26006080

National Survey of Children's Health

A study by the U.S. Department of Health and Human Services to better understand the health issues faced by children in the United States today.

INFORMATIONAL COPY

The U.S. Census Bureau is required by law to protect your information. The U.S. Census Bureau is not permitted to publicly release your responses in a way that could identify this household. The U.S. Census Bureau is conducting the National Survey of Children's Health on behalf of the Department of Health and Human Services (HHS) under Title 13, U.S.C. 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 United States. The data collected under this agreement are confidential under Title 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).

Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. Any information you provide will be shared among a limited number of Census Bureau employees and HHS staff with Special Sworn Status for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and in accordance with System of Records Notice COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining this much needed information is extremely important in order to ensure complete and accurate results.

2026 NSCH-S1
(03/16/2026)

Start Here

Respond online today at: **https://centurion.census.gov/nsch**

OR complete this form and mail it back as soon as possible.

Thank you for helping us learn about the health and well-being of America's children.

If your household has children 0 - 17 years old, the questions on this form should be answered by an adult who is familiar with their health and health care. If your household does not have any children, please answer question 1 below AND return the questionnaire.

For help or questions about completing this form, please call 1-800-845-8241. The telephone call is free.

Si necesita ayuda o tiene alguna pregunta sobre cómo completar este formulario, llame de forma gratuita al 1-800-845-8241.

INFORMATIONAL COPY

In Your Home

1 **Are there any children 0-17 years old who usually live or stay at this address?**

- ☐ Yes
- ☐ No – *STOP HERE after marking "No" and return this survey to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.*

2 **How many children 0-17 years old usually live or stay at this address?**

☐☐ child(ren)

3 **What is the primary language spoken in the household?**

- ☐ English
- ☐ Spanish
- ☐ Other Language, specify:

4 **Is this house, apartment, or mobile home -**
Mark ONE box.

- ☐ Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*
- ☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?
- ☐ Rented?
- ☐ Occupied without payment of rent?

➜ **Answer the remaining questions for each of the children 0-17 years old who usually live or stay at this address.**

Start with the YOUNGEST CHILD, who we will call "Child 1" and continue with the next youngest until you have answered the questions for all children who usually live or stay at this address.

CHILD 1
(Youngest)

1 **First name, initials, or nickname of the youngest child**

2 **How old is this child?** *If the child is less than one month old, round age in months to 1.*

☐☐ Years **OR** ☐☐ Months

3 **What is this child's sex?**

☐ Male ☐ Female

➜ **NOTE: Answer BOTH question 4 about Hispanic origin and question 5 about race. For this survey, Hispanic origins are not races.**

4 **Is this child of Hispanic, Latino, or Spanish origin?**

☐ **No,** not of Hispanic, Latino, or Spanish origin
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, another Hispanic, Latino, or Spanish origin

5 **What is this child's race?** *Mark one or more boxes.*

☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian
☐ Native Hawaiian
☐ Chamorro
☐ Samoan
☐ Other Pacific Islander

6 **Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7.**

How well does this child speak English?

☐ Very well
☐ Well
☐ Not well
☐ Not at all

7 **Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?**

☐ Yes ☐ No

↳ **If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

8 **Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?**

☐ Yes ☐ No

↳ **If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

9 **Is this child limited or prevented in any way in their ability to do the things most children of the same age can do?**

☐ Yes ☐ No

↳ **If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

10 **Does this child need or get special therapy, such as physical, occupational, or speech therapy?**

☐ Yes ☐ No

↳ **If yes, is this because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

11 **Does this child have any kind of emotional, developmental, or behavioral problem for which they need treatment or counseling?**

☐ Yes ☐ No

↳ **If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?**

☐ Yes ☐ No

INFORMATIONAL COPY

CHILD 2
(Next youngest)

1 **First name, initials, or nickname of the next youngest child**

2 **How old is this child?** *If the child is less than one month old, round age in months to 1.*

☐☐ Years **OR** ☐☐ Months

3 **What is this child's sex?**

☐ Male ☐ Female

➜ **NOTE: Answer BOTH question 4 about Hispanic origin and question 5 about race. For this survey, Hispanic origins are not races.**

4 **Is this child of Hispanic, Latino, or Spanish origin?**

☐ **No,** not of Hispanic, Latino, or Spanish origin
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, another Hispanic, Latino, or Spanish origin

5 **What is this child's race?** *Mark one or more boxes.*

☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian
☐ Native Hawaiian
☐ Chamorro
☐ Samoan
☐ Other Pacific Islander

6 **Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7.**

How well does this child speak English?

☐ Very well
☐ Well
☐ Not well
☐ Not at all

7 **Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?**

☐ Yes ☐ No

↳ **If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

8 **Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?**

☐ Yes ☐ No

↳ **If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

9 **Is this child limited or prevented in any way in their ability to do the things most children of the same age can do?**

☐ Yes ☐ No

↳ **If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

10 **Does this child need or get special therapy, such as physical, occupational, or speech therapy?**

☐ Yes ☐ No

↳ **If yes, is this because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

11 **Does this child have any kind of emotional, developmental, or behavioral problem for which they need treatment or counseling?**

☐ Yes ☐ No

↳ **If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?**

☐ Yes ☐ No

INFORMATIONAL COPY

CHILD 3
(Next youngest)

1 **First name, initials, or nickname of the next youngest child**

2 **How old is this child?** *If the child is less than one month old, round age in months to 1.*

☐☐ Years **OR** ☐☐ Months

3 **What is this child's sex?**

☐ Male ☐ Female

➜ **NOTE: Answer BOTH question 4 about Hispanic origin and question 5 about race. For this survey, Hispanic origins are not races.**

4 **Is this child of Hispanic, Latino, or Spanish origin?**

☐ **No,** not of Hispanic, Latino, or Spanish origin
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, another Hispanic, Latino, or Spanish origin

5 **What is this child's race?** *Mark one or more boxes.*

☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian
☐ Native Hawaiian
☐ Chamorro
☐ Samoan
☐ Other Pacific Islander

6 **Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7.**

How well does this child speak English?

