CHIS 2017 Child Questionnaire
Version 2.13 Chinese
October 3, 2019
Adult Respondents Age 18 and Older
(Children Ages 0-11 Answered by Adult Proxy Respondent)

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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 2018 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

‘PN_QC2017_A1’ [PN_CA1] -
PROGRAMMING NOTE CA1:
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = SKA AND GENDER OF CHILD IS KNOWN, SKIP TO CA2;
ELSE CONTINUE WITH CA1

‘QC2017_A1’ [CA1] –

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.

Is (CHILD) male or female?

某些問題是基於 (CHILD) 的個人特徵而提出的，例如 (CHILD) 的年齡。因此，我會首先向您提出幾個簡單的背景問題。

(CHILD) 是男性還是女性？

- 01 MALE
- 02 FEMALE
- 7 REFUSED

‘QC2017_A2’ [CA2] –

What is {his/her} date of birth?

請告訴我 {他/她} 出生日期。

‘CA2MON’ [CA2MON] - _____ MONTH_[HR: 1-12]

- 01 JANUARY
- 02 FEBRUARY
- 03 MARCH
- 04 APRIL
- 05 MAY
- 06 JUNE
- 07 JULY
- 08 AUGUST
- 09 SEPTEMBER
- 10 OCTOBER
- 11 NOVEMBER
- 12 DECEMBER

‘CA2DAY’ [CA2DAY] - _____ DAY [HR: 1-31]

‘CA2YR’ [CA2YR] - _____ YEAR [HR: 2004-2016]

- 7 REFUSED
- 8 DON'T KNOW
`PN_QC2017_A3` [PN_CA3] -

**PROGRAMMING NOTE CA3:**

IF CA2 = -7 OR -8 (REFUSED/DON’T KNOW) CONTINUE WITH CA3;
ELSE SKIP TO CA4

`QC2017_A3` [CA3] –

How old is (he/she)?

(他/她) 多大歲了?

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

`CA3YR` [CA3YR] - _______________ YEARS

`CA3MON` [CA3MON] - _______________ MONTHS

-7 REFUSED
-8 DON’T KNOW

`QC2017_A4` [CA4] –

About how tall is (CHILD) now without shoes?

(CHILD) 目前不穿鞋大約有多高?

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

`CA4F/CA4I` [CA4F/CA4I] -

_____ FEET
_____ INCHES

`CA4M/CA4C` [CA4M/CA4C] -

_____ METERS
_____ CENTIMETERS

`CA4FMT` [CA4FMT] -

☐ 01 FEET/INCHES
☐ 02 METERS/CENTIMETERS
☐ -7 REFUSED
☐ -8 DON’T KNOW
About how much does (CHILD) weigh now without shoes?

[CHILD]目前不穿鞋大約有多重？

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

'CA5P' [CA5P] - _____ POUNDS

'CA5K' [CA5K] - _____ KILOGRAMS

'CA5FMT' [CA5FMT] -

CA5FMT

- 01 POUNDS
- 02 KILOGRAMS
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A6' [PN_CA14] -
PROGRAMMING NOTE CA14 : IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE CA42 ; ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH CA14

'QC2017_A6' [CA14] -

Was (CHILD) ever breastfed or fed breast milk?

[CHILD] 是否曾經被喂過母乳？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto ‘QC2017_A11’

'QC2017_A7' [CA15] - 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？

'CA15M' [CA15M] - CA15M

'CA15Y' [CA15Y] - CA15Y

REDK_CA15

- 93 STILL BREASTFEEDING
- 7 REFUSED
- 8 DON'T KNOW
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？

[IF NEEDED SAY: “Solid food is anything other than milk, formula, juice, water, herbs or teas.”]
[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。]

_____ MONTHS

- 93 NO SOLID FOOD YET
- 07 REFUSED
- 08 DON'T KNOW

(PN_QC2017_A9' [PN_CA42] -
PROGRAMMING NOTE CA42:
IF CAGE < 5 YEARS GO TO CA6;
ELSE CONTINUE WITH CA42 AND IF CAGE = 5 YRS DISPLAY “Not including pre-school or nursery school,”

‘QC2017_A9’ [CA42] –

{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？

- 01 YES
- 02 NO
- 03 ON VACATION
- 04 HOME SCHOOLED
- 07 REFUSED
- 08 DON'T KNOW

If = 1, 4, goto ‘QC2017_A11’

(PN_QC2017_A10’ [PN_CA43] -
PROGRAMMING NOTE CA43:
IF CAGE = 5 YRS DISPLAY “Not including pre-school or nursery school,”

‘QC2017_A10’ [CA43] –

{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？

- 01 YES
- 02 NO
- 03 HOMESCHOOLED
- 07 REFUSED
- 08 DON'T KNOW
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？

- 01 EXCELLENT
- 02 VERY GOOD
- 03 GOOD
- 04 FAIR
- 05 POOR
- -7 REFUSED
- -8 DON'T KNOW

‘QC2017_A12’ [CA12] –

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？

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘QC2017_A28’

‘QC2017_A13’ [CA31] –

Does (he/she) still have asthma?

{他/她}是否依然患有哮喘病？

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

‘QC2017_A14’ [CA32] –

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？

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
‘PN_QC2017_A15’ [PN_CA12B] –
PROGRAMMING NOTE CA12B:
IF CA31 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND CA32 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) GO TO CA12A;
ELSE IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO CA12A;
ELSE CONTINUE WITH CA12B

‘QC2017_A15’ [CA12B] –

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、氣喘、氣短、胸悶或粘痰？您認為是...

- 01 Not at all,
- 02 Less than every month,
- 03 Every month,
- 04 Every week, or
- 05 Every day?
- -7 REFUSED
- -8 DON'T KNOW

‘QC2017_A16’ [CA33] –

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？

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘QC2017_A18’

‘QC2017_A17’ [CA48] –

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(him/her)的醫生而將(him/her)送到醫院急診室就診？

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

- 01 YES
- 02 NO
- 03 DOESN‘T HAVE DOCTOR
- -7 REFUSED
- -8 DON‘T KNOW
NCQ2017_A18’ [CA44] –

During the past 12 months, was (he/she) admitted to the hospital overnight or longer for (his/her) asthma?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW

‘QC2017_A19’ [CA12A] –

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？

[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。」]

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW

‘PN_QC2017_A20’ [PN_CA40] -

PROGRAMMING NOTE CA40 :
IF CA31 = 1 (YES, STILL HAS ASTHMA) OR CA32 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO CA34 ;
IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO CA34 ;
ELSE CONTINUE WITH CA40

‘QC2017_A20’ [CA40] –

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...

- 01 Not at all,
- 02 Less than every month,
- 03 Every month,
- 04 Every week, or
- 05 Every day?
- 06 Every other day?
- 7 REFUSED
- 8 DON’T KNOW
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？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto ‘QC2017_A23’

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？

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

- 01 YES
- 02 NO
- 03 DOESN'T HAVE DOCTOR
- 7 REFUSED
- 8 DON'T KNOW

‘PN_QC2017_A23’ [PN_CA45] - PN_CA45

PROGRAMMING NOTE CA45:
IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO CA34;

During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?

