## Table of Contents

### SECTION A – DEMOGRAPHICS PART I, HEALTH CONDITIONS
- Gender ................................................................. 4
- Breastfeeding .......................................................... 6
- School Attendance .................................................. 7
- Health ........................................................................ 7
- Other Conditions ..................................................... 12

### SECTION B – DENTAL HEALTH
- Coverage over Past 12 Months (Dental) ....................... 16
- Delays in Care (Dental) ............................................. 16
- Emergency Room/Urgent Care (Dental) ....................... 17

### SECTION C – DIET, PHYSICAL ACTIVITY, PARK USE
- Dietary Intake ......................................................... 19
- Name of School ....................................................... 23
- Park Use ..................................................................... 25

### SECTION D – HEALTH CARE ACCESS AND UTILIZATION
- Usual Source of Care ................................................ 27
- Emergency Room Visit ........................................... 28
- Visits to Medical Doctor .......................................... 29
- DON’T KNOW ....................................................... 29
- Personal Doctor ....................................................... 29
- Patient-Centered Care ............................................. 30
- Timely Appointments .............................................. 33
- Care Coordination .................................................. 34
- Internet Use ............................................................. 38

### SECTION E – PUBLIC PROGRAMS
- TANF/CalWORKs ................................................... 42
- Food Stamps ............................................................. 42

### SECTION F – PARENTAL INVOLVEMENT
- First 5 California: “Talk, Read, Sing Program” ................ 45

### SECTION G – CHILD CARE AND SOCIAL COHESION
- Child Care ............................................................... 46
- Safety ........................................................................ 51

### SECTION H – DEMOGRAPHICS, PART II
- Race/Ethnicity ........................................................ 52
- Country of Birth ....................................................... 57
- Citizenship, Immigration Status, Years in the US (Mother) .................................................. 60
- Citizenship, Immigration Status, Years in the US (Father) .................................................. 62
- Languages Spoken At Home .................................... 63
- Education of Primary Caretaker ................................. 64

### SECTION H – DEMOGRAPHICS, PART III
- Follow-up and Close .................................................. 66
NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2015 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.
SECTION A – DEMOGRAPHICS PART I, HEALTH CONDITIONS

PROGRAMMING NOTE QC15_A1:
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = SKA AND GENDER OF CHILD IS KNOWN, SKIP TO QC15_A2;
ELSE CONTINUE WITH QC15_A1

QC15_A1 Some of the questions are based on (CHILD’s) personal traits, like his or her age. So I will first ask you a few brief background questions.
某些問題是基於(CHILD的)個人特徵而提出的，例如他或她的的年齡。因此，我會首先向您提出幾個簡單的背景問題。

Is (CHILD) male or female?
(CHILD) 是男性還是女性？

CA1

<table>
<thead>
<tr>
<th>MALE</th>
<th>FEMALE</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

QC15_A2 What is {his/her} date of birth?
請告訴我 {他的/她的} 出生日期。

CA2MON

_____ MONTH [HR: 1-12]

CA2DAY

_____ DAY [HR: 1-31]

CA2YR

_____ YEAR [HR: 2004-2015]

REFUSED DON'T KNOW
PROGRAMMING NOTE QC15_A3:
IF QC15_A2 = -7 OR -8 (REFUSED/DON'T KNOW) CONTINUE WITH QC15_A3;
ELSE SKIP TO QC15_A4

QC15_A3
How old is {he/she}?
{他/她}多大歲數了？

CA3

[INTERVIEWER NOTE: FOR AGES ABOVE 4 YRS OR 48 MO, DO NOT RECORD MONTHS OR PARTIAL YRS]

______________ YEARS
______________ MONTHS

REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QC15_A4
About how tall is (CHILD) now without shoes?
(CHILD)目前不穿鞋大約有多高？

CA4F/CA4I
[IF NEEDED, SAY: “Your best guess is fine.”]
[IF NEEDED, SAY: “大概估計的數字就可以。”]

_____ FEET  _____ INCHES

CA4M/CA4C
______ METERS______ CENTIMETERS

CA4FMT
FEET/INCHES ..........................................................1
METERS/CENTIMETERS ........................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QC15_A5
About how much does (CHILD) weigh now without shoes?
(CHILD)目前不穿鞋大約有多重？

CA5P
[IF NEEDED, SAY: “Your best guess is fine.”]
[IF NEEDED, SAY: “大概估計的數字就可以。”]

_____ POUNDS

CA5K
______ KILOGRAMS

CA5FMT
POUNDS...................................................................1
KILOGRAMS.............................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QC15_A5A:
IF CAGE ≥> 3 YEARS GO TO PROGRAMMING NOTE QC15_A6;
ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH QC15_A5A

QC15_A5A  Was (CHILD) ever breastfed or fed breast milk?
(CHILD) 是否曾經被喂過母乳？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT IS...</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
</tbody>
</table>

QC15_A5B  How old was (CHILD) when {he/she} stopped breastfeeding altogether?
當(CHILD)完全停止被喂母乳時(他/她)有多大年齡？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTHS</td>
<td></td>
</tr>
<tr>
<td>DAYS</td>
<td></td>
</tr>
<tr>
<td>WEEKS</td>
<td></td>
</tr>
<tr>
<td>MONTHS</td>
<td></td>
</tr>
<tr>
<td>YEARS</td>
<td></td>
</tr>
<tr>
<td>STILL BREASTFEEDING</td>
<td>93</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QC15_A5C  How old was (CHILD) when you began giving {him/her} baby food or other solid foods?
當(CHILD)開始吃嬰兒食物或其他固體食物時有多大年齡？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[IF NEEDED, SAY: “Solid food is anything other than milk, formula, juice, water, herbs or teas.”]</td>
<td></td>
</tr>
<tr>
<td>[IF NEEDED, SAY: “固體食物就是除了牛奶，配方，果汁，水，植物水或茶水的食品。”]</td>
<td></td>
</tr>
<tr>
<td>MONTHS</td>
<td></td>
</tr>
<tr>
<td>NO SOLID FOOD YET</td>
<td>93</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QC15_A6:
IF CAGE < 5 YEARS GO TO QC15_A8;
ELSE CONTINUE WITH QC15_A6 AND IF CAGE = 5 YRS DISPLAY “Not including pre-school or nursery school,”

QC15_A6  {Not including pre-school or nursery school,} Did (CHILD) attend school last week?
{不包括學前班或托兒所，} (CHILD) 上週是否上學?

CA42
YES .................................................................1 [GO TO QC15_A8]
NO .................................................................2
ON VACATION ..................................................3
HOME SCHOOLED ..........................................4 [GO TO QC15_A8]
REFUSED ..........................................................-7
DON'T KNOW .....................................................-8

PROGRAMMING NOTE QC15_A7:
IF CAGE = 5 YRS DISPLAY “Not including pre-school or nursery school,”

QC15_A7  {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?
{不包括學前班或托兒所，} (CHILD) 上個學年是否上學?

CA43
YES .................................................................1
NO .................................................................2
HOMESCHOOLED ..........................................3
REFUSED ..........................................................-7
DON'T KNOW .....................................................-8

QC15_A8  In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?
總的來說，您認為 (CHILD) 的健康狀況是極好、很好、較好、一般還是很差?

CA6
EXCELLENT .....................................................1
VERY GOOD ....................................................2
GOOD .............................................................3
FAIR .................................................................4
POOR ...............................................................5
REFUSED ..........................................................-7
DON'T KNOW .....................................................-8

QC15_A9  Has a doctor ever told you that (CHILD) has asthma?
是否有醫生曾經告訴您 (CHILD) 患有哮喘?

CA12
YES .................................................................1 [GO TO QC15_A25]
NO .................................................................2 [GO TO QC15_A25]
REFUSED ..........................................................-7 [GO TO QC15_A25]
DON'T KNOW .....................................................-8 [GO TO QC15_A25]
QC15_A10  Does {he/she} still have asthma?
(他/她)是否依然患有哮喘病?

CA31

YES ...........................................................................1
NO .............................................................................2
REFUSED .......................................................................-7
DON’T KNOW ...............................................................-8

QC15_A11  During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?
在過去十二個月中，(他/她)是否曾經有過哮喘發作?

CA32

YES ...........................................................................1
NO .............................................................................2
REFUSED .......................................................................-7
DON’T KNOW ...............................................................-8

PROGRAMMING NOTE QC15_A12:
IF QC15_A10 = 2, -7, OR -8 (NO, REFUSED, DON’T KNOW) AND QC15_A11 = 2, -7, OR -8 (NO, REFUSED, DON’T KNOW) GO TO QC15_A16;
ELSE CONTINUE WITH QC15_A12

QC15_A12  During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…
在過去十二個月中，(CHILD)每隔多久會出現哮喘症狀，例如咳嗽、

CA12B

Not at all, ...................................................................1
過去十二個月中無任何症狀， ...................................1
Less than every month, .............................................2
每月少於一次， .........................................................2
Every month, .............................................................3
every week, or ................................................................4
每週，還是 .........................................................4
Every day? ..............................................................5
every day? ..............................................................5
REFUSED .......................................................................-7
DON’T KNOW ...............................................................-8
QC15_A13 During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?
在過去十二個月中，(CHILD)是否曾因{他的/她的}哮喘病前往醫院急診室就診？

| CA33          | YES ...........................................................................1 |
|              | NO .............................................................................2 |
|              | REFUSED ..................................................................-7 |
|              | DON'T KNOW ................................................................-8 |

QC15_A14 Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?
您是否曾經因{CHILD NAME /AGE/SEX}的哮喘病發作無法約見{him/her}的醫生而將{him/her}送到醫院急診室就診？

| CA48          | YES ...........................................................................1 |
|              | NO .............................................................................2 |
|              | DOESN'T HAVE DOCTOR ........................................3 |
|              | REFUSED ..................................................................-7 |
|              | DON'T KNOW ................................................................-8 |

QC15_A15 During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?
在過去十二個月中，{他/她}曾經因哮喘住院一天或更長時間嗎？

| CA44          | YES ...........................................................................1 |
|              | NO .............................................................................2 |
|              | REFUSED ..................................................................-7 |
|              | DON'T KNOW ................................................................-8 |

QC15_A16 Is (CHILD) now taking a daily medication to control {his/her} asthma that was prescribed or given to you by a doctor?
(CHILD)目前是否每天服用控制{他的/她的}哮喘的醫生處方藥物或醫生給的藥物？

| CA12A         | YES ...........................................................................1 |
|              | NO .............................................................................2 |
|              | REFUSED ..................................................................-7 |
|              | DON'T KNOW ................................................................-8 |

[IF NEEDED, SAY: “This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.”]
[IF NEEDED, SAY：「包括口服藥和吸入劑，但不是用於快 速緩解症狀的吸入劑。」]
PROGRAMMING NOTE QC15_A17:
IF QC15_A10 = 1 (YES, STILL HAS ASTHMA) OR QC15_A11 = 1 (YES, EPISODE IN LAST 12 MOS),
GO TO QC15_A21;
ELSE CONTINUE WITH QC15_A17

QC15_A17  During the past 12 months, how often has (CHILD) had asthma symptoms such as
coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…
在過去十二個月 中，(CHILD)出現哮喘症狀的頻率有多高？例如，咳嗽、喘鳴、呼吸急促、胸悶或黏痰。您認為是…

CA40

| Not at all, ................................................................. | 1 |
| Past 12 months without symptoms ..................................... | 1 |
| Less than every month, .................................................. | 2 |
| Every month, ............................................................... | 3 |
| Every week, or ................................................................ | 4 |
| Every day? ...................................................................... | 5 |
| REFUSED ........................................................................ | 7 |
| DON’T KNOW .................................................................. | 8 |

QC15_A18  During the past 12 months, has (CHILD) had to visit a hospital emergency room because
of {his/her} asthma?
在過去十二個月中，(CHILD)是否曾因 {他的/她的} 哮喘病而必須前往醫院急診室就診?