☐ Very well
☐ Well
☐ Not well
☐ Not at all

7 **Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?**

☐ Yes ☐ No

↳ **If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

8 **Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?**

☐ Yes ☐ No

↳ **If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

9 **Is this child limited or prevented in any way in their ability to do the things most children of the same age can do?**

☐ Yes ☐ No

↳ **If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

10 **Does this child need or get special therapy, such as physical, occupational, or speech therapy?**

☐ Yes ☐ No

↳ **If yes, is this because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

11 **Does this child have any kind of emotional, developmental, or behavioral problem for which they need treatment or counseling?**

☐ Yes ☐ No

↳ **If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?**

☐ Yes ☐ No

INFORMATIONAL COPY

CHILD 4
(Next youngest)

1 **First name, initials, or nickname of the next youngest child**

2 **How old is this child?** *If the child is less than one month old, round age in months to 1.*

☐☐ Years **OR** ☐☐ Months

3 **What is this child's sex?**

☐ Male ☐ Female

➜ **NOTE: Answer BOTH question 4 about Hispanic origin and question 5 about race. For this survey, Hispanic origins are not races.**

4 **Is this child of Hispanic, Latino, or Spanish origin?**

☐ **No,** not of Hispanic, Latino, or Spanish origin
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, another Hispanic, Latino, or Spanish origin

5 **What is this child's race?** *Mark one or more boxes.*

☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian
☐ Native Hawaiian
☐ Chamorro
☐ Samoan
☐ Other Pacific Islander

6 **Answer the following question only if this child is at least 4 years old. Otherwise, SKIP to question 7.**

How well does this child speak English?

☐ Very well
☐ Well
☐ Not well
☐ Not at all

7 **Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?**

☐ Yes ☐ No

↳ **If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

8 **Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?**

☐ Yes ☐ No

↳ **If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

9 **Is this child limited or prevented in any way in their ability to do the things most children of the same age can do?**

☐ Yes ☐ No

↳ **If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

10 **Does this child need or get special therapy, such as physical, occupational, or speech therapy?**

☐ Yes ☐ No

↳ **If yes, is this because of ANY medical, behavioral, or other health condition?**

☐ Yes ☐ No

↳ **If yes, is this a condition that has lasted or is expected to last 12 months or longer?**

☐ Yes ☐ No

11 **Does this child have any kind of emotional, developmental, or behavioral problem for which they need treatment or counseling?**

☐ Yes ☐ No

↳ **If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?**

☐ Yes ☐ No

INFORMATIONAL COPY

If there are more than four children 0-17 years old who usually live or stay at this address, list the first name, initials, or nickname for each child as well as their age and sex.

Do not repeat information for children already included for Child 1 through Child 4.

CHILD 5
(Next youngest) ▶

First name, initials, or nickname

Age ☐☐ Years **OR** ☐☐ Months **Sex** ☐ Male ☐ Female

CHILD 6
(Next youngest) ▶

First name, initials, or nickname

Age ☐☐ Years **OR** ☐☐ Months **Sex** ☐ Male ☐ Female

CHILD 7
(Next youngest) ▶

First name, initials, or nickname

Age ☐☐ Years **OR** ☐☐ Months **Sex** ☐ Male ☐ Female

CHILD 8
(Next youngest) ▶

First name, initials, or nickname

Age ☐☐ Years **OR** ☐☐ Months **Sex** ☐ Male ☐ Female

CHILD 9
(Next youngest) ▶

First name, initials, or nickname

Age ☐☐ Years **OR** ☐☐ Months **Sex** ☐ Male ☐ Female

CHILD 10
(Next youngest) ▶

First name, initials, or nickname

Age ☐☐ Years **OR** ☐☐ Months **Sex** ☐ Male ☐ Female

INFORMATIONAL COPY

Mailing Instructions

Thank you for your participation.

On behalf of the U.S. Department of Health and Human Services, we would like to thank you for the time and effort you have spent sharing information about your household and the children of this household.

Your answers are important to us and will help researchers, policymakers and family advocates to better understand the health and health care needs of children in our diverse population.

Make sure you have:

- Listed all first names, initials, or nicknames of children 0-17 years old in the household
- Answered all questions for each child reported

Please print the name, telephone number, and email address of the person who completed this form.
We will only contact you if needed for official Census Bureau business.

First Name

Last Name

Area Code + Number

–

Email address

Place the completed questionnaire in the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

U.S. Census Bureau
ATTN: DCB 60-A
1201 E. 10th Street
Jeffersonville, IN 47132-0001

INFORMATIONAL COPY

We estimate that completing the first part of the National Survey of Children's Health will take 5 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to ADDP.NSCH.List@census.gov; use "Paperwork Project 0607-0990" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.