CHIS 2020
Child CAWI Questionnaire
(Self-Administered)
Version 1.02 Chinese
June 24, 2021
(Children Ages 0-11 Answered by Adult Proxy Respondent)

Collaborating Agencies:
- UCLA Center for Health Policy Research
- California Department of Health Care Services
- California Department of Public Health

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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 2020 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 'QC2020_A1' :
SET CADATE = CURRENT DATE (YYYYMMDD);IF AR = SKA AND GENDER OF CHILD IS KNOWN,
SET 'QC2020_A1'=GENDER6 AND SKIP TO 'QC2020_A2' ;
ELSE CONTINUE WITH 'QC2020_A1'

'QC2020_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？

- ❍   1 男性
- ❍   1 Male
- ❍   2 女性
- ❍   2 Female

'QC2020_A2' [CA2] - What is {his/her} date of birth?

請告訴我 {他/她} 出生日期。

    _____ Month
_____ 月

- ❍   1 January
- ❍   1 1 月
- ❍   2 February
- ❍   2 2 月
- ❍   3 March
- ❍   3 3 月
- ❍   4 April
- ❍   4 4 月
- ❍   5 May
- ❍   5 5 月
- ❍   6 June
- ❍   6 6 月
- ❍   7 July
- ❍   7 7 月
- ❍   8 August
- ❍   8 8 月
- ❍   9 September
- ❍   9 9 月
- ❍   10 October
- ❍   10 10 月
- ❍   11 November
- ❍   11 11 月
- ❍   12 December
- ❍   12 12 月

    _____ Day
_____ 天

    _____ Year
_____ 年

PROGRAMMING NOTE 'QC2020_A3' :SET CHILD AGE='QC2020_A2';IF CHILD AGE > 11, CONTINUE WITH 'QC2020_A3';ELSEGO TO PN_'QC2020_A5'

'QC2020_A3' [CA2A] –Just to confirm, you said that (CHILD) is older than11 years?

確認一下，您說(CHILD)超過 11 歲了嗎?

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

If=1, go to 'QC2020_A4' AND CONTINUE WITH ADULT SECTION B

'QC2020_A4' [C_AGEXIT] - Thank you for confirming. Now, we'd like to ask questions about you.

謝謝您的確認。現在，我想問有關於您的問題。

PROGRAMMING NOTE 'QC2020_A5' :IF 'QC2020_A2' = -3 OR [IF 'QC2020_A2' DAY NOT ANSWERED AND 'QC2020_A2' MONTH= MONTH OF INTERVIEW] OR [IF 'QC2020_A2' MONTH OR YEAR NOT ANSWERED] OR IF 'QC2020_A3'=2, CONTINUE WITH 'QC2020_A5';ELSE SKIP TO 'QC2020_A6'

'QC2020_A5' [CA3] - How old is {he/she}?

{他/她} 多大歲數了?

_____ Years
_____ 歲

_____ Months
_____ 個月大

'QC2020_A6' [CA4] - About how tall is (CHILD) now without shoes?

{CHILD} 目前不穿鞋大約有多高

Your best guess is fine. You may answer in feet and inches or centimeters

請盡量估計體重。您可以用英尺、英寸、或公尺或公分長度單位來回答

 'CA4F/CA4I' [CA4F/CA4I] -

    _____ Feet
    _____ 英呎
    _____ Inches
    _____ 英吋

    _____ Meters
    _____ 公尺
    _____ Centimeters
    _____ 公分

- 1 Feet, inches
- 1 英呎，英吋
- 2 Meters, Centimeters
- 2 公尺，公分

'QC2020_A7' [CA5] - About how much does (CHILD) weigh now without shoes?

{CHILD}目前不穿鞋大約有多重?

Your best guess is fine. You may answer in pounds or kilograms.

請盡量估計體重。您可以用磅或公斤重量單位來回答。

    _____ Pounds
    _____ 磅

    _____ Kilograms
    _____ 公斤

- 1 pounds
- 1 磅
- 2 kilograms
- 2 公斤

> *PROGRAMMING NOTE 'QC2020_A8' :*
> *IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE 'QC2020_A11' ;*
> *ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH 'QC2020_A8'*

'QC2020_A8' [CA14] - Was (CHILD) ever breastfed or fed breast milk?

CHILD) 是否曾經被喂過母乳?

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

If = 2, -3 go to 'QC2020_A10'

'QC2020_A9' [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?

_____ Months old
_____ 個月大
_____ Years old
_____ 歲

- ❍ 93 Still breastfeeding
- ❍ 93 仍然以母乳哺育

'QC2020_A10' [CA16] - 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?

Solid food is anything other than milk, formula, juice, water, herbs or teas.

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
_____ 個月大

- ❍ 93 No solid food yet
- ❍ 我的孩子不上學

PROGRAMMING NOTE 'QC2020_A11' :IF CAGE < 5 YEARS GO TO 'QC2020_A13' ; ELSE CONTINUE WITH 'QC2020_A11' AND IF CAGE = 5 YRS DISPLAY 'Not including pre-school or nursery school,'

'QC2020_A11' [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?

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否
- ❍   3 My child is on vacation
- ❍   3 我的孩子正在度假
- ❍   4 My child is home schooled
- ❍   4 我的孩子現在在家自學（home schooled）

If = 1, 4, go to 'QC2020_A13'

PROGRAMMING NOTE 'QC2020_A12' :IF CAGE = 5 YRS DISPLAY 'Not including pre-school or nursery school,'

'QC2020_A12' [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?

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否
- ❍   3 My child was home schooled
- ❍   3 我的孩子現在在家自學（home schooled）

'QC2020_A13' [CA6] - 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？

- ❍　　1 Excellent
- ❍　　1 的健康狀況極好
- ❍　　2 Very good
- ❍　　2 非常好
- ❍　　3 Good
- ❍　　3 良好
- ❍　　4 Fair
- ❍　　4 普通
- ❍　　5 Poor
- ❍　　5 或不佳

'QC2020_A14' [CA12] - Has a doctor <u>ever</u> told you that (CHILD) has asthma?

是否有醫生曾經告訴您(CHILD)患有哮喘?

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否

If = 2, - 3, go to 'QC2020_A25'

'QC2020_A15' [CA31] - Does {he/she} still have asthma?

{他/她}是否依然患有哮喘病?

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否

'QC2020_A16' [CA32] - During the <u>past 12 months</u>, 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?

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否

PROGRAMMING NOTE 'QC2020_A17':
IF 'QC2020_A15' = 1 (YES, STILL HAS ASTHMA) OR 'QC2020_A16' = 1 (YES, EPISODE IN LAST 12 MOS), CONTINUE WITH 'QC2020_A17';
ELSE GO TO 'QC2020_A19'

'QC2020_A17' [CA33] - During the <u>past 12 months</u>, 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?

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否

If = 2, -3 go to 'QC2020_A19'

'QC2020_A18' [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？

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否
- ❍　　3 My child doesn't have a doctor
- ❍　　3 我的孩子沒有醫生

'QC2020_A19' [CA12A] - Is (CHILD) now taking a <u>daily</u> 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?

This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.

包括口服藥和吸入劑，但不是用於快 速緩解症狀的吸入劑。

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否

PROGRAMMING NOTE 'QC2020_A20' :
IF 'QC2020_A15' = 1 (YES, STILL HAS ASTHMA) OR 'QC2020_A16' = 1 (YES, EPISODE IN LAST 12 MOS), GO TO 'QC2020_A22' ;ELSE CONTINUE WITH 'QC2020_A20'

'QC2020_A20' [CA41] - During the <u>past 12 months</u>, 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?

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

If = 2, -3 go to 'QC2020_A22'

'QC2020_A21' [CA49] - 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？

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否
- ❍   3 My child doesn't have a doctor
- ❍   3 我的孩子沒有醫生

'QC2020_A22' [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
_____支香煙

- ❍   993 My child is not in daycare
- ❍   993 我的孩子不到日間托育中心

'QC2020_A23' [CA35] - 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？

○　　　1 Yes
○　　　1 是
○　　　2 No
○　　　2 否

If = 2, -3 go to 'QC2020_A25'

'QC2020_A24' [CA50] - 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？

This can be an electronic or hard copy.

可以是電子版本或打印件。

○　　　1 Yes
○　　　1 是
○　　　2 No
○　　　2 否

'QC2020_A25' [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?

(CHILD)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？

○　　　1 Yes
○　　　1 是
○　　　2 No
○　　　2 否

If = 2, -3, go to 'PN_QC2020_A27'

'QC2020_A26' [CA10A] - What condition does (CHILD) have?

{CHILD} 患有哪種病症？

Check all that apply.