CA41

| YES ............................................................................. | 1 |
| NO ............................................................................. | 2 |
| REFUSED ...................................................................... | 7 |
| DON’T KNOW ................................................................ | 8 |

QC15_A19  Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you
were unable to see {his/her} doctor?
您是否曾經因 {CHILD} 的哮喘病發作無法約見 {他的/她的} 醫生而將 {他/她} 送到醫院急診室就診？

CA49

[ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN’T HAVE A DOCTOR. DO NOT PROBE.]

| YES ............................................................................. | 1 |
| NO ............................................................................. | 2 |
| DOESN’T HAVE DOCTOR ................................................ | 3 |
| REFUSED ...................................................................... | 7 |
| DON’T KNOW ................................................................ | 8 |
QC15_A20  During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?

在過去十二個月中，(他/她)曾經因哮喘住院一天或更長時間嗎？

CA45

YES ...........................................................................1
NO .............................................................................2
REFUSED .....................................................................-7
DON'T KNOW ...............................................................-8

QC15_A21  During the past 12 months, how many days of daycare or school did (CHILD) miss due to asthma?

在過去十二個月中，(CHILD)因為哮喘病有多少天沒有上日託所或上學？

CA34

________ NUMBER OF DAYS

CHILD NOT IN DAYCARE OR SCHOOL .............. 93
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QC15_A22  Have (CHILD'S) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} asthma?

(CHILD的)醫生或其他醫療服務提供者是否曾經與您一起制定一項計劃，以便讓您瞭解如何護理(他的/她的)糖尿病？

CA35

YES ...........................................................................1
NO .............................................................................2
REFUSED .....................................................................-7
DON'T KNOW ...............................................................-8

QC15_A23  Do you have a written or printed copy of this plan?

您是否有一份這項計劃的書面或打印版本？

CA50

[IF NEEDED, SAY: “This can be an electronic or hard copy.”]
[IF NEEDED, SAY: “可以是電子版本或打印件。”]

YES ...........................................................................1
NO .............................................................................2
REFUSED .....................................................................-7
DON'T KNOW ...............................................................-8
QC15_A24  How confident are you that you can control and manage (CHILD’s) asthma? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

您對自己能夠控制與管理(CILD的)哮喘信心有多高？
您認為是很有信心、較有信心、不太有信心還是毫無信心？

CA51

VERY CONFIDENT .................................................. 1
SOMewhat CONFIDENT ......................................... 2
NOT TOO CONFIDENT ........................................... 3
NOT AT ALL CONFIDENT ....................................... 4
REFUSED ............................................................ 7
DON'T KNOW ....................................................... 8

QC15_A25  Does (CHILD) currently have any physical, behavioral, or mental conditions that limit or prevent {him/her} from doing childhood activities usual for {his/her} age?

(CILD)目前是否有任何身體、行為或精神症狀限制或阻止 {他/她} 參加適合{他的/她的}年齡的兒童活動？

CA7

YES .................................................................... 1
NO ..................................................................... 2  [GO TO QC15_B1]
REFUSED ........................................................... 7  [GO TO QC15_B1]
DON'T KNOW ..................................................... 8  [GO TO QC15_B1]

QC15_A26  What condition does (CHILD) have?

(CILD)患有哪種病症？

CA10A

[CODE ALL THAT APPLY]
[PROBE: “Any others?”]
[PROBE: 「還有其它語言嗎？」]

ADD/ADHD ......................................................... 1
ASPERGER'S SYNDROME .................................... 2
AUTISM .............................................................. 3
CEREBRAL PALSY ................................................. 4
CONGENITAL HEART DISEASE ............................ 5
CYSTIC FIBROSIS ................................................. 6
DIABETES ............................................................ 7
DOWN’S SYNDROME .......................................... 8
EPILEPSY .......................................................... 9
DEAFNESS OR OTHER HEARING PROBLEM ... 10
MENTAL RETARDATION, OTHER THAN DOWN’S ........................................... 11
MUSCULAR DYSTROPHY ..................................... 12
NEUROMUSCULAR DISORDER ......................... 13
ORTHOPEDIC PROBLEM (BONES OR JOINTS) 14
SICKLE CELL ANEMIA .................................... 15
BLINDNESS OR OTHER VISION PROBLEM ..... 16
OTHER (SPECIFY: _____________) ................. 91
REFUSED ............................................................ 7
DON'T KNOW ....................................................... 8
QC15_A30 Have (CHILD’S) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} (INSERT CONDITION(S) FROM QC15_A26)?

(C Hernandez)’s doctors or other medical providers have worked with you to develop a plan so that you know how to take care of (INSERT CONDITION(S) FROM QC15_A26)?

YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7
DON’T KNOW .................................................................-8

QC15_A28 Do you have a written or printed copy of this plan?

您是否有這項計劃的書面或打印版本？

YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7
DON’T KNOW .................................................................-8

QC15_A29 How confident are you that you can control and manage (CHILD’S) (INSERT CONDITION(S) FROM QC15_A26)? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

您對自己能夠控制與管理 {他的/她的} (INSERT CONDITION(S) FROM QC15_A26) 信心有多強？您認為是很有信心、比較有信心、不太有信心還是毫無信心？

VERY CONFIDENT ..................................................1
SOMEWHAT CONFIDENT .......................................2
NOT TOO CONFIDENT ............................................3
NOT AT ALL CONFIDENT .......................................4
REFUSED ...............................................................-7
DON’T KNOW ...........................................................-8
SECTION B – DENTAL HEALTH

PROGRAMMING NOTE QC15_B1:
IF CAGE > 2 YEARS, GO TO QC15_B2 AND DISPLAY “Now I’m going to ask about (CHILD)’s dental health”;
ELSE CONTINUE WITH QC15_B1

QC15_B1 These questions are about (CHILD)’s dental health. Does (CHILD) have any teeth yet?
下面是有關(CHILD)的牙齒的問題。(CHILD)有沒有長牙？

   YES .................................................................1  [GO TO SECTION C]
   NO .................................................................2  [GO TO SECTION C]
   REFUSED ....................................................-7  [GO TO SECTION C]
   DON’T KNOW .............................................-8  [GO TO SECTION C]

QC15_B2 {Now I’m going to ask about (CHILD)’s dental health.}
以下是有關(CHILD)的牙齒健康的問題。

About how long has it been since your child last visited a dentist or dental clinic? Include
dental hygienists and all types of dental specialists.
您的孩子最後一次看牙醫或去牙科診所大約是多久以前？請包括牙科保健員及各類牙科專家。

   HAS NEVER VISITED ........................................0
   6 MONTHS AGO OR LESS ..................................1
   MORE THAN 6 MONTHS UP TO 1 YEAR AGO ..........2
   MORE THAN 1 YEAR UP TO 2 YEARS AGO ............3
   MORE THAN 2 YEARS UP TO 5 YEARS AGO ..........4
   MORE THAN 5 YEARS AGO .................................5
   REFUSED ...................................................-7
   DON’T KNOW .............................................-8
PROGRAMMING NOTE QC15_B3:
IF QC15_B2 = 0 (HAD NEVER VISITED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH QC15_B3;
ELSE SKIP TO QC15_B4;
IF QC15_B2 = 0 (HAS NEVER VISITED), DISPLAY “never”;
ELSE IF QC15_B2 ≥ 3 DISPLAY “not” AND “in the past year”

QC15_B3  What is the main reason your child has {never/not} visited a dentist {in the past year}?
您的孩子去年沒有看牙醫的主要原因是什麼?
您的孩子從未看牙醫的主要原因是什麼?

CB23  

NO REASON TO GO/NO PROBLEMS .....................1 
NOT OLD ENOUGH ............................................2 
COULD NOT AFFORD IT/TOO EXPENSIVE/NO INSURANCE  3 
FEAR, DISLIKES GOING ......................................4 
DO NOT HAVE/KNOW A DENTIST ...........................5 
CANNOT GET TO THE OFFICE/CLINIC .................6 
NO DENTIST AVAILABLE/NO APPOINTMENTS AVAILABLE 7 
DIDN’T KNOW WHERE TO GO ................................8 
HOURS NOT CONVENIENT ..................................9 
SPEAK A DIFFERENT LANGUAGE ..........................10 
OTHER.....................................................................91 
REFUSED .................................................................-7 
DON’T KNOW ..........................................................-8

QC15_B4  Do you now have any type of insurance that pays for part or all of your child’s dental care?
您目前是否有任何類型的保險可支付 { CHILD NAME / AGE / SEX } 牙科護理的部分或全部費用?

CC7A  

[ IF NEEDED, SAY: “Include dental insurance, prepaid dental plans such as HMOs, or government plans such as Medi-Cal or Healthy Families.” ]
[ IF NEEDED, SAY: “包括牙科保險、預付款牙科計劃，例如 HMO，或政府計劃，例如 Medi-Cal 或 Healthy Families。” ]

YES .....................................................................1 
NO ......................................................................2 [ GO TO QC15_B6 ] 
REFUSED ...............................................................-7 
DON’T KNOW ..............................................................-8
QC15_B5 During the past 12 months, was there any time when {he/she} had no dental insurance at all?

在過去的十二個月中，{他/她}是否有過沒有牙科保險的時候？

CB25

YES ..............................................................1
NO ......................................................................2 [GO TO QC15_B7]
REFUSED .........................................................-7 [GO TO QC15_B7]
DON'T KNOW ..................................................-8 [GO TO QC15_B7]

PROGRAMMING NOTE QC15_B6:
IF QC15_B4=2 (NO CURRENT DENTAL INSURANCE) OR QC15_B5 = 1 (HAD NO DENTAL INSURANCE AT SOME TIME IN THE PAST 12 MONTHS) CONTINUE WITH QC15_B6; ELSE GO TO QC15_B7

QC15_B6 What is the one main reason (CHILD) {does not have any insurance/did not have any dental insurance during the time {he/she} wasn’t covered}?

{在那段(CΗΙΗ)沒有任何保險/沒有牙醫保險時間裏，}{他/她}沒有保險的一個主要原因是什麼？

CB26

CAN'T AFFORD/TOO EXPENSIVE .....................1
NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB ....................2
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS ........................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS ..................................4
FAMILY SITUATION CHANGED ............................5
DON'T BELIEVE IN INSURANCE .......................6
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN ........................................7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE ..............................................8
OTHER (SPECIFY: ____________) ..................91
REFUSED ...........................................................-7
DON'T KNOW .........................................................-8

QC15_B7 During the past 12 months, was there any time when (CHILD) needed dental care, including checkups, but didn’t get it?

在過去的十二個月中，是否有(CΗΙΗ)需要牙科護理，包括牙科檢查，但沒有得到的時候？

CB27

YES ..............................................................1
NO ......................................................................2 [GO TO QC15_B9]
REFUSED .........................................................-7 [GO TO QC15_B9]
DON'T KNOW ..................................................-8 [GO TO QC15_B9]
What is the one main reason {he/she} didn’t get the dental care?

(他/她)沒有得到牙科護理的一個主要原因是什麼？

**CB28**

-COULDN'T GET APPOINTMENT ..............................................1
- MY INSURANCE NOT ACCEPTED ...........................................2
- INSURANCE DID NOT COVER ...........................................3
- LANGUAGE PROBLEMS ......................................................4
- TRANSPORTATION PROBLEMS .........................................5
- HOURS NOT CONVENIENT ..............................................6
- NO CHILD CARE FOR CHILDREN AT HOME .....................7
- FORGOT OR LOST REFERRAL ...........................................8
- I DIDN'T HAVE TIME ..........................................................9
- COULDN'T AFFORD/COST TOO MUCH .............................10
- NO INSURANCE ...............................................................11

During the past 12 months, did (CHILD) have to visit a hospital emergency room because of a dental problem?

在過去的12個月中，(CHILD)是否曾因牙科問題必須去醫院的急診處？

**CB29**

-YES ...............................................................................1
-NO ...............................................................................2
-REFUSED ..........................................................................7
-DON'T KNOW .................................................................8

During the past 12 months, did (CHILD) have to visit an urgent care clinic because of a dental problem?

