



**CHIS 2017 Child Questionnaire
Version 2.13 Tagalog
October 3, 2019**

(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 2017 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

SECTION A: DEMOGRAPHICS PART I, HEALTH CONDITIONS

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

'QC2017_A1' [CA1] –

Some of the questions are based on (CHILD's) personal traits, like his or her age. So I will first ask you a few brief background questions.

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

Is (CHILD) male or female?

Lalaki ba o babae si (CHILD)?

- 01 MALE
- 02 FEMALE
- 7 REFUSED

'QC2017_A2' [CA2] –

What is {his/her} date of birth?

Ano ang petsa ng kapanganakan {niya/niya}?

'CA2MON' [CA2MON] - _____ MONTH_ [HR: 1-12]

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

'CA2DAY' [CA2DAY] - _____ DAY [HR: 1-31]

'CA2YR' [CA2YR] - _____ YEAR [HR: 2004-2016]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A3' [PN_CA3] -

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

'QC2017_A3' [CA3] –

How old is {he/she}?

Ilang taon na {siya/siya}?

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

'CA3YR' [CA3YR] - _____ YEARS

'CA3MON' [CA3MON] - _____ MONTHS

- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A4' [CA4] –

About how tall is (CHILD) now without shoes?

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

[IF NEEDED, SAY: “Your best guess is fine.”]

[IF NEEDED, SAY: “Ayos lang ang inyong pinakamahusay na tantya.”]

'CA4F/CA4I' [CA4F/CA4I] -

_____ FEET

_____ INCHES

'CA4M/CA4C' [CA4M/CA4C] -

_____ METERS

_____ CENTIMETERS

'CA4FMT' [CA4FMT] -

- 01 FEET/INCHES
- 02 METERS/CENTIMETERS
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A5' [CA5] –

About how much does (CHILD) weigh now without shoes?

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

[IF NEEDED, SAY: "Your best guess is fine."]

[IF NEEDED, SAY: "Ayos lang ang inyong pinakamahusay na tantya."]

'CA5P' [CA5P] - _____ POUNDS

'CA5K' [CA5K] - _____ KILOGRAMS

'CA5FMT' [CA5FMT] -

CA5FMT

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

'PN_QC2017_A6' [PN_CA14] -

PROGRAMMING NOTE CA14 :

IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE CA42 ;

ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH CA14

'QC2017_A6' [CA14] –

Was (CHILD) ever breastfed or fed breast milk?

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

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

If = 2, -7, -8, goto 'QC2017_A11'

'QC2017_A7' [CA15] –

How old was (CHILD) when { he/she } stopped breastfeeding altogether?

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

'CA15M' [CA15M] - CA15M

'CA15Y' [CA15Y] - CA15Y

REDK_CA15

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

'QC2017_A8' [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?

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

[IF NEEDED SAY: "Ang solidong pagkain ay anumang pagkain maliban sa gatas, formula, juice, tubig, mga herb o tsaa."]

_____ MONTHS

- 93 NO SOLID FOOD YET
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A9' [PN_CA42] -

PROGRAMMING NOTE CA42 :

IF CAGE < 5 YEARS GO TO CA6 ;

ELSE CONTINUE WITH CA42 AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC2017_A9' [CA42] –

{Not including pre-school or nursery school,} Did (CHILD) attend school last week?

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

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

If = 1, 4, goto 'QC2017_A11'

'PN_QC2017_A10' [PN_CA43] -

PROGRAMMING NOTE CA43 :

IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC2017_A10' [CA43] –

{Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?

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

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

'QC2017_A11' [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)?

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

'QC2017_A12' [CA12] –

Has a doctor ever told you that (CHILD) has asthma?

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

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

If = 2, -7, -8, goto **'QC2017_A28'**

'QC2017_A13' [CA31] –

Does {he/she} still have asthma?

May asthma pa ba {siya}?

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

'QC2017_A14' [CA32] –

During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?

Nitong nakaraang 12 buwan, nakaranas ba {siya/siya} ng pagsumpong ng asthma o ng atake ng asthma?

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

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

'QC2017_A15' [CA12B] –

During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:

Nitong nakaraang 12 buwan, gaano kadalas nakaranas si (CHILD) ng mga sintomas ng asthma gaya ng pag-ubo, paghuni, kahirapang huminga, paninikip ng dibdib o plema? Masasabi ba ninyo na...

- 01 Not at all,
- 01 Hindi kailanman,
- 02 Less than every month,
- 02 Mas bihira sa bawat buwan
- 03 Every month,
- 03 Bawat buwan,
- 04 Every week, or
- 04 Bawat linggo, o
- 05 Every day?
- 05 Araw-araw??
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A16' [CA33] –

During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

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

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

If = 2, -7, -8, goto 'QC2017_A18'

'QC2017_A17' [CA48] –

Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

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

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

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

'PN_QC2017_A18' [PN_CA44] - PN_CA44

PROGRAMMING NOTE CA44:

IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO CA12A;

'QC2017_A18' [CA44] –

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

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

'QC2017_A19' [CA12A] –

Is (CHILD) now taking a daily medication to control {his/her} asthma that was prescribed or given to you by a doctor?

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

[IF NEEDED, SAY: "This includes both oral medicine and inhalers. This is different from inhalers used for quick relief."]

[IF NEEDED, SAY: "Kabilang dito ang mga gamot na iniinom at mga inhaler. Iba ito sa mga inhaler na ginagamit para sa pangmadaliang ginhawa."]

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

'PN_QC2017_A20' [PN_CA40] -

PROGRAMMING NOTE CA40 :

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

'QC2017_A20' [CA40] –

During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:

Nitong nakaraang 12 buwan, gaano kadalas nakaranas si (CHILD) ng mga sintomas ng asthma gaya ng pag-ubo, paghuni, kahirapang huminga, pagninikip ng dibdib o plema? Masasabi ba ninyo na...

- 01 Not at all,
- 01 Hindi kailanman,
- 02 Less than every month,
- 02 Mas bihira sa bawat buwan
- 03 Every month,
- 03 Bawat buwan,
- 04 Every week, or
- 04 Bawat linggo, o
- 05 Every day?
- 05 Araw-araw??
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_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?

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

If = 2, -7, -8, goto 'QC2017_A23'

'QC2017_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 nakapagpatingin sa {kanyang/kanyang} doktor?

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

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

'PN_QC2017_A23' [PN_CA45] - PN_CA45

PROGRAMMING NOTE CA45:

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

'QC2017_A23' [CA45] –

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

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

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

'QC2017_A24' [CA34] –

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

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

_____ NUMBER OF DAYS

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

'QC2017_A25' [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?

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

If = 2, -7, -8, goto 'QC2017_A27'

'QC2017_A26' [CA50] –

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

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

[IF NEEDED, SAY: "This can be an electronic or hard copy."]