- ❑ 1 ADD/ADHD
- ❑ 1 注意力不足／過動症（ADD/ADHD）
- ❑ 2 Asperger's Syndrome
- ❑ 2 亞斯伯格症（Asperger's Syndrome）
- ❑ 3 Autism
- ❑ 3 自閉症（Autism）
- ❑ 4 Cerebral palsy
- ❑ 4 腦性麻痺（Cerebral palsy）
- ❑ 5 Congenital heart disease
- ❑ 5 先天性心臟病（Congenital heart disease）
- ❑ 6 Cystic fibrosis
- ❑ 6 囊狀纖維化（Cystic fibrosis）
- ❑ 7 Diabetes
- ❑ 7 糖尿病（Diabetes）
- ❑ 8 Down syndrome
- ❑ 8 唐氏症（Down syndrome）
- ❑ 9 Epilepsy
- ❑ 9 癲癇（Epilepsy）
- ❑ 10 Deafness or other hearing problems
- ❑ 10 耳聾或其他聽覺障礙
- ❑ 11 Learning disability, other than Down syndrome
- ❑ 11 學習障礙，唐氏症除外
- ❑ 12 Muscular dystrophy
- ❑ 12 肌肉失養症（Muscular dystrophy）
- ❑ 13 Neuromuscular disorder
- ❑ 13 神經肌肉疾病（Neuromuscular disorder）
- ❑ 14 Orthopedic problem (bones or joints)
- ❑ 14 骨科問題（骨骼或關節）
- ❑ 15 Sickle cell anemia
- ❑ 15 鐮型血球貧血症（Sickle cell anemia）
- ❑ 16 Blindness or other vision problem
- ❑ 16 失明或其他視覺障礙
- ❑ 91 Other (Specify: _____)
- ❑ 91 其他（請詳述：_____）

PROGRAMMING NOTE 'QC2020_A27': IF AGE BETWEEN 5 AND 11; CONTINUE WITH 'QC2020_A27'; ELSE SKIP TO 'QC2020_A30'; IF 'QC2020_A25'=1, DISPLAY 'Because of (CHILD's) (INSERT CONDITION(S) FROM 'QC2020_A26'), does (CHILD)';ELSE DISPLAY 'Does Child'

'QC2020_A27' [CA70] - {Because of (CHILD's) (INSERT CONDITION(S) FROM CA10A), does (CHILD)/Does Child} have serious difficulty concentrating, remembering, or making decisions?

{由於(CHILD的)（INSERT CONDITION(S) FROM CA10A，請問(CHILD)／孩子}是否在注意力、記憶力、或做決定方面有嚴重的困難？

- ○   1 Yes
- ○   1 是
- ○   2 No
- ○   2 否

'QC2020_A28' [CA71] - Does (CHILD) have serious difficulty walking or climbing stairs?

(CHILD)是否在走路或爬樓梯方面有嚴重的困難？

- ○   1 Yes
- ○   1 是
- ○   2 No
- ○   2 否

'QC2020_A29' [CA72] - Does (CHILD) have difficulty dressing or bathing?

(CHILD)是否在穿衣或洗澡方面有嚴重的困難？

- ○   1 Yes
- ○   1 是
- ○   2 No
- ○   2 否

PROGRAMMING NOTE 'QC2020_A30': IF 'QC2020_A26'= -1,-3, GO TO 'QC2020_A33'; ELSE CONTINUE WITH 'QC2020_A30'

'QC2020_A30' [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)?

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

- ○   1 Yes
- ○   1 是
- ○   2 No
- ○   2 否

If = 2, -3, go to 'QC2020_A32'

'QC2020_A31' [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？

This can be an electronic or hard copy.

這可以是電子版本或打印件。

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

'QC2020_A32' [CA57] - How confident are you that you can control and manage (CHILD's) (INSERT CONDITION(S) FROM CA10A)?

您對自己能夠控制與管理(CHILD的) (INSERT CONDITION(S) FROM CA10A) 信心有 多強？ 您認為是很有信心、較有信心、不太有信心還是毫無信心？

- ❍   1 Very confident,
- ❍   1 很有信心,
- ❍   2 Somewhat confident,
- ❍   2 較有信心,
- ❍   3 Not too confident, or
- ❍   3 不太有信心, 還是
- ❍   4 Not at all confident?
- ❍   4 毫無信心？

'QC2020_A33' [CA17] - Does (CHILD) <u>currently</u> need or use medicine <u>prescribed</u> by a doctor, other than vitamins?

除了維他命以外，\|CHILD_INDEXREF:目前是否需要或服用醫生開的處方藥， ？

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.

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、礦物質或營養補充劑。

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

If = 2, -3 go to 'QC2020_A36'

'QC2020_A34' [CA18] - 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？

- ○   1 Yes
- ○   1 是
- ○   2 No
- ○   2 否

If =2, -3 go to 'QC2020_A36'

'QC2020_A35' [CA19] - 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？

- ○   1 Yes
- ○   1 是
- ○   2 No
- ○   2 否

'QC2020_A36' [CA23] - 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？

- ○   1 Yes
- ○   1 是
- ○   2 No
- ○   2 否

If =2, -3 go to 'PN_QC2020_B1'

'QC2020_A37' [CA24] - 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？

- ○   1 Yes
- ○   1 是
- ○   2 No
- ○   2 否

If =2, -3 go to 'PN_QC2020_B1'

'QC2020_A38' [CA25] - 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？

     ❍   1 Yes
     ❍   1 是
     ❍   2 No
     ❍   2 否

SECTION B: DENTAL HEALTH

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

以下是有關(CHILD)的牙齒健康的問題。

PROGRAMMING NOTE 'QC2020_B1' :
IF CAGE > 2 YEARS, GO TO 'QC2020_B2'; ELSE CONTINUE WITH CC1BB

'QC2020_B1' [CC1B] - 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？

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

If = 2, -3 go to 'QC2020_B18'

'QC2020_B2' [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。

- ❍ 0 My child has never visited a dentist
- ❍ 0 我的孩子從未到牙醫就診
- ❍ 1 6 months ago or less
- ❍ 1 6 個月前或更短時間
- ❍ 2 More than 6 months, and up to 1 year
- ❍ 2 超過 6 個月至 1 年前
- ❍ 3 More than 1 year, and up to 2 years ago
- ❍ 3 超過 1 年至 2 年前
- ❍ 4 More than 2 years, and up to 5 years ago
- ❍ 4 超過 2 年至 5 年前
- ❍ 5 More than 5 years ago
- ❍ 5 超過 5 年前

PROGRAMMING NOTE 'QC2020_B3' :IF 'QC2020_B2' = 0 (HAD NEVER VISTED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH 'QC2020_B3' ;ELSE SKIP TO 'QC2020_B4' ;
IF 'QC2020_B2' = 0 (HAS NEVER VISITED), DISPLAY 'never';
ELSE IF 'QC2020_B2' ≥ 3 DISPLAY 'not' AND 'in the past year'

'QC2020_B3' [CB23] - 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?

- ❍   1 No reason to go/No problems
- ❍   1 沒理由去／沒有問題
- ❍   2 Not old enough
- ❍   2 年紀不夠大
- ❍   3 Too expensive/no insurance
- ❍   3 太貴／沒有保險
- ❍   4 Fear or dislikes going
- ❍   4 害怕或不喜歡去
- ❍   5 Do not have/know a dentist
- ❍   5 沒有牙醫／沒有認識的牙醫
- ❍   6 Transportation problems
- ❍   6 交通工具問題
- ❍   7 No dentist available/no appointment available
- ❍   7 沒有牙醫有空／預約不到
- ❍   8 Didn't know where to go
- ❍   8 不知道去哪裡看牙醫
- ❍   9 Hours not convenient
- ❍   9 就診時間不方便
- ❍   10 Speak a different language
- ❍   10 使用的語言不相同
- ❍   91 Other (Specify: _____)
- ❍   91 其他（請詳述：_____）

PROGRAMMING NOTE 'QC2020_B4': If 'QC2020_B2' =0, go to 'QC2020_B5';
ELSE CONTINUE WITH 'QC2020_B4'

'QC2020_B4' [CC16B] - 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？

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

'QC2020_B5' [CC17] - 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？

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

'QC2020_B6' [CC7A] - 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以支付您孩子的部分或全部牙科護理費用？

Include dental insurance, prepaid dental plans such as HMOs, or government plans such as Medi-Cal or Covered California

包括牙科保險、預付型牙科計劃，例如：健康維護組織（HMOs）計劃，或政府計劃，例如：加州醫療補助計劃白卡（Medi-Cal），或]

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

If =2, -3 go to 'QC2020_B11'

'QC2020_B7' [CB35] - Do you pay any or all of the premium or cost for this dental insurance plan? Do not include the cost of any co-pays or deductibles you or your family need to pay.

您是否支付這筆牙科保險的任何或全部保費或費用？ 不包括您或您的家人所需要支付的任何共付額（co-pays）或自付額（deductibles）。

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

'QC2020_B8' [CB36] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this dental insurance plan? Do not include the cost of any co-pays or deductibles you or your family need to pay.

是否還有其他人，例如：雇主、工會、或專業組織，支付這筆牙科保險的全部或部分保費或費用？ 不包括您或您的家人可能需要支付的任何共付額（co-pays）或自付額（deductibles）。

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

If =2,-3 go to 'QC2020_B10'

'QC2020_B9' [CB37] - For that dental insurance plan, who else pays part of the cost?