在過去的十二個月中，(CHILD)是否曾因牙科問題去緊急護理診所(也就是urgent care clinic)？

**CB30**

-YES ...............................................................................1
-NO ...............................................................................2
-REFUSED ..........................................................................7
-DON'T KNOW .................................................................8
PROGRAMMING NOTE QC15_B11:
IF CAGE ≥ 6, SKIP TO SECTION C;
ELSE CONTINUE WITH QC15_B11

QC15_B11 When (CHILD NAME/AGE/SEX) goes to sleep or takes a nap, does (he/she) sleep with a bottle in (his/her) mouth?
(CHILD NAME/AGE/SEX) 睡覺或小睡時，嘴裏會不會含著奶瓶嘴？

CB31

YES .................................................................1
NO .................................................................2 [SKIP TO SECTION C]
REFUSED ......................................................-7 [SKIP TO SECTION C]
DON'T KNOW ...............................................-8 [SKIP TO SECTION C]

QC15_B12 What is usually in the bottle; for example, mother’s milk, regular milk, chocolate milk, water, juice, or another drink with sugar in it?
奶瓶裏通常裝的是什麼; 例如，母乳、牛奶、巧克力奶、水、果汁、或其他含糖飲料？

CB32

MOTHER’S MILK ...............................................1
REGULAR MILK .................................................2
CHOCOLATE MILK, JUICE, OR OTHER SUGARY DRINK .........................................3
WATER ............................................................... 4
OTHER ............................................................. 91
REFUSED ..........................................................-7
DON'T KNOW ....................................................-8
SECTION C – DIET, PHYSICAL ACTIVITY, PARK USE

PROGRAMMING NOTE QC15_C1:
IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE QC15_C15;
ELSE CONTINUE WITH QC15_C1

QC15_C1 Now I’m going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?
現在,我想向您提出一些有關您的孩子昨天吃的食物的問題,包括正餐及點心。

{他/她}昨天吃了幾份水果，例如蘋果或香蕉?

__ CC13 __
[IF NEEDED, SAY: “Servings are self-defined. A serving is the child’s regular portion of this food.”]
[IF NEEDED, SAY: “「份數」是自行定義的數量。一份是孩子通常吃這種食物的份量。”]

______ SERVINGS [HR: 0-20; SR 0-9]

REFUSED ........................................................................ -7
DON’T KNOW .............................................................. -8

QC15_C2 Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.
昨天，{他/她}吃了幾份其他蔬菜，例如青菜沙拉、青豆或馬鈴薯？請勿包括油炸薯片。

__ CC31 __

______ SERVINGS [HR: 0-20; SR 0-4]

REFUSED ........................................................................ -7
DON’T KNOW .............................................................. -8
QC15_C3  [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did your child drink? Do not include diet soda.
您的孩子[昨天]喝了多少杯或多少罐含糖汽水，例如可樂？請不要包括低卡節食汽水。

CC49  [IF NEEDED, SAY: “Do not include canned or bottled juices or teas.”]
[IF NEEDED, SAY: “請不要包括罐裝或瓶裝果汁或茶。”]

______ GLASSES, CANS OR BOTTLES
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

QC15_C4  [Yesterday,] how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?
您的孩子[昨天]喝了多少杯或多少罐含糖果汁飲料、運動或能量飲料？

CC50  [IF NEEDED, SAY: “Such as lemonade, Gatorade, Snapple, or Red Bull.”][IF NEEDED, SAY: “例如檸檬水、Gatorade、Snapple或Red Bull。”]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: FRUIT JUICES OR DRINKS YOU MADE AT HOME AND ADDED SUGAR TO, KOOL-AID, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, AND VITAMIN WATER. DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER, OR FRUIT-FLAVORED TEAS.]

______ GLASSES, CANS, OR BOTTLES
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

QC15_C5  Now think about the past week. In the past 7 days, how many times did {he/she} eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout, or drive thru.
現在，請想一想上一週的情況。在過去七天內，{他/她}曾經幾次吃快餐食品？請包括在學校、家中、快餐店、外賣店或無需下車的得來速快餐店吃的快餐食品。

CC32  [IF NEEDED, SAY: “Such as food you get at McDonald’s, KFC, Panda Express or Taco Bell.”]
[IF NEEDED, SAY: “例如，您在麥當勞、肯塔基炸雞店、熊貓快餐店或塔可鐘（Taco Bell）購買的食品。”]

______ TIMES [HR: 0-20; SR 0-4]
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
Now I’m going to ask you about physical activity.

{How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) walk home from school?

{上一週有幾天/在學年內，在普通的一週} (CHILD)有幾天從學校走路回家？

[[IF R SAYS CHILD BIKES OR SKATEBOARDS HOME, SAY, “I’ll ask about those next.”
IF R SAYS CHILD BIKES OR SKATEBOARDS HOME, SAY, “我接下來會向您提出這方面的問題。”]

[IF CHILD DOES NOT GO DIRECTLY HOME FROM SCHOOL, INCLUDE # OF DAYS WALKED, ETC. TO CHILDCARE, RELATIVE’S HOME, AFTER-SCHOOL PROGRAM, ETC.]

______ DAYS

REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

About how many minutes (did/does) it take (him/her) without any stops?

如果不停下，{他/她} 大約需要多少分鐘可以走到？

______ MINUTES

REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
QC15_C8 Could {he/she} walk home from school in 30 minutes or less?
{他/她}能夠在30分鐘以內從學校走到家嗎？

CC42
YES .................................................................1
NO .....................................................................2
REFUSED ................................................................-7
DON'T KNOW ..................................................-8

QC15_C9 {How many days in the past week/During the school year, on how many days during a
typical week} did (CHILD) bike or skateboard home from school?
{上一週有幾天/在學年內，在普通的一週} (CHILD)有幾天騎自行車或滑滑板從學校回家？

CC43
INTERVIEWER NOTE: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES,
ROLLERSHOES OR NON-MOTORIZED SCOOTERS HOME FROM SCHOOL.
[IF CHILD DOES NOT GO DIRECTLY HOME FROM SCHOOL, INCLUDE # OF DAYS
WALKED, ETC. TO CHILDCARE, RELATIVE'S HOME, AFTER-SCHOOL PROGRAM,
ETC.]

______ DAYS

REFUSED .....................................................................-7
DON'T KNOW ..................................................-8

PROGRAMMING NOTE QC15_C10:
IF QC15_C9 = 0 (DAYS), -7 OR -8, GO TO PROGRAMMING NOTE QC15_C11;
ELSE IF QC15_C9 > 0 DAYS, CONTINUE WITH QC15_C10;
IF QC15_A6 = 1, DISPLAY “did”;  
ELSE IF QC15_A7 = 1, DISPLAY “does”

QC15_C10 About how many minutes {did/does} it take {him/her} without any stops?
如果不停下，{他/她}大約需要多少分鐘可以到家？

CC44
[IF NEEDED, SAY: “To bicycle or skateboard home from school.”]
[IF NEEDED, SAY: “從學校騎自行車或滑滑板回家。”]

______ MINUTES

[GO TO PN QC15_C15C12]

REFUSED .....................................................................-7
DON'T KNOW ..................................................-8

[GO TO PN QC15_C12]
PROGRAMMING NOTE QC15_C11:
IF QC15_C7 ≤ 30 MINUTES OR QC15_C8 = 1 THEN GO TO PROGRAMMING NOTE QC15_C12; ELSE CONTINUE WITH QC15_C11

QC15_C11 Could (he/she) bike or skateboard home from school in 30 minutes or less?
{他/她}能夠在30分鐘以內從學校騎自行車或滑滑板到家嗎?

| CC45 | YES ................................................................. 1 |
|      | NO ................................................................. 2 |
|      | REFUSED .................................................................. -7 |
|      | DON'T KNOW .......................................................... -8 |
PROGRAMMING NOTE QC15_C12:
If QC15_A6 = 1 (ATTENDED SCHOOL LAST WEEK) OR QC15_A7 = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH QC15_C12;
ELSE SKIP TO PROGRAMMING NOTE QC15_C13

QC15_C12  What is the name of the school (CHILD) goes to or last attended?
(CCHILD) 所上學校或最後上的學校的名稱是什麼？

CB22

[INTERVIEWER NOTE: RECORD VERBATIM, ASK FOR SPELLING IF NECESSARY]

________________________________ NAME OF SCHOOL

CHILD NOT IN SCHOOL..........................0
PRE-SCHOOL/DAYCARE..........................1
ELEMENTARY.....................................3
KINDERGARTEN..................................2
INTERMEDIATE ..................................4
JUNIOR HIGH....................................5
MIDDLE SCHOOL..................................6
CHARTER........................................7
OTHER (SPECIFY: ____________).............91
REFUSED ........................................-7
DON'T KNOW ....................................-8

PROGRAMMING NOTE QC15_C13:
IF CAGE < 5, SKIP TO PN QC15_C15;
ELSE CONTINUE WITH QC15_C15

QC15_C13  Not including school PE, on how many days of the past 7 days was (CHILD) physically active for at least 60 minutes total?
不包括學校的體育課，在過去七天中，(CHILD)有幾天每天至少進行60分鐘的身體活動？

CC35

______ DAYS [HR: 0-7]

REFUSED ............................................-7
DON'T KNOW ......................................-8

QC15_C14  During a typical week, on how many days is (CHILD) physically active for at least 60 minutes total per day? Do not include PE.
在普通的一週中，(CHILD)有幾天每天至少總共運動60分鐘？請不要包括體育課。

CC51

[IF NEEDED, SAY: “Add up the time (he/she) was active for each day of the past 7. Then tell me how many days (he/she) active for at least 60 minutes.”]
[IF NEEDED, SAY: “將他/她在過去七天中每天的運動時間相加。然後告訴我他/她有幾天每天至少運動60分鐘。”]

______ DAYS [HR: 0-7]

REFUSED ............................................-7
DON'T KNOW ......................................-8
QC15_C15  The next questions are about the time {your child/CHILD} spends mostly sitting when (he/she) is not in school or doing homework. During the weekends, about how much time does {your child/CHILD} spend on a typical or usual weekend day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

_____ _____ HOURS _____ _____ MINUTES

REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QC15_C16:
IF CAGE ≤ 1 YEAR GO TO PN QC15_C17;
ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC15_C16

QC15_C16  During the weekdays, about how much time does {your child/CHILD} spend on a typical or usual week day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

_____ _____ HOURS _____ _____ MINUTES

REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QC15_C17:
IF CAGE < 1 GO TO QC15_D1;
ELSE CONTINUE WITH QC15_C

QC15_C17  Has {CHILD} been to a park, playground, or open space in the past 30 days?

YES .................................................................1
NO .................................................................2
REFUSED .......................................................... -7
DON'T KNOW .................................................... -8
QC15_C18  Is there a park, playground, or open space within 30 minutes walking distance of your home?
在您的住處步行30分鐘可到的地方是否有公園、兒童活動場地或開闊的地方？

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QC15_C19  Do you strongly agree, agree, disagree, or strongly disagree with the following statement?
請告訴我您對以下陳述是極為贊成、贊成、不贊成還是很不贊成:

The park or playground closest to where I live is safe during the day.
離我住處最近的公園或兒童活動場地白天很安全。

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY AGREE</td>
<td>1</td>
</tr>
<tr>
<td>AGREE</td>
<td>2</td>
</tr>
<tr>
<td>DISAGREE</td>
<td>3</td>
</tr>
<tr>
<td>STRONGLY DISAGREE</td>
<td>4</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-7</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-8</td>
</tr>
</tbody>
</table>

QC15_C20  The park or playground closest to where I live is safe at night.
離我住處最近的公園或兒童活動場地夜間很安全。

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY AGREE</td>
<td>1</td>
</tr>
<tr>
<td>AGREE</td>
<td>2</td>
</tr>
<tr>
<td>DISAGREE</td>
<td>3</td>
</tr>
<tr>
<td>STRONGLY DISAGREE</td>
<td>4</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-7</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-8</td>
</tr>
</tbody>
</table>
SECTION D – HEALTH CARE ACCESS AND UTILIZATION

QC15_D1  The next questions are about where (CHILD) goes for health care.
下面的是有關(CHILD)在哪裡尋求醫療護理的問題。
Is there a place you usually take {him/her} to when {he/she} is sick or you need advice about {his/her} health?
當{他/她}生病或您需要徵詢有關{他的/她的}健康建議時，您有沒有一個通常帶{他/她}去的地方?