[IF NEEDED, SAY: "Pwedeng electronic o nasa papel ang kopyang ito."]

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

'PN_QC2017_A27' [PN_CA51] -

PROGRAMMING NOTE CA51:

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

'QC2017_A27' [CA51] –

How confident are you that you can control and manage (CHILD's) asthma? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

Gaano ang tiwala ninyo na kaya ninyong kontrolin at pangalagaan ang asthma ni (CHILD)? Masasabi ba ninyong kayo ay lubos na may tiwala, medyo may tiwala, walang masyadong tiwala, o walang tiwala kahit kaunti?

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

'PN_QC2017_A28' [PN_CA58] - PN_CA58

PROGRAMMING NOTE CA58:

IF CA12 = 1, THEN SKIP TO CA60;

ELSE IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS IMPERIAL COUNTY, THEN CONTINUE CA58;

ELSE SKIP TO CA60;

'QC2017_A28' [CA58] –

During the past 12 months, has (CHILD) had symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm when {he/she} DID NOT have a cold or respiratory infection?

Sa loob ng nakaraang labindalawang buwan, nakaranas ba si (CHILD) ng mga sintomas na gaya ng pag-ubo, paghika, pagkapos sa paghinga, paninikip ng dibdib, o plema sa mga panahong HINDI siya sinisipon o nagkaroon ng respiratory infection?

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

If = 2, -7, -8 go to 'PN_QC2017_A30'

'QC2017_A29' [CA59] –

How often did {he/she} have those symptoms? Would you say...

Gaano kadalas siya nagkaroon ng mga sintomas na iyon? Masasabi mo bang...

- 01 NOT AT ALL
- 01 Hindi kailanman,
- 02 Once or twice in the past 12 months
- 02 Isa o dalawang beses sa nakalipas na labindalawang buwan
- 03 Every couple of months
- 03 Isang beses kada dalawang buwan
- 04 Every month, or
- 04 Isang beses kada buwan, o
- 05 Every week?
- 05 Isang beses kada linggo?
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A30' [PN_CA60] - PN_CA60

PROGRAMMING NOTE CA60:

**IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS IMPERIAL COUNTY, THEN CONTINUE WITH CA60;
ELSE SKIP TO CA34;**

'QC2017_A30' [CA60] –

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

Sa loob ng nakaraang labindalawang buwan, nagkaroon ba si (CHILD) ng madalas na pagbahin, malabnaw na sipon o baradong ilong sa mga panahong HINDI siya sinipon o tinrangkaso?

[IF R MENTIONS ALLERGY, CODED 'YES']

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

If = 2, -7, -8, goto 'QC2017_A32'

'QC2017_A31' [CA61] –

How often did {he/she} have those symptoms? Would you say...

Gaano kadalas siya nagkaroon ng mga sintomas na iyon? Masasabi mo bang...

- 01 NOT AT ALL
- 02 Once or twice in the past 12 months
- 02 Isa o dalawang beses sa nakalipas na labindalawang buwan
- 03 Every couple of months
- 03 Isang beses kada dalawang buwan
- 04 Every month, or
- 04 Isang beses kada buwan, o
- 05 Every week?
- 05 Isang beses kada linggo?
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A32' [CA62] –

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

Sa loob ng nakaraang labindalawang buwan, nakaranas ba si (CHILD) ng mamasa-masa, makati, o mahapding mga mata sa panahong HINDI siya sinipon o tinrangkaso?

[IF R MENTIONS ALLERGY, CODED 'YES']

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

If = 2, -7, -8, goto 'QC2017_A34'

'QC2017_A33' [CA63] –

How often did {he/she} have those symptoms? Would you say...

Gaano kadalas siya nagkaroon ng mga sintomas na iyon? Masasabi mo bang...

- 01 NOT AT ALL
- 02 Once or twice in the past 12 months
- 02 Isa o dalawang beses sa nakalipas na labindalawang buwan
- 03 Every couple of months
- 03 Isang beses kada dalawang buwan
- 04 Every month, or
- 04 Isang beses kada buwan, o
- 05 Every week?
- 05 Isang beses kada linggo?
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A34' [PN_CA64] - PN_CA64

PROGRAMMING NOTE CA64:

**IF CHILD-FIRST INTERVIEW, THEN CONTINUE;
ELSE SKIP TO CA66;**

'QC2017_A34' [CA64] –

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

Gaano mo ikinababahala ang kalidad ng hangin sa inyong lugar? Masasabi mo bang...

- 01 It is not a concern
- 01 Hindi ikinababahala
- 02 A moderate concern
- 02 Medyo ikinababahala
- 03 A significant concern
- 03 Talagang ikinababahala
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A35' [CA65] –

Please rate the air quality in your neighborhood? Would you say...

Ano ang sa tingin mo ang kalidad ng hangin sa inyong lugar? Masasabi mo bang...

- 01 Excellent
- 01 Napakaganda
- 02 Very good
- 02 Talagang maganda
- 03 Good
- 03 Maganda
- 04 Fair, or
- 04 Okay lang, o
- 05 Poor
- 05 Pangit
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A36' [CA66] –

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

Sa loob ng nakaraang labindalawang buwan, nagkasakit ba o nagkaroon si (CHILD) ng sakit o mga sintomas na sa palagay mo ay sanhi ng polusyon sa hangin sa labas?

[IF NEEDED, SAY: Things like dust, smog, automobile exhaust, and chemicals can cause outdoor air pollution]

[IF NEEDED, SAY: Dahil sa mga bagay tulad ng alikabok, smog, usok ng sasakyan, at mga kemikal na maaaring magdulot ng polusyon sa hangin]

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

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

'QC2017_A37' [CA67] –

The next questions are about the outdoor air quality and how it affects your activities.

Please think of the past 12 months. How many times did you reduce or change {his/her} outdoor activity levels because you thought the air quality was bad or was affecting how well {he/she} felt? Would you say...

Ang mga sumusunod ay mga katanungan tungkol sa kalidad ng hangin sa inyong paligid at kung paano ito nakakaapekto sa inyong mga aktibidad. Pag-isipan ang nakalipas na labindalawang buwan. Gaano mo kadalas binawasan o binago ang mga aktibidad sa labas ng inyong anak dahil sa tingin mo ay masama ang kalidad ng hangin o dahil naaapektuhan nito ang kanyang pakiramdam? Masasabi mo bang...

[IF NEEDED: For example, avoiding outdoor exercise or strenuous outdoor activity.]

[IF NEEDED: Halimbawa, iniwasan mong mag-exercise siya sa labas o gumawa ng mabibigat na aktibidad sa labas.]

