CHIS 2021
Child CAWI Questionnaire
(Self-administered)
Version 1.05 Tagalog
May 28, 2021

(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 2021 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 ‘QC2021_A1’ :
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = SKA AND GENDER OF CHILD IS KNOWN, SET ‘QC2021_A1’=GENDER6 AND SKIP TO ‘QC2021_A2’ ;
ELSE CONTINUE WITH ‘QC2021_A1’

‘QC2021_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.

Ang ilan sa mga tanong ay batay sa mga katangiang personal ni (CHILD), gaya ng kanyang edad. Kaya tatanungin ko muna kayo ng ilang maligising tanong na nauukol sa kanyang background.

Is (CHILD) male or female?

Lalaki ba o babae si (CHILD)?

- 1 Male
- 1 Lalaki
- 2 Female
- 2 Babae
‘QC2021_A2’ [CA2] - What is (his/her) date of birth?

Ano ang petsa ng kapanganakan {niya/niya}?

______ MONTH
______ BUWAN

- 1 January
- 1 Enero
- 2 February
- 2 Pebrero
- 3 March
- 3 Marso
- 4 April
- 4 April
- 5 May
- 5 Mayo
- 6 June
- 6 Hunyo
- 7 July
- 7 Hulyo
- 8 August
- 8 August
- 9 September
- 9 Setyembre
- 10 October
- 10 Oktubre
- 11 November
- 11 Nobyembre
- 12 December
- 12 December

______ DAY
______ ARAW

______ YEAR
______ TAON

PROGRAMMING NOTE ‘QC2021_A3’:
SET CHILD AGE=’QC2021_A2’;
IF CHILD AGE > 11, CONTINUE WITH ‘QC2021_A3’;
ELSEGO TO PN_’QC2021_A5’”QC2021_A5’

‘QC2021_A3’ [CA2A] – Just to confirm, you said that (CHILD) is older than 11 years?

Para kumpirmahin lang, tama ba na sinabi ninyo na si (CHILD) ay mas matanda pa sa 11 taong gulang?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

If=1, go to ‘QC2021_A4’ AND CONTINUE WITH ADULT SECTION B
‘QC2021_A4’ [C_AGEXIT] - Thank you for confirming. Now, we’d like to ask questions about you.

Maraming salamat sa pag-kumpirma. Ngayon naman ay mayroon akong mga ilang tanong tungkol sa inyo.

PROGRAMMING NOTE ‘QC2021_A5’:
ELSE SKIP TO ‘QC2021_A6’

‘QC2021_A5’ [CA3] - How old is {he/she}?

Ilang taon na {siya/siya}?

______________Years
______________(na) Taon

______________Months
______________(na) Buwan

‘QC2021_A6’ [CA4] - About how tall is (CHILD) now without shoes?

Humigt-kumulang, gaano katangkad na ngayon si (CHILD) kapag walang suot na sapatos?

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

Ayos lang ang inyong pinakamahusay na tantya.

_____ Feet
_____ Talampakan
_____ Inches
_____ Pulgada

_____ Centimeters
_____ Sentimetro

❖ 1 Feet/inches
❖ 1 Talampakan/Pulgada
❖ 2 Centimeters
❖ 2 Sentimetro
‘QC2021_A7’ [CA5] - About how much does (CHILD) weigh now without shoes?

Humigt-kumulang, gaano kabigat na ngayon si (CHILD) kapag walang suot na sapatos?

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

Ayos lang ang inyong pinakamahusay na tantya.

______ Pounds
_____ Pounds
______ Kilograms
_____ Kilo

☐ 1 Pounds
☐ 1 Pounds
☐ 2 Kilograms
☐ 2 Kilo

PROGRAMMING NOTE ‘QC2021_A8’:
IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE ‘QC2021_A11’;
ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH ‘QC2021_A8’

‘QC2021_A8’ [CA14] - Was (CHILD) ever breastfed or fed breast milk?

Kailanman, sumuso ba sa ina si (CHILD) o pinasuso sa boteng naglalaman ng gatas mula sa ina?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

If = 2, -3 goto ‘QC2021_A10’

‘QC2021_A9’ [CA15] - How old was (CHILD) when { he/she} stopped breastfeeding altogether?

Ilang taon si (CHILD) noong ganap na pinigil na ang pagpapasuso sa ina?

__________ Months old
__________ Buwang gulang

__________ Years old
__________ Taong gulang

☐ 93 Still breastfeeding
☐ 93 Sumususo pa rin
‘QC2021_A10’ [CA16] - How old was (CHILD) when you began giving {him/her} baby food or other solid foods?

Ilang taon na si (CHILD) noong una ninyo {siyang} pinakain ng pagkain para sa sanggol o ng iba pang mga solidong pagkain?

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

Ang solidong pagkain ay anumang pagkain maliban sa gatas, formula, juice, tubig, mga herb o tsaa.

______ Months
______ (na) Buwan

☐ 93 No solid food yet
☐ 93 Hindi pa kumakain ng solidong pagkain

**PROGRAMMING NOTE ‘QC2021_A11’**: IF CAGE < 5 YEARS GO TO ‘QC2021_A14’; ELSE CONTINUE WITH ‘QC2021_A11’ AND IF CAGE = 5 YRS DISPLAY “Not including pre-school or nursery school,“

‘QC2021_A11’ [CA42] - {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

{Hindi kabilang ang pre-school o nursery school,} pumasok ba sa eskwelahan si (CHILD) nitong nakaraang linggo?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi
☐ 3 My child is on vacation
☐ 3 Nagbabakasyon ang aking anak
☐ 4 My child is home schooled
☐ 4 Nag-aaral sa bahay ang aking anak

*If = 1, goto ‘QC2021_A13’*
*If = 4, goto ‘QC2021_A14’*
PROGRAMMING NOTE ‘QC2021_A12’:
IF CAGE = 5 YRS DISPLAY “Not including pre-school or nursery school,"

‘QC2021_A12’ [CA43] - {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?

{Hindi kabilang ang pre-school o nursery school,} pumasok ba sa eskwelahan si (CHILD) nitong nakaraang taon?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi
☐ 3 My child is home schooled
☐ 3 Nag-aaral sa bahay ang aking anak

If = 3, goto ‘QC2021_A14’

PROGRAMMING NOTE ‘QC2021_A13’:
If ‘QC2021_A11’ = 1 (ATTENDED SCHOOL LAST WEEK) OR ‘QC2021_A12’ = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH ‘QC2021_A13’; ELSE SKIP TO PROGRAMMING NOTE ‘QC2021_A14’

‘QC2021_A13’ [CB22] - What is the name of the school (CHILD) goes to or last attended?

Ano ang pangalan ng eskwelahan na pinapasukan o huling pinasukan ni (CHILD)?

________________________________ Name of school
________________________________

☐ 00 Child not in school
☐ 00 Hindi nag-aaral ang anak
☐ 01 Pre-school or daycare
☐ 01 Pre-school or daycare
☐ 02 Kindergarten
☐ 02 Kindergarten
☐ 03 Elementary
☐ 03 Elementary
☐ 04 Intermediate
☐ 04 Intermediate
☐ 05 Junior High
☐ 05 Junior High
☐ 06 Middle School
☐ 06 Middle School
☐ 07 Charter
☐ 07 Charter
☐ 91 Other (Specify: ___________)
☐ 91 Iba Pa (Tukuyin: ___________)

General Health
‘QC2021_A14’ [CA6] - In general, would you say (CHILD)’s health is excellent, very good, good, fair or poor?

Sa kalahatan, masasabi ba ninyo na mabuting-mabuti, napakabuti, mabuti, mabuti-buti o mahina ang kalusugan ni (CHILD)?

- 1 Excellent
- 1 Napakahusay
- 2 Very good
- 2 Napakagaling
- 3 Good
- 3 Mabuti
- 4 Fair
- 4 Sakto lang
- 5 Poor
- 5 Mahina

‘QC2021_A15’ [CA12] - Has a doctor ever told you that (CHILD) has asthma?

Nasabihan na ba kayo kailanman ng doctor na may asthma si (CHILD)?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

If = 2, - 3, goto ‘QC2021_A26’

‘QC2021_A16’ [CA31] - Does (he/she) still have asthma?

May asthma pa ba (siya)?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

‘QC2021_A17’ [CA32] - During the past 12 months, has (he/she) had an episode of asthma or an asthma attack?

Nitong nakaraang 12 buwan, nakaranas ba (siya/siya) ng pagsumpong ng asthma o ng atake ng asthma?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
PROGRAMMING NOTE ‘QC2021_A18’:
IF ‘QC2021_A16’ = 1 (YES, STILL HAS ASTHMA) OR ‘QC2021_A17’ = 1 (YES, EPISODE IN LAST 12 MOS), CONTINUE WITH ‘QC2021_A18’;
ELSE GO TO ‘QC2021_A20’

‘QC2021_A18’ [CA33] - During the past 12 months, has (CHILD) had to visit a hospital emergency room because of (his/her) asthma?

Nitong nakaraang 12 buwan, kinailangan bang magpatingin si (CHILD) sa emergency room ng ospital dahil sa {kanyang/kanyang} asthma?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

If = 2, -3 goto ‘QC2021_A20’

‘QC2021_A19’ [CA48] - Did you take (CHILD) to a hospital emergency room for (his/her) asthma because you were unable to see (his/her) doctor?

Dinala ba ninyo si (CHILD) sa emergency room ng ospital para sa {kanyang/kanyang} asthma dahil hindi kayo nakapagpatingin sa {kanyang/kanyang} doktor?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi
☐ 3 My child doesn't have a doctor
☐ 3 Walang doktor ang aking anak

‘QC2021_A20’ [CA12A] - Is (CHILD) now taking a daily medication to control (his/her) asthma that was prescribed or given to you by a doctor?

Nitong nakaraang 12 buwan, na-ospital ba {siya/siya} nang magdamag o mas matagal pa para sa {kanyang/kanyang} asthma?

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

Kabilang dito ang mga gamot na iniinom at mga inhaler. Iba ito sa mga inhaler na ginagamit para sa pangmadaliang ginhawa.