過去十二個月中，{他/她}曾經因哮喘住院一天或更長時間嗎？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

‘QC2017_A24’ [CA34] –

During the past 12 months, how many days of day care 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？

_________ NUMBER OF DAYS

- 93 CHILD NOT IN DAYCARE OR SCHOOL
- 7 REFUSED
- 8 DON'T KNOW
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)医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？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto ‘QC2017_A27’

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？

[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。”]

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE CA51:
IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO CA7;

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(CHILD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？

- 01 VERY CONFIDENT
- 02 SOMEWHAT CONFIDENT
- 03 NOT TOO CONFIDENT
- 04 NOT AT ALL CONFIDENT
- 7 REFUSED
- 8 DON'T KNOW
During the past 12 months, has (CHILD) had symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm when (he/she) DID NOT have a cold or respiratory infection?

過去12個月內，(CHILD)在並無傷風或呼吸系統感染疾病時,曾有咳嗽、氣喘、氣促、胸悶或痰等症狀嗎？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8 go to ‘PN_QC2017_A30’

How often did (he/she) have those symptoms? Would you say...

[他/她]多常有這些症狀？您認為......

- 01 NOT AT ALL
- 02 Once or twice in the past 12 months
- 03 Every couple of months
- 04 Every month, or
- 05 Every week?
- 7 REFUSED
- 8 DON'T KNOW

During the past 12 months, has (CHILD) been bothered by sneezing or a runny or blocked nose when (he/she) DID NOT have a cold or the flu?

過去12個月內，(CHILD)在並無傷風或感冒時,曾受打噴嚏、流鼻水或鼻塞等困擾嗎？

[IF R MENTIONS ALLERGY, CODED ‘YES’]

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto ‘QC2017_A32’
How often did {he/she} have those symptoms? Would you say...

- 01 NOT AT ALL
- 02 Once or twice in the past 12 months
- 03 Every couple of months
- 04 Every month, or
- 05 Every week?
- -7 REFUSED
- -8 DON'T KNOW

During the past 12 months, has (CHILD) been bothered by watery, itchy, or burning eyes when {he/she} DID NOT have a cold or the flu?

過去12個月內，(CHILD)在並無傷風或感冒時，曾受淚眼、眼睛痕癢或灼熱等困擾嗎？

[IF R MENTIONS ALLERGY, CODED ‘YES’]
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW

If = 2, -7, -8, goto ‘QC2017_A34’

How concerned are you with the air quality? Would you say...

- 01 It is not a concern
- 02 A moderate concern
- 03 A significant concern
- 04 Very concerned
- -7 REFUSED
- -8 DON’T KNOW
Please rate the air quality in your neighborhood? Would you say…

您覺得社區內的空氣品質怎樣？您認為……

- 01 Excellent
- 01 極好
- 02 Very good
- 02 很好
- 03 Good
- 03 好
- 04 Fair, or
- 04 一般還是
- 05 Poor
- 05 差
- -7 REFUSED
- -8 DON'T KNOW

In the past 12 months, has (CHILD) had an illness or symptoms that you think was caused by pollution in the air outdoors?

過去12個月內，(CHILD)曾否患過您認為是室外空氣污染所造成的疾病或症狀？

[IF NEEDED, SAY: Things like dust, smog, automobile exhaust, and chemicals can cause outdoor air pollution] [IF NEEDED, SAY: 塵埃、煙霧、汽車廢氣及化學物質等東西可導致室外空氣污染]

[NOTE: IF CHILD HAD EXPERIENCE AN ILLNESS OR SYMPTOMS WITHIN THE PAST 12 MONTHS THAT WAS CAUSED BY SOMETHING IN THE AIR HE OR SHE ENCOUNTERED MORE THAN 12 MONTHS AGO, THEN CODE ‘YES’]

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

The next questions are about the outdoor air quality and how it affects your activities. Please think of the past 12 months. How many times did you reduce or change (his/her) outdoor activity levels because you thought the air quality was bad or was affecting how well (he/she) felt? Would you say…

接下來的問題是關於室外空氣品質及其如何影響您的活動。請想想過去12個月。(他/她)曾有多少次因認為空氣品質欠佳或受其影響，而減少或更改室外活動？您認為……

[IF NEEDED: For example, avoiding outdoor exercise or strenuous outdoor activity.] [IF NEEDED:例如，避免室外運動或劇烈的室外活動。]

- 1 None
- 2 1 to 3 times,
- 3 4 to 6 times, or
- 4 More than 6 times?
- 5 REFUSED
- 6 DON'T KNOW
'QC2017_A38' [CA68] -

Information on air quality that may be distributed to help inform the public about air pollution levels. Have you ever heard or read about the air quality index or air quality alerts where you live?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

'QC2017_A39' [CA69] –

Did you reduce or change {his/her} outdoor activity level based on the air quality index or air quality alerts?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

'QC2017_A40' [CA7] –

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?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto 'QC2017_A45'
What condition does (CHILD) have?

(CYLH] 患有哪種病症？

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

[PROBE: “還有其它語言嗎？”]

- 01 ADD/ADHD
- 02 ASPERGER'S SYNDROME
- 03 AUTISM
- 04 CEREBRAL PALSY
- 05 CONGENITAL HEART DISEASE
- 06 CYSTIC FIBROSIS
- 07 DIABETES
- 08 DOWN'S SYNDROME
- 09 EPILEPSY
- 10 DEAFNESS OR OTHER HEARING PROBLEM
- 11 MENTAL RETARDATION, OTHER THAN DOWN'S
- 12 MUSCULAR DYSTROPHY
- 13 NEUROMUSCULAR DISORDER
- 14 ORTHOPEDIC PROBLEM (BONES OR JOINTS)
- 15 SICKLE CELL ANEMIA
- 16 BLINDNESS OR OTHER VISION PROBLEM
- 91 OTHER (SPECIFY: _____________)
- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, goto ‘QC2017_A45’

OTHER

‘QC2017_A42’ [CA55] -

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 CA10A)?

(CYLH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，以便您瞭解如何控制{他的/她的}(INSERT CONDITION(S) FROM CA10A)?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto ‘QC2017_A44’

‘QC2017_A43’ [CA56] –

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

你是否有一份這項計劃的書面或列印副本？

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
How confident are you that you can control and manage (CHILD’s) (INSERT CONDITION(S) FROM CA10A)? 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 (CHILD的) (INSERT CONDITION(S) FROM CA10A) 信心有多強？您認為是有信心、較有信心、不太有信心還是毫無信心？

- 01 VERY CONFIDENT
- 02 SOMEWHAT CONFIDENT
- 03 NOT TOO CONFIDENT
- 04 NOT AT ALL CONFIDENT
- 07 REFUSED
- 08 DON'T KNOW

Does (CHILD) currently need or use medicine prescribed by a doctor, other than vitamins?

目前是否需要服用除維他命之外的任何醫生處方藥物？

[IF NEEDED, SAY: "This only applies to medications prescribed by a doctor. Over-the-counter medications such as cold or headache medication, or other vitamins, minerals, or supplements purchased without a prescription are not included."]

[IF NEEDED, SAY: "只適用於醫生開的處方藥, 不包括非處方藥物, 例如不需處方購買的傷風藥、頭痛藥、其他維他命、礦物質或營養補充剤。"]

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If =2, -7, -8, goto 'QC2017_A48'

Is (his/her) need for prescription medicine because of any medical, behavior, or other health condition?