- 01 None
- 01 Hindi kailanman
- 02 1 to 3 times,
- 02 Isa hanggang tatlong beses,
- 03 4 to 6 times, or
- 03 Apat hanggang anim na beses, o
- 04 More than 6 times?
- 04 Mahigit sa anim na beses?
- 05 REFUSED
- 06 DON'T KNOW

'PN_QC2017_A38' [PN_CA68] - PN_CA68
PROGRAMMING NOTE CA68:
IF CHILD-FIRST INTERVIEW, THEN CONTINUE;
ELSE SKIP TO CA7;

'QC2017_A38' [CA68] -

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

Maaaring may mga nagbabahagi ng impormasyon tungkol sa kalidad ng hangin para malaman ng publiko ang antas ng polusyon ng kanilang hangin. Nakarinig o nakabasa ka ba tungkol sa air quality index o mga alerto sa kalidad ng hangin sa lugar na kung saan ka nakatira?

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

'QC2017_A39' [CA69] –

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

Binawasan o binago mo ba ang mga aktibidad niya sa labas batay sa air quality index o mga alerto sa kalidad ng hangin?

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

'QC2017_A40' [CA7] –

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

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

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

If = 2, -7, -8, goto 'QC2017_A45'

'QC2017_A41' [CA10A] –

What condition does (CHILD) have?

Anong karamadaman mayroon si (CHILD)?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "May iba pa ba?"]

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

If = -7, -8, goto 'QC2017_A45'

OTHER

'QC2017_A42' [CA55] -

Have (CHILD's) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} (INSERT CONDITION(S) FROM CA10A)?

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} (INSERT CONDITION(S) FROM CA10A)?

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

If = 2, -7, -8, goto 'QC2017_A44'

'QC2017_A43' [CA56] –

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

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

[IF NEEDED, SAY: "This can be an electronic or hard copy."]

[IF NEEDED, SAY: "Pwedeng electronic o nasa papel ang kopyang ito."]

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

'QC2017_A44' [CA57] –

How confident are you that you can control and manage (CHILD's) (INSERT CONDITION(S) FROM CA10A)? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

Gaano ang inyong tiwala na kaya ninyong kontrolin at pangalagaan ang mga karamdaman ni (CHILD) na (INSERT CONDITION(S) FROM CA10A)? Masasabi ba ninyo na kayo ay lubos na may tiwala, medyo may tiwala, walang masyadong tiwala, o walang tiwala kahit kaunti?

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

'QC2017_A45' [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?

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

[IF NEEDED, SAY: "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."]

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

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

'QC2017_A46' [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?

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

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

'QC2017_A47' [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?

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

'QC2017_A48' [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?

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

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

'QC2017_A49' [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?

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

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

'QC2017_A50' [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?

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

SECTION B: DENTAL HEALTH

'Intro' [Intro] –

Now I'm going to ask about (CHILD)'s dental health.

'PN_CC1B' [PN_CC1B] -

PROGRAMMING NOTE CC1B :

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

'CC1B' [CC1B] –

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

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

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

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

'PN_QC2017_B2' [PN_CB33] - PN_CB33

PROGRAMMING NOTE CB33:

IF CAGE ≥ 4 CONTINUE WITH CB33; ELSE SKIP TO CC5B

'QC2017_B2' [CB33] –

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

{Ngayon naman, magtatanong ako tungkol sa kalusagan ng ngipin ni (CHILD)} Dinala mo ba sa dentista ang inyong anak bago siya maging apat na taong gulang?

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

'QC2017_B3' [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.

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

'PN_QC2017_B4' [PN_CB23] -
PROGRAMMING NOTE CB23 :
IF CC5B = 0 (HAD NEVER VISITED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH CB23 ;
ELSE SKIP TO CC16B ;

IF CC5B = 0 (HAS NEVER VISITED), DISPLAY "never";
ELSE IF CC5B ≥ 3 DISPLAY "not" AND "in the past year"

'QC2017_B4' [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?

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

'PN_CC16B' [PN_CC16B] -
If CC5B =0, goto 'QC2017_B6'

'QC2017_B5' [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)?

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

'QC2017_B6' [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?

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

'QC2017_B7' [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?

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

[IF NEEDED, SAY: "Bilangin ang dental insurance, prepaid dental plans gaya ng mga HMO, o mga programa ng gobyerno gaya ng Medi-Cal o Healthy Families."]

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

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

'QC2017_B8' [CB34B] –

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

Sino ang nagbabayad para sa dental insurance na ito, hindi kabilang ang mga co-pay o deductible na maaaring kailangan ninyong bayaran?

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

'CC7BNEW' [CC7BNEW] –

Do you use any free community or public dental programs for {CHILD}'s dental care?

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

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

'QC2017_B10' [CB27] –

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

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

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

If = 2, -7, -8, goto **'QC2017_B12'**

'QC2017_B11' [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?

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

OTHER_CB28

'QC2017_B12' [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?

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

'PN_CC18B' [PN_CC18B] -

PROGRAMMING NOTE CC18B:

**IF (CA42=1 OR 4) OR (CA43=1 OR3) [CHILD ATTENDS SCHOOL] CONTINUE WITH CC18B;
ELSE GO TO SECTION C**

'CC18B' [CC18B] –

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

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.

- 01 YES
- 02 NO
- 03 DOESN'T ATTEND SCHOOL
- 7 REFUSED
- 8 DON'T KNOW

SECTION C: DIET, PHYSICAL ACTIVITY, PARK USE

'PN_QC2017_C1' [PN_CC13] -
PROGRAMMING NOTE CC13 :
IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE CC53 ;
ELSE CONTINUE WITH CC13

'QC2017_C1' [CC13] –

Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

Ngayon, tatanungin ko kayo tungkol sa mga kinain ng inyong anak/alaga kahapon, kabilang ang almusal, tanghalian, hapunan at mga meryenda. Kahapon, ilang serving ng prutas, gaya ng mansanas o saging, ang kinain niya?

[IF NEEDED, SAY: "Servings are self-defined. A serving is the child's regular portion of this food."]

[IF NEEDED, SAY: "Ang kahulugan ng serving ay nababatay sa sarili. Ang isang serving ay ang pangkaraniwang laki o dami nitong pagkain na pinakakain sa bata."]

_____ SERVINGS [HR: 0-20; SR 0-9]
 -7 REFUSED
 -8 DON'T KNOW

'QC2017_C2' [CC31] –

Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.

Kahapon, ilang serving ng gulay, gaya ng salad ng mga sariwang gulay, bitsuelas, o patatas, ang kinain {niya/niya}? Huwag bilangin ang piniritong patatas.

_____ SERVINGS [HR: 0-20; SR 0-4]
 -7 REFUSED
 -8 DON'T KNOW

'QC2017_C3' [CC49] –

[Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did your child drink? Do not include diet soda.

[Kahapon,] ilang baso o lata ng soda na may asukal, gaya ng Coke, ang ininom ng inyong anak/alaga? Huwag bilangin ang diet soda.