CD1

YES .............................................................1 [GO TO QC15_D3]
NO .............................................................2
DOCTOR/(HIS/HER) DOCTOR ................................3
KAISER .........................................................4
MORE THAN ONE PLACE ..................................5
REFUSED .....................................................-7
DON’T KNOW ...............................................-8

PROGRAMMING NOTE QC15_D2:
IF QC15_D1 = 1, 5, -7, OR -8, DISPLAY “What kind of place do you take {him/her} to most often — a medical”;
ELSE IF QC15_D1 = 3 DISPLAY “Is {his/her} doctor in a private”;
ELSE IF QC15_D1 = 4, FILL QC15_D2 = 1 AND GO TO PN QC15_D3

QC15_D2  {What kind of place do you take {him/her} to most often — a medical/Is {his/her} doctor a private} doctor’s office, a clinic or hospital clinic, an emergency room, or some other place?
{您最常帶{他/她}去什麼樣的地方—/ {他的/她的}醫生是否在一個私人}醫生辦公室、診所或醫院診所、急診室或其它地方?

CD3

DOCTOR’S OFFICE/KAISER/OTHER HMO ........1
CLINIC/HEALTH CENTER/HOSPITAL CLINIC ....2
EMERGENCY ROOM.........................................3
SOME OTHER PLACE (SPECIFY: __________) ...91
NO ONE PLACE ..............................................94
REFUSED ...................................................-7
DON’T KNOW ...............................................-8
PROGRAMMING NOTE QC15_D3:
IF QC15_A13 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC15_A18 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC15_A27 = 1 (YES WENT TO ER PAST 12 MONTHS FOR OTHER CONDITION), MARK YES ON QC15_D3 AND GO TO QC15_D4;
ELSE CONTINUE WITH QC15_D3

QC15_D3  During the past 12 months, did (CHILD) visit a hospital emergency room?
在過去十二個月中，(CHILD)有沒有被送入醫院急診室？

CD12

YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7
DON'T KNOW ............................................................-8
QC15_D4  During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?
在過去十二個月中，(CHILD)曾經幾次在任何類型的醫生處就診？

CD6

____ TIMES

REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QC15_D5:
IF QC15_D4 > 0, GO TO PROGRAMMING NOTE QC15_D6;
ELSE IF QC15_D4 = 0, -7, OR -8, CONTINUE WITH QC15_D5

QC15_D5  About how long has it been since (he/she) last saw a medical doctor?
{他/她}上一次看醫生到現在已有多長時間？

CD7

1 YEAR AGO OR LESS .............................................1
MORE THAN 1 YEAR UP TO 2 YEARS AGO ..........2
MORE THAN 2 YEARS UP TO 3 YEARS AGO ......3
MORE THAN 3 YEARS AGO .................................4
NEVER ......................................................................5
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QC15_D6:
IF QC15_D1 = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH QC15_D6;
ELSE SKIP TO PROGRAMMING NOTE QC15_D7

QC15_D6  Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?
{他/她}是否有一位個人醫生或醫療服務提供者擔任{他的/她的}主要服務提供者？

CD33

[IF NEEDED, SAY: “This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.”]
[IF NEEDED, SAY: “可以是一位全科醫生、專科醫生、醫生助理、護士或其他健康服務提供者。”]

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QC15_D7:
IF QC15_D6 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QC15_D7;
ELSE SKIP TO QC15_D9A

QC15_D7  How often does (CHILD)'s doctor or medical question about (CHILD)?
在過去十二個月中，您是否曾經打電話或發電子郵件給醫生診所，詢問有關(CHILD)的醫療問題？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Sometimes</td>
<td>2</td>
</tr>
<tr>
<td>Usually</td>
<td>3</td>
</tr>
<tr>
<td>Always?</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QC15_D8  How often does (CHILD’S) doctor or medical provider explain clearly what you need to do to take care of (CHILD’S) health? Would you say…

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Sometimes</td>
<td>2</td>
</tr>
<tr>
<td>Usually</td>
<td>3</td>
</tr>
<tr>
<td>Always?</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Many professionals such as health providers, teachers and counselors do developmental screening tests. Tests check how a child is growing, learning and behaving compared with children of the same age.

Did (CHILD’S) doctor, other health providers, teachers or school counselors ever do an assessment or tests of (CHILD’S) development?

(COLL)的醫生、其他健康服務提供者、老師或學校心理諮詢顧問是否曾經對(COLL)的發展狀況進行評估或測試？

- YES .................................................................1
- NO ...............................................................2
- REFUSED ......................................................-7
- DON'T KNOW .....................................................-8

Did (his/her) doctor, other health providers, teachers or school counselors ever have (CHILD) rollover, pick up small objects, stack blocks, throw a ball, or recognize different colors?

(COLL)的醫生、其他健康服務提供者、老師或學校心理諮詢顧問是否曾經讓(他/她)翻滾、撿起小物品、疊放積木、扔球或辨別不同的顏色？

- YES .................................................................1
- NO ...............................................................2
- REFUSED ......................................................-7
- DON'T KNOW .....................................................-8

Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?

他們是否曾經讓您填寫一份有關您對{他的/她的}學習、發展或行為方面問題感到擔心的核查表？

- YES .................................................................1
- NO ...............................................................2
- REFUSED ......................................................-7
- DON'T KNOW .....................................................-8
QC15_D9D  Did they ever have you fill out a checklist of activities that (CHILD) can do, such as certain physical tasks, whether (her/she) can draw certain objects, or ways (he/she) can communicate with you?

他們是否曾經讓您填寫一份核査表，瞭解(CHILD)能夠完成的活動（例如完成某些身體方面的任務）、{他/她}是否能畫某些物體或{他/她}與您交流的方式？

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QC15_D9E  Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

他們是否曾經詢問您是否對{他的/她的}學習、發育或行為有任何擔心的問題？

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QC15_D10FD9F:
IF QC15_A26 =1 (ADD/ADHD) OR 2 (ASPERGER’S) OR 3 (AUTISM) OR 8 (DOWN’S SYNDROME) OR 11 (NON-DOWN’S MENTAL RETARDATION) GO TO QC15_D10GD9G; ELSE CONTINUE WITH QC15_D10FD9F

QC15_D9F  Did a doctor or other professional ever note a concern about (CHILD) that should be monitored carefully?

是否有醫生或其他專業人員曾經注意到(CHILD)有應當進行認真監管的問題？

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
QC15_D9G  Did they ever refer {him/her} to a specialist regarding his development?
他們是否曾經就發育問題將{他/她}推薦給一位專科醫生?

CF46

YES ................................................................. 1
NO ................................................................. 2
REFUSED ........................................................... 7
DON'T KNOW ....................................................... 8

QC15_D9H  Did they ever refer {him/her} for speech, language or hearing testing?
他們是否曾經推薦接受言語、語言或聽力測試?

CF47

YES ................................................................. 1
NO ................................................................. 2
REFUSED ........................................................... 7
DON'T KNOW ....................................................... 8

PROGRAMMING NOTE QC15_D10:
IF CHINSURE ≠ 2 (INSURED OR INSURANCE STATUS UNKNOWN) OR QC15_D1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH QC15_D10;
ELSE GO TO PROGRAMMING NOTE QC15_D12

QC15_D10  In the past 12 months, did you try to get an appointment to see (CHILD)’s doctor or medical provider within two days because (CHILD) was sick or injured?
在過去十二個月內，您是否曾因(CHAILD)生病或受傷在兩天內約見(CHAILD)的醫生或醫療服務提供者?

CD55

[IF NEEDED, SAY: “Do not include emergencies.”]
[IF NEEDED, SAY: “請勿包括急診。”]

YES ................................................................. 1
NO ................................................................. 2
REFUSED ........................................................... 7
DON'T KNOW ....................................................... 8

QC15_D11  How often were you able to get an appointment within two days? Would you say...
您能夠在兩天內就診的頻率有多高？您認為是...

CD45

Never, ............................................................... 1
Sometimes, ..................................................... 2
Usually, or ....................................................... 3
Always? ........................................................... 4
REFUSED ........................................................... 7
DON'T KNOW ....................................................... 8
**PROGRAMMING NOTE QC15_D12:**

IF [QC15_D4 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QC15_D5 = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH QC15_D12; ELSE GO TO QC15_D17

**QC15_D12** The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

您上次带 <CHILD> 去看医生时，您是否很难听懂医生说的话？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
<td>[GO TO QC15_D14]</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>NEVER ACCOMPANIED CHILD TO DOCTOR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QC15_D13:**

IF QC15_D12 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA13_G4 > 1 (ADULT R SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QC15_D13;

SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QC15_D15D13 WAS ASKED;
ELSE SKIP TO QC15_D14;

**QC15_D13** In what language does (CHILD)'s doctor speak to you? 

(CHILD) 的医生用哪一种语言与您交谈？

<table>
<thead>
<tr>
<th>Language</th>
<th>Code</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
<td>1</td>
<td>[GO TO QC15_D15]</td>
</tr>
<tr>
<td>SPANISH</td>
<td>2</td>
<td>[GO TO QC15_D17]</td>
</tr>
<tr>
<td>CANTONESE</td>
<td>3</td>
<td>[GO TO QC15_D17]</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>4</td>
<td>[GO TO QC15_D17]</td>
</tr>
<tr>
<td>TAGALOG</td>
<td>5</td>
<td>[GO TO QC15_D17]</td>
</tr>
<tr>
<td>MANDARIN</td>
<td>6</td>
<td>[GO TO QC15_D17]</td>
</tr>
<tr>
<td>KOREAN</td>
<td>7</td>
<td>[GO TO QC15_D17]</td>
</tr>
<tr>
<td>ASIAN INDIAN LANGUAGES</td>
<td>8</td>
<td>[GO TO QC15_D17]</td>
</tr>
<tr>
<td>RUSSIAN</td>
<td>9</td>
<td>[GO TO QC15_D17]</td>
</tr>
<tr>
<td>OTHER1 (SPECIFY: ____________)</td>
<td>91</td>
<td>[GO TO QC15_D17]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td>[GO TO QC15_D17]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td>[GO TO QC15_D17]</td>
</tr>
</tbody>
</table>
**PROGRAMMING NOTE QC15_D14:**

IF QC15_D12 = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH QC15_D14; ELSE SKIP TO QC15_D17;

<table>
<thead>
<tr>
<th>QC15_D14</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
|          | Was this because you and the doctor spoke different languages? | YES ..........................................................1  
NO ........................................................... 2  
REFUSED .....................................................-7  
DON'T KNOW ..............................................-8 |

<table>
<thead>
<tr>
<th>QC15_D15</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
|          | Did you need someone to help you understand the doctor? | YES ..........................................................1  
NO ........................................................... 2  
REFUSED .....................................................-7  
DON'T KNOW ..............................................-8  
[GO TO QC15_D17] |

<table>
<thead>
<tr>
<th>QC15_D16</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
|          | Who was this person who helped you understand the doctor? | MINOR CHILD (UNDER AGE 18) ...............1  
AN ADULT FAMILY MEMBER OR FRIEND ..........2  
NON-MEDICAL OFFICE STAFF .................... 3  
MEDICAL STAFF INCLUDING NURSES AND DOCTORS .........................4  
PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE) ....5  
OTHER (PATIENTS, SOMEONE ELSE) .......... 6  
DID NOT HAVE SOMEONE TO HELP .............7  
REFUSED .....................................................-7  
DON'T KNOW ..............................................-8 |

<table>
<thead>
<tr>
<th>QC15_D17</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
|          | During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for (CHILD)? | YES ..........................................................1  
NO ........................................................... 2  
REFUSED .....................................................-7  
DON'T KNOW ..............................................-8  
[GO TO QC15_D19] |
Was cost or lack of insurance a reason why you delayed or did not get the prescription?