他/她) 需要服用處方藥物, 原因是否基於任何醫療、行為或其他健康狀況？

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If =2, -7, -8, goto 'QC2017_A48'

Is this a condition that has lasted or is expected to last for 12 months or longer?

這是已持續或預期會持續 12 個月或以上的狀況嗎？

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW
Does (CHILD) need or get special therapy, such as physical, occupational or speech therapy?

(CHILD)需要或接受特殊治療嗎？例如物理、職業或言語治療？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7, -8, goto 'PN_CC1B'

Is {his/her} need for special therapy because of any medical, behavior, or other health condition?

{他/她}需要接受特殊治療，原因是否基於任何醫療、行為或其他健康狀況？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7, -8, goto 'PN_CC1B'

Is this a condition that has lasted or is expected to last for 12 months or longer

這是已持續或預期會持續 12 個月或以上的狀況嗎？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
SECTION B: DENTAL HEALTH

'Intro' [Intro] - Now I'm going to ask about (CHILD)'s dental health.

'PN_CC1B' [PN_CC1B] -
PROGRAMMING NOTE CC1B:
IF CAGE > 2 YEARS, GO TO CB33; AND DISPLAY "Now I'm going to ask you about (CHILD)'s dental health" ; ELSE CONTINUE WITH CC1B

'CC1B' [CC1B] - These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

下面是有關(CILD)的牙齒的問題。(CHILD)有沒有長牙？

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto 'SECTION C – DIET, PHYSICAL ACTIVITY, PARK USE'

'PN_QC2017_B2' [PN_CB33] - PN_CB33
PROGRAMMING NOTE CB33:
IF CAGE ≥ 4 CONTINUE WITH CB33; ELSE SKIP TO CC5B

'QC2017_B2' [CB33] –

{Now I'm going to ask you about (CHILD)'s dental health} Did you take your child to the dentist before the age of 4?

{現在要提出關於(CILD)牙齒健康的問題}您有否在子女 4 歲前帶 {他/她} 看牙醫？

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

'CC5B' [CC5B] –

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。

- 00 HAS NEVER VISITED
- 01 6 MONTHS AGO OR LESS
- 02 MORE THAN 6 MONTHS UP TO 1 YEAR AGO
- 03 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- 04 MORE THAN 2 YEARS UP TO 5 YEARS AGO
- 05 MORE THAN 5 YEARS AGO
- -7 REFUSED
- -8 DON'T KNOW
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？

- 01 NO REASON TO GO/NO PROBLEMS
- 02 NOT OLD ENOUGH
- 03 COULD NOT AFFORD IT/TOO EXPENSIVE/NO INSURANCE
- 04 FEAR, DISLIKES GOING
- 05 DO NOT HAVE/KNOW A DENTIST
- 06 CANNOT GET TO THE OFFICE/CLINIC
- 07 NO DENTIST AVAILABLE/NO APPOINTMENTS AVAILABLE
- 08 DIDN'T KNOW WHERE TO GO
- 09 HOURS NOT CONVENIENT
- 10 SPEAK A DIFFERENT LANGUAGE
- 91 OTHER
- -7 REFUSED
- -8 DON'T KNOW

If CC5B = 0, goto ‘QC2017_B6’

Is there a particular dentist or place you usually go to for (CHILD)’s dental care?

您通常有否到特定牙醫或地點，以帶(CHILD)接受牙科護理？

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

During the past 12 months, was there any time your child needed dental care, but you could not afford it?

過去12個月內，您子女曾否需要牙科護理，而您負擔不到？

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
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) 牙科護理的部分或全部費用？

[IF NEEDED: Include dental insurance, prepaid dental plans such as HMOs, or government plans such as Medi-Cal or Covered California] [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。」]

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto 'CC7BNEW'

‘QC2017_B8’ [CB34B] –

Who pays for this dental insurance, not counting co-pays or deductibles you may have?

誰為該牙科保險付費？請不要計入您可能需要支付的共付款或自付額

- 01 SELF OR FAMILY
- 02 RESPONDENT’S CURRENT OR FORMER EMPLOYER OR UNION
- 03 SPOUSE’S CURRENT OR FORMER EMPLOYER OR UNION
- 04 SOMEONE OUTSIDE HOUSEHOLD
- 05 MEDICARE
- 06 MEDI-CAL (MEDICAID) DENTAL-CAL
- 07 OTHER GOVERNEMENT DENTAL PROGRAM
- 09 INDIAN HEALTH SERVICE
- 10 COVERED CALIFORNIA
- 7 REFUSED
- 8 DON’T KNOW

‘CC7BNEW’ [CC7BNEW] –

Do you use any free community or public dental programs for (CHILD)’s dental care?

您有否利用任何免費的社區或公共牙科計劃，以讓 (CHILD) 接受牙科護理？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW

‘QC2017_B10’ [CB27] –

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 (CHILD) 需要牙科護理，包括牙科檢查，但沒有得到的時候？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW

If = 2, -7, -8, goto ‘QC2017_B12’
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？

- 01 COULDN'T GET APPOINTMENT
- 02 MY INSURANCE NOT ACCEPTED
- 03 INSURANCE DID NOT COVER
- 04 LANGUAGE PROBLEMS
- 05 TRANSPORTATION PROBLEMS
- 06 HOURS NOT CONVENIENT
- 07 NO CHILD CARE FOR CHILDREN AT HOME
- 08 FORGOT OR LOST REFERRAL
- 09 I DIDN'T HAVE TIME
- 10 COULDN'T AFFORD/COST TOO MUCH
- 11 NO INSURANCE
- 91 OTHER (SPECIFY: _____________)
- -7 REFUSED
- -8 DON'T KNOW

OTHER_CB28

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？

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

'PN_CC18B' [PN_CC18B] - PROGRAMMING NOTE CC18B:
IF (CA42=1 OR 4) OR (CA43=1 OR 3) [CHILD ATTENDS SCHOOL] CONTINUE WITH CC18B;
ELSE GO TO SECTION C

'CC18B' [CC18B] –

During the past 12 months, did {he/she} miss any time from school because of a dental problem? Do not count time missed for cleaning or a check-up.

過去12個月內，{他/她}曾否因牙科問題而錯失任何上課時間？不包括因洗牙或牙科檢查而錯失的時間。

- 01 YES
- 02 NO
- 03 DOESN'T ATTEND SCHOOL
- -7 REFUSED
- -8 DON'T KNOW
'PN_QC2017_C1' [PN_CC13] -
PROGRAMMING NOTE CC13:
IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE CC53;
ELSE CONTINUE WITH CC13

'QC2017_C1' [CC13] –

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。

[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]
○ -7 REFUSED
○ -8 DON’T KNOW

'QC2017_C2' [CC31] –

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。

______ SERVINGS [HR: 0-20; SR 0-4]
○ -7 REFUSED
○ -8 DON’T KNOW

'QC2017_C3' [CC49] –

[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。

______ GLASSES, CANS OR BOTTLES

REDK_CC49
○ -7 REFUSED
○ -8 DON’T KNOW
Yesterday, how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

[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

- 7 REFUSED

- 8 DON'T KNOW

‘PN_QC2017_C5’ [PN_CC40] –

Programming Note CC40:
If CA42 = 4 (Home schooled last week) or if CA43 = 3 (Home schooled last year), go to Programming Note CC35;
Else if CA42 = 1 (Attended school last week), continue with CC40 and display “How many days in the past week”;
If CA43 = 1 (Attended school last year), continue with CC40 and display “During the school year, on how many days during a typical week”;
Else go to Programming Note CC35

‘QC2017_C5’ [CC40] –

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?