還有誰支付這筆牙科保險的費用的任何部分？

[CHECK ALL THAT APPLY]

- ❑   02 Your current or former employer or union
- ❑   02 您的現任或前任雇主或工會
- ❑   03 Spouse's current or former employer or union
- ❑   03 您配偶的現任或前任雇主或工會
- ❑   04 Someone else
- ❑   04 其他人
- ❑   05 Medicare
- ❑   05 聯邦老人醫療保險（Medicare）
- ❑   06 Medi-Cal (Medicaid) or Denti-Cal
- ❑   06 加州醫療補助計劃白卡（Medi-Cal）／聯邦醫療補助計劃（Medicaid）的加州醫療補助牙科計劃（Denti-Cal）
- ❑   09 Indian Health Service
- ❑   09 印地安健康服務（Indian health service）
- ❑   10 Covered California
- ❑   10 加州全保（Covered California）
- ❑   08 Other government dental program
- ❑   08 其他政府牙科計劃

'QC2020_B10' [CB25] - During the past 12 months, was there any time when {he/she} had no dental insurance at all?
在過去的12個月裡，{他／她}是否曾經完全沒有牙科保險？

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

If = 2, -3 go to 'QC2020_B12'

PROGRAMMING NOTE 'QC2020_B11': IF 'QC2020_B6'=2, DISPLAY ' does not have any insurance';
ELSE DISPLAY 'did not have any dental insurance'

'QC2020_B11' [CB26] - What is the <u>one main</u> reason (CHILD) {does not have any insurance/did not have any dental insurance during the time {he/she} wasn't covered}?

(CHILD)\沒有任何保險／當時{他／她}沒有任何牙科保險的主要原因是什麼？

- ❍ 1 Can't afford/too expensive
- ❍ 1 負擔不起／太貴了
- ❍ 2 Not eligible due to working status/changed employer/lost job
- ❍ 2 因工作狀態／更換雇主／失業而不符合資格
- ❍ 3 Not eligible due to health or other problems
- ❍ 3 因健康或其他問題而不符合資格
- ❍ 4 Not eligible due to citizenship/immigration status
- ❍ 4 因公民／移民身份而不符合資格
- ❍ 5 Family situation changed
- ❍ 5 家庭狀況發生變化
- ❍ 6 Don't believe in insurance
- ❍ 6 不相信保險
- ❍ 7 Did not have insurance while switching insurance companies
- ❍ 7 更換保險公司的期間導致延遲
- ❍ 8 Can get health care for free/pay own care
- ❍ 8 可以獲得免費的健康保險／自費負擔
- ❍ 91 Other (Specify: _____)
- ❍ 91 其他（請詳述：_____）

'QC2020_B12' [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？

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

'QC2020_B13' [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？

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否

If = 2, -3 go to 'QC2020_B15'

'QC2020_B14' [CB28] - What is the <u>one main</u> 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？

- ❍　　1 Couldn't get appointment
- ❍　　1 無法獲得預約
- ❍　　2 My insurance was not accepted
- ❍　　2 我的保險不 被接受
- ❍　　3 My insurance did not cover
- ❍　　3 我的保險不承保
- ❍　　4 Language understanding problems
- ❍　　4 語言上的理解問題
- ❍　　5 Transportation problems
- ❍　　5 交通工具問題
- ❍　　6 Hours were not convenient
- ❍　　6 時間安排不方便
- ❍　　7 There was no child care for children at home
- ❍　　7 無托育中心可供照顧在家的孩子
- ❍　　8 I forgot or lost referral
- ❍　　8 我忘記或失去轉診機會
- ❍　　9 I didn't have time to go
- ❍　　9 我沒有時間前往
- ❍　　10 Too expensive
- ❍　　10 太貴了
- ❍　　11 I have no insurance
- ❍　　11 我沒有保險
- ❍　　91 Other (Specify: _____)
- ❍　　91 其他（請詳述：_____）

'QC2020_B15' [CB29] - 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？

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

'QC2020_B16' [CB30] - During the past 12 months, did (CHILD) have to visit an urgent care clinic because of a
dental problem?

在過去的 12 個月裡，(CHILD)是否因為牙齒問題必須到緊急照護門診就診？

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

PROGRAMMING NOTE 'QC2020_B17':IF ('QC2020_A11'=1 OR 4) OR ('QC2020_A12'=1 OR3) [CHILD ATTENDS SCHOOL] CONTINUE WITH 'QC2020_B17';ELSE GO TO PN_'QC2020_B18'

'QC2020_B17' [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。

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否
- ❍ 03 My child doesn't attend school
- ❍ 03我的孩子不上學

PROGRAMMING NOTE 'QC2020_B18':IF CAGE>= 6, SKIP TO SECTION C;ELSE CONTINUE WITH 'QC2020_B18'

'QC2020_B18' [CB31] - When (CHILD NAME/AGE/SEX) goes to sleep or takes a nap, does {he/she} sleep with a bottle in {his/her} mouth?
當（CHILD NAME/AGE/SEX）睡著或小睡時，{他／她}是否在{他的／她的}嘴裡咬著奶瓶睡？

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

IF =2,-3 GO TO PN_'QC2020_C1'

'QC2020_B19' [CB32] - What is usually in the bottle?

奶瓶裡通常是何種飲料，例如？

- ❍   01 Mother's milk
- ❍   01 母乳
- ❍   02 Regular milk
- ❍   02 牛奶
- ❍   04 Chocolate milk, juice, or another drink with sugar
- ❍   04 巧克力牛奶、果汁、或含糖飲料
- ❍   05 Water
- ❍   05 水
- ❍   91 Other (Specify: _____)
- ❍   91 其他（請詳述：_____）

SECTION C: DIET, PHYSICAL ACTIVITY, PARK USE

> *PROGRAMMING NOTE 'QC2020_C1' :*
> *IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTECC53;*
> *ELSE CONTINUE WITH 'QC2020_C1'*

'QC2020_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. (CHILD)昨天喝了幾杯或幾盒純果汁，例如橙汁或 蘋果汁?

Servings are self-defined. A serving is the child's regular portion of this food.

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]
_____份量[HR: 0-20; SR: 0-9]

'QC2020_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]
_____份量[HR: 0-20; SR 0-4]

'QC2020_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 [HR 0-15;SR 0-7]
_____杯或罐 [HR 0-15 ;SR 0-7]

> *PROGRAMMING NOTE 'QC2020_C4' :*
> *IF 'QC2020_A11' = 4 (HOME SCHOOLED LAST WEEK) OR IF 'QC2020_A12' = 3 (HOME*
> *SCHOOLED LAST YEAR), GO TO PROGRAMMING NOTE CC35 ;*
> *ELSE IF 'QC2020_A11' = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH 'QC2020_C4'*
> *AND DISPLAY 'How many days in the past week';*
> *IF 'QC2020_A12' = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH 'QC2020_C4' AND*
> *DISPLAY 'During the school year, on how many days during a typical week';*
> *ELSE GO TO PROGRAMMING NOTE 'QC2020_C7'*

'QC2020_C4' [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?

現在，我要向你提出一些有關體育活動的問題。上一週有幾天 {CHILD} 從學校走路回家？

If your child does not go directly home from school, include the number of days walked to childcare, a relative's home, or an after school program

如果您的還子不直接從學校回家，請包括前往托兒所、親戚家或課後輔導計劃的天數

_____ Days
_____天

❍　　-7 REFUSED
❍　　-8 DON'T KNOW

'QC2020_C5' [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?

{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？

Include kids who ride rollerblades, rollershoes or non-motorized scooters home from school.

If your child does not go directly home from school, include the number of days biked or skateboarded to childcare, a relative's home, or an after school program.

如果您的孩子不是直接從學校回家，包括有些日子騎自行車或滑板去托兒所/幼兒園，親戚的家，或課後計畫。

_____ Days
_____天

PROGRAMMING NOTE 'QC2020_C6' :If 'QC2020_A11' = 1 (ATTENDED SCHOOL LAST WEEK) OR 'QC2020_A12' = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH 'QC2020_C6' ; ELSE SKIP TO PROGRAMMING NOTE 'QC2020_C7'

'QC2020_C6' [CB22] - What is the name of the school (CHILD) goes to or last attended?

上學校或最後上的學校的名稱是什麼?
_____ Name of school
_____ 學校名稱

- ❍ 1 Child not in school
- ❍ 1 孩子未上學
- ❍ 2 Pre-school or daycare
- ❍ 2 幼兒園（pre-school）或日間托育中心（daycare）
- ❍ 03 Kindergarten
- ❍ 03 幼稚園（Kindergarten）
- ❍ 04 Elementary
- ❍ 04 小學
- ❍ 05 Intermediate
- ❍ 05 中間學校（Intermediate）
- ❍ 06 Junior High
- ❍ 06 初中（Junior High）
- ❍ 07 Middle School
- ❍ 07 中學（Middle School）
- ❍ 08 Charter
- ❍ 08 特許學校（Charter）
- ❍ 91 Other (Specify: _____)
- ❍ 91 其他（請詳述：_____）

PROGRAMMING NOTECC53; IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE 'QC2020_C8' ELSE IF CAGE > 1 YEAR, CONTINUE WITHCC53

'QC2020_C7' [CC53] - The next question is about the time {your child/CHILD} spends mostly sitting when {he/she} is not in school or doing homework. <u>During the weekends</u>, about how much <u>time</u> 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？

_____Hour(s)
_____小時

_____Minute(s)
_____分鐘

PROGRAMMING NOTE 'QC2020_C8' :
IF CAGE ≤ 1 GO TO 'QC2020_D1' ;
ELSE CONTINUE WITH 'QC2020_C8'

'QC2020_C8' [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?

- ○ 1 Yes
- ○ 1 是
- ○ 2 No
- ○ 2 否

'QC2020_C9' [CC39] - Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

你是非常贊成、贊成、不贊成還是很不贊成以下這項陳述?