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi
PROGRAMMING NOTE ‘QC2021_A21’:
IF ‘QC2021_A16’ = 1 (YES, STILL HAS ASTHMA) OR ‘QC2021_A17’ = 1 (YES, EPISODE IN LAST 12 MOS), GO TO ‘QC2021_A23’; ELSE CONTINUE WITH ‘QC2021_A21’

‘QC2021_A21’ [CA41] - During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

Nitong nakaraang 12 buwan, kinailangan bang magpatingin si (CHILD) sa emergency room ng ospital dahil sa {kanyang/kanyang} asthma?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

If = 2, -3 goto ‘QC2021_A23’

‘QC2021_A22’ [CA49] - Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

Dinala ba ninyo si (CHILD) sa emergency room ng ospital para sa {kanyang/kanyang} asthma dahil hindi kayo nakapapatingin sa {kanyang/kanyang} doktor?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi
☐ 3 My child doesn't have a doctor
☐ 3 Walang doktor ang aking anak

‘QC2021_A23’ [CA34] - During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?

Nitong nakaraang 12 buwan, ilang araw hindi nakapasok si (CHILD) sa day care o sa eskwelahan dahil sa asthma?

________ Number of days
________ Bilang ng araw

☐ 993 My child is not in daycare
☐ 993 Ang aking anak ay wala sa daycare

‘QC2021_A24’ [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?

Nakipagtulungan na ba sa inyo ang mga doktor o iba pang mga medical provider ni (CHILD) na gumawa ng plano upang malaman ninyo kung paano alagaan ang {kanyang/kanyang} asthma?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

If = 2, -3 goto ‘QC2021_A26’
‘QC2021_A25’ [CA50] - Do you have a written or printed copy of this plan?

Mayroon ba kayong nakasulat o naka-print na kopya ng planong ito?

This can be an electronic or hard copy.

Pwedeng electronic o nasa papel ang kopyang ito.

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

‘QC2021_A26’ [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?

Sa kasalukuyan, mayroon bang anumang karamdaman si (CHILD) sa katawan, sa paguugali o sa isip na humahadlang sa {kanya/kanyang} sa paggawa ng mga gawaing pambata na pangkaranian sa {kanyang/kanyang} edad?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

If = 2, -3, goto PN ‘QC2021_A28’
What condition does (CHILD) have?

Anong karamadaman mayroon si (CHILD)?

Check all that apply.

I-check ang lahat ng naaangkop.

- 1 ADD/ADHD
- 2 Asperger’s Syndrome
- 3 Autism
- 4 Cerebral palsy
- 5 Congenital heart disease
- 6 Cystic fibrosis
- 7 Diabetes
- 8 Down syndrome
- 9 Epilepsy
- 10 Deafness or other hearing problems
- 11 Learning disability, other than Down syndrome
- 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: _____________)
- 91 Iba Pa (Tukuyin: ______________)
`QC2021_A28` [CA17] - Does (CHILD) currently need or use medicine **prescribed** by a doctor, other than vitamins?

Si |CHILD_INDEXREF: ba ay kasalukuyang nangangailangan o gumagamit ng gamot na inireseta ng isang doktor, maliban sa mga bitamina?

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.**

Ito ay para lamang sa mga gamot na inireseta ng isang doktor. Ang mga gamot na binibili sa botika na tulad ng para sa mga sipon o sakit sa ulo, o iba pang mga bitamina, minerals, o mga suplemento na binili nang walang reseta ay hindi kasali.

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

If = 2, -3 goto ‘QC2021_A31’

`QC2021_A29` [CA18] - Is (his/her) need for prescription medicine because of any medical, behavior, or other health condition?

Ang kanyang pangangailangan sa inireresetang gamot ba ay dahil sa anumang medikal na kondisyon, kondisyon sa pag-asal, o iba pang kalagayan sa kalusugan?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

If =2, -3 goto ‘QC2021_A31’

`QC2021_A30` [CA19] - Is this a condition that has lasted or is expected to last for 12 months or longer?

Ang kondisyon bang ito ay tumagal o inaasahang tumagal pa nang labindalawang buwan o mahigit pa?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
‘QC2021_A31’ [CA23] - Does (CHILD) need or get special therapy, such as physical, occupational or speech therapy?

Kailangan o nakakakuha ba si (CHILD) ng espesyal na therapy, gaya ng physical therapy, occupational therapy o speech therapy?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

If =2, -3 goto ‘PN_CC1BB’

‘QC2021_A32’ [CA24] - Is (his/her) need for special therapy because of any medical, behavior, or other health condition?

Ang kanyang pangangailangan ng espesyal na therapy ba ay dahil sa anumang medikal na kondisyon, kondisyon sa pag-asal, o iba pang kalagayan sa kalusugan?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

If =2, -3 goto ‘PN_CC1BB’

‘QC2021_A33’ [CA25] - Is this a condition that has lasted or is expected to last for 12 months or longer?

Ang kondisyon bang ito ay tumagal o inaasahang tumagal pa nang labindalawang buwan o mahigit pa?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
SECTION B: DENTAL HEALTH

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

Ngayon, magtatanong kami tungkol sa kalusugan ng ngipin ni (CHILD).

**PROGRAMMING NOTE ‘QC2021_B1’ :IF CAGE > 2 YEARS, GO TO ’QC2021_B2’; ELSE CONTINUE WITH ‘QC2021_B1’**

‘QC2021_B1’ [CC1B] - These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

Tungkol sa kalusagan ng ngipin ni ang mga tanong na ito? May ngipin na ba si?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

If = 2, -3 goto PN_“QC2021_C1”

‘QC2021_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.

Humigit-kumulang, gaano katagal na mula noong nagpatingin ang inyong anak sa dentista o pagamutan ng ngipin? Bilangin ang mga hygienist at ang lahat ng uri ng mga espesyalista sa ngipin.

- 0 My child has never visited a dentist
- 0 Hindi pa kailanman bumisita ang aking anak sa dentista
- 1 6 months ago or less
- 1 6 na buwan na ang nakakaraan o mas maikli
- 2 More than 6 months up to 1 year ago
- 2 Mahigit 6 na buwan hanggang 1 taon na ang nakalipas
- 3 More than 1 year up to 2 years ago
- 3 Mahigit 1 taon hanggang 2 taon na ang nakalipas
- 4 More than 2 years up to 5 years ago
- 4 More than 2 years up to 5 years ago
- 5 More than 5 years ago
- 5 More than 5 years ago
PROGRAMMING NOTE CB38: IF ‘QC2021_B2’ =1,2, THEN CONTINUE WITH ‘QC2021_B3’, ELSE GO TO ‘CB40’

‘QC2021_B3’ [CB38] - How many times has your child received a dental service within the last 12 months?

Ilang beses na nakatanggap ang iyong anak ng serbisyong dental sa loob ng nakalipas na 12 buwan?

- 01 None
- 01 Wala
- 02 Once
- 02 Isang beses
- 03 Twice
- 03 Dalawang beses
- 04 Three times
- 04 Tatlong beses
- 05 Four times
- 05 Apat na beses
- 06 Five times or more
- 06 Limang beses o higit pa

If =1, -3 goto ‘QC2021_B5’
PROGRAMMING NOTE ‘QC2021_B4’: IF ‘QC2021_B3’ >2 THEN DISPLAY “SERVICES” ELSE IF ‘QC2021_B3’=1, THEN DISPLAY “SERVICE”

‘QC2021_B4’ [CB39] - Where did your child receive the dental service(s) within the last 12 months?

Saan natanggap ng iyong anak ang serbisyong dental[2] sa loob ng nakalipas na 12 buwan?

- 01 Free health/dental event
- 01 Libreng event sa kalusugan/ngipin
- 02 Dentist office
- 02 Dental clinic
- 03 Hospital
- 03 Ospital
- 04 Other
- 04 Iba pa

‘QC2021_B5’ [CB40] - Where have you received educational information about oral health or preventive dental treatments for your child?

Saan ka nakatanggap ng impormasyong pang-edukasyon tungkol sa oral health o mga dental treatment upang makaiwas sa sakit ang iyong anak?

- 01 Have not received any educational information
- 01 Hindi pa ako nakakatanggap ng impormasyong pang-edukasyon
- 02 From dental office
- 02 Mula sa dental clinic
- 03 From my child’s school
- 03 Mula sa paaralan ng aking anak
- 04 From social media or online
- 04 Mula sa social media o online
- 05 From family or friends
- 05 Mula sa pamilya o mga kaibigan
- 06 From community events/health fairs
- 06 Mula sa mga event sa komunidad/health fair
- 07 From pediatrician
- 07 Mula sa pediatrician
- 08 From other sources
- 08 Mula sa ibang pinagmulan
PROGRAMMING NOTE ‘QC2021_B6’:
IF ‘QC2021_B2’ = 0 (HAD NEVER VISITED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH ‘QC2021_B6’;
ELSE SKIP TO ‘QC2021_B4’;
IF ‘QC2021_B2’ = 0 (HAS NEVER VISITED), DISPLAY “never”;
ELSE IF ‘QC2021_B2’ ≥ 3 DISPLAY “not” AND “in the past year”

‘QC2021_B6’ [CB23] - What is the main reason your child has {never/not} visited a dentist {in the past year}?

Ano ang pangunahing dahilan kung bakit {kailanman hindi pa /hindi} nagpatingin ang inyong anak sa dentista?

- 1 No reason to go/No problems
- 1 Walang dahanan para pumunta/Walang problema
- 2 Not old enough
- 2 Hindi pa sapat ang edad
- 3 Too expensive/no insurance
- 3 Masyadong mahal/walang insurance
- 4 Fear or dislikes going
- 4 Takot o ayaw pumunta
- 5 Do not have/know a dentist
- 5 Walang dentista/walang kilalang dentista
- 6 Transportation problems
- 6 Problema sa transportasyon
- 7 No dentist available/no appointment available
- 7 Walang available na dentista/walang available na appointment
- 8 Didn’t know where to go
- 8 Hindi alam kung saan pupunta
- 9 Hours not convenient
- 9 Hindi maginhawa ang oras
- 10 Speak a different language
- 10 Iba ang lingguwaheng sinasalita
- 91 Other (Specify: _____________)
- 91 Iba Pa (Tukuyin:: _____________)
PROGRAMMING NOTE ‘QC2021_B7’: If ‘QC2021_B2’ =0, goto ‘QC2021_B8’; ELSE CONTINUE WITH ‘QC2021_B7’

‘QC2021_B7’ [CC16B] - Is there a particular dentist or place you usually go to for (CHILD)'s dental care?

