is not in universe if it is not included on the survey instrument the respondent received. Some items are specific to a version of the topical instrument, T1, T2, or T3. The value for an item that is not in universe is set to '.N'.

- *Range Edit.* If a value falls outside the bounds of a defined minimum and maximum for that item, the value is replaced with an indicator that the response is missing. The minimum and maximum are selected to represent a reasonable range of possible responses to the item.

- *Backfill Edit.* The backfill edit imputes values to some items based on responses to subsequent items that necessarily indicate the correct response to the edited item. Backfill edits apply almost exclusively to paper questionnaires, which cannot prevent a respondent from skipping a root item but answering follow-up questions. For example, INCWAGES is a binary item that filters respondents on whether the family did (INCWAGES=1) or did not (INCWAGES=2) receive wage or salary income. If a respondent does not answer INCWAGES, but provides a valid and non-zero value for INCWAGES_AMT, the dollar amount of wage and salary income, then it is necessarily correct that INCWAGES=1.

- *Yes/No Edit.* The NSCH includes several series that ask respondents to select all applicable items from a list. These series may or may not allow the respondent to answer in the negative, indicating that the item is not applicable. In most cases, if a respondent answers in the affirmative (=1) to at least one item in the series, it is assumed that all other items in the series do not apply (=2) unless otherwise noted. If a respondent is only able to respond in the affirmative, and the items in the series are not comprehensive (e.g., they do not include an "Other" option), then it is assumed that all unanswered items do not apply (=2) without imposing the requirement that at least one item is answered in the affirmative.

- *Consistency Edit.* If responses to two items in the survey are fundamentally inconsistent, one response is maintained and the other is removed and changed to missing. Most consistency edits require that a child does not experience a life event at an age greater than their current age. Because the instrument generally trends from more general, fundamental information to more specific, priority is given to the item that appears first in the instrument when an inconsistency arises.

- *Legitimate Skip Edit.* Unlike the 'Not in Universe Edit', the legitimate skip edit applies to items that are on the respondent's instrument, but not on path. The value for an item that is in universe but not on path is set to '.L'.

- *Missing in Error Edit.* If an item is in universe (does not equal .N), is on path (does not equal .L), but does not hold a valid value, that item is missing in error, identified as '.M'.

- *Disclosure Edit.* Some survey responses, if published, could compromise a respondent's confidentiality. Disclosure edits involve removing entire items (e.g., child's name) or suppressing rare or unique values (e.g., top codes on the family poverty ratio). Suppressed values are identified as .D on the public-use data files. Census disclosure avoidance standards make

reference to weighted and unweighted cell counts (i.e., the number of children with a characteristic or set of characteristics), the size of the underlying population (e.g., the number of children in Kentucky Metropolitan Statistical Areas), and the existence of outside data sources that could be matched to the NSCH (e.g., a registry of children diagnosed with Cerebral Palsy).

Edits were applied in two stages. In the first stage, edits for screener items were applied to completed screeners with children. When these edits were completed, cases that did not return a completed topical were removed from edits, and the second stage edits to topical items were applied.

Recoded and Standardized Variables

Standardized Variables

Several questions on the 2025 NSCH allowed respondents to provide an answer using more than one unit (e.g., years and months) and to choose from two systems of units (e.g., imperial or metric). In these cases, we provide standardized variables that convert responses across units and systems to a single unit. See Table 12 for a list and description of these variables.

Table 12. Standardized Variables

Variable	Description	Units
BIRTHWT_OZ_S	Child birth weight	Ounces
BREASTFEDEND_DAY_S	Stopped breastfeeding	Days
BREASTFEDEND_WK_S	Stopped breastfeeding	Weeks
BREASTFEDEND_MO_S	Stopped breastfeeding	Months
FRSTFORMULA_DAY_S	First fed formula	Days
FRSTFORMULA_WK_S	First fed formula	Weeks
FRSTFORMULA_MO_S	First fed formula	Months
FRSTSOLIDS_DAY_S	First fed solids	Days
FRSTSOLIDS_WK_S	First fed solids	Weeks
FRSTSOLIDS_MO_S	First fed solids	Months
HEIGHT	Current height	Centimeters
WEIGHT	Current weight	Kilograms

Derived and Recoded Variables

A number of variables on the public use data files are derived from a set of items on the survey or a recoded version of a single item. These variables are listed in Table 13.

Table 13. Derived and Recoded Variables

Variable	Description	Derived from
AGEPOS4	Birth position of the selected child relative to other children in household	C_AGE_YEARS C_AGE_MONTHS
TOTMALE	Count of male children in household	C_SEX
TOTFEMALE	Count of female children in household	C_SEX
C_CSHCN	Special Health Care Needs (SHCN) status	C_K2Q10 - C_K2Q23
SC_CSHCN	SHCN status of selected child	C_CSHCN
TOTCSHCN	Count of children with SHCN	CSHCN
TOTNONSHCN	Count of children that do not have SHCN	C_K2Q10 - C_K2Q23
TOTAGE_0_5	Count of children 0 to 5 years old in household	C_AGE_YEARS
TOTAGE_6_11	Count of children 6 to 11 years old in household	C_AGE_YEARS
TOTAGE_12_17	Count of children 12 to 17 years old in household	C_AGE_YEARS
SC_AGE_LT4	Age of selected child (less than 4 months)	SC_AGE_YEARS SC_AGE_MONTHS
SC_AGE_LT6	Age of selected child (less than 6 months)	SC_AGE_YEARS SC_AGE_MONTHS
SC_AGE_LT9	Age of selected child (less than 9 months)	SC_AGE_YEARS SC_AGE_MONTHS
SC_AGE_LT10	Age of selected child (less than 10 months)	SC_AGE_YEARS SC_AGE_MONTHS
C_RACER	Race of child	C_RACE_R
C_HISPANIC_R	Hispanic origin	C_HISPANIC
SC_RACER	Race of selected child	SC_RACE_R
SC_HISPANIC_R	Hispanic origin of selected child	SC_HISPANIC
HOUSE_GEN	Parental nativity	BORNUSA A1_RELATION A1_BORN A2_RELATION A2_BORN
FAMILY_R	Family structure	A1_RELATION A2_RELATION A1_MARITAL A2_MARITAL A1_SEX A2_SEX

