



CHIS 2020

Child CATI Questionnaire

(Interviewer-Administered)

Version 1.02

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(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 2020 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

SECTION A: DEMOGRAPHICS PART I, HEALTH CONDITIONS

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

'QC2020_A1' [CA1] - Some of the questions are based on (CHILD's) personal traits, like his or her age. So I will first ask you a few brief background questions.

Is (CHILD) male or female?

某些問題是基於{CHILD}的個人特徵而提出的，例如{CHILD}的年齡。因此，我會首先向您提出幾個簡單的背景問題。{CHILD} 是男性還是女性？

- ☐ 1 MALE
- ☐ 2 FEMALE
- ☐ -7 REFUSED

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

請告訴我 {他/她} 出生日期。

_____ MONTH

- ☐ 1 JANUARY
- ☐ 2 FEBRUARY
- ☐ 3 MARCH
- ☐ 4 APRIL
- ☐ 5 MAY
- ☐ 6 JUNE
- ☐ 7 JULY
- ☐ 8 AUGUST
- ☐ 9 SEPTEMBER
- ☐ 10 OCTOBER
- ☐ 11 NOVEMBER
- ☐ 12 DECEMBER

_____ DAY

_____ YEAR

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

'QC2020_A3' [CA2A] – Just to confirm, you said that (CHILD) is older than 11 years?

確認一下，您說(CHILD)超過 11 歲了嗎？

- ☐ 1 Yes
☐ 2 No

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

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

謝謝您的確認。現在，我想問有關於您的問題。

PROGRAMMING NOTE 'QC2020_A5' :IF 'QC2020_A2' = -7 OR -8 (REFUSED/DON'T KNOW) OR [IF 'QC2020_A2' DAY NOT ANSWERED AND 'QC2020_A2' MONTH= MONTH OF INTERVIEW] OR [IF 'QC2020_A2' MONTH OR YEAR NOT ANSWERED] OR IF 'QC2020_A3'=2, CONTINUE WITH 'QC2020_A5';ELSE SKIP TO 'QC2020_A6'

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

{他/她} 多大歲數了？

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

_____ YEARS

_____ MONTHS

- ☐ -7 REFUSED
☐ -8 DON'T KNOW

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

{CHILD} 目前不穿鞋大約有多高

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

[IF NEEDED, SAY: '大概估計的數字就可以。']

_____ FEET
 _____ INCHES

_____ METERS
 _____ CENTIMETERS

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

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

{CHILD} 目前不穿鞋大約有多重?

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

[IF NEEDED, SAY: ‘大概估計的數字就可以。’]

_____ POUNDS

_____ KILOGRAMS

- ☐ 1 POUNDS
- ☐ 2 KILOGRAMS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

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

CHILD) 是否曾經被喂過母乳?

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

If = 2, -7, -8, go to ‘QC2020_A10’

‘QC2020_A9’ [CA15] - How old was (CHILD) when {he/she} stopped breastfeeding altogether?

當(CHILD)完全停止被喂母乳時{他/她}有多大年齡?

_____ AGE IN YEARS

_____ AGE IN MONTHS

- ☐ 93 STILL BREASTFEEDING
- ☐ -8 DON'T KNOW

‘QC2020_A10’ [CA16] - How old was (CHILD) when you began giving {him/her} baby food or other solid foods?

當(CHILD)開始吃嬰兒食物或其他固體食物時有多大年齡?

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

[IF NEEDED SAY: 固體食物就是除了牛奶, 配方, 果汁, 水, 植物水或茶水的食品。]

_____ MONTHS

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

PROGRAMMING NOTE ‘QC2020_A11’ :

IF CAGE < 5 YEARS GO TO ‘QC2020_A13’ ;

ELSE CONTINUE WITH ‘QC2020_A11’ AND IF CAGE = 5 YRS DISPLAY ‘Not including pre-school or nursery school,’

‘QC2020_A11’ [CA42] - {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

{不包括學前班或托兒所, }(CHILD)上週是否上?

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 ON VACATION
- ☐ 4 HOME SCHOOLED
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 4, go to ‘QC2020_A13’

PROGRAMMING NOTE ‘QC2020_A12’ :

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

‘QC2020_A12’ [CA43] - {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?

{不包括學前班或托兒所, }(CHILD)上個學年是否上學?

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

‘QC2020_A13’ [CA6] - In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?

總的來說，您認為(CHILD)的健康狀況是極好、很好、較好、一般還是很差？

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

‘QC2020_A14’ [CA12] - Has a doctor ever told you that (CHILD) has asthma?