**CE12**

YES ................................................................. 1
NO ................................................................. 2
REFUSED ......................................................... -7
DON'T KNOW .................................................. -8

During the past 12 months, did you delay or not get any other medical care you felt (CHILD) needed—such as seeing a doctor, a specialist, or other health professional?

**CE7**

YES ................................................................. 1
NO ................................................................. 2
REFUSED ......................................................... -7
DON'T KNOW .................................................. -8

DIGITAL PATHWAY TO PN QC15_D30

Did (CHILD) get the care eventually?

**CD66**

YES ................................................................. 1
NO ................................................................. 2
REFUSED ......................................................... -7
DON'T KNOW .................................................. -8

Was cost or lack of insurance a reason why you delayed or did not get the medical care you felt (he/she) needed?

**CE13**

YES ................................................................. 1
NO ................................................................. 2
REFUSED ......................................................... -7
DON'T KNOW .................................................. -8

DIGITAL PATHWAY TO PN QC15_D23

Was that the main reason?

**CD67**

YES ................................................................. 1
NO ................................................................. 2
REFUSED ......................................................... -7
DON'T KNOW .................................................. -8

DIGITAL PATHWAY TO PN QC15_D24
**QC15_D23**  What was the one main reason why you delayed getting the care you felt {he/she} needed?

您延遲讓{他/她}接受您認為需要的護理的一個最主要原因是什麼？

<table>
<thead>
<tr>
<th>CD68</th>
<th>CHOICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>COULDN'T GET APPOINTMENT</td>
<td>1</td>
</tr>
<tr>
<td>MY INSURANCE NOT ACCEPTED</td>
<td>2</td>
</tr>
<tr>
<td>INSURANCE DID NOT COVER</td>
<td>3</td>
</tr>
<tr>
<td>LANGUAGE PROBLEMS</td>
<td>4</td>
</tr>
<tr>
<td>TRANSPORTATION PROBLEMS</td>
<td>5</td>
</tr>
<tr>
<td>HOURS NOT CONVENIENT</td>
<td>6</td>
</tr>
<tr>
<td>NO CHILD CARE FOR CHILDREN AT HOME</td>
<td>7</td>
</tr>
<tr>
<td>FORGOT OR LOST REFERRAL</td>
<td>8</td>
</tr>
<tr>
<td>I DIDN'T HAVE TIME</td>
<td>9</td>
</tr>
<tr>
<td>COULDN'T AFFORD/COST TOO MUCH</td>
<td>10</td>
</tr>
<tr>
<td>NO INSURANCE</td>
<td>11</td>
</tr>
<tr>
<td>OTHER (SPECIFY: ____________)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QC15_D24**  During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?

在過去十二個月中，您是否有任何困難找到能夠為您的孩子看病的全科醫生或醫療提供者？

<table>
<thead>
<tr>
<th>CD69</th>
<th>CHOICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QC15_D25**  During the past 12 months, were you told by a doctor’s office or clinic that they would not accept your child as a new patient?

在過去十二個月中，是否有醫生辦公室或診所告訴您他們不會接受您的孩子為新病人？

<table>
<thead>
<tr>
<th>CD70</th>
<th>CHOICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QC15_D26**  During the past 12 months, were you told by a doctor’s office or clinic that they did not accept your child’s health care coverage?

在過去十二個月中，是否有醫生辦公室或診所告訴您他們不接受您的孩子{的醫療保險}計劃？

<table>
<thead>
<tr>
<th>CD71</th>
<th>CHOICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QC15_D27:
IF CAGE < 6 MONTHS, GO TO QC15_D28;
ELSE IF CAGE ≥ 6 MONTHS, CONTINUE WITH QC15_D27

QC15_D27  During the past 12 months, did (CHILD) get a flu shot or the nasal flu vaccine, called “Flumist”?
在過去十二個月中，(CHILD)是否曾經注射流感防疫針或流感疫苗鼻噴劑 Flumist?

CD30

[IF NEEDED, SAY: “A flu shot is usually given in the Fall and protects against influenza for the flu season.”]
[IF NEEDED, SAY: “流感防疫針通常在秋季注射，在流感流行季節預防流感。”]

YES .................................................................1
NO ..............................................................2
REFUSED ....................................................-7
DON'T KNOW .............................................-8

PROGRAMMING NOTE QC15_D28:
IF SKAID=ADULTID AND AJ108 ≠ 1 THEN AUTOCODE QC15_D28 = AJ108 AND GO TO QC15_E1;
ELSE CONTINUE WITH QC15_D34 D28;

QC15_D28  The next questions are about using the Internet to get health information.
以下是有關使用互聯網獲得健康資訊的問題。

Do you ever go on-line to use the Internet?
您是否曾經上網使用互聯網?

CD46

YES .................................................................1
NO ..............................................................2  [GO TO QC15_E1]
REFUSED ....................................................-7  [GO TO QC15_E1]
DON'T KNOW .............................................-8  [GO TO QC15_E1]
QC15_D29  [In the past 12 months, have you gone on-line to look for information that would help you with…]
在過去十二個月內，您是否曾經使用互聯網找尋資訊幫助您解答…

...(CHILD)…(CHILD’S) health?
...(CHILD)的健康狀況方面的問題？

CD47

YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DON'T KNOW ..................................................-8

QC15_D30  [In the past 12 months, have you gone on-line to look for information that would help you with…]
[在過去十二個月內，您是否曾經上網查找資訊以幫助您了解]

……...how {he/she} is developing physically?
…(他/她)的身體發育狀況？

CD48

YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DON'T KNOW ..................................................-8

QC15_D31  [In the past 12 months, have you gone on-line to look for information that would help you with…]
[在過去十二個月內，您是否曾經上網查找資訊以幫助您了解]

…{…}…{his/her} speech?
…{他的/她的}語言能力？

CD49

YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DON'T KNOW ..................................................-8
QC15_D32  [In the past 12 months, have you gone on-line to look for information that would help you with...]
[在過去十二個月內，您是否曾經上網查找資訊以幫助您了解]

... how well {he/she} can hear?
...(他/她的)聽力狀況？

CD50
YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON'T KNOW ...............................................-8

QC15_D33  [In the past 12 months, have you gone on-line to look for information that would help you with...]
[在過去十二個月內，您是否曾經上網查找資訊以幫助您了解]

...(his/her) diet or nutrition?
...(他的/她的)飲食或營養狀況？

CD51
YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON'T KNOW ...............................................-8

QC15_D34  [In the past 12 months, have you gone on-line to look for information that would help you with...]
[在過去十二個月內，您是否曾經上網查找資訊以幫助您了解]

...(his/her) physical activity?
...(他的/她的)身體活動狀況？

CD52
YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON'T KNOW ...............................................-8

QC15_D35  [In the past 12 months, have you gone on-line to look for information that would help you with...]
[在過去十二個月內，您是否曾經上網查找資訊以幫助您了解]

...(his/her) behavior?
...(他的/她的)行為？

CD53
YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON'T KNOW ...............................................-8
**PROGRAMMING NOTE QC15_D36:**

IF QC15_D29 = 2 AND QC15_D30 = 2 AND QC15_D31 = 2 AND QC15_D32 = 2 AND QC15_D33 = 2 AND QC15_D34 = 2 AND QC15_D35 = 2, GO TO PROGRAMMING NOTE QC15_E1E1;
ELSE CONTINUE WITH QC15_D36

<table>
<thead>
<tr>
<th>CD54</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QC15_D36</strong></td>
<td>In the past 12 months, did you talk to a doctor or other medical provider about child health information you found on-line?</td>
</tr>
<tr>
<td></td>
<td>在過去十二個月內，您是否曾經與醫生或其他醫療服務提供者談到您在網上查阅的有關這個孩子的健康資訊？</td>
</tr>
<tr>
<td>YES</td>
<td>............................................................1</td>
</tr>
<tr>
<td>NO</td>
<td>............................................................2</td>
</tr>
<tr>
<td>DID NOT FIND INFORMATION ON-LINE</td>
<td>................3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>............................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>............................................................-8</td>
</tr>
</tbody>
</table>
SECTION E – PUBLIC PROGRAMS

PROGRAMMING NOTE SECTION E:
IF POVERTY = 1, 2, 3, OR 5 (INCOME LESS THAN OR EQUAL TO 300% OF POVERTY LEVEL) OR
POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND KIDS1ST <> “Y” OR KIDS1ST =
“Y”, CONTINUE WITH QC15_E1;
ELSE SKIP TO QC15_F1

QC15_E1  Is (CHILD) now on TANF or CalWORKs?
(CHILD)目前是否參加 TANF 或 CalWORKs?

CE11  [IF NEEDED, SAY: “TANF means ‘Temporary Assistance to Needy Families,” and
CalWORKs means ‘California Work Opportunities and Responsibilities to Kids.’
Both replaced AFDC, California’s old welfare entitlement program.”]
[IF NEEDED, SAY: “TANF 表示「貧困家庭臨時協助」；CalWORKS 表示「加州工作機會及對孩子的責任」，這兩項計劃用於取代AFDC，即加州原來的救濟計劃。”]

YES ..............................................................1
NO ....................................................................2
REFUSED .....................................................-7
DON’T KNOW ................................................-8

QC15_E2  Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?
(CHILD)是否在領糧食券福利？糧食券福利也稱為 Cal Fresh。

CE11A [IF NEEDED, SAY: “You receive benefits through an EBT card. EBT stands for
Electronic Benefit Transfer card and is also known as the Golden State Advantage
Card.”]
[IF NEEDED, SAY: “您通過 EBT 卡接受福利。EBT 表示電子福利轉帳卡，也稱為「黃金州優惠卡」。”]

YES ..............................................................1
NO ....................................................................2
REFUSED .....................................................-7
DON’T KNOW ................................................-8
PROGRAMMING NOTE QC15_E3:
IF CAGE > 6, GO TO QC15_F1;
ELSE CONTINUE WITH QC15_E3

QC15_E3 Is (CHILD) on WIC now?
(CHILD)目前是否參加了WIC?