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。

- ○ 1 Strongly agree
- ○ 1 是強烈同意
- ○ 2 Agree
- ○ 2 同意
- ○ 3 Disagree
- ○ 3 不同意
- ○ 4 Strongly disagree
- ○ 4 強烈不同意

SECTION D: HEALTH CARE ACCESS AND UTILIZATION

'QC2020_D1' [CD1] - 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 <u>usually </u>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？

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否

If = 2, go to 'PN_QC2020_D3'

> *PROGRAMMING NOTE 'QC2020_D2' : IF 'QC2020_D1' = 1, -3, DISPLAY 'What kind of place do you take {him/her} to most often —a medical'*

'QC2020_D2' [CD3] - What kind of place do you take {him/her} to most often—a medical 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？

- ❍　　1 Medical doctor's office
- ❍　　1 個私人}醫生辦公室
- ❍　　2 Clinic/Health Center/Hospital clinic
- ❍　　2 診所或醫院診所
- ❍　　3 Emergency room
- ❍　　3 急診室
- ❍　　91 Some other place (Specify: _____)
- ❍　　91 其他機構（請詳述：_____）
- ❍　　94 No one place
- ❍　　94 沒有一處

PROGRAMMING NOTE 'QC2020_D3' :
IF 'QC2020_A17' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF 'QC2020_A20' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR 'QC2020_B15'=1 (YES WENT TO ER PAST 12 MONTHS FOR DENTAL PROBLEM), MARK YES ON 'QC2020_D3' AND GO TO 'QC2020_D4' ;
ELSE CONTINUE WITH 'QC2020_D3'

'QC2020_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？

- ❍　　　1 Yes
- ❍　　　1 是
- ❍　　　2 No
- ❍　　　2 否

'QC2020_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
_____次

PROGRAMMING NOTE 'QC2020_D5' :
IF 'QC2020_D4' > 0, GO TO PROGRAMMING NOTE 'QC2020_D6' ;
ELSE IF 'QC2020_D4' = 0, -3 CONTINUE WITH 'QC2020_D5'

'QC2020_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？

- ❍　　　1 One year ago or less
- ❍　　　1 1 年前或更短時間
- ❍　　　2 More than 1 year up to 2 years ago
- ❍　　　2 超過 1 年至 2 年前
- ❍　　　3 More than 2 years up to 3 years ago
- ❍　　　3 超過 2 年至 3 年前
- ❍　　　4 More than 3 years ago
- ❍　　　4 超過 3 年前
- ❍　　　5 Never
- ❍　　　5 從未

PROGRAMMING NOTE 'QC2020_D6' :IF 'QC2020_D1' = 1 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH 'QC2020_D6' ;ELSE SKIP TO PROGRAMMING NOTE PN_'QC2020_D8'

'QC2020_D6' [CD33] - 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？

This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider

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。

- ❍　1 Yes
- ❍　1 是
- ❍　2 No
- ❍　2 否

PROGRAMMING NOTE 'QC2020_D7':
IF 'QC2020_D1' = 1 (HAS USUAL SOURCE OF CARE) AND 'QC2020_D6' = 1 (HAS PERSONAL DOCTOR) AND ['QC2020_A15' =1 (HAS ASTHMA) OR 'QC2020_A16' = 1 (HAD ASTHMA ATTACK) OR 'QC2020_A25' = 1 (HAS OTHER CONDITION), CONTINUE WITH 'QC2020_D7';
ELSE SKIP TO PROGRAMMING NOTE PN_'QC2020_D8'

'QC2020_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？

- ❍　1 Yes
- ❍　1 是
- ❍　2 No
- ❍　2 否

PROGRAMMING NOTECF40 :
IF CAGE < 1, SKIP to 'QC2020_D16'
ELSE IF CAGE ≥ 1, CONTINUE WITH 'QC2020_D8'

'QC2020_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?

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

'QC2020_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?

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

'QC2020_D10' [CF42] - 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?

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

'QC2020_D11' [CF43] - 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?

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

'QC2020_D12' [CF44] - Did they ever ask if you have concerns 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?

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

PROGRAMMING NOTE 'QC2020_D13' :
IF 'QC2020_A26' =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETADATION) GO TO 'QC2020_D14' ;
ELSE CONTINUE WITH 'QC2020_D13'

'QC2020_D13' [CF45] - 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?

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

'QC2020_D14' [CF46] - 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?

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

'QC2020_D15' [CF47] - 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?

◯   1 Yes
◯   1 是
◯   2 No
◯   2 否

PROGRAMMING NOTE 'QC2020_D16': IF 8 MONTHS < CAGE < 72 MONTHS, THEN CONTINUE; ELSE SKIP TO PN_'QC2020_D21';

'QC2020_D16' [CD72] - The next questions are similar to the questions you just answered, but instead ask only about screening from a doctor or other health care provider during the past 12 months.

接下來的問題與您剛剛回答的問題類似，僅詢問過去 12 個月內由醫生或其他醫療保健提供者所做的篩檢情況。

During the past 12 months, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about specific concerns or observations you may have about this child's development, communications, or social behaviors?

在過去的12個月中，醫生或其他醫療保健提供者是否指示您或其他看護者填寫調查問卷，詢問您對孩子的發育、溝通、或社交行為有具體的疑慮或觀察？
Sometimes a child's doctor or other health care provider will ask a parent to do this at home, online, or during a child's visit.

有時，孩子的醫生或其他保健提供者會要求家長在家裡、網上、或在孩子就診期間這樣做。

◯   1 Yes
◯   1 是
◯   2 No
◯   2 否

If = 2, -3 go to 'Timely Appointments'

PROGRAMMING NOTE 'QC2020_D17': IF 8 MONTHS < CAGE < 24 MONTHS, THEN CONTINUE; ELSE SKIP TO 'QC2020_D19';

'QC2020_D17' [CD73] - Did the questionnaire ask about your observations about: How this child talks or makes speech sounds

調查問卷是否詢問您對以下方面的觀察結果：孩子的說話方式或發聲的方式？

◯   1 Yes
◯   1 是
◯   2 No
◯   2 否

'QC2020_D18' [CD74] - Did the questionnaire ask about your observations about: How this child interacts with you and others?

調查問卷是否詢問您對以下方面的觀察結果：孩子是如何與您和其他人互動的？

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否

PROGRAMMING NOTE 'QC2020_D19': IF 24 MONTHS < CAGE < 72 MONTHS, THEN CONTINUE; ELSE SKIP TO PN_'QC2020_D21';

'QC2020_D19' [CD75] - Did the questionnaire ask about your observations about: Words and phrases this child uses and understands?

調查問卷是否詢問您對以下方面的觀察結果：孩子使用哪些字詞與用語？以及理解哪些？

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否

'QC2020_D20' [CD76] - Did the questionnaire ask about your observations about: How this child behaves and gets along with you and others?

調查問卷是否詢問您對以下方面的觀察結果：孩子的行為舉止如何？與您和其他人相處得好嗎？

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否

PROGRAMMING NOTE 'QC2020_D21' :IF KID1ST = 'Y 'OR CHINSURE = 1 (INSURED OR INSURANCE STATUS UNKNOWN) OR 'QC2020_D1' = 1 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH 'QC2020_D21' ;ELSE GO TO PROGRAMMING NOTE 'QC2020_D23'

'QC2020_D21' [CD55] - 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？

Do not include emergencies.

請勿包括急診。

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

If = 2, -3 go to 'PN_QC2020_D23'

'QC2020_D22' [CD45] - How often were you able to get an appointment within two days?

您能夠在兩天內就診的頻率有多高？

- ❍   1 Never
- ❍   1 從未
- ❍   2 Sometimes
- ❍   2 有時
- ❍   3 Usually
- ❍   3 通常
- ❍   4 Always
- ❍   4 總是

PROGRAMMING NOTE 'QC2020_D23' :IF ['QC2020_D4' > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR 'QC2020_D5' = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH 'QC2020_D23' ;ELSE GO TO 'QC2020_D28'

'QC2020_D23' [CD25] - The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?
您上次帶去看醫生時，您是否很難聽懂醫生說的話?

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否
- ❍   3 I never accompanied my child to the doctor
- ❍   3我從未陪同孩子去看醫生

If = 1, go to 'PN_QC2020_D25'

PROGRAMMING NOTE 'QC2020_D24' : IF 'QC2020_D23' = 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 'QC2020_D24' ; SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QC2020_D24' WAS ASKED; ELSE SKIP TO 'QC2020_D25' ;

 'QC2020_D24' [CD31] - In what language does (CHILD)'s doctor speak to you?
的醫生用哪一種語言與您交談?

- ❍   1 English
- ❍   1 英語
- ❍   2 Spanish
- ❍   2 西班牙語
- ❍   3 Cantonese
- ❍   3 廣東話
- ❍   4 Vietnamese
- ❍   4 越南語
- ❍   5 Tagalog
- ❍   5 他加祿語（Tagalog）
- ❍   6 Mandarin
- ❍   6 國語
- ❍   7 Korean
- ❍   7 韓國語
- ❍   8 Asian Indian languages (including Hindi, Punjabi, Urdu)
- ❍   8 亞洲印度語(包括印地語、旁遮普語、烏爾都語)
- ❍   9 Russian
- ❍   9 俄語
- ❍   12 Japanese
- ❍   12 日語
- ❍   14 French
- ❍   14 法語
- ❍   15 German
- ❍   15 德語
- ❍   18 Farsi
- ❍   18 現代伊朗語
- ❍   19 Armenian
- ❍   19 亞美尼亞語
- ❍   20 Arabic
- ❍   20 阿拉伯語
- ❍   91 Other 1 (Specify: _____)
- ❍   91 其他 1（請詳述：_____）

If = 1, go to 'QC2020_D26'
If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -3 go to 'QC2020_D28'

PROGRAMMING NOTE 'QC2020_D25' : IF 'QC2020_D23' = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH 'QC2020_D25' ; ELSE SKIP TO 'QC2020_D28' ;

'QC2020_D25' [CD26] - Was this because you and the doctor spoke different languages?