May isa bang partikular na dentista o lugar na madalas mong pinupuntahan para sa pangangalaga ng ngipin ni (CHILD)?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

‘QC2021_B8’ [CC17] - During the past 12 months, was there any time your child needed dental care, but you could not afford it?

Sa nakaraang labindalawang buwan, may panahon bang kinailangan ng inyong anak ang pangangalaga sa ngipin, ngunit hindi mo ito kayang bayaran?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

‘QC2021_B9’ [CC7A] - Do you now have any type of insurance that pays for part or all of your child’s dental care?

Ngayon, mayroon ba kayong anumang uri ng insurance na nagbabayad sa bahagi o sa lahat ng pangangalaga sa ngipin ng inyong anak/alaga?

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

Bilangin ang dental insurance, prepaid dental plans gaya ng mga HMO, o mga programa ng gobyerno gaya ng Medi-Cal o Healthy Families

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

If =2, -3 goto ‘QC2021_B14’
‘QC2021_B10’ [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.

Binabayaran ba ninyo ang anumang bahagi o ang lahat ng premium o gastos para sa health plan na ito? Huwag bilangin ang gastos para sa anumang mga co-pay o mga deductible na maaaring kinailangang bayaran ninyo o ng inyong pamilya.

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

‘QC2021_B11’ [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.

Mayroon bang iba pa, tulad ng isang pinagtatrabahuhan, isang union, o propesyonal na organisasyon na nagbabayad ng lahat o ilang bahagi ng premium o gastos para sa dental insurance na plan na ito? Huwag isasama ang gastos para sa alinman sa mga co-pay o deductible na maaaring mayroon kayo o kailangan ng inyong pamilya na bayaran.

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

If =2,-3 goto ‘QC2021_B13’
‘QC2021_B12’ [CB37] - For that dental insurance plan, who else pays part of the cost?

Sino pa ang nagbabayad ng anumang bahagi ng gastos na iyon para sa dental insurance na plan na iyon?

Check all that apply

- 02 Your current or former employer or union
- 02 Ang iyong kasalukyan o dating employer o unyon
- 03 Spouse’s current or former employer or union
- 03 Ang kasalukyan o dating employer o unyon ng asawa
- 04 Someone else
- 04 Ibang tao
- 05 Medicare
- 05 Medicare
- 06 Medi-Cal (Medicaid) or Denti-Cal
- 06 Medi-Cal (Medicaid) o Denti-Cal
- 09 Indian Health Service
- 09 Indian Health Service
- 10 Covered California
- 10 Covered California
- 08 Other government dental program
- 08 Iba pang programang dental ng gobyerno

‘QC2021_B13’ [CB25] - During the past 12 months, was there any time when {he/she} had no dental insurance at all?

Sa nakaraang 12 buwan, mayroon bang anumang panahon na siya ay walang dental insurance kailanman?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

If = 2, -3 goto ‘QC2021_B15’
‘QC2021_B14’ [CB26] - What is the one main reason (CHILD) (does not have any insurance/did not have any dental insurance during the time (he/she) wasn’t covered)?

Ano ang isang pangunahing dahilan kung bakit si (CHILD) ay walang anumang insurance/ay walang anumang dental insurance noong panahon na hindi siya covered?

- 1 Can't afford/too expensive
- 1 Hindi ko kayang bayaran/napakamahal
- 2 Not eligible due to working status/changed employer/lost job
- 2 Hindi kwalipikado dahil sa status sa trabaho/nagpalit ng employer/nawalan ng trabaho
- 3 Not eligible due to health or other problems
- 3 Hindi kwalipikado dahil sa kalusugan o iba pang problema
- 4 Not eligible due to citizenship/immigration status
- 4 Hindi kwalipikado dahil sa pagiging mamamayan/katayuan sa imigrasyon
- 5 Family situation changed
- 5 Nagbago ang sitwasyon ng pamilya
- 6 Don't believe in insurance
- 6 Hindi naniniwala sa insurance
- 7 Did not have insurance while switching insurance companies
- 7 Walang insurance habang nagpapalit ng kumpanya ng insurance
- 8 Can get health care for free/pay own care
- 8 Makakakuha ng pangangalagang pangkalusugan nang libre/binabayaran ang sariling pangangalaga
- 9 Other (Specify: _______________
- 9 Iba pa (Tukuyin: _______________

‘QC2021_B15’ [CC7B] - Do you use any free community or public dental programs for {CHILD}’s dental care?

Gumagamit ka ba ng anumang libreng pangkomunidad o pampublikong programang dental para sa pangangalaga ng ngipin ni {CHILD}?'

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
‘QC2021_B16’ [CB27] - During the past 12 months, was there any time when (CHILD) needed dental care, including check-ups, but didn’t get it?

Nitong nakaraang 12 buwan, nangailangan ba si ng pangangalaga sa ngipin, kabilang ang mga checkup, subalit hindi niya nakuha ito?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

If = 2, -3 goto ‘QC2021_B18’

‘QC2021_B17’ [CB28] - What is the one main reason {he/she} didn’t get the dental care?

Ano ang iisang pangunahing dahilan kung bakit hindi niya nakuha ang pangangalaga sa ngipin?

- 1 Couldn’t get appointment
- 1 Hindi makakuha ng appointment
- 2 My insurance not accepted
- 2 Hindi tinanggap ang aking insurance
- 3 Insurance did not cover
- 3 Hindi sinaklaw ng insurance
- 4 Language problems
- 4 Problema sa lingguwahe
- 5 Transportation problems
- 5 Problema sa transportasyon
- 6 Hours not convenient
- 6 Hindi maginhawa ang oras
- 7 No child care for children at home
- 7 Walang mag-aalaga sa mga batang maiwan sa bahay
- 8 Forgot or lost referral
- 8 Nakalimutan ko o naiwala ang referral
- 9 I didn’t have time
- 9 Wala akong oras
- 10 Too expensive
- 10 Masyadong mahal
- 11 No insurance
- 11 Walang insurance
- 91 Other (Specify: _____________)
- 91 Iba Pa (Tukuyin: _____________)

‘QC2021_B18’ [CB29] - During the past 12 months, did (CHILD) have to visit a hospital emergency room because of a dental problem?

Nitong nakaraang 12 buwan, kinailangan ba ni na pumunta sa emergency sa ospital dahil sa isang problema sa ngipin?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
‘QC2021_B19’ [CB30] - During the past 12 months, did (CHILD) have to visit an urgent care clinic because of a dental problem?

Sa nakaraang 12 buwan, kinailangan bang bumisita ni (CHILD) sa isang clinic para sa madaliang pangangalaga dahil sa isang problema sa ngipin?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

PROGRAMMING NOTE ‘QC2021_B20’:
IF (‘QC2021_A11’=1 OR 4) OR (‘QC2021_A12’=1 OR3) [CHILD ATTENDS SCHOOL] CONTINUE WITH ‘QC2021_B20’;
ELSE GO TO PN_‘QC2021_C1’

‘QC2021_B20’ [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.

Sa nakaraang labindalawang buwan, umabsent ba siya sa paaralan dahil may problema sa kanyang ngipin? Huwag isama ang mga beses na hindi siya nakapasok dahil sa cleaning o check-up ng ngipin.

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi
☐ 03 My child doesn't attend school
☐ 03 Hindi pumapasok ang aking anak sa paaralan

If=2,3, -3 goto ‘QC2021_C1’

‘QC2021_B21’ [CC19] - How many days of school did (he/she) miss because of dental problems?

Ilang araw hindi siya nakapasok sa paaralan dahil sa mga problema sa ngipin?

_____ Days
_____ Araw

☐ 99 Less than one day
☐ 99 Wala pang isang araw
SECTION C: DIET, PHYSICAL ACTIVITY, PARK USE

‘QC2021_C1’ [CC50] - [Yesterday,] how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

[Kahapon,] ilang baso o lata ng pinatamis na mga inuming may katas ng prutas, sports o energy drink ang ininom ng inyong anak/alaga?

Such as lemonade, Gatorade, Snapple, or Red Bull.

_Gaya ng lemonada, Gatorade, Snapple, o Red Bull._

_______ Glasses, cans or bottles
_______ Baso, lata, o bote
SECTION D: HEALTH CARE ACCESS AND UTILIZATION

‘QC2021_D1’ [CD1] - The next questions are about where (CHILD) goes for health care.

Ang sumusunod na mga tanong ay tungkol sa kung saan nagpupunta si (CHILD) para sa pagpapagamot.

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

Mayroon bang lugar na karaniwan ninyong pinagdadalhan sa {kanya/kanya} kapag may sakit {siya/siya} o kailangan nya ng payo tungkol sa {kanyang/kanyang} kalusugan?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

If = 2, goto ‘PN_QC2021_D3’

PROGRAMMING NOTE ‘QC2021_D2’ : IF ‘QC2021_D1’ = 1, -3, DISPLAY “What kind of place do you take {him/her} to most often—a medical”’

‘QC2021_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?

Sa anong uri ng lugar ninyo {siya } pinakamadalas na dinadala - sa opisina ng medical doctor, sa clinic o sa clinic sa ospital, sa emergency room, o sa iba pang lugar? Ang doktor ba {niya} ay nasa opisinang pribado ng doktor, clinic o clinic sa ospital, emergency room, o iba pang lugar?

☐ 01 Medical doctor's office
☐ 01 Opisina ng medikal na doktor
☐ 02 Clinic/Hospital clinic
☐ 02 Klinika/Klinika sa ospital
☐ 03 Emergency room
☐ 03 Emergency room
☐ 91 Some other place (Specify: ___________)
☐ 91 Ilang iba pang lugar (Tukuyin: ___________)
☐ 94 No one place
☐ 94 Walang isang lugar
PROGRAMMING NOTE ‘QC2021_D3’:  
IF ‘QC2021_A18’ = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF ‘QC2021_A21’ = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR ‘QC2021_B15’ = 1 (YES WENT TO ER PAST 12 MONTHS FOR DENTAL PROBLEM), MARK YES ON ‘QC2021_D3’ AND GO TO ‘QC2021_D4’; ELSE CONTINUE WITH ‘QC2021_D3’

‘QC2021_D3’ [CD12] - During the past 12 months, did (CHILD) visit a hospital emergency room?

Nitong nakaraang 12 buwan, nagpatingin ba si (CHILD) sa emergency room ng ospital?