CE11C [IF NEEDED, SAY: “WIC means ‘Supplemental Food Program for Women, Infants and Children.’”]
[IF NEEDED, SAY: “WIC指為婦女、嬰兒和兒童提供的補助食品計劃。”]

YES ...........................................................................1
NO .............................................................................2
REFUSED .......................................................................-7
DON'T KNOW ..............................................................-8
SECTION F – PARENTAL INVOLVEMENT

**PROGRAMMING NOTE QC15_F1:**
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE QC15_F3AG1;
ELSE CONTINUE WITH QC15_F1

<table>
<thead>
<tr>
<th>QC15_F1</th>
<th>In a usual week, about how many days do you or any other family members read stories or look at picture books with (CHILD)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CG14</td>
<td>EVERY DAY .................................................................................................................. 1</td>
</tr>
<tr>
<td></td>
<td>3-6 DAYS .................................................................................................................. 2</td>
</tr>
<tr>
<td></td>
<td>1-2 DAYS .................................................................................................................. 3</td>
</tr>
<tr>
<td></td>
<td>NEVER ....................................................................................................................... 4</td>
</tr>
<tr>
<td></td>
<td>REFUSED .................................................................................................................. -7</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW ............................................................................................................ -8</td>
</tr>
</tbody>
</table>

**QC15_F2**
[In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

| CG15    | EVERY DAY .................................................................................................................. 1 |
|         | 3-6 DAYS .................................................................................................................. 2 |
|         | 1-2 DAYS .................................................................................................................. 3 |
|         | NEVER ....................................................................................................................... 4 |
|         | REFUSED .................................................................................................................. -7 |
|         | DON’T KNOW ............................................................................................................ -8 |

**QC15_F3**
[In a usual week, about how many days do you or any other family member] take (CHILD) out somewhere, for example, to the park, store, or playground?

| CG16    | EVERY DAY .................................................................................................................. 1 |
|         | 3-6 DAYS .................................................................................................................. 2 |
|         | 1-2 DAYS .................................................................................................................. 3 |
|         | NEVER ....................................................................................................................... 4 |
|         | REFUSED .................................................................................................................. -7 |
|         | DON’T KNOW ............................................................................................................ -8 |
PROGRAMMING NOTE QC15_F3A:
IF CAGE < 5 YEARS OR HOUSEHOLD HAS CHILDREN < 5 YEARS, CONTINUE WITH QC15_F3A;
ELSE GO TO QC15_G1

QC15_F3A  Have you seen or heard messages encouraging you to talk, read and sing with your child?
您有沒有看到或聽到過鼓勵您多更您的孩子說話，閱讀和唱歌的信息？

CF64
YES .................................................................1
NO .................................................................2 [GO TO QC15_G1]
REFUSED ......................................................-7 [GO TO QC15_G1]
DON'T KNOW .................................................-8 [GO TO QC15_G1]

QC15_F3B  Would you say that you talk with your child less, about the same amount, or more after hearing that message?
聽到這條信息以後，您覺得您跟您的孩子說話更少，差不多的，還是更多？

CF65
LESS .................................................................1
ABOUT THE SAME ...........................................2
MORE ............................................................3
REFUSED ......................................................-7
DON'T KNOW ..................................................-8

QC15_F3C  Would you say that you sing with your child less, about the same amount, or more after hearing that message?
聽到這條信息以後，您覺得您跟您的孩子唱歌更少、差不多、還是更多了？

CF66
LESS .................................................................1
ABOUT THE SAME ...........................................2
MORE ............................................................3
REFUSED ......................................................-7
DON'T KNOW ..................................................-8

QC15_F3D  Would you say that you read with your child less, about the same amount, or more after hearing that message?
聽到這條信息以後，您覺得您給您的孩子讀書更少，差不多的，還是更多？

CF67
LESS .................................................................1
ABOUT THE SAME ...........................................2
MORE ............................................................3
REFUSED ......................................................-7
DON'T KNOW ..................................................-8
SECTION G – CHILD CARE AND SOCIAL COHESION

PROGRAMMING NOTE QC15_G1:
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

QC15_G1 These next questions are about childcare. By childcare we mean any arrangement where someone other than the parents, legal guardian, or stepparents takes care of (CHILD). {This includes preschool and nursery school, but not kindergarten.}
以下是有關幼兒看護的問題。幼兒看護是指由家長、法定監護人或繼父母之外的任何其他人照料(CHILD)的安排。{這包括學前班和託兒所，但不包括幼稚園。}

Do you currently have any kind of regular childcare arrangements for (CHILD) for 10 hours or more per week?
您目前是否為(CHILD)作出了每週10小時或10小時以上的任何類型的定期幼兒看護安排？

CG1
YES ...........................................................................1
NO .............................................................................2 [GO TO QC15_G13]
REFUSED .................................................................... -7 [GO TO QC15_G13]
DON’T KNOW ................................................................ -8 [GO TO QC15_G13]

QC15_G2 Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.
(CHILD)通常一週內接受幼兒看護的時間有多少小時？請包括各種護理安排。

CG2
_____ HOURS [SR: 10-168 HRS]

REFUSED .................................................................... -7 [GO TO QC15_G13]
DON’T KNOW ................................................................ -8 [GO TO QC15_G13]

PROGRAMMING NOTE QC15_G3:
IF QC15_G2 < 10 (HOURS IN CHILDCARE), GO TO QC15_G11;
ELSE CONTINUE WITH QC15_G3

QC15_G3 During a typical week does (CHILD) receive childcare from... a grandparent or other family member?
通常在一週中，(CHILD)是否由以下人員照看…祖父母（外祖父母）或其他家庭成員？

CG3A
YES ...........................................................................1
NO .............................................................................2
REFUSED .................................................................... -7
DON’T KNOW ................................................................ -8
QC15_G4  [Does (CHILD) receive childcare from]... a non-family member who cares for (CHILD) in your home?
[[(CHILD)是由誰來照看？]...一位非家庭成員在您的家中照看(CCHILD)？]

CG3E

YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -7
DON'T KNOW ................................................... -8

QC15_G5  [Does (CHILD) receive childcare from]... a non-family member who cares for (CHILD) in his or her home?
[[(CHILD)是由誰來照看？]...一位非家庭成員在他/她的家中照看(CCHILD)?]

CG3F

YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -7
DON'T KNOW ................................................... -8

QC15_G6  [Does (CHILD) receive childcare from]... a childcare center that is not in someone’s home?
[[(CHILD)是由誰來照看？]...一個不在任何人家中的托兒所/幼兒園？]

CG3D

YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -7
DON'T KNOW ................................................... -8

PROGRAMMING NOTE QC15_G7:
IF CAGE ≥ 7 YEARS, GO TO PROGRAMMING NOTE QC15_G13;
ELSE CONTINUE WITH QC15_G7

QC15_G7  [Does (CHILD) receive childcare from]... a Head Start or state preschool program?
[[(CHILD)是由誰來照看？]...Head Start（啟蒙計劃）或州政府學前班計劃]

CG3B

YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -7
DON'T KNOW ................................................... -8
QC15_G8  [Does (CHILD) receive childcare from]... some other preschool or nursery school? 
[(CHILD)是由誰來照看？] 其它學前班或托兒所

CG3C

YES ........................................................................... 1
NO ............................................................................ 2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QC15_G9:
IF QC15_G6 = 1 OR QC15_G7 = 1 OR QC15_G8 = 1, CONTINUE WITH QC15_G9;
ELSE GO TO PROGRAMMING NOTE QC15_G10

QC15_G9 Please tell me if you strongly agree, agree, disagree, strongly disagree, or you’re not sure 
about the following statements. 
請告訴我您對以下陳述是極為贊成、贊成、不贊成、極不贊成還是不確定：

Your child’s preschool is doing a good job at preparing children for their futures. 
您的孩子上的幼稚園在為孩子的未來做準備方面做得很好。

CG47

STRONGLY AGREE............................................... 1
AGREE................................................................. 2
DISAGREE ................................................................ 3
STRONGLY DISAGREE........................................... 4
NOT SURE.................................................................. 5

PROGRAMMING NOTE QC15_G10:
IF [QC15_G3 OR QC15_G4 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-
FAMILY MEMBER IN CHILD’S HOME)] OR IF [QC15_G5 ≠ 1 AND QC15_G6 ≠ 1 AND QC15_G7 ≠ 1 
AND QC15_G8 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY 
MEMBER HOME)], GO TO QC15_G11;
ELSE CONTINUE WITH QC15_G10;
IF ONLY ONE OF QC15_G5, QC15_G6, QC15_G7, OR QC15_G8 = 1, DISPLAY "Is this" AND 
“provider”;
ELSE DISPLAY, "Are all of these" AND "providers"

QC15_G10 {Is this/Are all of these} child care provider{s} licensed by the state of California? 
{這名/所有}幼兒看護人是否有加州政府的執照?

CG3G

YES (ALL LICENSED).................................................. 1
NO (NONE LICENSED)............................................. 2
SOME LICENSED AND SOME NOT....................... 3
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

C-48
QC15_G11  In the past 12 months, was there a time when you could not find childcare when you needed it for (CHILD) for a week or longer?
在過去十二個月中，您是否遇到(CHILD)需要有人照看時卻無法找到人長達一個星期或更久的情況？

CG5

YES  ...........................................................................1
NO .............................................................................2   [GO TO QC15_G13]
REFUSED ............................................................... -7   [GO TO QC15_G13]
DON'T KNOW ......................................................... -8   [GO TO QC15_G13]

QC15_G12  What is the main reason you were unable to find childcare for (CHILD) at that time?
當時您無法為(CHILD)找到幼兒看護的主要原因是什么？

CG6

[IF NEEDED, SAY: “Main reason is the most important reason.”]
[IF NEEDED, SAY: “「主要原因是指最重要的原因。」”]

COULDN'T AFFORD ANY CHILD CARE............................1
COULDN'T FIND A PROVIDER WITH A SPACE ..........2
THE HOURS AND LOCATION DIDN'T FIT MY NEEDS .................................................................3
COULDN'T AFFORD THE QUALITY OF CHILDCARE I WANTED ...........................................4
COULDN'T FIND THE QUALITY OF CHILDCARE I WANTED .................................................................5
OTHER REASON .................................................................91
REFUSED .............................................................................-7
DON'T KNOW ...........................................................................-8
PROGRAMMING NOTE QC15_G13:
IF QC15_G13 THROUGH QC15_G17 NOT ANSWERED IN ADULT INTERVIEW (AM19, AM20, AM21, AM35, AK28), CONTINUE WITH QC15_G13;
ELSE SKIP TO QC15_H1

QC15_G13
These next questions are about your neighborhood. Tell me if you strongly agree, agree, disagree or strongly disagree with the following statements:

Tell me if you strongly agree, agree, disagree or strongly disagree with the following statements:

People in my neighborhood are willing to help each other.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

STRONGLY AGREE.................................................1
AGREE......................................................................2
DISAGREE................................................................3
STRONGLY DISAGREE...........................................4
REFUSED............................................................... -7
DON’T KNOW......................................................... -8

QC15_G14
People in this neighborhood generally do NOT get along with each other.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

STRONGLY AGREE.................................................1
AGREE......................................................................2
DISAGREE................................................................3
STRONGLY DISAGREE...........................................4
REFUSED............................................................... -7
DON’T KNOW......................................................... -8
QC15_G15  People in this neighborhood can be trusted.
可以信任本社區的人。

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “您是極為贊成、贊成、不贊成還是極不贊成？”]

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

STRONGLY AGREE..............................1
AGREE....................................................2
DISAGREE..............................................3
STRONGLY DISAGREE..........................4
REFUSED..............................................-7
DON’T KNOW...........................-8

QC15_G16  You can count on adults in this neighborhood to watch out that children are safe and
don’t get into trouble.
您可以依賴本社區的成年人，注意兒童的安全，使他們避免遇到麻煩。

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “您是極為贊成、贊成、不贊成還是極不贊成？”]

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

STRONGLY AGREE..............................1
AGREE....................................................2
DISAGREE..............................................3
STRONGLY DISAGREE..........................4
REFUSED..............................................-7
DON’T KNOW...........................-8

QC15_G17  Do you feel safe in your neighborhood all of the time, most of the time, some of the time,
or none of the time?
您在所在社區是所有的時間、大多數時間、部份時間還是沒有任何時間感到安全？

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “您是極為贊成、贊成、不贊成還是極不贊成？”]

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

ALL OF THE TIME..............................1
MOST OF THE TIME............................2
SOME OF THE TIME............................3
NONE OF THE TIME............................4
REFUSED..............................................-7
DON’T KNOW...........................-8
SECTION H – DEMOGRAPHICS, PART II

So we can be sure we have included children of all races and ethnic groups in California, I need to ask a few questions about (CHILD)'s background.

為了確保我們包括了加州所有種族及種族團體的孩子，我最後需要問幾個有關(CHILD)的背景的問題。

QC15_H1 Is (CHILD) Latino or Hispanic?

(CCHILD)是拉丁裔或西裔嗎?

[IF NEEDED, SAY: “Such as Mexican or Central or South American?”]

[IF NEEDED, SAY: “例如，墨西哥人或中南美洲人？”]

YES ...........................................................................1
NO .............................................................................2 [GO TO QC15_H3]
REFUSED .................................................................. -7 [GO TO QC15_H3]
DON’T KNOW ..........................................................-8 [GO TO QC15_H3]

QC15_H2 And what is {his/her} Latino or Hispanic ancestry or origin? – such as Mexican, Salvadorian, Cuban, Honduran – and if {he/she} has more than one, tell me all of them.