這是不是因為您和醫生講的是不同的語言?

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

'QC2020_D26' [CD27] - Did you need someone to help you understand the doctor?

您是否需要有人幫助才能聽懂醫生的話?

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

If = 2, -3 go to 'QC2020_D28'

'QC2020_D27' [CD28] - Who was this person who helped you understand the doctor?

誰幫助您理解醫生說的話?

- ❍ 01 Minor child (under age 18)
- ❍ 01 未成年子女（18 歲以下）
- ❍ 02 An adult family member or friend
- ❍ 02 我的成年家庭成員或朋友
- ❍ 03 Non-medical office staff
- ❍ 03 非醫療辦公人員
- ❍ 04 Medical staff including nurses and doctors
- ❍ 04 醫療人員包括護理師／醫生
- ❍ 05 Professional interpreter (both in person and on the telephone)
- ❍ 05 專業口譯員（面對面和通過電話）
- ❍ 06 Other (patients, someone else)
- ❍ 06 其他（患者、其他人）
- ❍ 07 Did not have someone to help
- ❍ 07 沒有人幫忙

'QC2020_D28' [CE1] - During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for (CHILD)?

在過去十二個月內，您是否有延遲或沒有取醫生為(CHILD)開的處方藥?

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

If = 2, -3 go to 'QC2020_D30'

 'QC2020_D29' [CE12] - 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?

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

 'QC2020_D30' [CE7] - 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覺得(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？

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

If = 2, -3 go to 'QC2020_D35'

 'QC2020_D31' [CD66] - Did (CHILD) get the care eventually?

<CHILD> 最終接受護理了嗎？

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

'QC2020_D32' [CE13] - 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?

- ❍　　　1 Yes
- ❍　　　1 是
- ❍　　　2 No
- ❍　　　2 否

If = 2, -3 go to 'QC2020_D34'

'QC2020_D33' [CD67] - Was that the <u>main</u> reason?

這是主要原因嗎?

- ❍　　　1 Yes
- ❍　　　1 是
- ❍　　　2 No
- ❍　　　2 否

If = 1, -3 go to 'QC2020_D35'

'QC2020_D34' [CD68] - What was the <u>one</u> 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？

- ❍ 1 Couldn't get appointment
- ❍ 1 無法獲得預約
- ❍ 2 My insurance was not accepted
- ❍ 2 我的保險不 被接受
- ❍ 3 My insurance did not cover
- ❍ 3 我的保險不承保
- ❍ 4 Language understanding problems
- ❍ 4 語言上的理解問題
- ❍ 5 Transportation problems
- ❍ 5 交通工具問題
- ❍ 6 Hours were not convenient
- ❍ 6 時間安排不方便
- ❍ 7 There was no child care for children at home
- ❍ 7 無托育中心可供照顧在家的孩子
- ❍ 8 I forgot or lost referral
- ❍ 8 我忘記或失去轉診機會
- ❍ 9 I didn't have time to go
- ❍ 9 我沒有時間前往
- ❍ 10 Too expensive
- ❍ 10 太貴了
- ❍ 11 I have no insurance
- ❍ 11 我沒有保險
- ❍ 91 Other (Specify: _____)
- ❍ 91 其他（請詳述：_____）

'QC2020_D35' [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？

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

'QC2020_D36' [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？

  ❍ 1 Yes
  ❍ 1 是
  ❍ 2 No
  ❍ 2 否

'QC2020_D37' [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的醫療保險計劃？

  ❍ 1 Yes
  ❍ 1 是
  ❍ 2 No
  ❍ 2 否

SECTION E: PUBLIC PROGRAMS

PROGRAMMING NOTE SECTION E:
IF [POVERTY = 1, 2, 3, 4 or 5 (INCOME LESS THAN OR EQUAL TO 200% OF POVERTY LEVEL)
OR POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND KIDS1ST ≠ 'Y'] OR
KIDS1ST = 'Y', CONTINUE WITH 'QC2020_E1' ;
ELSE SKIP TO 'QC2020_F1'

'QC2020_E1' [CE11] - Is (CHILD) now on TANF or CalWORKs?

(CHILD)目前是否參加 TANF 或 CalWORKs?

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.

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。

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否

'QC2020_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。

You may receive benefits through an Electronic Benefit Transfer (EBT) card, also known as the Golden State Advantage Card.

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

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否

PROGRAMMING NOTE 'QC2020_E3' :
IF CAGE > 6, GO TO 'QC2020_F4' ;
ELSE CONTINUE WITH 'QC2020_E3'

'QC2020_E3' [CE11C] - Is (CHILD) on WIC now?

(CHILD)目前是否參加了WIC?

WIC means 'Supplemental Food Program for Women, Infants and Children.'

WIC指為婦女、嬰兒和兒童提供的補 助食品計劃。

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否

SECTION F: PARENTAL INVOLVEMENT

PROGRAMMING NOTE 'QC2020_F1' :IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE CF64 ;
ELSE CONTINUE WITH 'QC2020_F1'

'QC2020_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?

- ❍   1 Every day
- ❍   1 每天
- ❍   2 3-6 days
- ❍   2 3~6 天
- ❍   3 1-2 days
- ❍   3 1~2 天
- ❍   4 Never
- ❍   4 從未

'QC2020_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 或唱歌?

- ❍   1 Every day
- ❍   1 每天
- ❍   2 3-6 days
- ❍   2 3~6 天
- ❍   3 1-2 days
- ❍   3 1~2 天
- ❍   4 Never
- ❍   4 從未

'QC2020_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?

- ❍   1 Every day
- ❍   1 每天
- ❍   2 3-6 days
- ❍   2 3~6 天
- ❍   3 1-2 days
- ❍   3 1~2 天
- ❍   4 Never
- ❍   4 從未

PROGRAMMING NOTE 'QC2020_F4' :
IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH
'QC2020_F4' ;
ELSE GO TO 'QC2020_F8'

'QC2020_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更您的孩子說話，閱讀和唱歌的信息？

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

If =2, -3 go to 'QC2020_F8'

'QC2020_F5' [CF65] - Do you <u>talk</u> 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
- ❍ 01 少
- ❍ 02 About the same
- ❍ 02 大致相同
- ❍ 03 More
- ❍ 03 是變多

'QC2020_F6' [CF66] - Do you <u>sing</u> with your child less, about the same, or more after hearing that message?

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？

- ❍ 01 Less
- ❍ 01 少
- ❍ 02 About the same
- ❍ 02 大致相同
- ❍ 03 More
- ❍ 03 是變多

'QC2020_F7' [CF67] - Do you <u>read</u> 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
- ○ 01 少
- ○ 02 About the same
- ○ 02 大致相同
- ○ 03 More
- ○ 03 是變多

'QC2020_F8' [CF35] - 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）？

- ○ 1 Yes
- ○ 1 是
- ○ 2 No
- ○ 2 否

If =2, -3 go to 'PN_QC2020_F13'

'QC2020_F9' [CF36] - Have you ever received this Kit for New Parents?

您有否收過這份新父母套件？

- ○ 1 Yes
- ○ 1 是
- ○ 2 No
- ○ 2 否

If =2, -3 go to 'PN_QC2020_F13'

'QC2020_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？

- ○ 1 Yes
- ○ 1 是
- ○ 2 No
- ○ 2 否

If =2, -3 go to 'PN_QC2020_F13'

'QC2020_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？

       ❍   1 Yes
       ❍   1 是
       ❍   2 No
       ❍   2 否

If =2, -3 go to 'PN_QC2020_F13'

'QC2020_F12' [CF37] - 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)

       ❍   1 1 Least useful
       ❍   1 1 最不實用
       ❍   2 2
       ❍   3 3
       ❍   4 4
       ❍   5 5
       ❍   6 6
       ❍   7 7
       ❍   8 8
       ❍   9 9
       ❍   10 10 Most useful
       ❍   10 10 最實用

PROGRAMMING NOTE 'QC2020_F13': :
IF CAGE ≥ 4, CONTINUE WITH 'QC2020_F13'
ELSE SKIP TO 'QC2020_G1'

'QC2020_F13' [CF30] - 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?

       ❍   1 Yes
       ❍   1 是
       ❍   2 No
       ❍   2 否

If =2, -3 go to 'QC2020_F15'

'QC2020_F14' [CF31] - Are these difficulties minor, definite, or severe?

此類困難的程度是輕微、有限還是嚴重?

- ○   1 Minor
- ○   1 輕微
- ○   2 Definite
- ○   2 中度
- ○   3 Severe
- ○   3 嚴重

'QC2020_F15' [CF32] - 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?