{Interviewer note: If R says child bikes or skateboards home, say, “I’ll ask about those next.”}

{If child does not go directly home from school, include # of days walked, etc. to childcare, relative’s home, after-school program, etc.]

_____ DAYS

- 7 REFUSED

- 8 DON'T KNOW

‘QC2017_C6’ [CC43] –

{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?

{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

- 7 REFUSED

- 8 DON'T KNOW
PN_QC2017_C7' [PN_CB22] -
PROGRAMMING NOTE CB22 :
If CA42 = 1 (ATTENDED SCHOOL LAST WEEK) OR CA43 = 1 (ATTENDED SCHOOL LAST YEAR) THEN
CONTINUE WITH CB22 ;
ELSE SKIP TO PROGRAMMING NOTE CC35

‘QC2017_C7’ [CB22] –

What is the name of the school (CHILD) goes to or last attended?

所上學校或最後上的學校的名稱是什麼？

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

‘TEXT_NAM_CB22’ [TEXT_NAM_CB22] - ___________________________ NAME OF SCHOOL

‘TYP_CB22’ [TYP_CB22] - TYP_CB22

- 00 CHILD NOT IN SCHOOL
- 01 PRE-SCHOOL/DAYCARE
- 02 KINDERGARTEN
- 03 ELEMENTARY
- 04 INTERMEDIATE
- 05 JUNIOR HIGH
- 06 MIDDLE SCHOOL
- 07 CHARTER
- 91 OTHER (SPECIFY: __________) 
- -7 REFUSED
- -8 DON’T KNOW

OTHER_CB22

PN_QC2017_C8’ [PN_CC35] -
PROGRAMMING NOTE CC35 :
IF CAGE < 5, SKIP TO PN CC53 ;
ELSE CONTINUE WITH CC35

‘QC2017_C8’ [CC35] –

Not including school PE, on how many days of the past 7 days was (CHILD) physically active for at least 60 minutes
total?

請勿包括學校的體育課，在過去七天中，(CHILD)有幾天每天至少總共進行60分鐘的身體活動？

______ DAYS [HR: 0-7]

- 7 REFUSED
- 8 DON’T KNOW
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。

[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]

○ -7 REFUSED
○ -8 DON’T KNOW

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?

下面的問題時關於(您的孩子/CHILD)不在學校也不在做作業時，坐著的時間。在周末，通常在一天內，(您的孩子/CHILD)坐在那裡看電視、玩電子遊戲、與朋友聊天或做其他坐著的活動的時間有多長？

______ HOURS

______ MINUTES

○ -7 REFUSED
○ -8 DON’T KNOW

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?

在星期一至星期五中，通常在一天內，(您的孩子/CHILD)坐在那裡看電視、玩電子遊戲、與朋友聊天或做其他坐著的活動的時間有多長？

______ HOURS

______ MINUTES

○ -7 REFUSED
○ -8 DON’T KNOW
‘QC2017_C12’ [CC37] –
Has (CHILD) been to a park, playground, or open space in the past 30 days?
在過去三十天中，(CHILD)是否曾經到公園、兒童活動場地或開闊的地方?
- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW

‘QC2017_C13’ [CC36] –
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?
- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW

‘QC2017_C14’ [CC39] –
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.
離我的住處最近的公園或兒童活動場地白天很安全。
- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON’T KNOW

‘QC2017_C15’ [CC46] –
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。
[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “您是極為贊成、贊成、不贊成還是很不贊成？”]
- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON’T KNOW
SECTION D: HEALTH CARE ACCESS AND UTILIZATION

‘QC2017_D1’ [CD1] –

The next questions are about where (CHILD) goes for health care.

Is there a place you usually take (him/her) to when (he/she) is sick or you need advice about (his/her) health?

当{他/她}生病或您需要徴詢有關{他的/她的}健康建議時，您有沒有一個通常帶{他/她}去的地方？

☐ 01 YES
☐ 02 NO
☐ 03 DOCTOR/(HIS/HER) DOCTOR
☐ 04 KAISER
☐ 05 MORE THAN ONE PLACE
☐ -7 REFUSED
☐ -8 DON’T KNOW

If = 2, goto ‘PN_QC2017_D3’

‘PN_QC2017_D2’ [PN_CD3] –

PROGRAMMING NOTE CD3:
IF CD1 = 1, 5, -7, OR -8, DISPLAY “What kind of place do you take {him/her} to most often—a medical”;
ELSE IF CD1 = 3 DISPLAY “Is {his/her} doctor in a private”;
ELSE IF CD1 = 4, FILL CD3 = 1 AND GO TO PN CD12

‘QC2017_D2’ [CD3] –

[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？

☐ 01 DOCTOR’S OFFICE/KAISER/OTHER HMO
☐ 02 CLINIC/HEALTH CENTER/HOSPITAL CLINIC
☐ 03 EMERGENCY ROOM
☐ 91 SOME OTHER PLACE (SPECIFY: __________)
☐ 94 NO ONE PLACE
☐ -7 REFUSED
☐ -8 DON’T KNOW

‘PN_QC2017_D3’ [PN_CD12] –

PROGRAMMING NOTE CD12:
IF CA33 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF CA41 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA), MARK YES ON CD12 AND GO TO CD6;
ELSE CONTINUE WITH CD12

‘QC2017_D3’ [CD12] –

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？

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW
‘QC2017_D4’ [CD6] –
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？

TIMES
-7 REFUSED
-8 DON'T KNOW

‘PN_QC2017_D5’ [PN_CD7] -
PROGRAMMING NOTE CD7:
IF CD6 > 0, GO TO PROGRAMMING NOTE CD33;
ELSE IF CD6 = 0, -7, OR -8, CONTINUE WITH CD7

‘QC2017_D5’ [CD7] –
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？

-7 REFUSED
-8 DON'T KNOW

‘PN_QC2017_D6’ [PN_CD33] -
PROGRAMMING NOTE CD33:
IF CD1 = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH CD33;
ELSE SKIP TO PROGRAMMING NOTE PN_CF40

‘QC2017_D6’ [CD33] –
Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

{他/她}是否有位個人醫生或醫療服务提供者擔任{他的/她的}主要服務提供者？

[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。”]

-7 REFUSED
-8 DON'T KNOW
‘PN_QC2017_D7’ [PN_CD36] –

PROGRAMMING NOTE CD36:

IF CD1 = 1, 3, 4, OR 5 (HAS USUAL SOURCE OF CARE) AND CD33 = 1 (HAS PERSONAL DOCTOR) AND AND [CA31 = 1 (HAS ASTHMA) OR CA32 = 1 (HAD ASTHMA ATTACK) OR CA7 = 1 (HAS OTHER CONDITION)],

CONTINUE WITH CD36;

ELSE SKIP TO PROGRAMMING NOTE PN_CF40

‘QC2017_D7’ [CD36] –

Is there anyone at (CHILD’s) doctor’s office or clinic who helps coordinate (his/her) care with other doctors or services such as tests or treatments?