[IF NEEDED, SAY: "Do not include canned or bottled juices or teas."]

[IF NEEDED, SAY: "Huwag ninyong bilangin ang mga de- lata o naka-boteng juice o tsaa."]

_____ GLASSES, CANS OR BOTTLES

REDK_CC49
 -7 REFUSED
 -8 DON'T KNOW

'QC2017_C4' [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?

[IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]

[IF NEEDED, SAY: "Gaya ng lemonada, Gatorade, Snapple, o Red Bull."]

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

_____ GLASSES, CANS, OR BOTTLES

- 7 REFUSED
 -8 DON'T KNOW

'PN_QC2017_C5' [PN_CC40] -

PROGRAMMING NOTE CC40 :

IF CA42 = 4 (HOME SCHOOLED LAST WEEK) OR IF CA43 = 3 (HOME SCHOOLED LAST YEAR), GO TO

PROGRAMMING NOTE CC35 ;

ELSE IF CA42 = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH CC40 AND DISPLAY "How many days in the past week";

IF CA43 = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH CC40 AND DISPLAY "During the school year, on how many days during a typical week";

ELSE GO TO PROGRAMMING NOTE CC35

'QC2017_C5' [CC40] –

Now I'm going to ask you about physical activity.

Ngayon, tatanungin ko kayo tungkol sa mga gawaing pisikal.

{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?

{Ilang araw nitong nakaraang linggo} naglakad pauwi si (CHILD) mula sa eskwelahan? {Nitong nakaraang panahon na may pasok sa eskwelahan, ilang araw sa karaniwang linggo} naglakad pauwi si {CHILD mula sa eskwelahan? ?

[INTERVIEWER NOTE: IF R SAYS CHILD BIKES OR SKATEBOARDS HOME, SAY, "I'll ask about those next."]

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

_____ DAYS

- 7 REFUSED
 -8 DON'T KNOW

'QC2017_C6' [CC43] –

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

{Ilang araw nitong nakaraang linggo} nagbisikleta o nag-skateboard pauwi si (CHILD) mula sa eskwelahan? {Nitong nakaraang panahon na may pasok sa eskwelahan, ilang araw sa karaniwang linggo} nagbisikleta o nag-skateboard pauwi si (CHILD) mula sa eskwelahan?

[INTERVIEWER NOTE: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES, ROLLERSHOES OR NON-MOTORIZED SCOOTERS HOME FROM SCHOOL.]

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

_____ DAYS

- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_C7' [PN_CB22] -

PROGRAMMING NOTE CB22 :

If CA42 = 1 (ATTENDED SCHOOL LAST WEEK) OR CA43 = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH CB22 ;

ELSE SKIP TO PROGRAMMING NOTE CC35

'QC2017_C7' [CB22] –

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

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

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

'TEXT_NAM_CB22' [TEXT_NAM_CB22] - _____ NAME OF SCHOOL

'TYP_CB22' [TYP_CB22] - TYP_CB22

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

OTHER_CB22

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

'QC2017_C8' [CC35] –

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

Hindi kabilang ang PE sa eskwelahan, ilang araw sa nakaraang 7 araw kumilos si (CHILD) nang masigla nang hindi kukulangin sa 60 minuto sa kabuuan?

_____ DAYS [HR: 0-7]
 -7 REFUSED
 -8 DON'T KNOW

'CC51' [CC51] –

During a typical week, on how many days is (CHILD) physically active for at least 60 minutes total per day? Do not include PE.

Sa isang karaniwang linggo, ilang araw kumikilos nang aktibo si (CHILD) nang hindi kukulangin sa 60 minuto sa maghapon? Huwag bilangin ang PE.

[IF NEEDED, SAY: "Add up the time (he/she) was active for each day of the past 7. Then tell me how many days (he/she) active for at least 60 minutes."]

[IF NEEDED, SAY: 'Sumahin ninyo ang panahong kumilos (siya/siya) nang aktibo sa bawat araw nitong nakaraang 7. Pagkatapos, sabihin ninyo sa akin kung ilang araw (siya) kumilos nang aktibo nang hindi kukulangin sa 60 minuto.']

_____ DAYS [HR: 0-7]
 -7 REFUSED
 -8 DON'T KNOW

'PN_QC2017_C10' [PN_CC53] -
PROGRAMMING NOTE CC53
IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE CC52
ELSE IF CAGE > 1 YEAR, CONTINUE WITH CC53

'QC2017_C10' [CC53] –

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

Ang susunod na mga tanong ay tungkol sa pagpapalipas ng panahon {ng inyong anak o alaga/ni CHILD} na malimit na naka-upo kapag wala {siya/siya} sa eskwelahan o hindi gumagawa ng homework. Sa isang karaniwang Sabado o Linggo, gaano katagal {ang inyong anak o alaga/si CHILD} nauupo at nanonood ng TV, naglalaro ng mga computer game, nakikipag-usap sa mga kaibigan o may iba pang ginagawa habang naka-upo?

_____ HOURS
 _____ MINUTES
 -7 REFUSED
 -8 DON'T KNOW

'PN_QC2017_C11' [PN_CC52] -

PROGRAMMING NOTE CC52 :
IF CAGE ≤ 1 YEAR GO TO PN CC37 ;
ELSE IF CAGE > 1 YEAR, CONTINUE WITH CC52

'QC2017_C11' [CC52] -

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

Sa isang karaniwang araw mula Lunes hanggang Biyernes, gaano katagal {ang inyong anak o alaga/si CHILD} nauupo at nanonood ng TV, naglalaro ng mga computer game, nakikipagusap sa mga kaibigan o may iba pang ginagawa habang naka-upo?

_____ HOURS

_____ MINUTES

- 7 REFUSED
 -8 DON'T KNOW

'PN_QC2017_C12' [PN_CC37] -

PROGRAMMING NOTE CC37 :
IF CAGE < 1 GO TO CD1 ;
ELSE CONTINUE WITH CC37

'QC2017_C12' [CC37] –

Has (CHILD) been to a park, playground, or open space in the past 30 days?

Nagpunta ba sa park si (CHILD) nitong nakaraang 30 araw?

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

'QC2017_C13' [CC36] –

Is there a park, playground, or open space within 30 minutes walking distance of your home?

Nagpunta ba sa park si (CHILD) nitong nakaraang 30 araw?

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

'QC2017_C14' [CC39] –

Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

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.

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_C15' [CC46] –

The park or playground closest to where I live is safe at night.

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

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

[IF NEEDED, SAY: “Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon?”]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON'T KNOW

SECTION D: HEALTH CARE ACCESS AND UTILIZATION

'QC2017_D1' [CD1] –

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

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 ninyo ng payo tungkol sa {kanyang/kanyang} kalusugan?