是否有醫生曾經告訴您(CHILD)患有哮喘？

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

If = 2, -7, -8, go to ‘QC2020_A25’

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

{他/她}是否依然患有哮喘病？

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

‘QC2020_A16’ [CA32] - During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?

在過去十二個月中，{他/她}是否曾經有過哮喘發作？

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

PROGRAMMING NOTE 'QC2020_A17':

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

'QC2020_A17' [CA33] - During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

在過去十二個月中，(CHILD)是否曾因{他的/她的}哮喘病前往醫院急診室就診？

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

If = 2, -7, -8, go to 'QC2020_A19'

'QC2020_A18' [CA48] - Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

您是否曾經因{CHILD}的哮喘病發作無法約見{him/her}的醫生而將{him/her}送到醫院急診室就診？

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

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

'QC2020_A19' [CA12A] - Is (CHILD) now taking a daily medication to control {his/her} asthma that was prescribed or given to you by a doctor?

(CHILD)目前是否每天服用控制{他的/她的}哮喘的醫生處方藥物或醫生給的藥物？

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

[IF NEEDED, SAY: 「包括口服藥和吸入劑，但不是用於快速緩解症狀的吸入劑。」]

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

PROGRAMMING NOTE 'QC2020_A20' :

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

'QC2020_A20' [CA41] - During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

在過去十二個月中，(CHILD)是否曾因{他的/她的}哮喘病前往醫院急診室就診？

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

If = 2, -7, -8, go to 'QC2020_A22'

'QC2020_A21' [CA49] - Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

您是否曾經因(CHILD)的哮喘病發作無法約見{他的/她的}醫生而將{他/她}送到醫院急診室就診？

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

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

'QC2020_A22' [CA34] - During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?

在過去十二個月中，(CHILD)因為哮喘病有多少天沒有上日託所或上學？

_____ NUMBER OF DAYS

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

'QC2020_A23' [CA35] - Have (CHILD'S) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} asthma?

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

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

If = 2, -7, -8, go to 'QC2020_A25'

‘QC2020_A24’ [CA50] - Do you have a written or printed copy of this plan?

您是否有一份這項計劃的書面或打印版本？

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

[IF NEEDED, SAY: ‘「可以是電子版本或打印件。」’]

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

‘QC2020_A25’ [CA7] - Does (CHILD) currently have any physical, behavioral, or mental conditions that limit or prevent {him/her} from doing childhood activities usual for {his/her} age?

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

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

If = 2, -7, -8, go to ‘PN_QC2020_A27’

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

{CHILD} 患有哪種病症？

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]

[PROBE: ‘「還有其它語言嗎？」’]

- ☐ 1 ADD/ADHD
- ☐ 2 ASPERGER'S SYNDROME
- ☐ 3 AUTISM
- ☐ 4 CEREBRAL PALSY
- ☐ 5 CONGENITAL HEART DISEASE
- ☐ 6 CYSTIC FIBROSIS
- ☐ 7 DIABETES
- ☐ 8 DOWN'S SYNDROME
- ☐ 9 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

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

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

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

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

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

(CHILD)是否在走路或爬樓梯方面有嚴重的困難？

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

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

(CHILD)是否在穿衣或洗澡方面有嚴重的困難？

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

**PROGRAMMING NOTE 'QC2020_A30':
IF 'QC2020_A26' = -1, -7, -8, GO TO 'QC2020_A33';
ELSE CONTINUE WITH 'QC2020_A30'**

'QC2020_A30' [CA55] - Have (CHILD's) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} (INSERT CONDITION(S) FROM CA10A)?

(CHILD的)醫生或其他醫療服務提供者是否曾經與您一起制定一項計劃，以便您瞭解如何控制{他的/她的}(INSERT CONDITION(S) FROM CA10A)?

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

If = 2, -7, -8, go to 'QC2020_A32'

‘QC2020_A31’ [CA56] - Do you have a written or printed copy of this plan?

你是否有一份這項計劃的書面或列印副本？

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

[IF NEEDED, SAY: ‘這可以是電子版本或打印件。’]

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

‘QC2020_A32’ [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?

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

- ☐ 1 VERY CONFIDENT
- ☐ 2 SOMEWHAT CONFIDENT
- ☐ 3 NOT TOO CONFIDENT
- ☐ 4 NOT AT ALL CONFIDENT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QC2020_A33’ [CA17] - Does (CHILD) currently need or use medicine prescribed by a doctor, other than vitamins?