Variable	Description	Derived from
CURRINS	Current health insurance coverage status	K3Q04_R CURRCOV K12Q03, K12Q04, K12Q12, TRICARE, HCCOVOTH, K11Q03R
INSTYPE	Type of insurance	CURRINS K12Q03, K12Q04, K12Q12, TRICARE, HCCOVOTH, K11Q03R
INSGAP	Health insurance coverage over the past 12 months	K3Q04_R, CURRINS
FPL_I1-FPL_I6	Family poverty ratio	A1_RELATION, A2_RELATION, FAMCOUNT, TOTKIDS_R, TOTINCOME
HIGRADE	Highest level of education for reported adults (three categories)	A1_GRADE A2_GRADE
HIGRADE_TVIS	Highest level of education for reported adults (four categories)	A1_GRADE A2_GRADE
BIRTHWT	Birth weight status	BIRTHWT_OZ_S
BIRTHWT_L	Low birth weight (<2500g)	BIRTHWT_OZ_S
BIRTHWT_VL	Very low birth weight (<1500g)	BIRTHWT_OZ_S
BMICLASS	Body Mass Index	WEIGHT_* HEIGHT_*

Specifications of Select Derived Variables

The 2025 NSCH reports several derived variables that include information on the child's family status. This includes Family Poverty Level/Ratio (FPL), Household Nativity (HOUSE_GEN), and Family Structure (FAMILY_R).

- *Family Poverty Ratio (FPL)* - The family poverty ratio is calculated as the ratio of total family income to the family poverty threshold and reported as a rounded percentage. Respondents reported total family income in item K4 on the paper instrument: "The following question is about your 2024 income. Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount before taxes?" Additional text instructed respondents to include all money incomes, for example, social security, dividends, and child support. Responses to K4 were edited for consistency against answers in K3, a series of questions about specific sources of income. Finally, missing or invalid responses were replaced with multiply imputed values.

The family poverty threshold is derived from the Census Bureau's poverty thresholds used for official poverty rate statistics. Thresholds vary by family size and the number of related children under 18 years old. They do not vary across geographies unlike the Health and Human Services poverty guidelines used for program eligibility (loosely referred to as the "federal poverty level"). Family size was reported in K2 of the paper instrument. Missing or invalid values were imputed. The number of related children was determined by the number of children reported in the screener.

To protect the confidentiality of respondents, only FPL is reported in the Public Use File; total family income and the family poverty threshold are not included. Further, FPL is top and bottom coded. Reported values range from 50 (total family income is 50% of the family poverty threshold) to 400 (total family income is 400% of the family poverty threshold). Values beyond this range are reported as 50 or 400, respectively.

- *Household Nativity (HOUSE_GEN)* - Household nativity is determined by the birth location of the child (BORNUSA) and parents (A1_BORN and A2_BORN). If the child was born outside of the U.S. and all reported parents were born outside of the U.S., the household is reported as a 1st generation household. Second generation households have members born both inside and outside of the U.S. For example, the child was born in the U.S. and at least one parent was born outside of the U.S., or the child was born outside of the U.S. and one of two parents was born in the U.S. Finally, in 3rd+ generation households, all parents were born in the U.S. The fourth category, "Other", captures households with insufficient information about the nativity of the parents.

- *Family Structure (FAMILY_R)* - A family structure variable uses the reported information on the child's primary caregivers to organize households into common types. Notably, the NSCH collects information on only two adults in the household and requires only that the two adults be primary caregivers of the child. As a result, in multigenerational households, this can mean that a biological, adoptive, or stepparent is not reported.

  Further, respondents do not report their relationship to other adult members of the household, only to the child; consequently, we may know that the two reported adults are married, but we do not know if they are married to each other. Instead of making assumptions about the relationship of the reported adults with each other, the family structure variable depends only on the number of adults, their relationship to the child, and their individual marital statuses. For example, a reported value of 1 for FAMILY means that the two reported adults are biological/adoptive parents of the child and they are currently married; one may assume that they are married to each other, but in some cases that will not be true.

Two family structure categories (FAMILY_R=5 and 6) are also defined by the sex of the respondent. In these cases, it is specified that the responding caregiver is female (5) or male (6) and that no other parents (biological, adoptive, or step) are in the household.

The 2025 NSCH reports several variables that include information on the child's health insurance status and insurance type. We strongly recommend that data users interested in current health insurance status and insurance type use the derived variables CURRINS (Currently Insured), INSGAP (Gaps in Coverage), and INSTYPE (Insurance Type) in their analyses.

- *Currently Covered (CURRINS)* - CURRINS is derived primarily from the respondent-reported values in K3Q04_R (Health Insurance Coverage – Past 12 Months) and CURRCOV (Health Insurance Coverage – Currently Covered). We indicate that the child is currently insured (CURRINS=1) if the respondent reported that the child had coverage for all of the last 12 months (K3Q04_R=1) or reported that the child is currently covered (CURRCOV=1), but with an important caveat. If the respondent reported that the child is currently insured but reported only Indian Health Service or health care sharing ministry as the type of coverage, we indicate that the child does not have current insurance coverage (CURRINS=2). Consequently, a respondent may report that a child is insured, but we consider that the child is not insured.

- *Gaps in Coverage (INSGAP)* - INSGAP is derived primarily from the respondent reported values in K3Q04_R (Health Insurance Coverage – Past 12 Months) and CURRCOV (Health Insurance Coverage – Currently Covered). We indicate that the child had consistent coverage (INSGAP=1) if the respondent reported that the child had coverage for all of the last 12 months (K3Q04_R=1) but with an important caveat. If the respondent reported that the child is currently insured but reported only Indian Health Service or health care sharing ministry as the type of coverage, we indicate that information as to the consistency of the child's coverage is missing (INSGAP=.M).