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

If = 2, goto 'PN_QC2017_D3'

'PN_QC2017_D2' [PN_CD3] -

PROGRAMMING NOTE CD3 :

IF CD1 = 1, 5, -7, OR -8, DISPLAY "What kind of place do you take {him/her} to most often—a medical";

ELSE IF CD1 = 3 DISPLAY "Is {his/her} doctor in a private";

ELSE IF CD1 = 4, FILL CD3 = 1 AND GO TO PN CD12

'QC2017_D2' [CD3] –

{What kind of place do you take {him/her} to most often—a medical/Is {his/her} doctor a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

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

**'PN_QC2017_D3' [PN_CD12] -
PROGRAMMING NOTE CD12 :
IF CA33 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF CA41 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA), MARK YES ON CD12 AND GO TO CD6 ;
ELSE CONTINUE WITH CD12**

'QC2017_D3' [CD12] –

During the past 12 months, did (CHILD) visit a hospital emergency room?

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

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

'QC2017_D4' [CD6] –

During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

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

TIMES

- 7 REFUSED
- 8 DON'T KNOW

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

'QC2017_D5' [CD7] –

About how long has it been since {he/she} last saw a medical doctor?

Gaano katagal na ba mula noong huling pagpatingin {niya } sa medical doctor?

- 01 ONE YEAR AGO OR LESS
- 02 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- 03 MORE THAN 2 YEARS UP TO 3 YEARS AGO
- 04 MORE THAN 3 YEARS AGO
- 05 NEVER
- 7 REFUSED
- 8 DON'T KNOW

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

'QC2017_D6' [CD33] –

Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

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

[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]

[IF NEEDED, SAY: "Maaaring general doctor ito, espesyalistang doktor, physician assistant, nurse, o iba pang health provider."]

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

**'PN_QC2017_D7' [PN_CD36] -
PROGRAMMING NOTE CD36:
IF CD1 = 1, 3, 4, OR 5 (HAS USUAL SOURCE OF CARE) AND CD33 = 1 (HAS PERSONAL DOCTOR) AND AND [CA31 =1 (HAS ASTHMA) OR CA32 = 1 (HAD ASTHMA ATTACK) OR CA7 = 1 (HAS OTHER CONDITION), CONTINUE WITH CD36;
ELSE SKIP TO PROGRAMMING NOTE PN_CF40**

'QC2017_D7' [CD36] –

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

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?

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

'PN_QC2017_D8' [PN_CF40] -
PROGRAMMING NOTE CF40 :
IF CAGE < 1, SKsIP to CD55
ELSE IF CAGE ≥ 1, CONTINUE WITH CF40

'QC2017_D8' [CF40] –

Many professionals such as health providers, teachers and counselors do developmental screening tests. Tests check how a child is growing, learning and behaving compared with children of the same age.

Nagsasagawa ng mga developmental screening test ang maraming mga propesyonal 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?

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

'QC2017_D9' [CF41] –

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

Pinagawa ba kahit kailan ng {kanyang} doktor, ng iba pang mga health provider, ng mga guro o ng 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?

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

'QC2017_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 ikinababahalang ninyo tungkol sa {kanyang/kanyang} pagkatuto, pag-unlad, o pag-asal?

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

'QC2017_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?

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

'QC2017_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?

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

'PN_QC2017_D13' [PN_CF45] -

PROGRAMMING NOTE CF45 :

**IF CA10A =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETARDATION) GO TO CF46 ;
ELSE CONTINUE WITH CF45**

'QC2017_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 ikinababahalang niya tungkol kay (CHILD) na dapat subaybayan nang masidhi?

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

'QC2017_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?

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

'QC2017_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?

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

'PN_QC2017_D16' [PN_CD55] -

PROGRAMMING NOTE CD55 :

**IF KID1ST = 'Y' OR CHINSURE = 1 (INSURED OR INSURANCE STATUS UNKNOWN) OR CD1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH CD55 ;
ELSE GO TO PROGRAMMING NOTE CD25**

'QC2017_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)?

[IF NEEDED, SAY: "Do not include emergencies.]" [IF NEEDED, SAY: "Huwag bilangin ang mga emergency."]

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

If = 2, -7, -8, goto 'PN_QC2017_D18'

'QC2017_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...

- 01 Never,
- 01 Hindi kailanman,
- 02 Sometimes,
- 03 Paminsan-minsan
- 03 Usually, or
- 03 Karaniwan, o
- 04 Always?
- 04 Palagi?
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_D18' [PN_CD25] -

PROGRAMMING NOTE CD25 :

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

'QC2017_D18' [CD25] –

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

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

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

If = 1, goto 'PN_QC2017_D20'

'PN_QC2017_D19' [PN_CD31] -

PROGRAMMING NOTE CD31 :

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

'QC2017_D19' [CD31] –

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

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

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

If = 1, goto 'QC2017_D21'

If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, goto 'QC2017_D23'

'PN_QC2017_D20' [PN_CD26] -

PROGRAMMING NOTE CD26 :

**IF CD25 = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH CD26 ;
ELSE SKIP TO CE1 ;**

'QC2017_D20' [CD26] –

Was this because you and the doctor spoke different languages?

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

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

'QC2017_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?

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

If = 2, -7, -8, goto 'QC2017_D23'

'QC2017_D22' [CD28] –

Who was this person who helped you understand the doctor?

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

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

'QC2017_D23' [CE1] –

During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for (CHILD)?

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

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

If = 2, -7, -8, goto **'QC2017_D25'**

'QC2017_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?

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

'QC2017_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?

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

If = 2, -7, -8, goto **'QC2017_D30'**

'QC2017_D26' [CD66] –

Did (CHILD) get the care eventually?

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

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

'QC2017_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}?

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

If = 2, -7, -8, goto 'QC2017_D29'

'QC2017_D28' [CD67] –

Was that the main reason?

Iyon ba ang pangunahing dahilan?

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

If = 1, -7, -8, goto 'QC2017_D30'

'QC2017_D29' [CD68] -

What was the one 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}?

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

'QC2017_D30' [CD69] –

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

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

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

'QC2017_D31' [CD70] –

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

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

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

'QC2017_D32' [CD71] –

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

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

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

SECTION E: PUBLIC PROGRAMS

'PN_SECTION E' [PN_SECTION E] -

PROGRAMMING NOTE SECTION E:

IF [POVERTY = 1, 2, 3, 4 or 5 (INCOME LESS THAN OR EQUAL TO 300% OF POVERTY LEVEL)

OR POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND KIDS1ST ≠ "Y"] OR KIDS1ST = "Y",

CONTINUE WITH CE11 ;

ELSE SKIP TO CG14

'QC2017_E1' [CE11] –

Is (CHILD) now on TANF or CalWORKs?

Naka-enroll ba ngayon si (CHILD) sa TANF o sa CalWORKs?