- ○   1 Yes
- ○   1 是
- ○   2 No
- ○   2 否

SECTION G: CHILD CARE AND SOCIAL COHESION

PROGRAMMING NOTE 'QC2020_G1' :
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

'QC2020_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?

    ❍   1 Yes
    ❍   1 是
    ❍   2 No
    ❍   2 否

If = 2, -3 go to 'QC2020_G10'

'QC2020_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: 0-168, SR: 10-168 HRS]
    _____小時[HR: 0-168, SR: 10-168 HRS]

PROGRAMMING NOTE 'QC2020_G3' :
IF 'QC2020_G2' < 10 (HOURS IN CHILDCARE), GO TO 'QC2020_G10' ;
ELSE CONTINUE WITH 'QC2020_G3'

'QC2020_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
    ❍   1 是
    ❍   2 No
    ❍   2 否

'QC2020_G4' [CG3E] - ... a non-family member who cares for (CHILD) in your home?

...一位非家庭成員在您的家中照看(CHILD)？

     ◯   1 Yes
     ◯   1 是
     ◯   2 No
     ◯   2 否

'QC2020_G5' [CG3F] - ...a non-family member who cares for (CHILD) in his or her home?

...一位非家庭成員在他/她的家中照看(CHILD)？

     ◯   1 Yes
     ◯   1 是
     ◯   2 No
     ◯   2 否

'QC2020_G6' [CG3D] - ...a childcare center that is not in someone's home?

...在一個不在任何人家中的托兒所/幼兒園？

     ◯   1 Yes
     ◯   1 是
     ◯   2 No
     ◯   2 否

PROGRAMMING NOTE 'QC2020_G7' :IF CAGE ≥ 7 YEARS, GO TO 'QC2020_G10' ; ELSE CONTINUE WITH 'QC2020_G7'

'QC2020_G7' [CG3B] - ...a Head Start or state preschool program?

....Head Start（啟蒙計劃）或州政府學前班計劃'

     ◯   1 Yes
     ◯   1 是
     ◯   2 No
     ◯   2 否

'QC2020_G8' [CG3C] - ... some other preschool or nursery school?

… 其它學前班或托兒所?

     ◯   1 Yes
     ◯   1 是
     ◯   2 No
     ◯   2 否

> *PROGRAMMING NOTE 'QC2020_G9' :*
> *IF ['QC2020_G3' OR 'QC2020_G4' = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF ['QC2020_G5' ≠ 1 AND 'QC2020_G6' ≠ 1 AND 'QC2020_G7' ≠ 1 AND 'QC2020_G8' ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO 'QC2020_G10' ;*
> *ELSE CONTINUE WITH 'QC2020_G9' ;*
> *IF ONLY ONE OF 'QC2020_G5' , 'QC2020_G6' , 'QC2020_G7' , OR 'QC2020_G8' = 1, DISPLAY 'Is this' AND 'provider';*
> *ELSE DISPLAY, 'Are all of these' AND 'providers'*

'QC2020_G9' [CG3G] - Thinking about the care the child receives from a <u>non-family member outside your home</u>, {is this/are all of these} child care provider{s} licensed by the state of California?

考慮到孩子從家庭以外的非家庭成員那裡得到的照顧，{這/所有這些}是擁有加利福尼亞州營業執照的托兒所嗎？

- ❍ 1 Yes (all are licensed)
- ❍ 1 是（全有執照）
- ❍ 2 No (none are licensed)
- ❍ 2 否（全無執照）
- ❍ 3 Some licensed and some not
- ❍ 3 有些有執照，有些沒有

'QC2020_G10' [CG5] - 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？

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

If = 2, -3 go to 'QC2020_H1'

'QC2020_G11' [CG6] - What is the <u>main</u> reason you were unable to find childcare for (CHILD) at that time?

當時您無法為找到幼兒看護的主要原因是什麼?

- ○ 1 Couldn't afford any child care
- ○ 1 無法負擔任何兒童保育（child care）
- ○ 2 Couldn't find a provider with a space
- ○ 2 找不到具有空間的供應商
- ○ 3 The hours and location didn't fit my needs
- ○ 3 服務時間和地點不符合我的需求
- ○ 4 Couldn't afford the quality of childcare I wanted
- ○ 4 無法負擔我想要的兒童保育品質
- ○ 5 Couldn't find the quality of childcare I wanted
- ○ 5 無法找到我想要的兒童保育品質
- ○ 6 Some other reason
- ○ 6 其他原因

SECTION H: DEMOGRAPHICS, PART II

So we can be sure we have included children of all races and ethnic groups in California, we 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 {孩子} 的背景的問題。

'QC2020_H1' [CH1] - Is (CHILD) Latino or Hispanic?

是拉丁裔或西裔嗎?

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

If = 2, -3 go to 'PN_QC2020_H3'

'QC2020_H2' [CH2] - And what is {his/her} Latino or Hispanic ancestry or origin?

{他的/她的}拉丁裔或西裔祖籍或原國籍是哪里?

- ❑ 1 Mexican/Mexican American/Chicano
- ❑ 1 墨西哥人／墨西哥裔美國人／齊卡諾人（Chicano）
- ❑ 4 Salvadoran
- ❑ 4 薩爾瓦多人（Salvadoran）
- ❑ 5 Guatemalan
- ❑ 5 瓜地馬拉人（Guatemalan）
- ❑ 6 Costa Rican
- ❑ 6 哥斯大黎加人（Costa Rican））
- ❑ 7 Honduran
- ❑ 7 宏都拉斯人（Honduran）
- ❑ 8 Nicaraguan
- ❑ 8 尼加拉瓜人（Nicaraguan）
- ❑ 9 Panamanian
- ❑ 9 巴拿馬人（Panamanian）
- ❑ 10 Puerto Rican
- ❑ 10 波多黎各人（Puerto Rican）
- ❑ 11 Cuban
- ❑ 11 古巴人（Cuban）
- ❑ 12 Spanish-American (from Spain)
- ❑ 12 西班牙裔-美國人（來自西班牙）
- ❑ 91 Other Latino (Specify: _____)
- ❑ 91 其他拉丁美洲人（請詳述：_____）

PROGRAMMING NOTE 'QC2020_H3' :
IF 'QC2020_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 'QC2020_H3' ,
CONTINUE WITH PROGRAMMING NOTE 'QC2020_H4' ;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QC2020_H3' [CH3] - {You said your child is Latino or Hispanic. Also,} which one or more of the following you would use to describe (CHILD): Would you describe {him/her} as ....

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？

Check all that apply

- ❑   1 White
- ❑   1 白人
- ❑   2 Black or African American
- ❑   2 黑人或非洲裔美國人
- ❑   3 Asian
- ❑   3 亞洲人
- ❑   4 American Indian or Alaska Native
- ❑   4 美洲原住民或阿拉斯加原住民
- ❑   5 Other Pacific Islander
- ❑   5 其他太平洋島民
- ❑   6 Native Hawaiian
- ❑   6 夏威夷原住民
- ❑   91 Other (Specify: _____)
- ❑   91 其他（請詳述：_____）

If = 1, 2, 6, 91, -3 And Only One Race, go to 'PN_QC2020_H10'
If = 3, And Only One Race, go to 'PN_QC2020_H8'
If = 4, And Only One Race, go to 'PN_QC2020_H4'
If = 5, And Only One Race, go to 'PN_QC2020_H9'

PROGRAMMING NOTE 'QC2020_H4' :
IF 'QC2020_H3' = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH 'QC2020_H4' ;
ELSE GO TO PROGRAMMING NOTE 'QC2020_H8'

'QC2020_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。

Check all that apply

- ❑　　1 Apache
- ❑　　1 阿帕契族（Apache）
- ❑　　2 Blackfoot/Blackfeet
- ❑　　2 黑腳族（Blackfoot／Blackfeet）
- ❑　　3 Cherokee
- ❑　　3 切羅基族（Cherokee）
- ❑　　4 Choctaw
- ❑　　4 喬克托族（Choctaw）
- ❑　　5 Mexican American Indian
- ❑　　5 墨西哥美洲原住民（Mexican American Indian）
- ❑　　6 Navajo
- ❑　　6 納瓦荷族（Navajo）
- ❑　　7 Pomo
- ❑　　7 波莫族（Pomo）
- ❑　　8 Pueblo
- ❑　　8 普韋布洛族（Pueblo）
- ❑　　9 Sioux
- ❑　　9 蘇族（Sioux）
- ❑　　10 Yaqui
- ❑　　10雅季族（Yaqui）
- ❑　　91 Other Tribe (Specify: _____)
- ❑　　91 其他部落（請詳述：_____）

'QC2020_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？

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否

If = 2, -3 go to 'PN_QC2020_H8'

'QC2020_H6' [CH6] – Which tribe is (CHILD) enrolled in?

你在哪一個部落註冊?