- *Insurance Type (INSTYPE)* - INSTYPE is derived from CURRINS (Currently Insured) and respondent answers to questions on the coverage type: K12Q03 (Current/Former Employer or Union), K12Q04 (Directly Purchased), K12Q12 (Government Assistance Plan), TRICARE (TRICARE or other military health care), K11Q03 (Indian Health Service), and HCCOVOTH_WRITEIN (Other Type, Write-in). Any insurance reported as coming from an employer or union, directly purchased, TRICARE or other military health care, or the Affordable Care Act is considered private. Coverage from any government assistance plan is considered public. Both the private and public coverage categories reflect a single reported source of coverage; a combined category for children with both public and private coverage is also included.

In addition, Health Insurance write-in (HCCOVOTH_WRITEIN) responses were back-coded to flag public and private insurance types, religious health care sharing ministry, and Indian Health Service coverage. These flags were used in the derivation of CURRINS and INSTYPE. To protect respondent confidentiality, answers to HCCOVOTH_WRITEIN are not reported in the Public Use File.

Missing Values and Imputation

For most variables in the public data files, missing values are coded to identify the type of missing data. These include

- (.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-appropriate version of the topical questionnaire.
- (.D) Suppressed for Confidentiality – The value is suppressed in order to protect respondent confidentiality.
- (.K) Don't know—the respondent selected the "Don't know" response option.[25]

However, variables used during weighting procedures require imputation. Table 14 lists the 2025 variables that are imputed and includes the imputation flag variables to indicate records with imputed values. Tenure, sex, race, and Hispanic origin were imputed using hot-deck imputation. Adult 1 education, household size, and poverty ratio were imputed using sequential regression imputation methods.[26]

Table 14. Imputed Variables and Their Imputation Flags

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	1.50%	Flag for selected child's race

[25] For the 2025 NSCH, .K was only assigned for FASD_YEARS ("How old was this child when a doctor or other health care provider FIRST told you that they had a Fetal Alcohol Spectrum Disorder"). Respondents were presented with a "Don't know" checkbox. This option was not selected in 2025. As a result, the .K response option is assigned in theory but does not appear on the 2025 data file.

[26] For more information on data analysis using imputed values, see https://www2.census.gov/programs-surveys/nsch/technical-documentation/methodology/NSCH-Analysis-with-Imputed-Data-Guide.pdf

(SC_RACE_R)		(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)

Multiple Imputation

Using sequential regression imputation methods, FPL is multiply imputed and contains six versions or implicates. The public use file includes all six imputed values for FPL [FPL_I1-FPL_I6]. The primary motivation for the multiple imputation is to allow interested researchers to appropriately account for uncertainty in estimates using FPL (i.e. increase standard errors) that is not available when using a single implicate.[27] This is especially important with larger amounts of missing data where uncertainty in estimates is more consequential. FPL input includes imputed values for family income (not included in the public use file) and number of people that are family members (FAMCOUNT). An estimated family count (FAMCOUNT) was derived from HHCOUNT and other household information when FAMCOUNT was not reported by the household. The imputation was executed by sequential regression modeling imputation[28] using IVEWare.[29]

Collapsing and Coarsening

A number of variables had range caps or suppressed values to protect respondent confidentiality consistent with U.S. Census Bureau protocols. For example, a reported value must represent at least 10,000 children (weighted estimate). These variables are listed in Table 15.

Table 15. Suppressed Variables

Variable	Description	Valid Values
TOTKIDS_R	Number of children living in the household	4 = 4 or more
K2Q35A_1_YEARS	Age of child when first diagnosed with autism	1 = 1 year or younger 15 = 15 years or older
BIRTHWT_OZ_S	Birth weight	72 = 72 oz. or less

[27] Schaefer JL, Graham JW. 2002. "Missing Data: Our View of State of the Art". *Psychological Methods,* 7(2): 147-77.
[28] Raghunathan TE, Lepkowski JM, Hoewyk JV, Solenberger PW. 2001. "A Multivariate Technique for Multiply Imputing Missing Values using a Sequence of Regression Models". *Survey Methodology,* 27: 85–95.
[29] Raghunathan TE, Solenberger PW, Hoewyk JV. 2016. IVEware: Imputation and Variance Estimation Software User's Guide (Version 0.3). Ann Arbor, MI: Institute for Social Research, University of Michigan.

Variable	Description	Valid Values
		155 = 155 oz. or more
K11Q43R	Number of time the child has moved to a new address	10 = 10 or more times
A1_AGE	Age of Adult 1	70 = 70 years or older
A2_AGE	Age of Adult 2	70 = 70 years or older
A1_LIVEUSA	When Adult 1 came to live in the U.S.	1970 = Before or in 1970
A2_LIVEUSA	When Adult 2 came to live in the U.S.	1970 = Before or in 1970
BREASTFEDEND_DAY_S	Stopped breastfeeding, age in days	2 = 2 or 1 Suppressed if > 5
BREASTFEDEND_WK_S	Stopped breastfeeding, age in weeks	Suppressed if > 6
BREASTFEDEND_MO_S	Stopped breastfeeding, age in months	29 = 29 or more
FASD_YEARS	FASD diagnosis, age in years	3 = 3, 4, or 5 6 = 6 or older
FRSTFORMULA_DAY_S	First fed formula, age in days	Suppressed if > 6
FRSTFORMULA_WK_S	First fed formula, age in weeks	Suppressed if > 8
FRSTFORMULA_MO_S	First fed formula, age in months	12 = 12 or more
FRSTSOLIDS_DAY_S	First fed solids, age in days	Suppressed if > 1
FRSTSOLIDS_WK_S	First fed solids, age in weeks	Suppressed if > 4
FRSTSOLIDS_MO_S	First fed solids, age in months	15 = 15 or more
FPL	Family poverty ratio	50 = 50% or less 400 = 400% or more
FAMCOUNT	Family Count	8 = 8 or more
HHCOUNT	Household Count	10 = 10 or more
K4Q37	Received Special Services - Age in Years	16 = 16 or more
SESPLANYR	Special Education Plan - Age in Years	16 = 16 or older
SESPLANMO	Special Education Plan – Age in Months	Suppressed if SESPLANYR > 2

Similarly, uncommon values for a child's current height in centimeters (HEIGHT) and current weight in kilograms (WEIGHT) are grouped with proximate values, and the reported value is the average of the grouped values. For example, if two children are reported with a weight of 51 KG and eight children with a weight of 52 KG, all ten children would be reported with a weight of 51.80 KG.