[IF NEEDED, SAY: "TANF means 'Temporary Assistance to Needy Families,' and CalWORKs means 'California Work Opportunities and Responsibilities to Kids.' Both replaced AFDC, California's old welfare entitlement program." [IF NEEDED, SAY: "Temporary Assistance to Needy Families" ang kahulugan ng TANF; "California Work Opportunities and Responsibilities to Kids" ang CalWORKS. Itong dalawa ang pumalit sa AFDC, ang dating programa ng California na tagabigay ng tulong sa mga karapat-dapat."]

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

'QC2017_E2' [CE11A] –

Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

Tumatanggap ba si (CHILD) ng mga benepisyo ng Food Stamps na kilala din bilang CalFresh?

[IF NEEDED, SAY: "You receive benefits through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]

[IF NEEDED, SAY: "Tinatanggap ninyo ang mga benepisyo sa pamamagitan ng EBT card. Ang EBT ay nangangahulugan na Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card."]

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

'PN_QC2017_E3' [PN_CE11C] -

PROGRAMMING NOTE CE11C :

IF CAGE > 6, GO TO CG14 ;

ELSE CONTINUE WITH CE11C

'QC2017_E3' [CE11C] –

Is (CHILD) on WIC now?

Kalahok ba ngayon si (CHILD) sa WIC?

[IF NEEDED, SAY: "WIC means 'Supplemental Food Program for Women, Infants and Children.'"]

[IF NEEDED, SAY: "Supplemental Food Program for Women, Infants and Children" ang kahulugan ng WIC.]

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

SECTION F: PARENTAL INVOLVEMENT

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

'QC2017_F1' [CG14] –

In a usual week, about how many days do you or any other family members read stories or look at picture books with (CHILD)?

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)?

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

'QC2017_F2' [CG15] –

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

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

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

'QC2017_F3' [CG16] –

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

[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?

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

'PN_QC2017_F4' [PN_CF64] -

PROGRAMMING NOTE CF64 :

**IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH CF64 ;
ELSE GO TO CF35**

'QC2017_F4' [CF64] –

Have you seen or heard messages encouraging you to talk, read and sing with your child?

Nakakita o nakarinig na ba kayo ng mga mensahe na humikayat sa inyong makipagusap, at magbasa at kumanta na kasama ang inyong anak/alaga?

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

If =2, -7,-8, goto 'QC2017_F8'

'QC2017_F5' [CF65] –

Would you say that you talk with your child less, about the same, or more after hearing that message?

Masasabi ba ninyo na kinakausap 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
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_F6' [CF66] –

Would you say that you sing with your child less, about the same, or more after hearing that message?

Masasabi ba ninyo na kumakanta kayo ng 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
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_F7' [CF67] –

Would you say that you read with your child less, about the same, or more after hearing that message?

Masasabi ba ninyo na nagbabasa kayo ng 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
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_F8' [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?

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

If =2, -7,-8, goto 'QC2017_F13'

'QC2017_F9' [CF36] –

Have you ever received this Kit for New Parents?

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

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

If =2, -7,-8, goto 'QC2017_F13'

'QC2017_F10' [CD57] –

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

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

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

If =2, -7,-8, goto 'QC2017_F13'

'QC2017_F11' [CF39] –

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

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

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

If =2, -7,-8, goto 'QC2017_F13'

'QC2017_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?

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

_____ RESPONDENT'S NUMBER FROM 1 (WORST) TO 10 (BEST)

- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_F13' [PN_CF30] -

PROGRAMMING NOTE CF30: :
IF CAGE ≥ 4, CONTINUE WITH CF30
ELSE SKIP TO CG1

'QC2017_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?

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?

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

If =2, -7,-8, goto 'QC2017_F15'

'QC2017_F14' [CF31] –

Are these difficulties minor, definite, or severe?

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

- 01 MINOR
- 02 DEFINITE
- 03 SEVERE
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_F15' [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?

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

SECTION G: CHILD CARE AND SOCIAL COHESION

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

'QC2017_G1' [CG1] –

These next questions are about childcare. By childcare we mean any arrangement where someone other than the parents, legal guardian, or stepparents takes care of (CHILD). {This includes preschool and nursery school, but not kindergarten.}

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?

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

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

'QC2017_G2' [CG2] –

Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

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: 1-168, SR: 10-168 HRS]

- 1 REFUSED
- 2 DON'T KNOW

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

'QC2017_G3' [CG3A] –

During a typical week does (CHILD) receive childcare from...a grandparent or other family member?

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

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

'QC2017_G4' [CG3E] –

[Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in your home?

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

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

'QC2017_G5' [CG3F] –

[Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in his or her home?

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

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

'QC2017_G6' [CG3D] –

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

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

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

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

'QC2017_G7' [CG3B] –

[Does (CHILD) receive childcare from]...a Head Start or state preschool program?

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

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

'QC2017_G8' [CG3C] –

[Does (CHILD) receive childcare from]...some other preschool or nursery school?

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

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

'PN_QC2017_G9' [PN_CG3G] -
PROGRAMMING NOTE CG3G :
IF [CG3A OR CG3E = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF [CG3F ≠ 1 AND CG3D ≠ 1 AND CG3B ≠ 1 AND CG3C ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO CG5 ;
ELSE CONTINUE WITH CG3G ;
IF ONLY ONE OF CG3F , CG3D , CG3B , OR CG3C = 1, DISPLAY "Is this" AND "provider";
ELSE DISPLAY, "Are all of these" AND "providers"

'QC2017_G9' [CG3G] –

{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 LICENSED)
- 2 NO (NONE LICENSED)
- 3 SOME LICENSED AND SOME NOT
- 4 REFUSED
- 5 DON'T KNOW

'QC2017_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
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

If = 2, -7, -8, goto SECTION H

'QC2017_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?

[IF NEEDED, SAY: "Main reason is the most important reason."]

[IF NEEDED, SAY: "Ang pangunahing dahilan ay ang pinakamahalagang dahilan."]

- 01 COULDN'T AFFORD ANY CHILD CARE
- 02 COULDN'T FIND A PROVIDER WITH A SPACE
- 03 THE HOURS AND LOCATION DIDN'T FIT MY NEEDS
- 04 COULDN'T AFFORD THE QUALITY OF CHILDCARE I WANTED
- 05 COULDN'T FIND THE QUALITY OF CHILDCARE I WANTED
- 91 OTHER REASON
- 07 REFUSED
- 08 DON'T KNOW

SECTION H: DEMOGRAPHICS, PART II

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

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).

'QC2017_H1' [CH1] –

Is (CHILD) Latino or Hispanic?

Latino o Hispanic ba si (CHILD)?

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

[IF NEEDED, SAY: "Gaya ng Mexican o Central o South American?"]