☐ 1 Yes  
☐ 1 Oo  
☐ 2 No  
☐ 2 Hindi

‘QC2021_D4’ [CD6] - During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

Nitong nakaraang 12 buwan, ilang beses na nagpatingin si (CHILD) sa anumang uri ng medical doctor?

______Times [HR:0-365]  
______Beses [HR:0-365]

PROGRAMMING NOTE ‘QC2021_D5’:
IF ‘QC2021_D4’ > 0, GO TO PROGRAMMING NOTE ‘QC2021_D6’; ELSE IF ‘QC2021_D4’ = 0, -3 CONTINUE WITH ‘QC2021_D5’

‘QC2021_D5’ [CD7] - About how long has it been since (he/she) last saw a medical doctor?

Gaano katagal na mula noong huling pagpapatingin (niya) sa medical doctor?

☐ 1 One year ago or less  
☐ 1 Isang taon na ang nakalipas o mas maikli  
☐ 2 More than 1 year up to 2 years ago  
☐ 2 Mahigit 1 taon hanggang 2 taon na ang nakalipas  
☐ 3 More than 2 years up to 3 years ago  
☐ 3 Mahigit 2 taon hanggang 3 taon na ang nakalipas  
☐ 4 More than 3 years ago  
☐ 4 Mahigit 3 taon na ang nakalipas  
☐ 5 Never  
☐ 5 Hindi kailanman
PROGRAMMING NOTE ‘QC2021_D6’ : IF ‘QC2021_D1’ = 1 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH ‘QC2021_D6’ ; ELSE SKIP TO PROGRAMMING NOTE PN_’QC2021_D8’ ‘QC2021_D6’ [CD33] - Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

Mayroon ba {siyang} personal doctor o medical provider na siyang main provider {niya}?

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

Maaaring general doctor ito, espesyalistang doktor, physician assistant, nurse, o iba pang health provider.

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

PROGRAMMING NOTE ‘QC2021_D7’:

IF ‘QC2021_D1’ = 1 (HAS USUAL SOURCE OF CARE) AND ‘QC2021_D6’ = 1 (HAS PERSONAL DOCTOR) AND [ ‘QC2021_A16’ =1 (HAS ASTHMA) OR ‘QC2021_A17’ = 1 (HAD ASTHMA ATTACK) OR ‘QC2021_A26’ = 1 (HAS OTHER CONDITION), CONTINUE WITH ‘QC2021_D7’;
ELSE SKIP TO PROGRAMMING NOTE PN_’QC2021_D8’ ‘QC2021_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?

Mayroon bang sinuman sa opisina o clinic ng doktor ni na tumutulong na isaayos ang pangangalaga sa kanya sa iba pang mga doktor o mga serbisyo, gaya ng mga pagsusuri o mga paggagamot?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
**PROGRAMMING NOTE:** 'QC2021_D8':

IF CAGE < 1, SKIP to PN_ "PN_QC2021_D21"
ELSE IF CAGE ≥ 1, CONTINUE WITH 'QC2021_D8'

'QC2021_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.

Nagsasagawa ng mga developmental screening test ang maraming mga propesyunal gaya ng mga health provider, mga guro at mga counselor. Tinitiyak ng mga test kung paano lumalaki, natututo at umaasal ang bata at kinukumpara sa mga batang kasintanda niya.

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

Nagsagawa ba kahit kailan ang registrar, ang mga ibang health provider, ang mga guro o mga counselor ng eskwelahan ni (CHILD) ng isang assessment (pagtasa) o mga test (pagsusuri) ng kanyang pag-unlad?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

'QC2021_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?

Pinagawa ba kahit kailan ng {kanyang} doktor, ng iba pang mga health provider, ang mga guro o mga counselor sa eskwelahan kay (CHILD) ang sumusunod: pina-rollover, pinapulot ng maliliit na bagay, pinabunton ang mga bloke, pina-itsa ang bola, o tiniyak na alam niya ang iba’t ibang kulay?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

'QC2021_D10' [CF42] - Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?

Kailanman, hiniling ba nila na sagutin ninyo ang isang checklist ng mga ikinababahala ninyo tungkol sa {kanyang/kanyang} pagkatuto, pag-unlad, o pag-asal?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
‘QC2021_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?

Kailanman, hiniling ba nila na sagutin ninyo ang isang checklist ng mga gawain na kayang gawin ni (CHILD), gaya ng tiyak na mga gawaing pisikal, kung kaya {niyang } mag-drawing ng tiyak na mga bagay, o ang mga paraan na kaya {niyang } makipagugnayan sa inyo?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

‘QC2021_D12’ [CF44] - Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

Tinanong ba nila kayo kahit kailan kung mayroon kayong mga ikinababahala tungkol sa {kanyang} pagkatuto, pag-unlad, o pag-asal?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

PROGRAMMING NOTE ‘QC2021_D13’:
IF ‘QC2021_A27’ =1 (ADD/ADHD) OR 2 (ASPERGER’S) OR 3 (AUTISM) OR 8 (DOWN’S SYNDROME) OR 11 (NON-DOWN’S MENTAL RETADATION) GO TO ‘QC2021_D14’;
ELSE CONTINUE WITH ‘QC2021_D13’

‘QC2021_D13’ [CF45] - Did a doctor or other professional ever note a concern about (CHILD) that should be monitored carefully?

Kailanman, pinuna ba ng isang doktor o ng ibang propesyonal ang isang ikinababahala niya tungkol kay (CHILD) na dapat subaybayan nang masidhi?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
‘QC2021_D14’ [CF46] - Did they ever refer {him/her} to a specialist regarding his development?

*Ipinadala ba {siya} ng doctor o ng ibang propesyonal kailanman sa isang espeyalista dahil sa kanyang pag-unlad?*

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

‘QC2021_D15’ [CF47] - Did they ever refer {him/her} for speech, language or hearing testing?

*Binigyan ba siya ng referral kailanman upang masuri ang kanyang pananalita, wika o pandinig?*

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

‘QC2021_D16’ [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?

*Nitong nakaraang 12 buwan, sinubukan ba ninyong makipag-appointment upang magpatingin sa doktor o medical provider ni (CHILD) sa loob ng dalawang araw dahil nagkasakit o nasaktan si (CHILD)?*

*Do not include emergencies.*

*Huwag bilangin ang mga emergency.*

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

*If = 2, -3 goto ‘PN_QC2021_D18’*
‘QC2021_D17’ [CD45] - How often were you able to get an appointment within two days? Would you say...

Gaano kadalas kayo nakakuha ng appointment sa loob ng dalawang araw? Masasabi ba ninyo na...

- 1 Never
- 1 Hindi kailanman
- 2 Sometimes,
- 2 Paminsan-minsan,
- 3 Usually, or
- 3 Karaniwan, o
- 4 Always?
- 4 Palagi?

**PROGRAMMING NOTE ‘QC2021_D18’:**

IF ['QC2021_D4' > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR 'QC2021_D5' = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH ‘QC2021_D18’;
ELSE GO TO ‘QC2021_D23’

‘QC2021_D18’ [CD25] - The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

Noong huli ninyong pinatingnan si (CHILD) sa doktor, nahirapan ba kayong intindihin ang doktor?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
- 3 I never accompanied my child to the doctor
- 3 Hindi ko kailanman sinamahan ang aking anak sa doktor

If = 1, goto ‘PN_QC2021_D20’
PROGRAMMING NOTE ‘QC2021_D19’:
IF ‘QC2021_D18’ = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND
[IINTERVIEW NOT CONDUCTED IN ENGLISH OR AH36 > 1 (ADULT R SPEAKS LANGUAGE OTHER
THAN ENGLISH AT HOME)], CONTINUE WITH ‘QC2021_D19’;
SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME ‘QC2021_D19’ WAS
ASKED;
ELSE SKIP TO ‘QC2021_D20’;

‘QC2021_D19’ [CD31] - In what language does (CHILD)’s doctor speak to you?

Sa anong wika kayo kinakausap ng doktor ni (CHILD)?

1  English
2  Spanish
3  Cantonese
4  Vietnamese
5  Tagalog
6  Mandarin
7  Korean
8  Asian Indian languages (including Hindi, Punjabi, Urdu)
9  Russian
10 Japanese
11 German
12 French
13 Dutch
14 Farsi
15 Armenian
16 Arabic
17 Other (Specify: ____________)
18 Iba Pa (Tukuyin: ____________)

If = 1, goto ‘QC2021_D21’
If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -3 goto ‘QC2021_D22’
**PROGRAMMING NOTE** ‘QC2021_D20’ :
*IF* ‘QC2021_D18’ = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH
‘QC2021_D20’ ;
ELSE SKIP TO ‘QC2021_D23’ ;

‘QC2021_D20’ [CD26] - Was this because you and the doctor spoke different languages?

*Ito ba ay dahil kayo ng doktor ay nagsasalita ng magkaibang wika?*

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

‘QC2021_D21’ [CD27] - Did you need someone to help you understand the doctor?

*Kinailangan ba ninyo ang tulong ng ibang tao upang maintindihan ninyo ang doktor?*

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

*If* = 2, -3 goto ‘QC2021_D22’
‘QC2021_D22’ [CD28] - Who was this person who helped you understand the doctor?

Sino ang taong ito na tumulong sa inyo upang maintindihan ang doktor?

- 01 Minor child (under age 18)
- 01 Menor-de-edad na bata (wala pang 18 taon)
- 02 An adult family member or friend
- 02 Isang kapamilya o kaibigan ko na adult
- 03 Non-medical office staff
- 03 Hindi medikal na kawani ng opisina
- 04 Medical staff including nurses and doctors
- 04 Kawani ng medikal kabilang ang mga nurse at doktor
- 05 Professional interpreter (both in person and on the telephone)
- 05 Propesyonal na tagasalin (parehong harap-harapan at sa telepono)
- 06 Other (patients, someone else)
- 06 Iba pa (mga pasyente, ibang tao)
- 07 Did not have someone to help
- 07 Walang tumulong

‘QC2021_D23’ [CE1] - During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for (CHILD)?

Nitong nakaraang 12 buwan, ipinagpaliban ba ninyong bumili o kaya'y hindi kayo bumili ng gamot na inireseta ng doktor para kay (CHILD)?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

If = 2, -3 goto ‘QC2021_D25’

‘QC2021_D24’ [CE12] - Was cost or lack of insurance a reason why you delayed or did not get the prescription?