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 (any Blood Disorder, Cerebral Palsy, Cystic Fibrosis, Diabetes, Down Syndrome, FASD, 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.

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

Geography Variables

The 2025 NSCH includes four geography variables on the Public Use File

- FIPSST (State of Residence)
- CBSAFP_YN (Core-Based Statistical Area Status)
- METRO_YN (Metropolitan Statistical Area Status)
- MPC_YN (Metropolitan Principal City Status)

Table 16 provides a general description of the geography variables and their valid values. To protect respondent confidentiality, CBSAFP_YN, METRO_YN, and MPC_YN are not reported in some states. If a variable or intersection of variables could be used to identify a geographic area within a state with a population under 250,000, reported values for that variable were replaced with ".D", indicating "Suppressed for Confidentiality".

Table 16. List of Geography Variables

Variable	Description	Valid Values
FIPSST	State of Residence	[FIPS code]
CBSAFP_YN	Core Based Statistical Area (CBSA): County or counties associated with at least one core (urbanized area or urban cluster) of at least 10,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties.	.D = Suppressed for confidentiality 1 = In a CBSA 2 = Not in a CBSA
METRO_YN	Metropolitan Statistical Area (MSA): County or counties associated with at least one urbanized area of at least 50,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties.	.D = Suppressed for confidentiality 1 = In a MSA 2 = Not in a MSA
MPC_YN	Metropolitan Principal City: An incorporated place or census designated place in a Metropolitan Statistical Area that meets specific population and workforce requirements.	.D = Suppressed for confidentiality 1 = In a Metropolitan Principal City 2 = Not in a Metropolitan Principal City

Additional geographies are identified through the intersection of CBSAFP_YN, METRO_YN, and MPC_YN shown in Table 17.

Table 17. Geographies Identified at the Intersections

Intersection	Additional Geography Level
CBSAFP_YN =1 and METRO_YN =2	Micropolitan Statistical Area: County or counties (or equivalent entities) associated with at least one urban cluster of at least 10,000 but less than 50,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties
METRO_YN =1 and MPC_YN=2	In an MSA, but not a Metropolitan Principal City: County or counties associated with at least one urbanized area of at least 50,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties, but is not incorporated place or census designated place within the Metropolitan Statistical Area.

Alternative and lower-level geographic identifiers are not included with the public use data file. Access to these variables 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.

Weighting Specifications

Overview

The NSCH uses a child -level weight for population-based estimates, Final Weight for Interviewed Children (FWC)

This weight is the product of the base sampling weight, nonresponse adjustment factors, a subsampling adjustment, and adjustments to population controls.. Population controls are derived from the 2024 American Community Survey (ACS).

2022 Weighting Revisions

Imputation and weighting by race and ethnicity were revised for the 2022 NSCH as part of multi-faceted efforts to improve consistency across federal surveys, specifically to address differences in race reporting options between the NSCH and ACS; see NSCH Weighting Revisions (census.gov) for additional information.

Data using these enhanced weights should not be combined with the original NSCH weights. To that end, data with the enhanced weights for 2016 to 2022 have been made available at census.gov/nsch. These files use the following naming convention: nsch_YYYYe_screener and nsch_YYYYe_topical.

Despite these efforts, there is evidence that Hispanic respondents, who are less likely to identify as a racial group, continue to overreport 'Other Pacific Islander' as the last available response option in the NSCH. Therefore, we do not recommend isolating Hispanic Native Hawaiian/Other Pacific Islander (NHPI) for estimation purposes, either as a singular subpopulation or combined with non-Hispanic NHPI. Instead, we recommend the combined race/ethnicity definitions used in weighting, i.e., non-Hispanic NHPI and Hispanic (any race). This recommendation holds until new federal standards for the collection of race and ethnicity are implemented to better represent the self-identification of Hispanic respondents through a single question treating race and ethnicity equally rather than separately.

Base Weights (BW)

The weighting process began with the base sampling weight (BW) for each sample household. The base weight (i.e., sampling interval) for each sample housing unit was the inverse of its probability of selection for the screener.[30] Base weights were calculated separately for each of the two sampling strata and each state, including the District of Columbia. If there had been no nonresponse and the survey frame was complete, using this weight would give unbiased estimates for the survey population.

[30] For the 2024 NSCH, the methodology for calculating base weights was modified. When selecting the sample, addresses that were selected for NSCH data collection in the previous five years are removed from the frame. Prior to 2024, this reduced frame was also used for calculating base weights. For 2024, removed addresses were reintroduced to the frame when calculating base weights. Comparing weights and weighted estimates using both methodologies, we determined that this modification does not substantially change individual weights or weighted estimates. This revised base weight methodology was also used for the 2025 NSCH.

Screener Nonresponse Adjustment (SNA)

The Screener Nonresponse Adjustment (SNA) increases the weights of the households responding to the Screener to account for all the households not responding to the Screener.

Households were categorized into 16 groups to define the screener weight cells. Each cell was based on each combination of stratum (1 or 2A), webgroup (High Web or High Paper), metropolitan statistical area status, and poverty indicator (the proportion of households with income less than 150% of the federal poverty level at the block group level).

SNA was calculated using the following formula:

$$\left(\frac{\text{summed BW of screener interviews} + \text{summed BW of screener non-interviews}}{\text{summed BW of screener interviews}}\right)$$

where the count of screener non-interviews is an estimate of the expected number of eligible households (occupied, residential household) from those cases for which nothing is received back. The expected number of eligible cases is estimated by taking the eligibility rate among the known cases and applying it to the unknown cases.

The number of screener non-interviews was calculated using the following formula.

$$\left(\frac{\text{summed BW of screener interviews}}{\text{summed BW of screener interviews} + \text{summed BW of screener ineligible households}}\right)$$

$$\times$$

$$(\text{summed BW of households with unknown screener eligibility})$$

The resulting SNA was assigned to every household in the cell.