APACHE_C
- ❍ 1 Mescalero Apache, Nm
- ❍ 1 梅斯卡勒羅阿帕契族，新墨西哥州（Mescalero Apache, NM）
- ❍ 2 Apache (Not Specified)
- ❍ 2 T阿帕契族（未指定）
- ❍ 91 Other Apache (Specify:)
- ❍ 91 其他阿帕契族（請詳述＿＿）

BLACKFEET_C

- ❍ 3 Blackfoot/Blackfeet
- ❍ 3 黑腳族（Blackfoot／Blackfeet）

CHEROKEE_C
- ❍ 4 Western Cherokee
- ❍ 4 西切羅基族
- ❍ 5 Cherokee (not specified)
- ❍ 5 切羅基族（未指定）
- ❍ 92 Other Cherokee (Specify: ＿＿＿＿＿＿)
- ❍ 92 其他切羅基族（請詳述：＿＿＿＿＿＿）

CHOCTAW_C
- ❍ 6 Choctaw Oklahoma
- ❍ 6 奧克拉荷馬州喬克托族
- ❍ 7 Choctaw (not specified)
- ❍ 7 喬克托族（未指定）
- ❍ 93 Other Choctaw (Specify: ＿＿＿＿＿＿)
- ❍ 93 其他喬克托族（請詳述：＿＿＿＿＿＿）

NAVAJO_C

- ❍ 8 Navajo (not specified)
- ❍ 8 納瓦荷族（未指定）

POMO_C
- ❍ 9 Hopland Band, Hopland Rancheria
- ❍ 9 霍普蘭群落，霍普蘭村落（Hopland Band, Hopland Rancheria）
- ❍ 10 Sherwood Valley Rancheria
- ❍ 10 雪伍德谷村落（Sherwood Valley Rancheria）
- ❍ 11 Pomo (not specified)
- ❍ 11 波莫族（未指定）
- ❍ 94 Other Pomo (Specify: ＿＿＿＿＿＿)
- ❍ 94 其他波莫族（請詳述：＿＿＿＿＿＿）

PUEBLO_C

- ❍ 12 Hopi
- ❍ 12 霍皮族（Hopi）
- ❍ 13 Ysleta del Sur Pueblo of Texas
- ❍ 13 德州依斯雷達普魏布勒族（Ysleta Del Sur Pueblo Of Texas）
- ❍ 14 Pueblo (not specified)
- ❍ 14 普韋布洛族（未指定）
- ❍ 95 Other Pueblo (Specify: ＿＿＿＿＿＿)
- ❍ 95 其他普韋布洛族（請詳述：＿＿＿＿＿＿）

SIOUX_C
- ❍ 15 Oglala/Pine Ridge Sioux
- ❍ 15 奧格拉拉／派里吉蘇族（Oglala/Pine Ridge Sioux）
- ❍ 16 Sioux (Not Specified)
- ❍ 16 蘇族（未指定）
- ❍ 96 Other Sioux (Specify: _____)
- ❍ 96 其他蘇族（請詳述：_____）

YAQUI_C
- ❍ 17 Pascua Yaqui Tribe of Arizona
- ❍ 17 亞利桑那州巴斯卡雅季族（Ascua Yaqui Tribe Of Arizona）
- ❍ 18 Yaqui (not specified)
- ❍ 18 雅季族（未指定）
- ❍ 97 Other Yaqui (Specify: _____)
- ❍ 97 其他_雅季族 （請詳述：_____）

'QC2020_H7' [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？

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否

PROGRAMMING NOTE 'QC2020_H8' :IF 'QC2020_H3' = 3 (ASIAN) CONTINUE WITH 'QC2020_H8' ; ELSE GO TO PROGRAMMING NOTE 'QC2020_H9'

'QC2020_H8' [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。

Check all that apply

- ❑ 1 Bangladeshi
- ❑ 1 孟加拉人
- ❑ 2 Burmese
- ❑ 2 緬甸人
- ❑ 3 Cambodian
- ❑ 3 柬埔寨人
- ❑ 4 Chinese
- ❑ 4 華人
- ❑ 5 Filipino
- ❑ 5 菲律賓人
- ❑ 6 Hmong
- ❑ 6 西部苗族人（Hmong）
- ❑ 7 Indian (India)
- ❑ 7 印度人（印度）
- ❑ 8 Indonesian
- ❑ 8 印尼人
- ❑ 9 Japanese
- ❑ 9 日本人
- ❑ 10 Korean
- ❑ 10 韓國人
- ❑ 11 Laotian
- ❑ 11 老撾人或寮國人
- ❑ 12 Malaysian
- ❑ 12 馬來西亞人
- ❑ 13 Pakistani
- ❑ 13 巴基斯坦人
- ❑ 14 Sri Lankan
- ❑ 14 斯里蘭卡人
- ❑ 15 Taiwanese
- ❑ 15 台灣人
- ❑ 16 Thai
- ❑ 16 泰國人
- ❑ 17 Vietnamese
- ❑ 17 越南語
- ❑ 91 Other Asian (Specify: _____)
- ❑ 91 其他（請詳述：_____）

PROGRAMMING NOTE 'QC2020_H9' : IF 'QC2020_H3' = 5 (PACIFIC ISLANDER) CONTINUE WITH 'QC2020_H9' ; ELSE GO TO 'QC2020_H10'

'QC2020_H9' [CH7A] - You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}?

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?

Check all that apply.

- ❑ 1 Samoan/American Samoan
- ❑ 1 薩摩亞人／美屬薩摩亞人（Samoan/American Samoan）
- ❑ 2 Guamanian
- ❑ 2 \T關島人（Guamanian）
- ❑ 3 Tongan
- ❑ 3 T東加人（Tongan）
- ❑ 4 Fijian
- ❑ 4 斐濟人（Fijian）
- ❑ 91 Other Pacific Islander (Specify: _____)
- ❑ 91 其他太平洋島民（請詳述：_____）

'QC2020_H10' [CH8] -In what country was (CHILD) born?

(孩子)是在哪一個國家出生的?

- ◯ 1 United States
- ◯ 1 美國
- ◯ 2 American Samoa
- ◯ 2 美屬薩摩亞
- ◯ 3 Canada
- ◯ 3 加拿大
- ◯ 4 China
- ◯ 4 中國
- ◯ 09 Guam
- ◯ 09 關島
- ◯ 16 Japan
- ◯ 16 日本
- ◯ 17 Korea
- ◯ 17 韓國
- ◯ 18 Mexico
- ◯ 18 墨西哥
- ◯ 19 Philippines
- ◯ 19 菲律賓
- ◯ 22 Puerto Rico
- ◯ 22 波多黎各
- ◯ 25 Vietnam
- ◯ 25 越南
- ◯ 26 Virgin Islands
- ◯ 26 美屬維京群島
- ◯ 13 Other (Specify: _____)
- ◯ 13 其他（請詳述：_____）

PROGRAMMING NOTE 'QC2020_H11' : IF 'QC2020_H10' = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE 'QC2020_H14' ; ELSE CONTINUE WITH 'QC2020_H11'

'QC2020_H11' [CH8A] - Is (CHILD) a citizen of the United States?

(孩子)是美國公民嗎？

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否
- ❍   3 Application pending
- ❍   3 申請待審

If = 1, go to 'QC2020_H13'

'QC2020_H12' [CH9] - Is (CHILD) a permanent resident with a green card?

(孩子)是持有綠卡的永久居民嗎？

People usually call this a green card but the color can also be pink, blue or white.

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。

- ❍   1 Yes
- ❍   1 是
- ❍   2 No
- ❍   2 否
- ❍   3 Application pending
- ❍   3 申請待審

'QC2020_H13' [CH10] - About how many years has (CHILD) lived in the United States?

(孩子)在美國居住大約多少年了?

       _____ Number of years
       _____年
       _____ Year (First came to live in US.)
       _____ 年首次來到並居住在美國

- ❍   1 Number of years
- ❍   1 年
- ❍   2 Year first came to live in US
- ❍   2 年首次來到並居住在美國s

PROGRAMMING NOTE 'QC2020_H14' :
IF KIDS1ST = 'Y' AND SKA = 1 (MOTHER OF CHILD) OR IF KID1ST= 'N' AND SC17B= 1 (AR=
MOTHER OF CHILD) , DISPLAY 'were you';]
ELSE, CONTINUE WITH 'QC2020_H14' AND DISPLAY 'was his mother/was her mother'

'QC2020_H14' [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?

- ○ 1 United States
- ○ 1 美國
- ○ 2 American Samoa
- ○ 2 美屬薩摩亞
- ○ 3 Canada
- ○ 3 加拿大
- ○ 4 China
- ○ 4 中國
- ○ 09 Guam
- ○ 09 關島
- ○ 16 Japan
- ○ 16 日本
- ○ 17 Korea
- ○ 17 韓國
- ○ 18 Mexico
- ○ 18 墨西哥
- ○ 19 Philippines
- ○ 19 菲律賓
- ○ 22 Puerto Rico
- ○ 22 波多黎各
- ○ 25 Vietnam
- ○ 25 越南
- ○ 26 Virgin Islands
- ○ 26 美屬維京群島
- ○ 13 Other (Specify: _____)
- ○ 13 其他（請詳述：_____）

PROGRAMMING NOTE 'QC2020_H15' AND 'QC2020_H16' :
IF 'QC2020_H14' = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO
PROGRAMMING NOTE 'QC2020_H18' ;
ELSE CONTINUE WITH 'QC2020_H15' AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY 'Are
you';
ELSE DISPLAY 'Is {his/her} mother'

'QC2020_H15' [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 a naturalized citizen, please mark 'Yes'

如果是歸化的公民，請標記「是」

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否
- ❍ 3 Application pending
- ❍ 3 申請待審

If = 1, go to 'PN_QC2020_H17'