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

If = 2, -7, -8, goto 'PN_QC2017_H3'

'QC2017_H2' [CH2] –

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

At ano ang {kanyang/kanyang} mga ninuno o angkang pinagmulan na Latino o Hispanic? Gaya ng Mexican, Salvadorian, Cuban, Honduran -- at kung higit sa isa ang kinabibilangan {niya}, banggitin ninyo ang lahat sa akin.

[IF NECESSARY GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

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

OTHER LATINO (SPECIFY: _____)

'PN_QC2017_H3' [PN_CH3] -

PROGRAMMING NOTE CH3 :

IF CH1 = 1 (YES-CHILD IS LATINO), DISPLAY, "You said your child is Latino or Hispanic. Also,"

IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR CH3 , CONTINUE WITH PROGRAMMING NOTE CH4 ;

ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QC2017_H3' [CH3] –

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

{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): Isasalarawan ba ninyo {siya } bilang Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, o White?

[IF R SAYS "NATIVE AMERICAN" CODE AS "4"]

[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]

[CODE ALL THAT APPLY]

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

If = 1, 2, 6, 91, -7, -8, And Only One Race, goto 'PN_QC2017_H9'

If = 3, And Only One Race, goto 'PN_QC2017_H7'

If = 4, And Only One Race, goto 'PN_QC2017_H4'

If = 5, And Only One Race, goto 'PN_QC2017_H8'

OTHER_CH3

PN_CH4' [PN_CH4] -

PROGRAMMING NOTE CH4 :

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

'QC2017_H4' [CH4] –

You said American Indian/Alaska Native, and what is (CHILD)'s tribal heritage? If {he/she} has more than one tribe, tell me all of them.

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.

[CODE ALL THAT APPLY]

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

OTHER_CH4

'QC2017_H5' [CH5] –

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

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

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

If = 2, -7, -8, goto 'PN_QC2017_H7'

'CH6' [CH6] –

Which tribe are you enrolled in?

Sa aling Tribo nakatala si (CHILD)?

- 01 APACHE
- 02 BLACKFEET
- 03 CHEROKEE
- 04 CHOCTAW
- 05 NAVAJO
- 06 POMO
- 07 PUEBLO
- 08 SIOUX
- 09 YAQUI
- 10 OTHER

'APACHE_C' [APACHE_C] - APACHE_C

- 01 MESCALERO APACHE, NM
- 02 APACHE (NOT SPECIFIED)
- 91 OTHER APACHE (SPECIFY:)

OTHER_APACHE_C

'BLACKFEET_C' [BLACKFEET_C] - BLACKFEET_C

- 3 BLACKFOOT/BLACKFEET

'CHEROKEE_C' [CHEROKEE_C] - CHEROKEE_C

- 04 WESTERN CHEROKEE
- 05 CHEROKEE (NOT SPECIFIED)
- 92 OTHER CHEROKEE (SPECIFY: _____)

OTHER_CHEROKEE_C

'CHOCTAW_C' [CHOCTAW_C] - CHOCTAW_C

- 06 CHOCTAW OKLAHOMA
- 07 CHOCTAW (NOT SPECIFIED)
- 93 OTHER CHOCTAW (SPECIFY: _____)

OTHER_CHOCTAW_C

'NAVAJO_C' [NAVAJO_C] - NAVAJO_C

- 8 NAVAJO (NOT SPECIFIED)

'POMO_C' [POMO_C] - POMO_C

- 09 HOPLAND BAND, HOPLAND RANCHERIA
- 10 SHERWOOD VALLEY RANCHERIA
- 11 POMO (NOT SPECIFIED)
- 94 OTHER POMO (SPECIFY: _____)

OTHER_POMO_C

'PUEBLO_C' [PUEBLO_C] - PUEBLO_C

- 12 HOPI
- 13 YSLETA DEL SUR PUEBLO OF TEXAS
- 14 PUEBLO (NOT SPECIFIED)
- 95 OTHER PUEBLO (SPECIFY: _____)

OTHER_PUEBLO_C

'SIOUX_C' [SIOUX_C] - SIOUX_C

- 15 OGLALA/PINE RIDGE SIOUX_
- 16 _SIOUX (NOT SPECIFIED)_
- 96 OTHER SIOUX (SPECIFY: _____)

OTHER_SIOUX_C

'YAQUI_C' [YAQUI_C] - YAQUI_C

- 17 PASCUA YAQUI TRIBE OF ARIZONA_
- 18_YAQUI (NOT SPECIFIED)_
- 97 OTHER YAQUI (SPECIFY: _____)

OTHER_YAQUI_C

OTHER_C

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

OTHER_OTHER_C

'QC2017_H6' [CH6A] –

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

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?

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

'PN_QC2017_H7' [PN_CH7] -

PROGRAMMING NOTE CH7 :**IF CH3 = 3 (ASIAN) CONTINUE WITH CH7 ;****ELSE GO TO PROGRAMMING NOTE CH7A**

'QC2017_H7' [CH7] –

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

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

[CODE ALL THAT APPLY]

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

OTHER_CH7

'PN_QC2017_H8' [PN_CH7A] -
PROGRAMMING NOTE CH7A :
IF CH3 = 5 (PACIFIC ISLANDER) CONTINUE WITH CH7A ;
ELSE GO TO CH8

'QC2017_H8' [CH7A] –

You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}, such as Samoan, Tongan, or Guamanian? If {he/she} is more than one, tell me all of them.

Sinabi ninyo na Pacific Islander si (CHILD). Aling tiyak na pangkating etniko {siya/siya}, gaya ng Samoan, Tongan o Guamanian? Kung higit sa isa ang kinabibilangan {niya }, banggitin ninyo ang lahat sa akin.

[CODE ALL THAT APPLY]

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

'QC2017_H9' [CH8] –

In what country was (CHILD) born?

Saang bansa ipinanganak si (CHILD)?

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

OTHER_CH8

'PN_QC2017_H10' [PN_CH8A] -

PROGRAMMING NOTE CH8A :

IF CH8 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE CH11 ; ELSE CONTINUE WITH CH8A

'QC2017_H10' [CH8A] –

Is (CHILD) a citizen of the United States?

Citizen ba ng United States si (CHILD)?

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

If = 1, goto 'QC2017_H12'

'QC2017_H11' [CH9] –

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

Permanent resident na may green card ba si (CHILD)?

[IF NEEDED, SAY: "People usually call this a green card but the color can also be pink, blue or white."]

[IF NEEDED, SAY: "Karaniwang tinatawag ito na "Green Card" ngunit maaari ding rosas, asul o puti ang kulay nito."]