在的)醫生辦公室或診所是否有人幫助協調其他醫生對的護理或服務，例如測試或治療？

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON’T KNOW

‘PN_QC2017_D8’ [PN_CF40] –

PROGRAMMING NOTE CF40:

IF CAGE < 1, SKIP to CD55
ELSE IF CAGE ≥ 1, CONTINUE WITH CF40

‘QC2017_D8’ [CF40] –

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?

很多健康服務提供者、老師及心理諮詢顧問等專業人員進行發育狀況篩選測試。這些測試檢查兒童的成長、學習及行為狀況，並與同齡兒童的狀況進行比較。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的的發育狀況進行評估或測試？

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON’T KNOW

‘QC2017_D9’ [CF41] –

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?

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翻滾、撿起小物品、疊放積木、扔球或辨別不同的顏色？

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON’T KNOW
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學習、發育或行為方面問題感到擔心的核查表？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

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查表，瞭解能夠完成的活動（例如完成某些身體方面的任務）、是否能畫某些物體或與您交流的方式？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

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學習、發育或行為有任何擔心的問題？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

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有應當進行認真監管的問題？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
Did they ever refer him/her to a specialist regarding his development?

他們是否曾經就發育問題將推薦給一位專科醫生？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

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؟

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

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(CHILD)生病或受傷在兩天內約見(CHILD)的醫生或醫療服務提供者

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

- 01 NEVER
- 02 SOMETIMES
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QC2017_D18’

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...

- 01 NEVER
- 02 SOMETIMES
- 03 USUALLY, or
- 04 ALWAYS?
- 7 REFUSED
- 8 DON'T KNOW
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‘PN_QC2017_D18’ [PN_CD25] -

PROGRAMMING NOTE CD25 :
IF [CD6 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR CD7 = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH CD25 ;
ELSE GO TO CE1

‘QC2017_D18’ [CD25] –

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

您上次带去看醫生時，您是否很难聽懂醫生說的話？

- 01 YES
- 02 NO
- 03 NEVER ACCOMPANIED CHILD TO DOCTOR
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto ‘PN_QC2017_D20’

‘PN_QC2017_D19’ [PN_CD31] -

PROGRAMMING NOTE CD31 :
IF CD25 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR AH36 > 1 (ADULT R SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH CD31 ;
SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME CD31 WAS ASKED;
ELSE SKIP TO CD26 ;

‘QC2017_D19’ [CD31] –

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

的醫生用哪一種語言與您交談？

- 01 ENGLISH
- 02 SPANISH
- 03 CANTONESE
- 04 VIETNAMESE
- 05 TAGALOG
- 06 MANDARIN
- 07 KOREAN
- 08 ASIAN INDIAN LANGUAGES
- 09 RUSSIAN
- 91 OTHER1 (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto ‘QC2017_D21’
If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, goto ‘QC2017_D23’
PROGRAMMING NOTE CD26:
IF CD25 = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH CD26;
ELSE SKIP TO CE1;

‘QC2017_D20’ [CD26] –
Was this because you and the doctor spoke different languages?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

‘QC2017_D21’ [CD27] –
Did you need someone to help you understand the doctor?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘QC2017_D23’

‘QC2017_D22’ [CD28] –
Who was this person who helped you understand the doctor?

- 01 MINOR CHILD (UNDER AGE 18)
- 02 AN ADULT FAMILY MEMBER OR FRIEND OF MINE
- 03 NON-MEDICAL OFFICE STAFF
- 04 MEDICAL STAFF INCLUDING NURSES AND DOCTORS
- 05 PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE)
- 06 OTHER (PATIENTS, SOMEONE ELSE)
- 07 DID NOT HAVE SOMEONE TO HELP
- -7 REFUSED
- -8 DON'T KNOW

‘QC2017_D23’ [CE1] –
During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for (CHILD)?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘QC2017_D25’
Was cost or lack of insurance a reason why you delayed or did not get the prescription?

醫療費用或沒有保險是不是您延遲或沒有領取處方藥的一個原因？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW


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?

在過去十二個月內，您有沒有延遲或沒有尋求任何您認為 (CHILD) 需要的醫療護理，例如 看醫生、 專科醫生或其他醫

療專業人員？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto ‘QC2017_D30’

‘QC2017_D26’ [CD66] –

Did (CHILD) get the care eventually?

(CHILD) 最終接受護理了嗎？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW


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

醫療費用或沒有保險是不是您延遲或沒有讓{他/她}接受您認為必要的醫療護理的一個原因？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto ‘QC2017_D29’

‘QC2017_D28’ [CD67] –

Was that the main reason?

這是主要原因嗎？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 1, -7, -8, goto ‘QC2017_D30’
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？

- 01 COULDN’T GET APPOINTMENT
- 02 MY INSURANCE NOT ACCEPTED
- 03 INSURANCE DID NOT COVER
- 04 LANGUAGE PROBLEMS
- 05 TRANSPORTATION PROBLEMS
- 06 HOURS NOT CONVENIENT
- 07 NO CHILD CARE FOR CHILDREN AT HOME
- 08 FORGOT OR LOST REFERRAL
- 09 I DIDN’T HAVE TIME
- 10 COULDN’T AFFORD/COST TOO MUCH
- 11 NO INSURANCE
- 91 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON’T KNOW

‘QC2017_D30’ [CD69] –

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？

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW

‘QC2017_D31’ [CD70] –

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？

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW

‘QC2017_D32’ [CD71] –

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醫療保險計劃？

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW
SECTION E: PUBLIC PROGRAMS

‘PN_SECTION_E’ [PN_SECTION_E] -
PROGRAMMING NOTE SECTION E:
IF [POVERTY = 1, 2, 3, 4 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 CE11 ;
ELSE SKIP TO CG14

‘QC2017_E1’ [CE11] –
Is (CHILD) now on TANF or CalWORKs?

(CHILD)目前是否參加 TANF 或 CalWORKs？

[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」，而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。」”]

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW

‘QC2017_E2’ [CE11A] –
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。

[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卡接收福利。EBT 表示電子福利轉帳卡，也稱為「黃金州優惠卡」。」”]

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW

‘PN_QC2017_E3’ [PN_CE11C] -
PROGRAMMING NOTE CE11C :
IF CAGE > 6, GO TO CG14 ;
ELSE CONTINUE WITH CE11C

‘QC2017_E3’ [CE11C] –
Is (CHILD) on WIC now?

(CHILD)目前是否參加了WIC?

[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。」”]

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW
SECTION F: PARENTAL INVOLVEMENT

‘PN_QC2017_F1’ [PN_CG14] -
PROGRAMMING NOTE CG14:
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE CF64;
ELSE CONTINUE WITH CG14

‘QC2017_F1’ [CG14] –
In a usual week, about how many days do you or any other family members read stories or look at picture books with (CHILD)?

在普通的一週內，您或任何其他家庭成員大約有幾天與(CHILD)一起讀故事書或看圖書？

- 01 EVERY DAY
- 02 3-6 DAYS
- 03 1-2 DAYS
- 04 NEVER
- -7 REFUSED
- -8 DON'T KNOW

‘QC2017_F2’ [CG15] –
[In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

[在普通的一週中，您或任何其他家庭成員大約有幾天會與(CHILD)一起播放或演奏音樂或唱歌？]

- 01 EVERY DAY
- 02 3-6 DAYS
- 03 1-2 DAYS
- 04 NEVER
- -7 REFUSED
- -8 DON'T KNOW

‘QC2017_F3’ [CG16] –
[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?