Household-Level Post-Stratification Adjustment Factor (HPSA)

All households with children that completed a screener were given a household-level weight. In addition to the base weight and screener nonresponse adjustment, a household post-stratification adjustment was applied in order to achieve the final household screener weight. This factor consisted of ratio adjustments to population controls at the household level obtained from the 2024 ACS data.

Households were put into one of 357 cells defined by state and race/ethnicity of the youngest child in the household. Within each cell, the household post-stratification adjustment was calculated as the ACS population count for the cell divided by the cell's weighted total. The product of the base weight, screener nonresponse adjustment, and this household post-stratification adjustment constituted the final household screener weight.

First Raking to Population Controls: All Screener Children

All eligible children (four at most) from completed screener interviews were given a child-level screener weight. The weights of children from completed screener interviews were adjusted to match the 2024 ACS estimates for the following characteristics:

- Dimension #1 – State by Child's Race/ethnicity (Hispanic, Non-Hispanic White, Non-Hispanic Black, Non-Hispanic American Indian/Alaska Native (AIAN), Non-Hispanic Asian, Non-Hispanic NHPI, Non-Hispanic 2+ Races)
- Dimension #2 – State by Child's Sex by Child's Age Group (0-5, 6-11, 12-17 years)

Each iteration of this process consisted of calculating two ratio adjustments, one for each dimension, sequentially. The adjustment factor calculated for Dimension 1 was applied to the weights accordingly and this newly adjusted weight went into the calculation of the adjustment factor for Dimension 2. This iterative raking process continued until the difference between the sum of the weights and the control total associated with each cell was less than 0.01% of the control. The resulting weight from this process was the final child-level screener weight for each eligible child. Only the children selected for the topical continued in the weighting process to eventually receive a final interviewed child weight.

Adjustment for Households with More than One Child

In households with multiple children, the selected child represented all eligible children in their household. Thus, a within-household subsampling factor was applied to account for the selection of a single child, as well as the oversampling for young children and children with special health care needs (CSHCN). The value of this adjustment was the inverse of the probability of selection for the selected child. Probabilities varied by the number of children in the household, the presence of children aged 0-5, and the presence of CSHCN.

Adjustment for Topical Nonresponse

Similar to the screener nonresponse adjustment, the weights of the households responding to the topical needed to be increased to account for all of the households not responding to the topical. The adjustment considered all topical interviews (complete and sufficient partial) defined by questionnaires with valid answers for at least 25 of 50 test questions, and at least one item in Section H or beyond or the respondent submitted the topical portion of the web instrument. Returned topicals that did not meet the criteria were considered topical non-interviews.

All topical-eligible households were put into one of sixteen cells depending on the block group-level poverty indicator, web group (High Web vs. High Paper), tenure (owner occupied or not), and presence of CSHCN. The topical nonresponse adjustment was calculated within each of the sixteen cells as:

$$\left(\frac{\text{weighted sum of topical interviews } + \text{ weighted sum of topical non-interviews}}{\text{weighted sum of topical interviews}}\right)$$

After this adjustment, the selected children from topical non-interview households were no longer involved in the weighting process and only interviewed children continued to the last steps.

Raking Adjustment

The final step of the weighting process is accomplished through iterative raking to population controls attained from the ACS. The following analytical domains of interest were used:

- Dimension #1 – State by Household Poverty Ratio (≤100%, 101-200%, >200%)
- Dimension #2 – State by Household Size (≤3, 4, >4)
- Dimension #3 – State Groupings by Respondent's Education (<High School, High School, >High School)
- Dimension #4 – State by Selected Child's Race/Ethnicity (Hispanic, Non-Hispanic White, Non-Hispanic Black, Non-Hispanic AIAN, Non-Hispanic Asian, Non-Hispanic NHPI, Non-Hispanic 2+ Races)
- Dimension #5 – State by Selected Child's Age Group (0-5, 6-11, 12-17 years)
- Dimension #6 – National Selected Child's Race/Ethnicity
- Dimension #7 – National Selected Child's Sex by Single Year of Age

The iterative raking process uses at most 100 iterations or until the weights converge to the population totals. Weights are converged when the absolute difference between the sum of the weights within each raking cell of all eight dimensions and the control total associated with each raking cell is less than one percent of the control.

For Dimension #3, some states needed to be grouped due to the low number of respondents in each state with less than a high school degree. States were grouped with others that had similar education distributions based on ACS data. The states were first sorted by the ACS-derived percent of children in households where the respondent has less than a high school degree, followed by an additional sort by the percent of children in households where the respondent has a high school degree. State groupings were made with the intent of keeping these distributions similar within each group. The result was 13 state groupings and 15 stand-alone states. The following were the resulting groupings:

- Group 1: Maine, New Hampshire, and Vermont
- Group 2: Montana, South Dakota, and Wyoming
- Group 3: North Dakota and Utah
- Group 4: Massachusetts, Minnesota, and Nebraska
- Group 5: Alaska, Hawaii, and Missouri
- Group 6: Idaho, Virginia, and Wisconsin
- Group 7: Connecticut, Iowa, and Michigan
- Group 8: Oregon and Washington
- Group 9: Kentucky, South Carolina, and Tennessee
- Group 10: Maryland, New Jersey, and North Carolina
- Group 11: Delaware, Florida, and Georgia
- Group 12: Arkansas, Oklahoma, and Rhode Island
- Group 13: DC and Texas

- Stand-alone states: Alabama, Arizona, California, Colorado, Illinois, Indiana, Kansas, Louisiana, Mississippi, Nevada, New Mexico, New York, Ohio, Pennsylvania, and West Virginia

For Dimension #4, due to a low number of respondents by race in specific states, Non-Hispanic Black was collapsed with Non-Hispanic 2+ Races in 20 states, Non-Hispanic Asian with Non-Hispanic White in 24 states, and Hispanic with the corresponding races in three states (see Table 18).