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

'QC2017_H12' [CH10] –

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

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

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS {OR}

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

'CH10FMT' [CH10FMT] - CH10FMT

- 01 NUMBER OF YEARS
- 02 YEAR FIRST CAME TO LIVE IN US
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_H13' [PN_CH11] -

PROGRAMMING NOTE CH11 :

IF SKA = 1 (MOTHER OF CHILD), THEN

[IF SKA = AR AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE), THEN SKIP TO PN_CH14 ;

ELSE IF [SKA = AR AND AH33 = -1 (NOT ALREADY ASKED IN ADULT QUESTIONNAIRE)] OR SKA ≠ AR,

CONTINUE WITH CH11 AND DISPLAY "were you";]

ELSE, CONTINUE WITH CH11 AND DISPLAY "was his mother/was her mother"

'QC2017_H13' [CH11] -

In what country {were you/was his mother/was her mother} born?

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

[SELECT FROM MOST LIKELY COUNTRIES]

[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

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

'PN_QC2017_H14' [PN_CH11A] -
PROGRAMMING NOTE CH11A AND CH12 :
IF CH11 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE CH14 ;
ELSE CONTINUE WITH CH11A AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY "Are you";
ELSE DISPLAY "Is {his/her} mother"

'QC2017_H14' [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}}?

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

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

If = 1, goto 'PN_QC2017_H16'

'QC2017_H15' [CH12] –

{Are you/Is {his/her} mother} a permanent resident with a green card?

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

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

'PN_QC2017_H16' [PN_CH13] -
PROGRAMMING NOTE CH13 :
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH CH13 AND DISPLAY "have you";
ELSE CONTINUE WITH CH13 AND DISPLAY "has {his/her} mother"

'QC2017_H16' [CH13] –

About how many years {have you/has {his/her} mother} lived in the United States?

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

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

'CH13YR' [CH13YR] - _____ YEAR FIRST CAME TO LIVE IN U.S.

'CH13FMT' [CH13FMT] - CH13FMT

- 01 NUMBER OF YEARS
- 02 YEAR FIRST CAME TO LIVE IN US
- 03 MOTHER DECEASED
- 04 NEVER LIVED IN U.S
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_H17' [PN_CH14] -

PROGRAMMING NOTE CH14 :

IF SKA = 2 (FATHER OF CHILD), THEN

**[IF MKA = AR AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE), THEN SKIP TO CH17 ;
ELSE IF SKA = AR AND AH33 = -1 (NOT ALREADY ASKED IN ADULT QUESTIONNAIRE) OR SKA ≠ AR,
CONTINUE WITH CH14 AND DISPLAY "were you";]**

ELSE CONTINUE WITH CH14 AND DISPLAY, "was {his/her} father"

'QC2017_H17' [CH14] -

In what country {were you/was his father/was her father} born?

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

[SELECT FROM MOST LIKELY COUNTRIES]

[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

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

OTHER_CH14

'PN_QC2017_H18' [PN_CH14A] -

PROGRAMMING NOTE CH14A AND CH15 :

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

'QC2017_H18' [CH14A] –

{Are you/Is {his/her} father} a citizen of the United States?

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

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

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

If = 1, goto 'PN_QC2017_H20'

'QC2017_H19' [CH15] –

{Are you/Is {his/her} father} a permanent resident with a green card?

Permanent resident na may green card ba {kayo}?

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

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

'PN_QC2017_H20' [PN_CH16] -

PROGRAMMING NOTE CH16 :

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

'QC2017_H20' [CH16] –

About how many years {have you/has {his/her} father} lived in the United States?

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

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

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

'CH16FMT' [CH16FMT] - CH16FMT

- 01 NUMBER OF YEARS
- 02 YEAR FIRST CAME TO LIVE IN U.S
- 03 FATHER DECEASED
- 04 NEVER LIVED IN U.S.
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QC2017_H21' [PN_CH17] -
 PROGRAMMING NOTE CH17 :
 IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE CH18 ;
 ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH CH17**

'QC2017_H21' [CH17] –

In general, what languages are spoken in (CHILD)'s home?

Sa pangkalahatan, anu-anong mga wika ang sinasalita sa tahanan ni (CHILD)?

**[PROBE: "Any others?"]
 [PROBE: May iba pa ba?"]**

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

'OTHER1_CH17' [OTHER1_CH17] - OTHER1_CH17

'OTHER2_CH17' [OTHER2_CH17] - OTHER2_CH17

**'PN_QC2017_H22' [PN_CH18] -
 PROGRAMMING NOTE CH18 :
 IF INTERVIEW CONDUCTED IN ENGLISH AND CH17 > 1 (TWO OR MORE LANGUAGES SPOKEN AT HOME),
 CONTINUE WITH CH18 AND DISPLAY "Compared to the language spoken in (CHILD)'s home,";
 SET CH18ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME CH18 WAS ASKED;
 ELSE IF CH17 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE CH22**

'QC2017_H22' [CH18] –

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

{Kung ikukumpara sa ibang wikang ginagamit sa tahanan ni (CHILD),} masasabi ba ninyo na nag-i-Ingles kayo nang...

- 01 Very well,
- 01 Napakahasay,
- 02 Fairly well,
- 02 May kahusayan,
- 03 Not well, or
- 03 Hindi mahusay, o
- 04 Not at all?
- 04 Hindi kailanman?
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_H23' [PN_CH22] -
PROGRAMMING NOTE CH22 :
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH CH22 ;
ELSE GO TO PROGRAMMING NOTE KAG8

'QC2017_H23' [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?

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

'GRADE_C' [GRADE_C] - GRADE_C

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

'HIGH_C' [HIGH_C] - HIGH_C

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

'COLLEGE_C' [COLLEGE_C] - COLLEGE_C

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

'GRADUATE_C' [GRADUATE_C] - GRADUATE_C

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

'COMMUNITY_C' [COMMUNITY_C] - COMMUNITY_C

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

'BUSINESS_C' [BUSINESS_C] - BUSINESS_C

- 24 1ST YEAR
- 25 2ND YEAR
- 26 MORE THAN 2 YEARS

SECTION H: DEMOGRAPHICS, PART III

**'PN_QC2017_H24' [PN_CH30] -
PROGRAMMING NOTE CH30:
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH CH30;
ELSE GO TO CG38**

'QC2017_H24' [CH30] –

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

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 ?

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

'QC2017_H25' [CG38] –

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

Iyon na ang pangwakas na mga tanong namin. Pinahahalagahan namin ang inyong tiyaga. Pangwakas, sa palagay ba ninyo papayag kayong gumawa ng isang follow-up sa survey na ito sa hinaharap?

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

'END' [END] –

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

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

Salamat. Nakatulong kayo sa mahalagang survey sa buong state. Kung mayroon kayong anumang tanong, maaari kayong makipag-ugnay kay Dr. Ninez Ponce, ang namumuno sa pagsusuri. Gusto ba ninyo ang number na iyon?

[IF YES, SAY: Maaaring matawagan si Dr. Ponce nang toll-free sa 1-866-275-2447. IF NO, SAY: Goodbye.]