[在普通的一週中，您或任何其他家庭成員大約有幾天會帶(CHILD)外出，例如上公園、商 店或兒童活動場地？]

- 01 EVERY DAY
- 02 3-6 DAYS
- 03 1-2 DAYS
- 04 NEVER
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE CF64:
IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH CF64;
ELSE GO TO CF35

'QC2017_F4' [CF64] –

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與您的孩子說話，閱讀和唱歌的信息？

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON´T KNOW

If =2, -7,-8, goto ‘QC2017_F8’

‘QC2017_F5’ [CF65] –

Would you say that you talk with your child less, about the same, 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？

○ 01 LESS
○ 02 ABOUT THE SAME
○ 03 MORE
○ -7 REFUSED
○ -8 DON´T KNOW

‘QC2017_F6’ [CF66] –

Would you say that you sing with your child less, about the same, 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，差不多的，還是更多了？

○ 01 LESS
○ 02 ABOUT THE SAME
○ 03 MORE
○ -7 REFUSED
○ -8 DON´T KNOW

‘QC2017_F7’ [CF67] –

Would you say that you read with your child less, about the same, 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？

○ 01 LESS
○ 02 ABOUT THE SAME
○ 03 MORE
○ -7 REFUSED
○ -8 DON´T KNOW
Did you know that First 5 California, a state agency, provides a free Kit for New Parents to the parents of newborns?

您是否知道有加州First 5（First 5 California）這間州立機構為新生嬰兒父母提供免費新父母套件（Kit for New Parents）?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto ‘QC2017_F13’

‘QC2017_F9’ [CF36] –

Have you ever received this Kit for New Parents?

您有否收過這份新父母套件?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto ‘QC2017_F13’

‘QC2017_F10’ [CD57] –

Did you receive the Kit for New Parents during the past year?

您去年收到新父母套件嗎?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto ‘QC2017_F13’

‘QC2017_F11’ [CF39] –

Did you use any of the materials from the Kit for New Parents?

您有否使用過新父母套件中任何資料嗎?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto ‘QC2017_F13’
On a scale of 1-10 with 10 being the most useful and 1 the least, how useful was the Kit for New Parents?

請以 1-10 評級，10 代表最實用而 1 代表最不實用，指出新父母套件有多實用。

_______________ RESPONDENT’S NUMBER FROM 1 (WORST) TO 10 (BEST)

-7 REFUSED
-8 DON’T KNOW

Overall, do you think your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

總體而言，您是否認為您的孩子在以下任何一個方面存在困難：情感、注意力集中、行為或與他人相處?

01 YES
02 NO
-7 REFUSED
-8 DON’T KNOW

If =2, -7, -8, goto ‘QC2017_F15’

During the past 12 months, did (CHILD) receive any psychological or emotional counseling?

在過去 12 個月中，(CHILD NAME /AGE/SEX) 是否曾經接受任何心理或情感諮 詢?

01 YES
02 NO
-7 REFUSED
-8 DON’T KNOW
SECTION G: CHILD CARE AND SOCIAL COHESION

'PN_QC2017_G1' [PN_CG1] -
PROGRAMMING NOTE CG1:
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

'QC2017_G1' [CG1] –

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？

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_KCG39'

'QC2017_G2' [CG2] –

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。

______ HOURS_[HR: 1-168, SR: 10-168 HRS]

- 1 REFUSED
- 2 DON'T KNOW

'PN_QC2017_G3' [PN_CG3A] -
PROGRAMMING NOTE CG3A:
IF CG2 < 10 (HOURS IN CHILDCARE), GO TO CG5;
ELSE CONTINUE WITH CG3A

'QC2017_G3' [CG3A] –

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？

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW
‘QC2017_G4’ [CG3E] –

[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(CILD)？

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON’T KNOW

‘QC2017_G5’ [CG3F] –

[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(CILD)？

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON’T KNOW

‘QC2017_G6’ [CG3D] –

[Does (CHILD) receive childcare from]...a childcare center that is not in someone's home?

[(CHILD)是由誰來照看？]...在一個不在任何人家中的托兒所/幼兒園？

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON’T KNOW

‘PN_QC2017_G7’ [PN_CG3B] - PROGRAMMING NOTE CG3B:
IF CAGE ≥ 7 YEARS, GO TO NEXT SECTION; ELSE CONTINUE WITH CG3B

‘QC2017_G7’ [CG3B] –

[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

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON’T KNOW

‘QC2017_G8’ [CG3C] –

[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

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON’T KNOW
**PROGRAMMING NOTE CG3G:**

IF [CG3A OR CG3E = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD’S HOME)] OR IF [CG3F ≠ 1 AND CG3D ≠ 1 AND CG3B ≠ 1 AND CG3C ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO CG5;

ELSE CONTINUE WITH CG3G;

IF ONLY ONE OF CG3F, CG3D, CG3B, OR CG3C = 1, DISPLAY "Is this" AND "provider";
ELSE DISPLAY, "Are all of these" AND "providers".
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.

为了确保我们包括了加州所有种族及种族团体的孩子，我最后需要问几个有关 {孩子} 的背景的问题。

‘QC2017_H1’ [CH1] –

Is (CHILD) Latino or Hispanic?

是拉丁裔或西裔吗？

[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？”]

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QC2017_H3’

‘QC2017_H2’ [CH2] –

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国籍是哪里？例如，墨西哥人、萨尔瓦多人、古巴人、洪都拉斯人——如果他/她有一个以上原国籍，讲出所有的原国籍告诉我。

[IF NECESSARY GIVE MORE EXAMPLES]
[CODE ALL THAT APPLY]

○ 01 MEXICAN/MEXICAN AMERICAN/CHICANO
○ 04 SALVADORAN
○ 05 GUATEMALAN
○ 06 COSTA RICAN
○ 07 HONDURAN
○ 08 NICARAGUAN
○ 09 PANAMANIAN
○ 10 PUERTO RICAN
○ 11 CUBAN
○ 12 SPANISH-AMERICAN (FROM SPAIN)
○ 91 OTHER LATINO (SPECIFY: ____________)
○ -7 REFUSED
○ -8 DON'T KNOW

OTHER LATINO (SPECIFY: ____________)
‘PN_QC2017_H3’ [PN_CH3] -
PROGRAMMING NOTE CH3:
IF CH1 = 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 CH3, CONTINUE WITH
PROGRAMMING NOTE CH4;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

‘QC2017_H3’ [CH3] –

{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?