Table 18. Collapsed Dimensions of Final Raking and Affected States, Dimension 4

Collapse	Affected States
Black collapsed with 2+ Races in 19 states	AK, AZ, HI, ID, IA, ME, MA, MN, MT, NH, NM, ND, OK, OR, SD, UT, VT, WA, WI, WY
Asian collapsed with White in 21 states	AL, AR, DC, ID, IN, IA, KY, LA, ME, MS, MO, MT, NH, NM, ND, OK, RI, SC, SD, TN, VT, WV, WI, WY
Hispanic collapsed with corresponding races in 3 states	ME, ND, VT

Additionally, a non-Hispanic AIAN cell could only be supported in Alaska, New Mexico, and Oklahoma, and a non-Hispanic NHPI cell could only be supported in Hawaii. All other states had AIAN and NHPI collapsed with 2+ races in Dimension #4 of the final raking.

Trimming of Large Weights

The resulting weights from each iteration of the final raking process were checked for extreme values to prevent a small number of cases with large weights from having undue influence on estimates and increasing the variance. An extreme value was determined to be a weight that exceeded the median weight plus six times the interquartile range (IQR) of the weights in each state.[31] These extreme weights were truncated to this cutoff (median plus six times the IQR of weights in that state) and the weights were checked for convergence to the controls. Convergence required the weighted total of each cell to be within 1% of the control for the cell. If convergence was not met for every cell, another iteration of the raking process was applied again. This process of raking and trimming was reiterated until convergence was met and there were few extreme weights left. In general, the remaining extreme weights were observed to be very close to the cutoff. The remaining extreme weights were truncated a final time to the median plus six times the IQR in the state and the process was complete.

Population Controls

Population controls used throughout the weighting were derived from the 2024 ACS.

[31] After the first iteration, one was added to the cutoff in order to help with convergence.

By using the ACS data, the weighted totals were ensured to match the population control totals available for key demographic variables for children and households in the U.S. The controls were used in the household post-stratification adjustment, the raking to attain the child-level screener weights, and the raking to attain the final topical interviewed child weights.

For the household post-stratification adjustment, the NSCH household weights were adjusted so that the sum of the weights equaled the ACS estimates for the number of households in each state by race/ethnicity of the youngest child (Hispanic, Non-Hispanic White, Non-Hispanic Black, Non-Hispanic AIAN, Non-Hispanic Asian, Non-Hispanic NHPI, Non-Hispanic 2+ races). In the first raking process, up to four children from each screener received adjustments so that the sum of the weights of all children listed on screeners equaled the ACS estimates for the number of children in each state by race/ethnicity and state by sex by age group (0-5, 6-11, 12-17 years). Finally, in the second raking process, the weights of the NSCH topical interviewed children were adjusted so that the sum of their weights equaled the ACS estimates for each state by the dimensions listed above.

Limitations

To minimize the variability of the weights caused by large adjustment factors, cells having fewer than 30 cases were collapsed with a neighboring cell (for example, see Table 18). The adjustment factors were then calculated for the merged cells by combining the population controls and the sample cases for the two cells. Since the individual cells were combined, and only one adjustment factor was created per cell, only the weighted total for the *combined* cell will match the control following the raking procedure. Consequently, the weighted totals for the individual cells will most likely not match the population controls for the original individual cells.

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 exactly to that specific population total. For example, in the state by race dimension of RAK, any child with AIAN or NHPI as their race in a state where there were fewer than 30 respondents with that race is collapsed with the 2+ races category. Thus, the sum of the AIAN or NHPI children's weights will not usually sum to a population total of AIAN or NHPI but will sum in combination with all other races included in the final collapsed/combined cell to the collapsed population controls.

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). For example, weights for AIAN children in large states without a specific weighting dimension for this group (requirement of 30+ NH AIAN observations) may receive disproportionate weighting with certain outliers having undue influence on estimates. **We recommend that data users apply caution and evaluate the impact of high-leverage cases when examining and interpreting results for smaller population groups.** We advise researchers

to consider alternative validations, including comparisons against unweighted estimates and nonparametric standard error estimation.

Estimation, Hypothesis Testing, and Data Use Guidelines

Variance Estimation

When survey weights are used, the resulting estimates from the 2025 NSCH are representative of all non-institutionalized children ages 0 to 17 years in the U.S. and in each state and the District of Columbia who live 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.

Two stratum identifiers should be used to estimate variance: FIPSST (state of residence) and STRATUM (identifies households flagged with children). Each record in the data file is assigned a unique household identifier, 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[32]) with FIPSST (51 levels). This new variable can then be used as the stratum variable. For example, Stata users can specify only one variable in the strata() option of svyset. This new variable (named here as STRATACROSS) can be created using the following statement:

- EGEN STRATACROSS = GROUP (FIPSST STRATUM)

SUDAAN users can identify both FIPSST and STRATUM in the NEST statement after the variables are converted from character to numeric. 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 PSU. To properly identify the PSU variable, the PSULEV option must be invoked in the NEST statement as shown here:

- NEST FIPSST STRATUM HHID / PSULEV = 3;

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). Small sample sizes may produce unstable estimates. To minimize misinterpretation, we recommend only presenting statistics with a sample size or unweighted denominator of 30 or more. Further, if the 95% confidence interval width exceeds 20 percentage points or 1.2 times the estimate (≈ relative standard error >30%), we recommend

[32] In the 2021, 2022 and 2023 NSCH, Stratum 1 was divided into strata 1A and 1B, and the two strata were sampled at different rates. Assignment of a household to Stratum 1A was determined by the expected age of the youngest child in the household. As such, children of all ages could be included in and selected from households in both 1A and 1B. Prior to releasing the 2021 NSCH, it was found that including the additional stratification (1A/1B/2A) in variance estimation resulted in a negligible reduction in variance, and so we prioritized consistency with previous cycles. As such, the 2021 to 2023 NSCH public-use microdata files report STRATUM with two levels, 1 and 2A.

flagging for poor reliability and/or presenting 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 using 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), $\bar{X}$ is 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). A simple 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.

Statistical Testing for Overlapping Groups

The enhanced NSCH Topical public use data files include three additional measures of the child's reported race: SC_AIAN, SC_ASIAN, and SC_NHPI. The primary race variable that has been available on the NSCH public use data files since 2016, SC_RACE_R, identifies single race categories and collapses to a single "Two or More" category if the child is identified in two or more race groups. These new measures, on the other hand, indicate whether a child is AIAN alone or in combination with another race (SC_AIAN), Asian alone or in combination with another race (SC_ASIAN), or NHPI alone or in combination with another race (SC_NHPI).