{他的/她的}拉丁裔或西裔祖籍或原國籍是哪里？例如，墨西哥人、薩爾瓦多人、古巴人、洪都拉斯人 — 如果{他/她}有一個以上原國籍，請將所有的原國籍告訴我。

[IF NECESSARY GIVE MORE EXAMPLES]

MEXICAN/MEXICAN AMERICAN/CHICANO ........1
SALVADORAN.........................................................4
GUATEMALAN ........................................................5
COSTA RICAN........................................................6
HONDURAN ............................................................7
NICARAGUAN ...........................................................8
PANAMANIAN ..........................................................9
PUERTO RICAN .....................................................10
CUBAN ....................................................................11
SPANISH-AMERICAN (FROM SPAIN) .................12
OTHER LATINO (SPECIFY: ____________) ........ 91
REFUSED ............................................................... -7
DON’T KNOW ..........................................................-8
**PROGRAMMING NOTE QC15_H3:**

IF QC15_H1 = 1 (YES-CHILD IS LATINO), DISPLAY, “You said your child is Latino or Hispanic. Also,”

IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QC15_H3, CONTINUE WITH PROGRAMMING NOTE QC15_H4;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QC15_H3

{You said your child is Latino or Hispanic. Also,} Please tell me which one or more of the following you would use to describe (CHILD): Would you describe {him/her} as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

{您說(CHILD)是拉丁裔或西裔。另外，} 請告訴我您會使用以下哪一項或幾項來描述(CHILD): 您認為{他/她}是夏威夷土著人、其他太平洋群島人、美國印地安人、阿拉斯加土著人、亞洲人、黑人、非裔美國人還是白人？

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE</td>
<td>1</td>
<td>[GO TO QC15_H10]</td>
</tr>
<tr>
<td>BLACK OR AFRICAN AMERICAN</td>
<td>2</td>
<td>[GO TO QC15_H10]</td>
</tr>
<tr>
<td>ASIAN</td>
<td>3</td>
<td>[GO TO QC15_H10]</td>
</tr>
<tr>
<td>AMERICAN INDIAN, ALASKA NATIVE</td>
<td>4</td>
<td>[GO TO QC15_H4]</td>
</tr>
<tr>
<td>OTHER PACIFIC ISLANDER</td>
<td>5</td>
<td>[GO TO QC15_H9]</td>
</tr>
<tr>
<td>NATIVE HAWAIIAN</td>
<td>6</td>
<td>[GO TO QC15_H10]</td>
</tr>
<tr>
<td>OTHER (SPECIFY: ____________)</td>
<td>91</td>
<td>[GO TO QC15_H10]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td>[GO TO QC15_H10]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td>[GO TO QC15_H10]</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QC15_H4:
IF QC15_H3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QC15_H4;
ELSE GO TO PROGRAMMING NOTE QC15_H8

QC15_H4  You said American Indian/Alaska Native, and what is (CHILD)'s tribal heritage? If 
{he/she} has more than one tribe, tell me all of them.
您說您是美洲印地安人或阿拉斯加原住民，(CHILD)屬於哪一個部落？如果{他/她}屬於一 
個以上部落，請告訴我所有這些部落。

[CODE ALL THAT APPLY]

APACHE ..............................................................1
BLACKFEET .......................................................2
CHEROKEE .........................................................3
CHOCTAW ............................................................4
MEXICAN AMERICAN INDIAN ..............................5
NAVAJO ...............................................................6
POMO .................................................................7
PUEBLO .............................................................8
SIOUX ...............................................................9
YAQUI .................................................................10
OTHER TRIBE [ASK FOR SPELLING]
(SPECIFY: ___________) ....................................91
REFUSED ........................................................... 7
DON'T KNOW .................................................. 8

QC15_H5  Is (CHILD) an enrolled member in a federally or state recognized tribe?
(CHILD)是聯邦或州認可部落的註冊成員嗎？

CH5

YES ...........................................................................1
NO ..........................................................................2  [GO TO QC15_H8]
REFUSED ............................................................. 7 [GO TO QC15_H8]
DON'T KNOW ..................................................... 8 [GO TO QC15_H8]
QC15_H6 In which tribe is (CHILD) enrolled?
(CHILD)是在哪一個部落註冊的?

<table>
<thead>
<tr>
<th>Tribe</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mescalero Apache, NM</td>
<td>1</td>
</tr>
<tr>
<td>Apache (Not Specified)</td>
<td>2</td>
</tr>
<tr>
<td>Other Apache (Specify: _______).</td>
<td>91</td>
</tr>
<tr>
<td>Blackfoot / Blackfeet</td>
<td>3</td>
</tr>
<tr>
<td>Western Cherokee</td>
<td>4</td>
</tr>
<tr>
<td>Cherokee (Not Specified)</td>
<td>5</td>
</tr>
<tr>
<td>Other Cherokee (Specify: _______)</td>
<td>92</td>
</tr>
<tr>
<td>Choctaw Oklahoma</td>
<td>6</td>
</tr>
<tr>
<td>Choctaw (Not Specified)</td>
<td>7</td>
</tr>
<tr>
<td>Other Choctaw (Specify: _______)</td>
<td>93</td>
</tr>
<tr>
<td>Navajo (Not Specified)</td>
<td>8</td>
</tr>
<tr>
<td>Hopland Band, Hopland Rancheria</td>
<td>9</td>
</tr>
<tr>
<td>Sherwood Valley Rancheria</td>
<td>10</td>
</tr>
<tr>
<td>Pomo (Not Specified)</td>
<td>11</td>
</tr>
<tr>
<td>Other Pomo (Specify: ________)</td>
<td>94</td>
</tr>
<tr>
<td>Hopi</td>
<td>12</td>
</tr>
<tr>
<td>Ysleta Del Sur Pueblo of Texas</td>
<td>13</td>
</tr>
<tr>
<td>Pueblo (Not Specified)</td>
<td>14</td>
</tr>
<tr>
<td>Other Pueblo (Specify: ________)</td>
<td>95</td>
</tr>
<tr>
<td>Oglala/Pine Ridge Sioux</td>
<td>15</td>
</tr>
<tr>
<td>Sioux (Not Specified)</td>
<td>16</td>
</tr>
<tr>
<td>Other Sioux (Specify: ________)</td>
<td>96</td>
</tr>
<tr>
<td>Pascua Yaqui Tribe of Arizona</td>
<td>17</td>
</tr>
<tr>
<td>Yaqui (Not Specified)</td>
<td>18</td>
</tr>
<tr>
<td>Other Yaqui (Specify: ________)</td>
<td>97</td>
</tr>
<tr>
<td>Other (Specify: ________)</td>
<td>98</td>
</tr>
<tr>
<td>Refused</td>
<td>99</td>
</tr>
<tr>
<td>Don't Know</td>
<td>8</td>
</tr>
</tbody>
</table>
QC15_H7  Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

(CHILD) 有沒有享受印地安人醫療服務、部落醫療計劃或都市印地安人診所的醫療護理服務？

CH6A

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QC15_H8:
IF QC15_H3 = 3 (ASIAN) CONTINUE WITH QC15_H8;
ELSE GO TO PROGRAMMING NOTE QC15_H9

QC15_H8  You said Asian, and what specific ethnic group is {he/she}, such as Chinese, Filipino, or Vietnamese? If {he/she} is more than one, tell me all of them.

您說（他/她）是亞裔，您所指的是哪一族裔，例如華裔、菲律賓裔、越南裔？如果{他/她}有超過一種族裔的血統，請全部告訴我。

CH7

CODE ALL THAT APPLY

BANGLADESHI ......................................................................... 1
BURMESE ........................................................................... 2
CAMBODIAN ...................................................................... 3
CHINESE ........................................................................... 4
FILIPINO ............................................................................. 5
HMONG ............................................................................... 6
INDIAN (INDIA) .................................................................. 7
INDONESIAN ........................................................................ 8
JAPANESE ........................................................................... 9
KOREAN .............................................................................. 10
LAOTIAN .............................................................................. 11
MALAYSIAN ........................................................................ 12
PAKISTANI ............................................................................ 13
SRI LANKAN .......................................................................... 14
TAIWANESE ......................................................................... 15
THAI ..................................................................................... 16
VIETNAMESE ........................................................................ 17
OTHER ASIAN (SPECIFY: ____________) .......................... 91
REFUSED ............................................................................. -7
DON'T KNOW ........................................................................ -8
QC15_H9: You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}, such as Samoan, Tongan, or Guamanian? If {he/she} is more than one, tell me all of them.

CH7A [CODE ALL THAT APPLY]

SAMOAN/AMERICAN SAMOAN.........................1
GUAMANIAN ..................................................2
TONGAN............................................................3
FIJIAN .............................................................4
OTHER PACIFIC ISLANDER
(SPECIFY: ____________) ............................... 91
REFUSED .........................................................-7
DON'T KNOW ....................................................-8
PROGRAMMING NOTE QC15_H10:
IF SKA = AR AND A156C ≠ -1 (THIS QUESTION ALREADY ASKED DURING ADULT SURVEY), SKIP TO QC15_H14;
ELSE CONTINUE WITH QC15_H10

QC15_H10 In what country was (CHILD) born?
(CHILD)是在哪一個國家出生的?

CH8

UNITED STATES ...................................................... 1
AMERICAN SAMOA ............................................... 2
CANADA ........................................................... 3
CHINA ............................................................... 4
EL SALVADOR ....................................................... 5
ENGLAND .......................................................... 6
FRANCE ............................................................. 7
GERMANY .......................................................... 8
GUAM ............................................................... 9
GUATEMALA ....................................................... 10
HUNGARY .......................................................... 11
INDIA ............................................................... 12
IRAN ................................................................. 13
IRELAND ........................................................... 14
ITALY ................................................................. 15
JAPAN ............................................................... 16
KOREA .............................................................. 17
MEXICO ............................................................ 18
PHILIPPINES ...................................................... 19
POLAND ........................................................... 20
PORTUGAL ........................................................ 21
PUERTO RICO .................................................... 22
RUSSIA ............................................................ 23
TAIWAN ............................................................ 24
VIETNAM ........................................................... 25
VIRGIN ISLANDS .................................................. 26
OTHER (SPECIFY: ____________) ......................... 91
REFUSED .......................................................... -7
DON'T KNOW .................................................... -8

PROGRAMMING NOTE QC15_H11:
IF QC15_H10 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15_H14;
ELSE CONTINUE WITH QC15_H11

QC15_H11 Is (CHILD) a citizen of the United States?
(CHILD)是美國公民嗎?

CH8A

YES ............................................................................. 1
NO ............................................................................. 2
APPLICATION PENDING ....................................... 3
REFUSED .............................................................. -7
DON'T KNOW ....................................................... -8

[GO TO QC15_H13]
QC15_H12  Is (CHILD) a permanent resident with a green card?
(CHILD)是持有綠卡的永久居民嗎？

CH9  [IF NEEDED, SAY: “People usually call this a green card but the color can also be pink, blue or white.”]
[IF NEEDED, SAY: “人們一般把它稱作“綠卡”，但它的顏色可以是粉紅色、藍色或白色的。”]

YES ...........................................................................1
NO .............................................................................2
APPLICATION PENDING .........................................3
REFUSED .....................................................................-7
DON'T KNOW ..........................................................-8

QC15_H13  About how many years has (CHILD) lived in the United States?
(CHILD)在美国居住大約多少年了?

CH10  [FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS {OR}

CH10YR  _____ YEAR FIRST CAME TO LIVE IN U.S.

CH10FMT  NUMBER OF YEARS ...............................................1
YEAR FIRST CAME TO LIVE IN US ........................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QC15_H14:
IF SKA = MOTHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE)
THEN SKIP TO QC15_H18;
ELSE, CONTINUE WITH QC15_H14 AND DISPLAY “was his mother/was her mother”

QC15_H14
In what country {were you/was his mother/was her mother} born?
{您/他的母親/她的母親}是在哪一個國家出生的?