Ang gastos ba o ang kawalan ng insurance ang dahilan kung bakit ipinagpaliban ninyo ang pagbili o hindi ninyo binili ang inireseta?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
‘QC2021_D25’ [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?

Nitong nakaraang 12 buwan, ipinagpaliban ba ninyo o kaya'y hindi na kayo nagpatingin pa para sa anumang iba pang paggagamot na nadama ninyong kinakailangan ni (CHILD) -- gaya ng pagpapatingin sa doktor, espesyalista o iba pang health professional?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

If = 2, -3 goto ‘QC2021_D29’

‘QC2021_D26’ [CD66] - Did (CHILD) get the care eventually?

Sa bandang huli, nagamot din ba si (CHILD)?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

‘QC2021_D27’ [CE13] - Was cost or lack of insurance a reason why you delayed or did not get the medical care you felt (he/she) needed?

Ang gastos o kawalan ng insurance ba ang dahilan kung bakit ipinagpaliban ninyo ang pagpapagamot o kaya'y hindi na ninyo ipinagamot kahit na nadama ninyong kinakailangan {niya/niya}?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

If = 2, -3 goto ‘QC2021_D29’

‘QC2021_D28’ [CD67] - Was that the main reason?

Iyon ba ang pangunahing dahilan?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

If = 1, -3 goto ‘QC2021_D30’
‘QC2021_D29’ [CD68] - What was the main reason why you delayed getting the care you felt (he/she) needed?

Iyon ba ang isang pangunahing dahilan kung bakit ipinagpaliban ninyo ang pagpapagamot na nadama ninyong kinakailangan {niya/niya}?

- Couldn’t get appointment
- Hindi makakuha ng appointment
- My insurance not accepted
- Hindi tinanggap ang aking insurance
- Insurance did not cover
- Hindi sinaklaw ng insurance
- Language problems
- Problema sa lingguwahe
- Transportation problems
- Problema sa transportasyon
- Hours not convenient
- Hindi maginhawa ang oras
- No child care for children at home
- Walang mag-aalaga sa mga batang maiwan sa bahay
- Forgot or lost referral
- Nakalimutan ko o naiwala ang referral
- I didn’t have time
- Wala akong oras
- Too expensive
- Masyadong mahal
- No insurance
- Walang insurance
- Other (Specify: _____________)
- Iba Pa (Tukuyin: _____________)

‘QC2021_D30’ [CD69] - During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?

Para sa {kanyang} (INSERT CONDITION(S) FROM QC15_A27) ba ang pagpapagamot na ito?

- Yes
- Oo
- No
- Hindi

‘QC2021_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?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng doktor na hindi nila tatanggapin ang inyong anak bilang bagong pasyente?

- Yes
- Oo
- No
- Hindi
‘QC2021_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?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng doktor na hindi nila tinanggap ang health care insurance ng inyong anak?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
SECTION F: PARENTAL INVOLVEMENT

**PROGRAMMING NOTE 'QC2021_F1':**

**IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE 'QC2021_F4';
ELSE CONTINUE WITH 'QC2021_F1'**

‘QC2021_F1’ [CG14] - In a usual week, about how many days do you or any other family member read stories or look at picture books with (CHILD)?

*Sa isang karaniwang linggo, humigit-kumulang, ilang araw ba kayo o ang iba pang miyembro ng pamilya ninyo nagbabasa ng mga kuwento o tumitingin ng librong may mga larawan na kasama si (CHILD)?*

- 1 Every day
- 1 Araw-araw
- 2 3-6 days
- 2 3-6 na araw
- 3 1-2 days
- 3 1-2 araw
- 4 Never
- 4 Hindi kailanman

‘QC2021_F2’ [CG15] - [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

*Sa isang karaniwang linggo, humigt-kumulang, ilang araw ba kayo o ang sinumang iba pang miyembro ng pamilya] tumutugtog o kumakanta na kasama si (CHILD)?*

- 1 Every day
- 1 Araw-araw
- 2 3-6 days
- 2 3-6 na araw
- 3 1-2 days
- 3 1-2 araw
- 4 Never
- 4 Hindi kailanman

‘QC2021_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?

*(Sa isang karaniwang linggo, humigt-kumulang, ilang araw ba kayo o ang sinumang iba pang miyembro ng pamilya) dinadala si <CHILD> saanman sa labas halimbawa, sa park, sa tindahan, o sa playground?*

- 1 Every day
- 1 Araw-araw
- 2 3-6 days
- 2 3-6 na araw
- 3 1-2 days
- 3 1-2 araw
- 4 Never
- 4 Hindi kailanman
‘QC2021_F4’ [CC39] - Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon sa sumusunod na mga pahayag?

The park or playground closest to where I live is safe during the day.

Ligtas sa araw ang park o ang playground na pinakamalapit sa tinitirhan ko.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

PROGRAMMING NOTE ‘QC2021_F5’ :IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH ‘QC2021_F5’ ;ELSE GO TO ‘QC2021_F9’

‘QC2021_F5’ [CF64] - Have you seen or heard messages encouraging you to talk, read and sing with your child?

[Sa isang karaniwang linggo, humigit-kumulang, ilang araw ba ninyo o ng sinumang iba pang miyembro ng pamilya] dinadala si (CHILD) saanman sa labas halimbawa, sa park, sa tindahan, o sa playground?

- 1 Yes
- 2 No

If =2, -3 goto ""CF68'QC2021F5BQ1"

‘QC2021_F6’ [CF65] - Do you talk with your child less, about the same, or more after hearing that message?

Masasabi ba ninyo na kinaksasauso ninyo ang inyong anak/alaga nang di kasindalas, humigit kumulang na kasindalas, o mas madalas pagkatapos ninyong narinig ang mensaheng iyon?

- 01 Less
- 02 About the same
- 03 More
'QC2021_F7' [CF66] - Do you sing with your child less, about the same, or more after hearing that message?

Masasabi ba ninyo na kumakanta kayo ng inyong anak/alaga nang di-kasindalas, , , o mas madalas pagkatapos ninyong narinig ang mensaheng iyon?

- 01 Less
- 01 Mas madalang
- 02 About the same
- 02 Halos pareho lang
- 03 More
- 03 Mas madalas

'QC2021_F8' [CF67] - Do you read with your child less, about the same, or more after hearing that message?

Masasabi ba ninyo na nagbabasa kayo ng inyong anak/alaga nang di kasindalas, , , o mas madalas pagkatapos ninyong narinig ang mensaheng iyon?

- 01 Less
- 01 Mas madalang
- 02 About the same
- 02 Halos pareho lang
- 03 More
- 03 Mas madalas

PROGRAMMING NOTE 'QC2021_F9': IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH 'QC2021_F9'; ELSE GO TO 'QC2021_F12'

'QC2021_F9' [CF70] - Where do you get books or e-books for your child?

Saan ka kumukuha ng mga aklat o e-book para sa iyong anak?

Select all that apply

Piliin ang lahat ng naaangkop

- 01 Purchased/received books as gifts
- 01 Bumili/nakatanggap ng mga aklat bilang regalo
- 02 Purchased e-books online
- 02 Bumili ng mga e-book online
- 03 Borrowed books from the library
- 03 Humiram ng mga aklat mula sa aklatan
- 04 Borrowed e-books from the library
- 04 Humiram ng mga e-book mula sa aklatan
- 05 Borrowed books from friends or family
- 05 Humiram ng mga aklat mula sa mga kaibigan o pamilya
- 06 Got free e-books or materials from the internet
- 06 Nakakuha ng mga libreng e-book o materyales mula sa internet
- 07 Received books from children’s book program
- 07 Nakatanggap ng mga aklat mula sa book program ng mga bata
- 08 We do not read to our child
- 08 Hindi namin binabasahan ang aming anak

- 91 Other (specify: __________)
- 91 Iba pa (tukuyin: __________)
‘QC2021_F10’ [CF69]- How many children’s books do you or your child own?

Ilang aklat ng bata ang mayroon ka o ang iyong anak?

Your best guess is fine.

Puwede ang iyong pilmakmahusay na tantya.

☐ 01 Specify: _______[0-9999]
☐ 01 Tukuyin: _______[0-9999]

‘QC2021_F11’[CF68]- What challenges prevent you or other family members from reading to your young child?

Anu-anong hamon ang pumipigil sa iyo o sa iba pang kapamilya na magbasa kasama ng iyong batang anak?

Select all that apply

Piliin ang lahat ng naaangkop

☐ 01 Don’t have books for child at home
☐ 01 Walang aklat para sa bata sa bahay
☐ 02 Don’t have books for child in my family’s language
☐ 02 Walang aklat para sa bata sa wika ng aming pamilya
☐ 03 Child not interested in reading
☐ 03 Hindi interesado ang batas sa pagbabasa
☐ 04 Don’t have enough time
☐ 04 Walang sapat na oras
☐ 91 Other, specify:
☐ 91 Iba pa (tukuyin:
☐ 05 Do not have challenges
☐ 05 Walang hamon

‘QC2021_F12’ [CF35] - Did you know that First 5 California, a state agency, provides a free Kit for New Parents to the parents of newborns?

Alam mo bang na ang First 5 California, isang state agency, ay nagbibigay ng isang free Kit for New Parents para sa mga magulang ng mga bagong panganak?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

If =2, -3 goto ‘PN_QC2021_F17’
'QC2021_F13' [CF36] - Have you ever received this Kit for New Parents?

Nakatanggap ka na ba kahit minsan ng Kit for New Parents na ito?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

If =2, -3 goto 'PN_QC2021_F17''QC2021_F17'

'QC2021_F14' [CD57] - Did you receive the Kit for New Parents during the past year?

Natanggap mo ba ang Kit for New Parents sa nakaraang taon?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

If =2, -3 goto 'PN_QC2021_F17'

'QC2021_F15' [CF39] - Did you use any of the materials from the Kit for New Parents?

Ginamit mo ba ang alinman sa mga materyales mula sa Kit for New Parents?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

If =2, -3 goto 'PN_QC2021_F17'
‘QC2021_F16’ [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?

Mula isa hanggang sampu kung saan ang sampu ay ang pinakakapakipakinabang at ang isa ay ang hindi pinakakapakipakinabang, gaano kapakipakinabang ang Kit for New Parents?