The addition of these 'alone or in combination' race indicators enables holistic examination for these population groups and substantially increases counts for indigenous populations, as more than half identify as multiple race. Ideally, group comparisons are made with mutually exclusive categories to avoid masking differences (e.g., AIAN alone or in combination versus another race group alone).

If comparisons are made between overlapping groups by race (e.g., comparing AIAN alone or in combination to NHPI alone or in combination, where an individual that identifies as AIAN and NHPI belongs to both groups), it should be noted that differences between the two groups will be smaller and standard statistical tests that assume independence will be more conservative than if the comparison were between mutually exclusive groups.

In certain cases, where one group is completely nested within a larger population (e.g. AIAN alone as a subgroup of AIAN alone or in combination), a standard error adjustment for nested comparisons is

available (see above section on Variance Estimation) but is essentially equivalent to an independent group comparison (e.g. AIAN alone versus AIAN in combination).

Combining Data across Survey Years

Data across multiple years of the redesigned NSCH (2016 and later) can be combined to increase the analytic sample size when those years are using the same revised weighting methodology. All files currently available at census.gov/nsch use the revised weighting methodology. Files downloaded before April 2024 should be replaced with these latest revisions. Revised files can be identified by naming convention: nsch_YYYYe_screener and nsch_YYYYe_topical.

By leveraging a larger sample, data users can analyze smaller population groups and rare outcomes that are not sufficiently represented in a single year sample and produce national and state-level estimates with smaller standard errors. Guidance for producing multi-year estimates is available at https://www2.census.gov/programs-surveys/nsch/technical-documentation/methodology/NSCH-Guide-to-Multi-Year-Estimates.pdf.

Confidentiality

Participation in the 2025 NSCH was voluntary, and all data collected that could potentially identify an individual person are confidential. Data are kept private in accordance with applicable law. Respondents are assured of the confidentiality of their replies in accordance with 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). In compliance with this law, all data released to the public are only in a statistical format. No information that could personally identify a respondent or household may be released. The Screener and Topical public use data files went through a thorough disclosure review process and were approved by the Census Disclosure Review Board prior to release.

Guidelines for Data Use

The U.S. Census Bureau is conducting the NSCH on the behalf of the Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB) within the U.S. Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(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 set. 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 this data set for statistical reporting and analysis only
- Make no use of the identity of any person discovered, inadvertently or otherwise
- Not link this data set with individually identifiable data from any other Census Bureau or non-Census Bureau data sets

Use of the data set signifies users' agreement to comply with the previously 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.

Citing 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 Methodology Report. October 2026. Available from: https://www.census.gov/programs-surveys/nsch/technical-documentation/complete-technical-documentation.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/nsch/data/datasets.html

Supporting Material

References

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Attachment A: 2025 Estimated State-Level Sample Sizes

State sample sizes by stratum were determined using the following criteria. First, the Stratum 1 oversampling rates for each state were maximized such that the variance did not far exceed that of a design that sampled equally in the two strata. Second, the target number of topical interviews per state was adjusted until the total sample size was at the desired size. For 2025, approximately 360,000 addresses yielded 686 topical interviews per state at the median and 836 topical interviews per state on average.

Table A-1: Address Sample Size and Strata Distribution by State

State	Total Sample (approx.)	Stratum 1	Stratum 2A
Alabama	6500	64.1%	35.9%
Alaska	8200	53.0%	47.0%
Arizona	8700	61.0%	39.0%
Arkansas	6500	62.1%	37.9%
California	17500	67.6%	32.4%
Colorado	14500	66.5%	33.5%
Connecticut	4400	65.3%	34.7%
Delaware	6100	66.8%	33.2%
DC	5700	62.5%	37.5%
Florida	6700	63.0%	37.0%
Georgia	6700	66.9%	33.1%
Hawaii	5400	51.7%	48.3%
Idaho	4800	62.9%	37.1%
Illinois	10000	62.3%	37.7%
Indiana	5000	66.6%	33.4%
Iowa	4400	63.8%	36.2%
Kansas	18500	67.7%	32.3%
Kentucky	5900	62.4%	37.6%
Louisiana	8400	63.5%	36.5%
Maine	4900	68.4%	31.6%
Maryland	4700	68.2%	31.8%
Massachusetts	4600	62.7%	37.3%
Michigan	4700	66.3%	33.7%
Minnesota	3400	74.8%	25.2%
Mississippi	8400	63.1%	36.9%
Missouri	5000	64.0%	36.0%
Montana	5200	60.4%	39.6%
Nebraska	7300	66.6%	33.4%
Nevada	8300	60.4%	39.6%
New Hampshire	4800	64.6%	35.4%

New Jersey	4500	67.9%	32.1%
New Mexico	12500	47.6%	52.4%
New York	5800	58.8%	41.2%
North Carolina	5900	62.5%	37.5%
North Dakota	5800	61.4%	38.6%
Ohio	10500	64.9%	35.1%
Oklahoma	6900	60.5%	39.5%
Oregon	4500	64.3%	35.7%
Pennsylvania	9300	69.9%	30.1%
Rhode Island	6100	63.5%	36.5%
South Carolina	6300	63.1%	36.9%
South Dakota	5200	60.8%	39.2%
Tennessee	5500	65.1%	34.9%
Texas	6800	68.2%	31.8%
Utah	8800	70.4%	29.6%
Vermont	4400	64.0%	36.0%
Virginia	4500	67.0%	33.0%
Washington	4500	63.2%	36.8%
West Virginia	11500	57.4%	42.6%
Wisconsin	4000	65.9%	34.1%
Wyoming	11000	58.3%	41.7%

Attachment B: Probabilities for Selected Child

Respondents are given a household type (1, 2, 3A, 3B, 4, 5A, 5B, 5C, 6, 7, 8) based on the following variables from screener responses:

- TOTKIDS_E Total number of eligible children
- CHILDY0_5 Indicator child in 0-5 years old
- CHILDN0_5 Indicator child is not 0-5 years old
- TOTCSHCN Total number of special needs children
- TOTNON Total number of not special needs children

Each household type has rules of probability to select a child for the topical questionnaire. Some household types include an oversample for child selection based on age and special needs. Table B-1 shows each household type, their corresponding combination of variable, and a child's probability of selection from that household.

