



## What's New and Changed in the

## 2017 National Survey of Children's Health (NSCH)

as compared to the 2016 NSCH

## **New Items**



## Healthy and Ready to Learn

Can your child identify the colors red, yellow, blue, and green by name?

## Family and Household



- During the past 12 months, how often were pesticides used inside your residence to control for insects?
- During the past 12 months, other than in a shower or bathtub, have you seen any mold, mildew or other signs of water damage on walls or other surfaces inside your home?

### **Demographics (adults)**

- Have you ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard?
- Were you deployed at any time during this child's life?

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## **Question Wording Changes\***

## Healthy and Ready to Learn

- How concerned are you about how this child is learning to do things for him or herself?
- How confident are you that this child is ready to be in school?
- How does this child usually hold a pencil?

\*Items with minor wording changes are not included here.

## **Dropped Item**



#### **School**

In the past 12 months, were you ever asked to keep your child home from any child care
or preschool because of their behavior (things like hitting, kicking, biting, tantrums or
disobeying)?

## **Response Option Changes**

Response options for the items listed herein from the 2016 NSCH can be found in the survey instrument. The full survey instruments are available at the HRSA's <a href="MCHB website">MCHB website</a> and <a href="mailto:childhealthdata.org">childhealthdata.org</a>. Please reference the original question wording when reviewing.



#### Healthy and Ready to Learn

Where feasible and appropriate, response options for items in this section were revised to include 5 options: "Always, Most of the time, About half the time, Sometimes, or Never."

- How often can this child recognize the beginning sound of a word?
- How often can this child explain things he or she has seen or done so that you get a very good idea what happened?
- How often can this child write his or her first name, even if some of the letters aren't quite right or are backwards?
- How often can this child identify basic shapes such as a triangle, circle, or square?
- How often is this child easily distracted?
- How often does this child keep working at something until he or she is finished?
- When this child is paying attention, how often can he or she follow instructions to complete a simple task?
- How often does this child play well with others?
- How often does this child become angry or anxious when going from one activity to another?
- How often does this child show concern when others are hurt or unhappy?
- When excited or all wound up, how often can this child calm down quickly?
- How often does this child lose control of his or her temper when things do not go his or her way?
- Compared to other children his or her age, how often is this child able to sit still?

Other items in this section have new response options as indicated:

- How concerned are you about how this child is learning to do things for him or herself?
   Very concerned, Somewhat concerned, Not at all concerned
- How confident are you that this child is ready to be in school? Completely confident, Mostly confident, Somewhat confident, Not at all confident
- About how many letters of the alphabet can this child recognize? All of them, Most of them, About half of them, Some of them, None of them
- How high can this child count?

This child cannot count, Up to five, Up to ten, Up to 20, Up to 50, Up to 100 or more

How does this child usually hold a pencil?

Uses fingers to hold the pencil, Grips the pencil in his or her fist, This child cannot hold a pencil



#### **Health Care and Access**

 During the past 12 months, how many times did this child visit a hospital emergency room?

Never, 1 time, 2 or more times



#### School

Has this child started school?

Yes, preschool; Yes, kindergarten; Yes, first grade; No

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