__________________________ Respondent’s number from 1 (worst) to 10 (best)
__________________________ Numero ng respondent mula 1 (pinakamasama) hanggang 10

(pinakamahusay)

☐ 1 1 Least useful
☐ 1 1 Lubos na hindi kapaki-pakinabang
☐ 2 2
☐ 3 3
☐ 4 4
☐ 5 5
☐ 6 6
☐ 7 7
☐ 8 8
☐ 9 9
☐ 10 10 Most useful
☐ 10 10 Pinakakapaki-pakinabang

PROGRAMMING NOTE ‘QC2021_F17’: :
IF CAGE ≥ 4, CONTINUE WITH ‘QC2021_F17’
ELSE SKIP TO ‘QC2021_G1’

‘QC2021_F17’ [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?

Sa pangkalahatan, sa tingin mo ba ay nahihirapan ang inyong anak sa alinman sa mga sumusunod na larangan: mga emosyon, konsentrasyon, pag-aasal, o kakayahang makisama sa ibang tao?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi

If =2, -3 goto ‘QC2021_F19’

‘QC2021_F18’ [CF31] - Are these difficulties minor, definite, or severe?

Ang mga kahirapan bang ito ay bahagya lamang, tiyak, o malala?

☐ 1 Minor
☐ 1 Maliit
☐ 2 Definite
☐ 2 Malinaw
☐ 3 Severe
☐ 3 Matindi
‘QC2021_F19’ [CF32] - During the past 12 months, did (CHILD) receive any psychological or emotional counseling?

Sa loob ng nakaraang labindalawang buwan, nakatanggap ba si (CHILD) ng anumang psychological o emotional na counseling?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
SECTION G: CHILD CARE AND SOCIAL COHESION

PROGRAMMING NOTE ‘QC2021_G1’: IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

‘QC2021_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.)

Tungkol sa child care o pag-aalaga sa bata ang sumusunod na mga tanong. Sa child care, ang tinutukoy namin ay ang anumang kasunduan kung saan ang isang tao maliban sa mga magulang, legal na tagapag-alaga, o mga stepparents ang nag-aalaga kay (CHILD). (Kabilang dito ang preschool at nursery school, ngunit hindi ang kindergarten.)

Do you currently have any kind of regular childcare arrangements for (CHILD) for 10 hours or more per week?

Sa kasalukuyan, mayroon ba kayong anumang kasunduan para sa regular na child care para kay (CHILD) na 10 oras o higit pa sa bawat linggo?

1 Yes
1 Oo
2 No
2 Hindi

If = 2, -3 goto ‘QC2021_G10’

‘QC2021_G2’ [CG2] - Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

Sa kabuuan, ilang oras nasa child care si (CHILD) sa isang karaniwang linggo? Bilangin ang lahat ng kombinasyon ng mga kasunduan para sa pangangalaga.

_____ Hours_[HR: 0-168, SR: 10-168 HRS]


‘QC2021_G3’ [CG3A] - During a typical week does (CHILD) receive childcare from...a grandparent or other family member?

Sa isang karaniwang linggo, nakakatanggap ba si (CHILD) ng child care mula sa lolo o lola o sa iba pang miyembro ng pamilya ninya?

1 Yes
1 Oo
2 No
2 Hindi
‘QC2021_G4’ [CG3E] - ... a non-family member who cares for (CHILD) in your home?

[Nakakatanggap ba si (CHILD) ng child care mula sa]...isang di-kamag-anak na nagaalaga kay (CHILD) sa inyon bahay?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

‘QC2021_G5’ [CG3F] - ... a non-family member who cares for (CHILD) in his or her home?

[Nakakatanggap ba si (CHILD) ng child care mula sa]...isang di-kamag-anak na nagaalaga kay (CHILD) sa kanyang bahay?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

‘QC2021_G6’ [CG3D] - ... a childcare center that is not in someone’s home?

[Nakakatanggap ba si (CHILD) ng child care mula sa]...isang sentro ng child care na hindi nasa loob ng bahay ninuman?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

**PROGRAMMING NOTE ‘QC2021_G7’**: IF CAGE ≥ 7 YEARS, GO TO ‘QC2021_G10’; ELSE CONTINUE WITH ‘QC2021_G7’

‘QC2021_G7’ [CG3B] - ... a Head Start or state preschool program?

[Nakakatanggap ba si (CHILD) ng child care mula sa]...Head Start o sa preschool program ng estado?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

‘QC2021_G8’ [CG3C] - ... some other preschool or nursery school?

[Nakakatanggap ba si (CHILD)] ng child care mula sa]...iba pang preschool o nursery school?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
PROGRAMMING NOTE ‘QC2021_G9’:

IF ['QC2021_G3' OR 'QC2021_G4' = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR
NON-FAMILY MEMBER IN CHILD’S HOME)] OR IF ['QC2021_G5' ≠ 1 AND 'QC2021_G6' ≠ 1 AND
'QC2021_G7' ≠ 1 AND 'QC2021_G8' ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN
CARE IN NON-FAMILY MEMBER HOME)], GO TO ‘QC2021_G10’;
ELSE CONTINUE WITH ‘QC2021_G9’;
this" AND “provider”; ELSE DISPLAY, "Are all of these" AND "providers"

‘QC2021_G9’ [CG3G] - Thinking about the care the child receives from a non-family member outside
your home, is this/are all of these child care provider(s) licensed by the state of California?

Lisensyado ba ng state of California (itong) child care provider? Lisensyado ba ng state of California (ang
lahat nitong) mga child care provider?

- 1 Yes (all are licensed)
- 1 Oo (lahat ay may lisensya)
- 2 No (none are licensed)
- 2 Hindi (walang may lisensya)
- 3 Some licensed and some not
- 3 Ang iba ay lisensyado at ang iba ay hindi

‘QC2021_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?

Nitong nakaraang 12 buwan, nagkaroon ba ng panahon na hindi kayo makahanap ng child care noong
kailangan ito para kay (CHILD) nang isang linggo o mas matagal?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

If = 2, -3 goto ‘QC2021_H1’

‘QC2021_G11’ [CG6] - What is the main reason you were unable to find childcare for (CHILD) at that
time?

Ano ang pangunahing dahilan na hindi kayo makahanap ng child care para kay (CHILD) noong panahong
iyon?

- 1 Couldn’t afford any child care
- 1 Hindi ko kayang magbayad ng mag-aalaga
- 2 Couldn’t find a provider with a space
- 2 Hindi ako makahanap ng mag-aalaga na may espasyo
- 3 The hours and location didn’t fit my needs
- 3 Hindi akma ang oras at lokasyon sa mga pangangailangan ko
- 4 Couldn’t afford the quality of childcare I wanted
- 4 Hindi ko kayang bayaran ang kalidad ng pangangalaga sa bata na gusto ko
- 5 Couldn’t find the quality of childcare I wanted
- 5 Hindi ako makahanap ng kalidad ng pangangalaga sa bata na gusto ko
- 6 Some other reason
- 6 Ilang iba pang lugar
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.

Upang matiyak na nasali namin ang mga bata ng lahat ng mga lahi at pangkating etniko sa California, kailangan kong magtanong ng ilang katanungan tungkol sa background ni (CHILD).

'QC2021_H1' [CH1] - Is (CHILD) Latino or Hispanic?

Latino o Hispanic ba si (CHILD)?

- 1 Yes
- 2 No

If = 2, -3 goto ‘PN_QC2021_H3’

'QC2021_H2' [CH2] - And what is {his/her} Latino or Hispanic ancestry or origin?

At ano ang {kanyang/kanyang} mga ninuno o angkang pinagmulan na Latino o Hispanic?

Check all that apply

- 1 Mexican/Mexican American/Chicano
- 2 Salvadoran
- 3 Salvadoran
- 4 Guatemalan
- 5 Guatemalan
- 6 Costa Rican
- 7 Costa Rican
- 8 Nicaraguan
- 9 Nicaraguan
- 10 Panamanian
- 11 Panamanian
- 11 Puerto Rican
- 12 Puerto Rican
- 12 Spanish-American (from Spain)
- 12 Spanish-American (mula sa Espanya)
- 91 Other Latino (Specify: ____________)
- 91 Iba Pang Latino (Tukuyin: ____________)

50
PROGRAMMING NOTE ‘QC2021_H3’:  
IF ‘QC2021_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 ‘QC2021_H3’, CONTINUE WITH PROGRAMMING NOTE ‘QC2021_H6’; ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

‘QC2021_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 ....  
{Sinabi ninyo na Latino o Hispanic ang inyong anak/alaga. At saka,} Pakisabi sa akin kung aling isa o mahigit pa sa sumusunod ang gagamitin ninyo sa pagsasalarawan kay (CHILD):  
Check all that apply  
I-check ang lahat ng naaangkop.  

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<td>American Indian or Alaska Native</td>
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<td>4</td>
<td>American Indian o Alaska Native</td>
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<tr>
<td>5</td>
<td>Pacific Islander</td>
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<td>Pacific Islander</td>
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<td>6</td>
<td>Native Hawaiian</td>
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<td>6</td>
<td>Native Hawaiian</td>
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<td>91</td>
<td>Other (Specify: _____________)</td>
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<td>91</td>
<td>Iba Pa (Tukuyin: _____________)</td>
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If =6, 91, -3 And Only One Race, goto ‘PN_QC2021_H12’  
If = 3, And Only One Race, goto ‘PN_QC2021_H10’  
If = 4, And Only One Race, goto ‘PN_QC2021_H6’  
If = 5, And Only One Race, goto ‘PN_QC2021_H11’  
If =1, go to ‘QC2021_H4’  
If =2, go to ‘QC2021_H5’

PROGRAMMING NOTE ‘QC2021_H4’:  
IF ‘QC2021_H3’ ≠ 1 (WHITE), CONTINUE WITH ‘QC2021_H4’; ELSE GO TO PROGRAMMING NOTE ‘QC2021_H5’

‘QC2021_H4’ [CH3A] - What are your child’s white origin or origins?  
Ano ang pinagmulan o mga pinagmulan ng pagiging puti ng iyong anak?  
For example, German, Irish, English, Italian, Armenian, Iranian, etc.  
Halimbawa, German, Irish, English, Italian, Armenian, Iranian, atbp.  