Table B-1: Household Type Assignment from the Values of Five Screener Variables

Household Type	Variables					
	TOTKIDS_E	**CHILDY0_5**	**CHILDN0_5**	**TOTCSHCN**	**TOTNON**	**Probability of Selection**
TYPE=1 → HHTYP_1	0 or blank	n/a	n/a	n/a	n/a	No Child
TYPE=2 → HHTYP_2	1	n/a	n/a	n/a	n/a	100% (Single Child)
TYPE=3A → HHTYP_3A	2	2	0	2	0	50%
				0	2	
		0	2	2	0	
				0	2	
TYPE=3B → HHTYP_3B	2	1	1	2	0	0-5 years old: 62% 6-17 years old: 38%
				0	2	
TYPE=4 → HHTYP_4	2	n/a	n/a	1	1	CSHCN: 64% non-CSHCN: 36%
TYPE=5A → HHTYP_5A	3	3	0	3	0	33%
				0	3	
		0	3	3	0	
				0	3	
TYPE=5B → HHTYP_5B	3	1	2	3	0	0-5 years old: 44% 6-17 years old: 28%
				0	3	
TYPE=5C	3	2	1	3	0	0-5 years old: 38%

→ HHTYP_5C				0	3	6-17 years old: 24%
TYPE=6 → HHTYP_6	3	n/a	n/a	1	2	CSHCN: 48% non-CSHCN: 26%
TYPE=7 → HHTYP_7	3	n/a	n/a	2	1	CSHCN: 39% non-CSHCN: 22%
TYPE=8 → HHTYP_8	≥4	n/a	n/a	n/a	n/a	25%

Attachment C: Weighted Response Rates by State

Table C-1. Weighted Response Rates by State

State	Resolution Rate	Screener Conversion Rate	Topical Conversion Rate	Interview Completion Rate	Overall Response Rate
United States	45.0%	98.4%	78.4%	77.1%	34.7%
Alabama	43.5%	98.0%	72.9%	71.4%	31.1%
Alaska	62.5%	99.4%	76.9%	76.4%	47.8%
Arizona	48.7%	98.7%	73.2%	72.2%	35.2%
Arkansas	47.8%	98.3%	76.0%	74.7%	35.7%
California	39.3%	98.0%	72.2%	70.7%	27.8%
Colorado	50.6%	98.8%	77.5%	76.5%	38.7%
Connecticut	40.5%	97.8%	73.8%	72.2%	29.2%
Delaware	42.8%	98.4%	75.6%	74.4%	31.8%
District of Columbia	44.8%	99.2%	79.8%	79.2%	35.5%
Florida	44.0%	98.9%	72.4%	71.5%	31.5%
Georgia	38.6%	98.0%	76.1%	74.6%	28.8%
Hawaii	55.6%	98.9%	70.5%	69.7%	38.8%
Idaho	55.4%	98.8%	78.1%	77.2%	42.8%
Illinois	44.4%	98.4%	74.4%	73.2%	32.5%
Indiana	45.9%	98.2%	76.6%	75.3%	34.6%
Iowa	56.8%	99.4%	76.7%	76.3%	43.3%
Kansas	50.1%	98.9%	78.3%	77.4%	38.8%
Kentucky	47.3%	98.5%	75.0%	73.9%	35.0%
Louisiana	43.2%	98.0%	70.7%	69.3%	30.0%
Maine	57.5%	98.8%	75.5%	74.6%	42.9%
Maryland	42.6%	98.2%	75.8%	74.4%	31.7%
Massachusetts	44.7%	98.1%	73.5%	72.0%	32.2%
Michigan	48.1%	98.2%	75.7%	74.4%	35.7%
Minnesota	52.3%	98.8%	80.4%	79.5%	41.6%
Mississippi	40.6%	98.3%	72.6%	71.3%	29.0%
Missouri	49.2%	98.4%	74.3%	73.1%	36.0%
Montana	61.9%	99.4%	76.7%	76.3%	47.2%
Nebraska	55.1%	99.2%	75.2%	74.6%	41.1%
Nevada	40.5%	98.6%	72.5%	71.5%	29.0%
New Hampshire	54.8%	98.7%	74.5%	73.6%	40.3%
New Jersey	41.6%	97.3%	73.7%	71.7%	29.8%
New Mexico	53.4%	99.2%	74.7%	74.1%	39.6%
New York	41.9%	98.4%	71.7%	70.5%	29.5%
North Carolina	42.1%	97.9%	72.1%	70.6%	29.7%

North Dakota	56.2%	99.1%	75.3%	74.6%	41.9%
Ohio	46.8%	98.3%	76.3%	75.0%	35.1%
Oklahoma	48.7%	98.4%	75.8%	74.6%	36.3%
Oregon	51.5%	99.0%	77.6%	76.9%	39.6%
Pennsylvania	46.0%	98.5%	77.6%	76.4%	35.1%
Rhode Island	40.8%	98.4%	73.6%	72.4%	29.6%
South Carolina	42.3%	98.0%	75.0%	73.5%	31.1%
South Dakota	60.1%	99.3%	78.0%	77.4%	46.6%
Tennessee	44.6%	98.9%	74.4%	73.6%	32.8%
Texas	39.1%	97.9%	72.7%	71.2%	27.8%
Utah	51.4%	98.0%	79.5%	77.9%	40.1%
Vermont	61.4%	99.3%	80.3%	79.8%	48.9%
Virginia	44.8%	97.8%	73.0%	71.3%	32.0%
Washington	49.2%	99.0%	75.5%	74.7%	36.7%
West Virginia	54.6%	99.4%	77.4%	76.9%	42.0%
Wisconsin	52.6%	98.5%	78.1%	77.0%	40.5%
Wyoming	58.9%	99.4%	75.0%	74.5%	43.9%