CH11

[SELECT FROM MOST LIKELY COUNTRIES]
[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

UNITED STATES......................................................1
AMERICAN SAMOA.............................................2
CANADA .............................................................3
CHINA ...............................................................4
EL SALVADOR .....................................................5
ENGLAND ..........................................................6
FRANCE .............................................................7
GERMANY ...........................................................8
GUAM ...............................................................9
GUATEMALA .....................................................10
HUNGARY ..........................................................11
INDIA ...............................................................12
IRAN .................................................................13
IRELAND ..........................................................14
ITALY ...............................................................15
JAPAN ...............................................................16
KOREA .............................................................17
MEXICO ............................................................18
PHILIPPINES ....................................................19
POLAND ...........................................................20
PORTUGAL .......................................................21
PUERTO RICO ...................................................22
RUSSIA ............................................................23
TAIWAN ...........................................................24
VIETNAM ..........................................................25
VIRGIN ISLANDS .............................................26
OTHER (SPECIFY: ____________).................91
REFUSED ..........................................................-7
DON'T KNOW ....................................................-8
PROGRAMMING NOTE QC15_H15 AND QC15_H16:
IF QC15_H14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15_H18;
ELSE CONTINUE WITH QC15_H15 AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY “Are you”;
ELSE DISPLAY “Is (his/her) mother”

QC15_H15  {Are you/Is (his/her) mother} a citizen of the United States?
{您/{他的/她的}母親}是美國公民嗎?

CH11A  [IF R SAYS SHE IS A NATURALIZED CITIZEN, CODE YES]
YES ...........................................................................1
NO ............................................................................2
APPLICATION PENDING ............................................3
REFUSED .............................................................-7
DON'T KNOW .....................................................-8

QC15_H16  {Are you/Is (his/her) mother} a permanent resident with a green card?
{您/{他的/她的}母親}是持有綠卡的永久居民嗎？

CH12
YES ...........................................................................1
NO ............................................................................2
APPLICATION PENDING ............................................3
REFUSED .............................................................-7
DON'T KNOW .....................................................-8

PROGRAMMING NOTE QC15_H17:
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC15_H17 AND DISPLAY “have you”;
ELSE CONTINUE WITH QC15_H17 AND DISPLAY “has {his/her} mother”

QC15_H17  About how many years {have you/has {his/her} mother} lived in the United States?
您在美國居住了大約多少年？{他的/她的}母親在美國大約居住多少年了？

CH13  _____ NUMBER OF YEARS [HR: 0-AGE] {OR}
CH13YR  _____ YEAR FIRST CAME TO LIVE IN U.S.
CH13FMT
NUMBER OF YEARS ................................................1
YEAR FIRST CAME TO LIVE IN US ........................2
MOTHER DECEASED .............................................3
NEVER LIVED IN U.S ............................................4
REFUSED ...........................................................-7
DON'T KNOW ....................................................-8
PROGRAMMING NOTE QC15_H18:
IF SKA = FATHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE THEN SKIP TO QC15_H22;
ELSE CONTINUE WITH QC15_H18 AND DISPLAY, “was {his/her} father”

QC15_H18
In what country {were you/was his father/was her father} born?
您是在哪一個國家出生的？{他的/她的}父親是在哪個國家出生的？

[SELECT FROM MOST LIKELY COUNTRIES]
[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

UNITED STATES ......................................................1
AMERICAN SAMOA .................................................2
CANADA .................................................................3
CHINA .................................................................4
EL SALVADOR .........................................................5
ENGLAND ...............................................................6
FRANCE .................................................................7
GERMANY .............................................................8
GUAM .................................................................9
GUATEMALA .........................................................10
HUNGARY .............................................................11
INDIA .................................................................12
IRAN .................................................................13
IRELAND .............................................................14
ITALY .................................................................15
JAPAN .................................................................16
KOREA ...............................................................17
MEXICO ...............................................................18
PHILIPPINES .........................................................19
POLAND .............................................................20
PORTUGAL ..........................................................21
PUERTO RICO ......................................................22
RUSSIA ...............................................................23
TAIWAN ..............................................................24
VIETNAM ............................................................25
VIRGIN ISLANDS ..................................................26
OTHER (SPECIFY: ____________) ...................... 91
REFUSED ........................................................... -7
DON'T KNOW ......................................................-8
PROGRAMMING NOTE QC15_H19 AND QC15_H20:
IF QC15_H18 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15_H22;
ELSE CONTINUE WITH QC15_H19 AND IF RESPONDENT IS FATHER OF CHILD DISPLAY “Are you”;
ELSE SAY “Is {his/her} father”

QC15_H19 {Are you/is (his/her) father} a citizen of the United States?
{您/{他的/她的}父親}是美國公民嗎？

CH14A [IF R SAYS HE IS A NATURALIZED CITIZEN, CODE YES]

YES .................................................................1 [GO TO PN QC15_H21]
NO .................................................................2
APPLICATION PENDING ........................................3
REFUSED .........................................................-7
DON'T KNOW ..................................................-8

QC15_H20 {Are you/is (his/her) father} a permanent resident with a green card?
{您/{他的/她的}父親}是持有綠卡的永久居民嗎？

CH15

YES .................................................................1
NO .................................................................2
APPLICATION PENDING ........................................3
REFUSED .........................................................-7
DON'T KNOW ..................................................-8

PROGRAMMING NOTE QC15_H21:
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC15_H21 AND DISPLAY “have you”;
ELSE, CONTINUE WITH QC15_H21 AND DISPLAY “has {his/her} father”

QC15_H21 About how many years {have you/has (his/her) father} lived in the United States?
您在美國大約居住多少年了？{他的/她的}父親在美國大約居住多少年了？

CH16

_____ NUMBER OF YEARS [HR: 0-AGE]
(OR)
CH16YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH16FMT

NUMBER OF YEARS ..............................................1
YEAR FIRST CAME TO LIVE IN U.S. ..........................2
FATHER DECEASED ...........................................3
NEVER LIVED IN U.S. ........................................4
REFUSED .........................................................-7
DON'T KNOW ..................................................-8
PROGRAMMING NOTE QC15_H22:
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE QC15_H23;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH QC15_H22

QC15_H22  In general, what languages are spoken in (CHILD)'s home?
           一般來說，在(CHILD)家中用什麼語言交談？

[PROBE: “Any others?”]
[PROBE: “還有其它語言嗎？”]

<table>
<thead>
<tr>
<th>Language</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
<td>1</td>
</tr>
<tr>
<td>SPANISH</td>
<td>2</td>
</tr>
<tr>
<td>CANTONESE</td>
<td>3</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>4</td>
</tr>
<tr>
<td>TAGALOG</td>
<td>5</td>
</tr>
<tr>
<td>MANDARIN</td>
<td>6</td>
</tr>
<tr>
<td>KOREAN</td>
<td>7</td>
</tr>
<tr>
<td>ASIAN INDIAN LANGUAGES</td>
<td>8</td>
</tr>
<tr>
<td>RUSSIAN</td>
<td>9</td>
</tr>
<tr>
<td>OTHER1 (SPECIFY: ____________)</td>
<td>91</td>
</tr>
<tr>
<td>OTHER2 (SPECIFY: ____________)</td>
<td>92</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QC15_H23:
IF INTERVIEW CONDUCTED IN ENGLISH AND QC15_H22 > 1 (TWO OR MORE LANGUAGES
SPOKEN AT HOME), CONTINUE WITH QC15_H23 AND DISPLAY “Compared to the language
spoken in (CHILD)'s home,”;
SET CH18CH18ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QC15_H23 WAS
ASKED;
ELSE IF QC15_H22 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC15_H24

QC15_H23  {Compared to other languages spoken in (CHILD)'s home,} would you say you speak
           English…
           {相比起在(CHILD)家裡說的其他語言，}您覺得您的英文說得…

<table>
<thead>
<tr>
<th>CH18</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
<td>1</td>
</tr>
<tr>
<td>非常好</td>
<td>1</td>
</tr>
<tr>
<td>Fairly well</td>
<td>2</td>
</tr>
<tr>
<td>較好</td>
<td>2</td>
</tr>
<tr>
<td>Not well, or</td>
<td>3</td>
</tr>
<tr>
<td>不好，還是</td>
<td>3</td>
</tr>
<tr>
<td>Not at all?</td>
<td>4</td>
</tr>
<tr>
<td>完全不會說？</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
What is the highest grade of education you have completed and received credit for?
您完成的最高教育和獲得學分的最高年級是什麼？

**GRADE SCHOOL**
- 1ST GRADE ......................................................... 1
- 2ND GRADE ......................................................... 2
- 3RD GRADE ......................................................... 3
- 4TH GRADE ........................................................ 4
- 5TH GRADE ........................................................ 5
- 6TH GRADE ........................................................ 6
- 7TH GRADE ........................................................ 7
- 8TH GRADE ........................................................ 8

**HIGH SCHOOL OR EQUIVALENT**
- 9TH GRADE ........................................................ 9
- 10TH GRADE ...................................................... 10
- 11TH GRADE ...................................................... 11
- 12TH GRADE ...................................................... 12

**4-YEAR COLLEGE OR UNIVERSITY**
- 1ST YEAR (FRESHMAN) ........................................ 13
- 2ND YEAR (SOPHOMORE) ...................................... 14
- 3RD YEAR (JUNIOR) ............................................. 15
- 4TH YEAR (SENIOR) ............................................. 16
- 5TH YEAR ........................................................ 17

**GRADUATE OR PROFESSIONAL SCHOOL**
- 1ST YEAR GRAD OR PROF SCHOOL ...................... 18
- 2ND YEAR GRAD OR PROF SCHOOL (MA/MS) ............ 19
- 3RD YEAR GRAD OR PROF SCHOOL ...................... 20
- MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD) ... 21

**2-YEAR JUNIOR OR COMMUNITY COLLEGE**
- 1ST YEAR ......................................................... 22
- 2ND YEAR ......................................................... 23

**VOCATIONAL, BUSINESS, OR TRADE SCHOOL**
- 1ST YEAR ......................................................... 24
- 2ND YEAR ......................................................... 25
- MORE THAN 2 YEARS ......................................... 26
- HAD NO FORMAL EDUCATION ......................... 30
- REFUSED ...................................................... -7
- DON'T KNOW .................................................. -8
SECTION H – DEMOGRAPHICS, PART III

PROGRAMMING NOTE QC15_H25:
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC15_H25;
ELSE GO TO QC15_H26

QC15_H25  Based on the questions in this survey about (CHILD), is there another adult in the household who is more knowledgeable about questions we asked about (CHILD)?

根据您所了解的本次访谈中有关 (CHILD) 的问题，您住户中有没有另一位成年人对關於 (CHILD) 的这些问题更清楚？

<table>
<thead>
<tr>
<th>CH30</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>.................................................................</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>.................................................................</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>.................................................................</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>.................................................................</td>
<td>-8</td>
</tr>
</tbody>
</table>

QC15_H26  Those are my final questions. I appreciate your patience. Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

以上是最後幾個問題。感謝您的耐心合作。最後，您是否願意在今後參加本項問卷調查的後續調查？

<table>
<thead>
<tr>
<th>CG38</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>.................................................................</td>
<td>1</td>
</tr>
<tr>
<td>MAYBE/PROBABLY YES</td>
<td>.................................................................</td>
<td>2</td>
</tr>
<tr>
<td>DEFINITELY NOT</td>
<td>.................................................................</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>.................................................................</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>.................................................................</td>
<td>-8</td>
</tr>
</tbody>
</table>

END  Thank you. You have helped with a very important statewide survey. If you have any questions, you can contact Dr. Ponce, the Principal Investigator. Do you want that number?

[IF YES, SAY: “Dr. Ponce can be reached toll-free at 1-866-275-2447.”]  
[IF NO, SAY: “Goodbye.”]

謝謝！您幫助我們進行了一項在全州範圍開展的非常重要的問卷調查。如果您有任何疑問，請與研究負責人Ninez Ponce 博士接洽。您要他的電話號碼嗎？

[IF YES, SAY: “您可以撥打免費電話號碼1-866-275-2447，與 Ponce 博士聯繫。”]  
[IF NO, SAY: “再見.”]