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PROGRAMMING NOTE ‘QC2021_H5’: 
IF ‘QC2021_H3’ = 2 (BLACK OR AFRICAN AMERICAN), CONTINUE WITH ‘QC2021_H5’; 
ELSE GO TO PROGRAMMING NOTE ‘QC2021_H6’

‘QC2021_H5’ [CH3B] - What are your child’s Black origin or origins?
Ano ang pinagmulan o mga pinagmulan ng pagiging Itim ng iyong anak?
For example, African American, Nigerian, Ethiopian, Jamaican, Haitian, Ghanaian, etc.
Halimbawa, African American, Nigerian, Ethiopian, Jamaican, Haitian, Ghanaian, atbp.

☐ 1 (Specify: __________________) 
☐ 1 (Tukuyin:______________)

PROGRAMMING NOTE ‘QC2021_H6’: 
IF ‘QC2021_H3’ = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH ‘QC2021_H6’; 
ELSE GO TO PROGRAMMING NOTE ‘QC2021_H10’

‘QC2021_H6’ [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.
Sinabi ninyo na American Indian o Alaska Native, at ano ang tribo ng mga ninuno ni (CHILD)? Kung higit sa isang tribo ang kinabibilangan {niya}, banggitin ninyo ang lahat sa akin

Check all that apply

☐ 1 Apache
☐ 1 Apache
☐ 2 Blackfoot/Blackfeet
☐ 2 Blackfoot/Blackfeet
☐ 3 Cherokee
☐ 3 Cherokee
☐ 4 Choctaw
☐ 4 Choctaw
☐ 5 Mexican American Indian
☐ 5 Mexican American Indian
☐ 6 Navajo
☐ 6 Navajo
☐ 7 Pomo
☐ 7 Pomo
☐ 8 Pueblo
☐ 8 Pueblo
☐ 9 Sioux
☐ 9 Sioux
☐ 10 Yaqui
☐ 10 Yaqui
☐ 91 Other tribe (Specify: ______________) 
☐ 91 Iba pang tribo (Tukuyin:____________)
‘QC2021_H7’ [CH5] - Is (CHILD) an enrolled member in a federally or state recognized tribe?

Nakatalang miyembro ba ng isang tribong kinikilala ng pamahalaang pederal o estado si (CHILD)?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi

If = 2, -3 goto ‘PN_QC2021_H10’

‘QC2021_H8’ [CH6] – Which tribe is (CHILD) enrolled in?

Sa aling Tribo nakatala si (CHILD)?

APACHE_C
- 1 Mescalero Apache, NM
- 1 Mescalero Apache, NM
- 2 Apache (not specified)
- 2 Apache (hindi tinukoy)
- 91 Other Apache (Specify: )
- 91 Iba Pang Apache (Tukuyin:)

BLACKFEET_C
- 3 Blackfoot/Blackfeet
- 3 Blackfoot/Blackfeet

CHEROKEE_C
- 4 Western Cherokee
- 4 Western Cherokee
- 5 Cherokee (not specified)
- 5 Cherokee (hindi tinukoy)
- 92 Other Cherokee (Specify: __________)
- 92 Iba Pang Cherokee (Tukuyin:__________)

CHOCTAW_C
- 6 Choctaw Oklahoma
- 6 Choctaw Oklahoma
- 7 Choctaw (not specified)
- 7 Choctaw (hindi tinukoy)
- 93 Other Choctaw (Specify: __________)
- 93 Iba Pang Choctaw (Tukuyin:__________)

NAVAJO_C
- 8 Navajo (not specified)
- 8 Navajo (hindi tinukoy)
POMO_C
- 9 Hopland Band, Hopland Rancheria
- 9 Hopland Band, Hopland Rancheria
- 10 Sherwood Valley Rancheria
- 10 Sherwood Valley Rancheria
- 11 Pomo (not specified)
- 11 Pomo (hindi tinukoy)
- 94 Other Pomo (Specify: __________)
- 94 Iba Pang Pomo (tukuyin:__________)

PUEBLO_C
- 12 Hopi
- 12 Hopi
- 13 Ysleta del Sur Pueblo of Texas
- 13 Ysleta del Sur Pueblo of Texas
- 14 Pueblo (not specified)
- 14 Pueblo (hindi tinukoy)
- 95 Other Pueblo (Specify: __________)
- 95 Iba Pang Pueblo (Tukuyin:__________)

SIOUX_C
- 15 Oglala/PINE RIDGE Sioux
- 15 Oglala/PINE RIDGE Sioux
- 16 Sioux (not specified)
- 16 Sioux (hindi tinukoy)
- 96 Other Sioux (Specify: __________)
- 96 Iba pang Sioux (Tukuyin:__________)

YAQUI_C
- 17 Pascua Yaqui Tribe of Arizona
- 17 Tribo ng Pascua Yaqui ng Arizona
- 18 Yaqui (not specified)
- 18 Yaqui (hindi tinukoy)
- 97 Other Yaqui (Specify: __________)
- 97 Iba Pang Yaqui (Tukuyin:__________)

‘QC2021_H9’ [CH6A] - Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

Tumatanggap ba si (CHILD) ng anumang serbisyo para sa pangangalagang pangkalusugan sa pamamagitan ng Indian Health Service, Tribal Health Program, o sa pagamutan ng Urban Indian?

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
PROGRAMMING NOTE ‘QC2021_H10’ : IF ‘QC2021_H3’ = 3 (ASIAN) CONTINUE WITH ‘QC2021_H10’ ; ELSE GO TO PROGRAMMING NOTE ‘QC2021_H11’

‘QC2021_H10’ [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.

Sinabi ninyo na Asian, at aling tiyak na pangkating etnik {siya}, gaya ng {Chinese, Filipino, Vietnamese}? Kung higit sa isa ang kinabibilangan {niya}, banggitin ninyo ang lahat sa akin.

Check all that apply

I-check ang lahat ng naaangkop.

[ ] 1 Bangladeshi
[ ] 1 Bangladeshi
[ ] 2 Burmese
[ ] 2 Burmese
[ ] 3 Cambodian
[ ] 3 Cambodian
[ ] 4 Chinese
[ ] 4 Chinese
[ ] 5 Filipino
[ ] 5 Pilipino
[ ] 6 Hmong
[ ] 6 Hmong
[ ] 7 Indian (India)
[ ] 7 Indian (India)
[ ] 8 Indonesian
[ ] 8 Indonesian
[ ] 9 Japanese
[ ] 9 Japanese
[ ] 10 Korean
[ ] 10 Korean
[ ] 11 Laotian
[ ] 11 Laotian
[ ] 12 Malaysian
[ ] 12 Malaysian
[ ] 13 Pakistani
[ ] 13 Pakistani
[ ] 14 Sri Lankan
[ ] 14 Sri Lankan
[ ] 15 Taiwanese
[ ] 15 Taiwanese
[ ] 16 Thai
[ ] 16 Thai
[ ] 17 Vietnamese
[ ] 17 Vietnamese
[ ] 91 Other Asian (Specify: _______________)
[ ] 91 Iba pang Asian (Tukuyin: _______________)

55

‘QC2021_H11’ [CH7A] - You said (CHILD) is Pacific Islander. What specific ethnic group is (he/she)?

Sinabi ninyo na Pacific Islander si (CHILD). Aling tiyak na pangkating etniko {siya/siya}?

Check all that apply.

I-check ang lahat ng naaangkop.

- 01 Samoan/American Samoan
- 02 Guamanian
- 03 Tongan
- 04 Fijian
- 91 Other Pacific Islander (Specify: _______)
- Iba Pang Pacific Islander (Tukuyin:: _______)
‘QC2021_H12’ [CH8] - In what country was (CHILD) born?

Saang bansa ipinanganak si (CHILD)?

- 1 United States
- 1 Estados Unidos
- 2 American Samoa
- 2 American Samoa
- 3 Canada
- 3 Canada
- 4 China
- 4 China
- 09 Guam
- 09 Guam
- 16 Japan
- 16 Japan
- 17 Korea
- 17 Korea
- 18 Mexico
- 18 Mexico
- 19 Philippines
- 19 Pilipinas
- 22 Puerto Rico
- 22 Puerto Rico
- 25 Vietnam
- 25 Vietnam
- 26 Virgin Islands
- 26 Virgin Islands
- 91 Other (Specify: _____________)
- 91 Iba Pa (Tukuyin: _____________)

**PROGRAMMING NOTE ‘QC2021_H13’:**
IF ‘QC2021_H12’ = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE ‘QC2021_H16’;
ELSE CONTINUE WITH ‘QC2021_H13’

‘QC2021_H13’ [CH8A] - Is (CHILD) a citizen of the United States?

Citizen ba ng United States si (CHILD)?)

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
- 3 Application pending
- 3 Pending na aplikasyon

If = 1, goto ‘QC2021_H15’
PROGRAMMING NOTE ‘QC2021_H14’:
IF ‘QC2021_H12’ = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE ‘QC2021_H16’

‘QC2021_H14’ [CH9] - Is (CHILD) a permanent resident with a green card?

Permanent resident na may green card ba si (CHILD)? People usually call this a green card but the color can also be pink, blue or white.

Karaniwang tinatawag ito na "Green Card" ngunit maaari ding rosas, asul o puti ang kulay nito.

- 1 Yes
- 1 Oo
- 2 No
- 2 Hindi
- 3 Application pending
- 3 Pending na aplikasyon

‘QC2021_H15’ [CH10] - About how many years has (CHILD) lived in the United States?

Humigit-kumulang, ilang taon nang nakatira sa United States si (CHILD)?

_____ Number of years
_____ Bilang ng taon

{OR}

_____ Year first came to US
_____ Taon nang unang dumating sa US para manirahan

- 1 Number of years
- 1 Bilang ng taon
- 2 Year first came to live in US
- 2 Taon nang unang dumating sa Estados Unidos para manirahan
PROGRAMMING NOTE ‘QC2021_H16’ :
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 ‘QC2021_H16’ AND DISPLAY “was his mother/was her mother”

‘QC2021_H16’ [CH11] - In what country {were you/was his mother/was her mother} born?

Saang bansa {kayo} ipinanganak? Saang bansa ipinanganak {ang nanay niya}?