請告訴我您會使用以下哪一項或幾項來描述{孩子}：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？

[IF R SAYS “NATIVE AMERICAN” CODE AS “4”]
[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]
[CODE ALL THAT APPLY]

- 01 WHITE
- 02 BLACK OR AFRICAN AMERICAN
- 03 ASIAN
- 04 AMERICAN INDIAN OR ALASKA NATIVE
- 05 OTHER PACIFIC ISLANDER
- 06 NATIVE HAWAIIAN
- 91 OTHER (SPECIFY: _____________)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 6, 91, -7, -8, And Only One Race, goto ‘PN_QC2017_H9’
If = 3, And Only One Race, goto ‘PN_QC2017_H7’
If = 4, And Only One Race, goto ‘PN_QC2017_H4’
If = 5, And Only One Race, goto ‘PN_QC2017_H8’

OTHER_CH3
CHIS 2017 Child Questionnaire  Version 2.13  October 3, 2019

‘PN_QC2017_H4’ [PN_CH4] -

PROGRAMMING NOTE CH4 :
IF CH3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH CH4 ;
ELSE GO TO PROGRAMMING NOTE CH7

‘QC2017_H4’ [CH4] –

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，{孩子} 屬於哪一個部落？如果 {CHILD} 屬於一個以上部落，請告訴我所有這些部落。

[CODE ALL THAT APPLY]

☐ 01 APACHE
☐ 02 BLACKFOOT/BLACKFEET
☐ 03 CHEROKEE
☐ 04 CHOCTAW
☐ 05 MEXICAN AMERICAN INDIAN
☐ 06 NAVAJO
☐ 07 POMO
☐ 08 PUEBLO
☐ 09 SIOUX
☐ 10 YAQUI
☐ 91 OTHER TRIBE (SPECIFY: _____________)
☐ -7 REFUSED
☐ -8 DON'T KNOW

OTHER_CH4

‘QC2017_H5’ [CH5] –

Is (CHILD) an enrolled member in a federally or state recognized tribe?

{孩子} 是聯邦或州認可部落的註冊成員嗎？

☒ 01 YES
☒ 02 NO
☒ -7 REFUSED
☒ -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QC2017_H7’
Which tribe are you enrolled in?

你在哪一個部落註冊？

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<td>01 APACHE</td>
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<td>02 BLACKFEET</td>
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<td>03 CHEROKEE</td>
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<td>04 CHOCTAW</td>
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<td>05 NAVAJO</td>
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<td>06 POMO</td>
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<td>07 PUEBLO</td>
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<td>08 SIOUX</td>
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<td>09 YAQUI</td>
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<td>10 OTHER</td>
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*APACHE_C* [APACHE_C] - APACHE_C

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<tr>
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<td>01 MESCALERO APACHE, NM</td>
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<td>02 APACHE (NOT SPECIFIED)</td>
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</table>
|   | 91 OTHER APACHE (SPECIFY: )

OTHER_APACHE_C

*BLACKFEET_C* [BLACKFEET_C] - BLACKFEET_C

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<td>03 BLACKFOOT/BLACKFEET</td>
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*CHEROKEE_C* [CHEROKEE_C] - CHEROKEE_C

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<td>04 WESTERN CHEROKEE</td>
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<td>05 CHEROKEE (NOT SPECIFIED)</td>
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</tbody>
</table>
|   | 92 OTHER CHEROKEE (SPECIFY: )

OTHER_CHEROKEE_C

*CHOCTAW_C* [CHOCTAW_C] - CHOCTAW_C

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<td>06 CHOCTAW OKLAHOMA</td>
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<td>07 CHOCTAW (NOT SPECIFIED)</td>
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</table>
|   | 93 OTHER CHOCTAW (SPECIFY: )

OTHER_CHOCTAW_C

*NAVAJO_C* [NAVAJO_C] - NAVAJO_C

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<td>08 NAVAJO (NOT SPECIFIED)</td>
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*POMO_C* [POMO_C] - POMO_C

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<td>09 HOPLAND BAND, HOPLAND RANCHERIA</td>
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<td>10 SHERWOOD VALLEY RANCHERIA</td>
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<td>11 POMO (NOT SPECIFIED)</td>
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</table>
|   | 94 OTHER POMO (SPECIFY: )

OTHER_POMO_C

*PUEBLO_C* [PUEBLO_C] - PUEBLO_C

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<td>12 HOPI</td>
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<td></td>
<td>13 YSLETA DEL SUR PUEBLO OF TEXAS</td>
</tr>
<tr>
<td></td>
<td>14 PUEBLO (NOT SPECIFIED)</td>
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</tbody>
</table>
|   | 95 OTHER PUEBLO (SPECIFY: )

OTHER_PUEBLO_C

*SIOUX_C* [SIOUX_C] - SIOUX_C

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<td>15 OGLALA/PINE RIDGE SIOUX_</td>
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<td>16 <em>SIOUX (NOT SPECIFIED)</em></td>
</tr>
</tbody>
</table>
|   | 96 OTHER SIOUX (SPECIFY: )


'YAQUI_C' [YAQUI_C] - YAQUI_C
- 17 PASCUA YAQUI TRIBE OF ARIZONA
- 18 YAQUI (NOT SPECIFIED)
- 97 OTHER YAQUI (SPECIFY: __________)

OTHER_YAQUI_C

OTHER_C
- 98 OTHER (SPECIFY: __________)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_OTHER_C

'QC2017_H6' [CH6A] –

Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

{孩子}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？

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_H7' [PN_CH7] -
PROGRAMMING NOTE CH7 :
IF CH3 = 3 (ASIAN) CONTINUE WITH CH7 ;
ELSE GO TO PROGRAMMING NOTE CH7A

'QC2017_H7' [CH7] –

You said Asian, and what specific ethnic group is {he/she}, such as Chinese, Filipino, 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。

[CODE ALL THAT APPLY]
- 01 BANGLADESHI
- 02 BURMESE
- 03 CAMBODIAN
- 04 CHINESE
- 05 FILIPINO
- 06 Hmong
- 07 INDIAN (INDIA)
- 08 INDONESIAN
- 09 JAPANESE
- 10 KOREAN
- 11 LAOTIAN
- 12 MALAYSIAN
- 13 PAKISTANI
- 14 SRI LANKAN
- 15 TAIWANESE
- 16 THAI
- 17 VIETNAMESE
- 91 OTHER ASIAN (SPECIFY: ____________)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_CH7
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.

您說(孩子)是太平洋群島人。(他/她)具體屬於哪一個種族團體，例如薩摩亞人、湯加人或關島人？如果(他/她)屬於一個以上種族團體，請告訴我所有的種族團體。

[CODE ALL THAT APPLY]

- 01 SAMOAN/AMERICAN SAMOAN
- 02 GUAMANIAN
- 03 TONGAN
- 04 FIJIAN
- 91 OTHER PACIFIC ISLANDER (SPECIFY: ________)
- -7 REFUSED
- -8 DON'T KNOW

In what country was (CHILD) born?

(CHILD)是在哪一個國家出生的？

- 01 UNITED STATES
- 02 AMERICAN SAMOA
- 03 CANADA
- 04 CHINA
- 05 EL SALVADOR
- 06 ENGLAND
- 07 FRANCE
- 08 GERMANY
- 09 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: ________________)
- -7 REFUSED
- -8 DON'T KNOW
‘PN_QC2017_H10’ [PN_CH8A]
PROGRAMMING NOTE CH8A:
IF CH8 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE CH11;
ELSE CONTINUE WITH CH8A

‘QC2017_H10’ [CH8A] –

Is (CHILD) a citizen of the United States?

(CHILD)是美國公民嗎？

- 01 YES
- 02 NO
- 03 APPLICATION PENDING
- 07 REFUSED
- 08 DON'T KNOW

If = 1, goto ‘QC2017_H12’

‘QC2017_H11’ [CH9] –

Is (CHILD) a permanent resident with a green card?

(CHILD)是持有綠卡的永久居民嗎

[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。”]

- 01 YES
- 02 NO
- 03 APPLICATION PENDING
- 07 REFUSED
- 08 DON'T KNOW

‘QC2017_H12’ [CH10] –

About how many years has (CHILD) lived in the United States?