PROGRAMMING NOTE 'QC2020_H16':
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH 'QC2020_H17' AND DISPLAY 'have
you';
ELSE CONTINUE WITH 'QC2020_H17' AND DISPLAY 'has {his/her} mother'

'QC2020_H16' [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？

- ❍ 1 Yes
- ❍ 1 是
- ❍ 2 No
- ❍ 2 否
- ❍ 3 Application pending
- ❍ 3 申請待審

PROGRAMMING NOTE 'QC2020_H17' :
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH 'QC2020_H17' AND DISPLAY 'have you';
ELSE CONTINUE WITH 'QC2020_H17' AND DISPLAY 'has {his/her} mother'

'QC2020_H17' [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
　　　_____年
　　　_____ Year (First came to live in US.)
　　　_____ 年首次來到並居住在美國

- ❍　　1 Number of years
- ❍　　1 年
- ❍　　2 Year first came to live in US
- ❍　　2 年首次來到並居住在美國s
- ❍　　3 Mother deceased
- ❍　　3 母親去世
- ❍　　4 Never lived in US
- ❍　　4 母親從未住在美國

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PROGRAMMING NOTE 'QC2020_H18' :
IF KIDS1ST = 'Y' AND SKA = 2 (FATHER OF CHILD) OR IF KID1ST= 'N' AND SC17B=2 (AR=
FATHER OF CHILD) , DISPLAY 'were you';]
ELSE, CONTINUE WITH 'QC2020_H14' AND DISPLAY 'was his father/was her father'

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'QC2020_H18' [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？

- ❍   1 United States
- ❍   1 美國
- ❍   2 American Samoa
- ❍   2 美屬薩摩亞
- ❍   3 Canada
- ❍   3 加拿大
- ❍   4 China
- ❍   4 中國
- ❍   09 Guam
- ❍   09 關島
- ❍   16 Japan
- ❍   16 日本
- ❍   17 Korea
- ❍   17 韓國
- ❍   18 Mexico
- ❍   18 墨西哥
- ❍   19 Philippines
- ❍   19 菲律賓
- ❍   22 Puerto Rico
- ❍   22 波多黎各
- ❍   25 Vietnam
- ❍   25 越南
- ❍   26 Virgin Islands
- ❍   26 美屬維京群島
- ❍   13 Other (Specify: _____)
- ❍   13 其他（請詳述：_____）

> ***PROGRAMMING NOTE 'QC2020_H19' AND 'QC2020_H20' :***
> ***IF 'QC2020_H18' = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO***
> ***PROGRAMMING NOTE 'QC2020_H22' ;***
> ***ELSE CONTINUE WITH 'QC2020_H19' AND IF RESPONDENT IS FATHER OF CHILD DISPLAY 'Are***
> ***you';***
> ***ELSE SAY 'Is {his/her} father'***

'QC2020_H19' [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 a naturalized citizen, please mark 'Yes'

如果是歸化的公民，請標記「是」

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否
- ❍　　3 Application pending
- ❍　　3 申請待審

If = 1, go to 'PN_QC2020_H21'

'QC2020_H20' [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？

- ❍　　1 Yes
- ❍　　1 是
- ❍　　2 No
- ❍　　2 否
- ❍　　3 Application pending
- ❍　　3 申請待審

PROGRAMMING NOTE 'QC2020_H21' :IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH 'QC2020_H21' AND DISPLAY 'have you';ELSE, CONTINUE WITH 'QC2020_H21' AND DISPLAY 'has {his/her} father'

'QC2020_H21' [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
   _____年
   _____ Year (First came to live in US.)
   _____ 年首次來到並居住在美國

- ❍   1 Number of years
- ❍   1 年
- ❍   2 Year first came to live in US
- ❍   2 年首次來到並居住在美國s
- ❍   3 Mother deceased
- ❍   3 父親去世
- ❍   4 Never lived in US
- ❍   4 父親從未住在美國

PROGRAMMING NOTE 'QC2020_H22' :
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE 'QC2020_H23' ;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH 'QC2020_H22'

'QC2020_H22' [CH17] - 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？

- ❑ 1 English
- ❑ 1 英語
- ❑ 2 Spanish
- ❑ 2 西班牙語
- ❑ 3 Cantonese
- ❑ 3 廣東話
- ❑ 4 Vietnamese
- ❑ 4 越南語
- ❑ 5 Tagalog
- ❑ 5 他加祿語（Tagalog）
- ❑ 6 Mandarin
- ❑ 6 國語
- ❑ 7 Korean
- ❑ 7 韓國語
- ❑ 8 Asian Indian languages (including Hindi, Punjabi, Urdu)
- ❑ 8 亞洲印度語(Hindi, Punjabi, Urdu)
- ❑ 9 Russian
- ❑ 9 俄語
- ❑ 91 Other 1 (Specify: _____)
- ❑ 91 其他 1（請詳述：_____）
- ❑ 92 Other 2 (Specify: _____)
- ❑ 92 其他 2（請詳述：_____）

PROGRAMMING NOTE 'QC2020_H23' :
IF INTERVIEW CONDUCTED IN ENGLISH AND 'QC2020_H22' > 1 (TWO OR MORE LANGUAGES
SPOKEN AT HOME), CONTINUE WITH 'QC2020_H23' AND DISPLAY 'Compared to the language
spoken in (CHILD)'s home,';
SET CH18ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QC2020_H23' WAS
ASKED;
ELSE IF 'QC2020_H22' = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE
'QC2020_H24'

'QC2020_H23' [CH18] - {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English…

{因為您在家中說的語言不是英文，我們很想了解您認為自己英語說得怎樣。} 您認為您的英語說得……

- ❍ 1 Very well
- ❍ 1 非常好
- ❍ 2 Fairly well
- ❍ 2 好
- ❍ 3 Not well
- ❍ 3 不好
- ❍ 4 Not at all
- ❍ 4 完全不會

PROGRAMMING NOTE 'QC2020_H24' :IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE
WITH 'QC2020_H24' ; ELSE GO TO PROGRAMMING NOTE KAG8

'QC2020_H24' [CH22] - 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?

- ❍ 30 No formal education
- ❍ 30 沒有受過正規教育

'Grade' [Grade] - Grade
- ❍ 1 1st Grade
- ❍ 1 1 年級
- ❍ 2 2nd Grade
- ❍ 2 2 年級
- ❍ 3 3rd Grade
- ❍ 3 3 年級
- ❍ 4 4th Grade
- ❍ 4 4 年級
- ❍ 5 5th Grade
- ❍ 5 5 年級
- ❍ 6 6th Grade
- ❍ 6 6 年級
- ❍ 7 7th Grade
- ❍ 7 7 年級（初中／國中 1 年級）
- ❍ 8 8th Grade
- ❍ 8 8 年級（初中／國中 2 年級）

'High' [High] - High
- ❍ 9 9th Grade
- ❍ 9 9 年級（初中／國中 3 年級）
- ❍ 10 10th Grade
- ❍ 10 10 年級（高中 1 年級）
- ❍ 11 11th Grade
- ❍ 11 11 年級（高中 2 年級）
- ❍ 12 12th Grade
- ❍ 12 12 年級（高中 3 年級）

'College' [College] - College
- ❍ 13 1st year of college or university (Freshman)
- ❍ 13 大學 1 年級（大一新生）
- ❍ 14 2nd year of college or university (Sophomore)
- ❍ 14 大學 2 年級（大二學生）
- ❍ 15 3rd year of college or university (Junior)
- ❍ 15 大學 3 年級（大三學生）
- ❍ 16 4th year of college or university (Senior)(BA/BS)
- ❍ 16 大學 4 年級（大四學生）（文學士/理學士
- ❍ 17 5th year of college or university
- ❍ 17 大學 5 年級

'Graduate' [Graduate] - Graduate
- ❍ 18 1st year of graduate or professional school
- ❍ 18 研究所或專業學校 1 年級
- ❍ 19 2nd year of graduate or professional school (MA/MS)
- ❍ 19 研究所或專業學校 2 年級
- ❍ 20 3rd year of graduate or professional school
- ❍ 20 研究所或專業學校 3 年級
- ❍ 21 More than 3 years of graduate or professional school (PhD)
- ❍ 21 3 年以上研究所或專業學校（博士）

'Community' [Community] - Community
- ❍ 22 1st year of junior or community college
- ❍ 22 1 年制初級學院（專科學校）或社區大學
- ❍ 23 2nd year of junior or community college (AA/AS)
- ❍ 23 大學 2 年級（文學副學士／理學副學士）

'Business' [Business] - Business
- ❍ 24 1st year of vocational, business, or trade school
- ❍ 24 1 年制 職業、商業、或貿易學校
- ❍ 25 2nd year of vocational, business, or trade school
- ❍ 25 2 年制 職業、商業、或貿易學校
- ❍ 26 More than 2 years of vocational, business, or trade school
- ❍ 26 超過 2 年以上職業、商業、或貿易學校

SECTION H: DEMOGRAPHICS, PART III

> *PROGRAMMING NOTE 'QC2020_H25':*
> *IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC2020_H25';*
> *ELSE GO TO 'QC2020_H26'*

'QC2020_H25' [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？

- ❍　　　1 Yes
- ❍　　　1 是
- ❍　　　2 No
- ❍　　　2 否

'QC2020_H26' [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?

- ❍　　　1 Yes
- ❍　　　1 是
- ❍　　　2 No
- ❍　　　2 否