- 1 United States
- 1 Estados Unidos
- 2 American Samoa
- 2 American Samoa
- 3 Canada
- 3 Canada
- 4 China
- 4 China
- 09 Guam
- 09 Guam
- 16 Japan
- 16 Japan
- 17 Korea
- 17 Korea
- 18 Mexico
- 18 Mexico
- 19 Philippines
- 19 Filipinas
- 22 Puerto Rico
- 22 Puerto Rico
- 25 Vietnam
- 25 Vietnam
- 26 Virgin Islands
- 26 Virgin Islands
- 91 Other (Specify: _____________)
- 91 Iba Pa (Tukuyin: _____________)
**PROGRAMMING NOTE ‘QC2021_H17’ AND ‘QC2021_H18’:**

IF ‘QC2021_H16’ = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO
PROGRAMMING NOTE ‘QC2021_H20’;
ELSE CONTINUE WITH ‘QC2021_H17’ AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY
“Are you”;
ELSE DISPLAY “Is {his/her} mother”

‘QC2021_H17’ [CH11A] - {Are you/is {his/her} mother} a citizen of the United States?

U.S. Citizen ba (kayo)? U.S. Citizen ba {ang nanay {niya}}?

- [ ] Number of years
- [ ] Bilang ng taon

- [ ] 1 Yes
- [ ] 1 Oo
- [ ] 2 No
- [ ] 2 Hindi
- [ ] 3 Application pending
- [ ] 3 Pending na aplikasyon

If = 1, goto ‘PN_QC2021_H19’

**PROGRAMMING NOTE ‘QC2021_H18’:**

IF ‘QC2021_H16’ = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE ‘QC2021_H20’
‘QC2021_H16’ = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE ‘QC2021_H20’

‘QC2021_H18’ [CH12] - {Are you/is {his/her} mother} a permanent resident with a green card?

Permanent resident na may green card ba (kayo)? Permanent resident na may green card ba {ang nanay {niya}}?

- [ ] 1 Yes
- [ ] 1 Oo
- [ ] 2 No
- [ ] 2 Hindi
- [ ] 3 Application pending
- [ ] 3 Pending na aplikasyon
PROGRAMMING NOTE ‘QC2021_H19’:
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH ‘QC2021_H19’ AND DISPLAY “have you”; ELSE CONTINUE WITH ‘QC2021_H19’ AND DISPLAY “has {his/her} mother”

‘QC2021_H19’ [CH13] - About how many years {have you/has {his/her} mother} lived in the United States?

Mga ilang taon na {kayong} nakatira sa United States? Mga ilang taon nang nakatira {ang nanay {niya}} sa United States?

_____ Number of years
_____ Bilang ng taon

[HR: 0-AGE] {OR}

_____ Year first came to US
_____ Taon nang unang dumating sa US para manirahan

☐ 1 Number of years
☐ 1 Bilang ng taon
☐ 2 Year first came to live in US
☐ 2 Taon nang unang dumating sa US
☐ 3 Mother deceased
☐ 3 Patay na ang ina
☐ 4 Never lived in US
☐ 4 Hindi kailanman nanirahan sa US
PROGRAMMING NOTE ‘QC2021_H20’:
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 ‘QC2021_H16’ AND DISPLAY “was his father/was her father”

‘QC2021_H20’ [CH14] - In what country {were you/was his father/was her father} born?

Saang bansa {kayo} ipinanganak? Saang bansa ipinanganak {ang tatay {niya}}?

- 1 United States
- 1 Estados Unidos
- 2 American Samoa
- 2 American Samoa
- 3 Canada
- 3 Canada
- 4 China
- 4 China
- 09 Guam
- 09 Guam
- 16 Japan
- 16 Japan
- 17 Korea
- 17 Korea
- 18 Mexico
- 18 Mexico
- 19 Philippines
- 19 Filipinas
- 22 Puerto Rico
- 22 Puerto Rico
- 25 Vietnam
- 25 Vietnam
- 26 Virgin Islands
- 26 Virgin Islands
- 91 Other (Specify: _____________)
- 91 Iba Pa (Tukuyin: _____________)
PROGRAMMING NOTE ‘QC2021_H21’ AND ‘QC2021_H22’:
IF ‘QC2021_H20’ = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO
PROGRAMMING NOTE ‘QC2021_H24’;
ELSE CONTINUE WITH ‘QC2021_H21’ AND IF RESPONDENT IS FATHER OF CHILD DISPLAY “Are
you”;
ELSE SAY “Is {his/her} father”

‘QC2021_H21’ [CH14A] - {Are you/Is {his/her} father} a citizen of the United States?

Citizen ba {kayo} ng United States? Citizen ba ng United States {ang tatay {niya}}?

If a naturalized citizen, please mark ‘Yes’

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi
☐ 3 Application pending
☐ 3 Pending na aplikasyon

If = 1, goto ‘PN_QC2021_H23’

PROGRAMMING NOTE ‘QC2021_H22’:
IF ‘QC2021_H20’ = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE ‘QC2021_H24’

‘QC2021_H22’ [CH15] - {Are you/Is {his/her} father} a permanent resident with a green card?

Permanent resident na may green card ba {kayo}? Permanent resident na may green card ba {ang tatay
{niya}}?

☐ 1 Yes
☐ 1 Oo
☐ 2 No
☐ 2 Hindi
☐ 3 Application pending
☐ 3 Pending na aplikasyon
PROGRAMMING NOTE ‘QC2021_H23’:
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH ‘QC2021_H23’ AND DISPLAY “have you”;
ELSE, CONTINUE WITH ‘QC2021_H23’ AND DISPLAY “has {his/her} father”

‘QC2021_H23’ [CH16] - About how many years {have you/has {his/her} father} lived in the United States?
Mga ilang taon na {kayong} nakatira sa United States? Mga ilang taon nang nakatira {ang tatay {niya }} sa United States?

_____ Number of years
_____ Bihang ng taon

[HR: 0-AGE] {OR}
_____ Year first came to US
_____ Taon nang unang dumating sa US para manirahan

○ 1 Number of years
○ 1 Bihang ng taon
○ 2 Year first came to live in US
○ 2 Taon nang unang dumating sa US
○ 3 Father deceased
○ 3 Patay na ang ama
○ 4 Never lived in US
○ 4 Hindi kailanman nanirahan sa US

PROGRAMMING NOTE ‘QC2021_H24’:
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE ‘CH18’;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH ‘QC2021_H24’

‘QC2021_H24’ [CH17] – What languages are spoken in (CHILD)’s home?
Anu-anong mga wika ang sinasalita sa tahanan ni (CHILD)?

☐ 1 English
☐ 2 Spanish
☐ 3 Cantonese
☐ 4 Vietnamese
☐ 5 Tagalog
☐ 6 Mandarin
☐ 7 Korean
☐ 8 Asian Indian Languages
☐ 9 Russian
☐ 91 Other 1 (Specify: ____________)
☐ 91 Iba pa 1 (tukuyin: ____________)
☐ 92 Other 2 (Specify: ____________)
☐ 92 Iba pa 2 (tukuyin: ____________)
PROGRAMMING NOTE ‘QC2021_H25’ : IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH ‘QC2021_H25’ ; ELSE GO TO PROGRAMMING NOTE KAG8

‘QC2021_H25’ [CH22] - What is the highest grade of education you have completed and received credit for?

Ano ang pinakamataas na baitang sa pag-aaral ang nakumpleto ninyo at nakatanggap kayo ng credit para sa pagtatapos?

☐ 30 No formal education
☐ 30 Walang pormal na edukasyon

‘Grade’ [Grade] – Grade
☐ 1 1st Grade
☐ 1 Ika-1 baitang
☐ 2 2nd Grade
☐ 2 Ika-2 baitang
☐ 3 3rd Grade
☐ 3 Ika-3 baitang
☐ 4 4th Grade
☐ 4 Ika-4 baitang
☐ 5 5th Grade
☐ 5 Ika-5 baitang
☐ 6 6th Grade
☐ 6 Ika-6 baitang
☐ 7 7th Grade
☐ 7 Ika-7 baitang
☐ 8 8th Grade
☐ 8 Ika-8 baitang

‘High’ [High] – High
☐ 9 9th Grade
☐ 9 Ika-9 baitang
☐ 10 10th Grade
☐ 10 Ika-10 baitang
☐ 11 11th Grade
☐ 11 Ika-11 baitang
☐ 12 12th Grade
☐ 12 Ika-12 baitang

‘College’ [College] – College
☐ 13 1st year of college or university (Freshman)
☐ 13 1st year sa college o university (Freshman)
☐ 14 2nd year of college or university (Sophomore)
☐ 14 2nd year sa college o university (Sophomore)
☐ 15 3rd year of college or university (Junior)
☐ 15 3rd year sa college o university (Junior)
☐ 16 4th year of college or university (Senior)(BA/BS)
☐ 16 4th year sa college o university (Senior)(BA/BS)
☐ 17 5th year of college or university
☐ 17 5th year sa college o university
‘Graduate’ [Graduate] – Graduate
- 18 1st year of graduate or professional school
- 19 2nd year of graduate or professional school (MA/MS)
- 20 3rd year of graduate or professional school
- 21 More than 3 years of graduate or professional school (PhD)

‘Community’ [Community] – Community
- 22 1st year of junior or community college
- 23 2nd year of junior or community college (AA/AS)

‘Business’ [Business] – Business
- 24 1st year of vocational, business, or trade school
- 25 2nd year of vocational, business, or trade school
- 26 More than 2 years of vocational, business, or trade school
SECTION H: DEMOGRAPHICS, PART III

PROGRAMMING NOTE ‘QC2021_H26’:
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH ‘QC2021_H26’;
ELSE GO TO ‘QC2021_H27’

‘QC2021_H26’ [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)?

Batay sa mga katanungan sa suvey na ito tungkol kay, mayroon bang isa pang adult (may edad) sa pamamahay na higit na maalam tungkol sa aming mga katanungan tungkol kay?

❖ 1 Yes
❖ 1 Oo
❖ 2 No
❖ 2 Hindi

‘QC2021_H27’ [CG38] - Those are the final questions about your child. Before we continue the survey with questions for about you, do you think you would be willing to do a follow-up to this survey about your child sometime in the future?

Iyon ang mga huling tanong tungkol sa iyong bata. Bago natin ipagpatuloy ang survey na may mga tanong tungkol sa iyo, sa palagay mo ba ay magiging bukas ka sa isang follow-up sa survey na ito tungkol sa iyong bata sa hinaharap?

❖ 1 Yes
❖ 1 Oo
❖ 2 No
❖ 2 Hindi