(CHILD)在美國居住大約多少年了？

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS (OR)

'CH10YR' [CH10YR] - _____ YEAR FIRST CAME TO LIVE IN U.S.

'CH10FMT' [CH10FMT] - CH10FMT

- 01 NUMBER OF YEARS
- 02 YEAR FIRST CAME TO LIVE IN US
- 07 REFUSED
- 08 DON'T KNOW
CHIS 2017 Child Questionnaire

PROGRAMMING NOTE CH11:
IF SKA = 1 (MOTHER OF CHILD), THEN
[IF SKA = AR AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE), THEN SKIP TO PN_CH14 ;
ELSE IF [SKA = AR AND AH33 = -1 (NOT ALREADY ASKED IN ADULT QUESTIONNAIRE)] OR SKA ≠ AR,
CONTINUE WITH CH11 AND DISPLAY "were you";]
ELSE, CONTINUE WITH CH11 AND DISPLAY "was his mother/was her mother"

‘QC2017_H13’ [CH11] - 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？

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

- 01 UNITED STATES
- 02 AMERICAN SAMOA
- 03 CANADA
- 04 CHINA
- 05 EL SALVADOR
- 06 ENGLAND
- 07 FRANCE
- 08 GERMANY
- 09 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____________)
- -7 REFUSED
- -8 DON'T KNOW
‘PN_QC2017_H14’ [PN_CH11A] –

(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？

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

- 01 YES
- 02 NO
- 03 APPLICATION PENDING
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto ‘PN_QC2017_H16’

‘QC2017_H15’ [CH12] –

(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？

- 01 YES
- 02 NO
- 03 APPLICATION PENDING
- -7 REFUSED
- -8 DON'T KNOW

‘PN_QC2017_H16’ [PN_CH13] –

If respondent is mother of child, continue with CH13 and display “have you”; else continue with CH13 and display “has {his/her} mother”

‘QC2017_H16’ [CH13] –

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？

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

‘CH13YR’ [CH13YR] – _____ YEAR FIRST CAME TO LIVE IN U.S.

‘CH13FMT’ [CH13FMT] - CH13FMT

- 01 NUMBER OF YEARS
- 02 YEAR FIRST CAME TO LIVE IN US
- 03 MOTHER DECEASED
- 04 NEVER LIVED IN U.S
- -7 REFUSED
- -8 DON'T KNOW
‘PN_QC2017_H17’ [PN_CH14] -
PROGRAMMING NOTE CH14:
IF SKA = 2 (FATHER OF CHILD), THEN
[IF MKA = AR AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE), THEN SKIP TO CH17;
ELSE IF SKA = AR AND AH33 = -1 (NOT ALREADY ASKED IN ADULT QUESTIONNAIRE) OR SKA ≠ AR,
CONTINUE WITH CH14 AND DISPLAY "were you";]
ELSE CONTINUE WITH CH14 AND DISPLAY, “was {his/her} father”

‘QC2017_H17’ [CH14] –
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]
- 01 UNITED STATES
- 02 AMERICAN SAMOA
- 03 CANADA
- 04 CHINA
- 05 EL SALVADOR
- 06 ENGLAND
- 07 FRANCE
- 08 GERMANY
- 09 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____________)
-7 REFUSED
-8 DON'T KNOW

OTHER_CH14
PROGRAMMING NOTE CH14A AND CH15:

IF CH14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE CH17;
ELSE CONTINUE WITH CH14A AND IF RESPONDENT IS FATHER OF CHILD DISPLAY “Are you”; ELSE SAY “Is (his/her) father”

‘QC2017_H18’ [CH14A] –

{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？

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

☐ 01 YES
☐ 02 NO
☐ 03 APPLICATION PENDING
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 1, goto ‘PN_QC2017_H20’

‘QC2017_H19’ [CH15] –

{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？

☐ 01 YES
☐ 02 NO
☐ 03 APPLICATION PENDING
☐ -7 REFUSED
☐ -8 DON'T KNOW

PROGRAMMING NOTE CH16:

IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH CH16 AND DISPLAY “have you”; ELSE, CONTINUE WITH CH16 AND DISPLAY “has {his/her} father”

‘QC2017_H20’ [CH16] –

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？

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

'CH16YR' [CH16YR] - _____ YEAR FIRST CAME TO LIVE IN U.S.

'CH16FMT' [CH16FMT] - CH16FMT

☐ 01 NUMBER OF YEARS
☐ 02 YEAR FIRST CAME TO LIVE IN U.S
☐ 03 FATHER DECEASED
☐ 04 NEVER LIVED IN U.S.
☐ -7 REFUSED
☐ -8 DON'T KNOW
In general, what languages are spoken in (CHILD)'s home?

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

- 01 ENGLISH
- 02 SPANISH
- 03 CANTONESE
- 04 VIETNAMESE
- 05 TAGALOG
- 06 MANDARIN
- 07 KOREAN
- 08 ASIAN INDIAN LANGUAGES
- 09 RUSSIAN
- 91 OTHER 1 (SPECIFY: ____________)
- 92 OTHER 2 (SPECIFY: ____________)
- 7 REFUSED
- 8 DON'T KNOW

{Compared to other languages spoken in (CHILD)'s home,} would you say you speak English....

- 01 Very well,
- 01 非常好,
- 02 Fairly well,
- 02 較好,
- 03 Not well, or
- 03 不好，還是...
- 04 Not at all?
- 04 完全不會說?
- 7 REFUSED
- 8 DON'T KNOW
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？

- 01 GRADE SCHOOL
- 02 HIGH SCHOOL OR EQUIVALENT
- 03 4-YEAR COLLEGE OR UNIVERSITY
- 04 GRADUATE OR PROFESSIONAL SCHOOL
- 05 2-YEAR JUNIOR OR COMMUNITY COLLEGE
- 06 VOCATIONAL, BUSINESS, OR TRADE SCHOOL
- 07 REFUSED
- 08 DON'T KNOW (OUT OF RANGE)

- 01 1ST GRADE
- 02 2ND GRADE
- 03 3RD GRADE
- 04 4TH GRADE
- 05 5TH GRADE
- 06 6TH GRADE
- 07 7TH GRADE
- 08 8TH GRADE

- 09 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE

- 13 1ST YEAR (FRESHMAN)
- 14 2ND YEAR (SOPHOMORE)
- 15 3RD YEAR (JUNIOR)
- 16 4TH YEAR (SENIOR) (BA/BS)
- 17 5TH YEAR

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

- 22 1ST YEAR
- 23 2ND YEAR (AA/AS)

- 24 1ST YEAR
- 25 2ND YEAR
- 26 MORE THAN 2 YEARS
‘PN_QC2017_H24’ [PN_CH30] –
PROGRAMMING NOTE CH30:
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH CH30;
ELSE GO TO CG38

‘QC2017_H24’ [CH30] –
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)?

根據您所了解的本次訪談中有關 (CHILD)的問題，您住戶中有沒有另一位成年人對關於 (CHILD)的這些問題更清楚？

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

‘QC2017_H25’ [CG38] –
Those are my final questions about the child. 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？

- 01 YES
- 02 MAYBE/PROBABLY YES
- 03 DEFINITELY NOT
- -7 REFUSED
- -8 DON'T KNOW

'END' [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?

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