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

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

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

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

If =2, -7,-8, go to ‘QC2020_A36’

‘QC2020_A34’ [CA18] - Is {his/her} need for prescription medicine because of any medical, behavior, or other health condition?

{他/她} 需要服用處方藥物，原因是否基於任何醫療、行為或其他健康狀況？

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

If =2, -7,-8, go to ‘QC2020_A36’

‘QC2020_A35’ [CA19] - Is this a condition that has lasted or is expected to last for 12 months or longer?

這是已持續或預期會持續 12 個月或以上的狀況嗎？

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

‘QC2020_A36’ [CA23] - Does (CHILD) need or get special therapy, such as physical, occupational or speech therapy?

(CHILD)需要或接受特殊治療嗎？例如物理、職業或言語治療？

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

If =2, -7,-8, go to ‘PN_QC2020_B1’

‘QC2020_A37’ [CA24] - Is {his/her} need for special therapy because of any medical, behavior, or other health condition?

{他/她} 需要接受特殊治療，原因是否基於任何醫療、行為或其他健康狀況？

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

If =2, -7,-8, go to ‘PN_QC2020_B1’

‘QC2020_A38’ [CA25] - Is this a condition that has lasted or is expected to last for 12 months or longer?

這是已持續或預期會持續 12 個月或以上的狀況嗎？

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

SECTION B: DENTAL HEALTH

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

以下是有關(CHILD)的牙齒健康的問題。

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

'QC2020_B1' [CC1B] - These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

下面是有關(CHILD)的牙齒的問題。(CHILD)有沒有長牙？

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

If = 2, -7, -8, go to 'QC2020_B18'

'QC2020_B2' [CC5B] - About how long has it been since your child last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.

您的孩子最後一次看牙醫或去牙科診所大約是多久以前？請包括牙科保健員及各類牙科專家。

- ☐ 0 HAS NEVER VISITED
- ☐ 1 6 MONTHS AGO OR LESS
- ☐ 2 MORE THAN 6 MONTHS UP TO 1 YEAR AGO
- ☐ 3 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- ☐ 4 MORE THAN 2 YEARS UP TO 5 YEARS AGO
- ☐ 5 MORE THAN 5 YEARS AGO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_B3' :

IF 'QC2020_B2' = 0 (HAD NEVER VISITED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH 'QC2020_B3' ;

ELSE SKIP TO 'QC2020_B4' ;

IF 'QC2020_B2' = 0 (HAS NEVER VISITED), DISPLAY 'never' ;

ELSE IF 'QC2020_B2' ≥ 3 DISPLAY 'not' AND 'in the past year'

'QC2020_B3' [CB23] – What is the main reason your child has {never/not} visited a dentist {in the past year}?

您的孩子去年沒有看牙醫的主要原因是什麼？

- ☐ 1 NO REASON TO GO/NO PROBLEMS
- ☐ 2 NOT OLD ENOUGH
- ☐ 3 TOO EXPENSIVE/NO INSURANCE
- ☐ 4 FEAR, DISLIKES GOING
- ☐ 5 DO NOT HAVE/KNOW A DENTIST
- ☐ 6 TRANSPORTATION PROBLEMS
- ☐ 7 NO DENTIST AVAILABLE/NO APPOINTMENTS AVAILABLE
- ☐ 8 DIDN'T KNOW WHERE TO GO
- ☐ 9 HOURS NOT CONVENIENT
- ☐ 10 SPEAK A DIFFERENT LANGUAGE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

'QC2020_B4' [CC16B] - Is there a particular dentist or place you usually go to for (CHILD)'s dental care?

您通常有否到特定牙醫或地點，以帶(CHILD)接受牙科護理？

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

'QC2020_B5' [CC17] - During the past 12 months, was there any time your child needed dental care, but you could not afford it?

過去 12 個月內，您子女曾否需要牙科護理，而您負擔不到？

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

‘QC2020_B6’ [CC7A] - Do you now have any type of insurance that pays for part or all of your child’s dental care?

您目前是否有任何類型的保險可以支付您孩子的部分或全部牙科護理費用？

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

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

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

If =2, -7,-8, go to ‘QC2020_B11’

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

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

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

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

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

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

If= 2, -7,-8 go to ‘QC2020_B10’

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

還有誰支付這筆牙科保險的費用的任何部分？

Check all that apply.

選擇所有適用項

- ☐ 02 RESPONDENT'S CURRENT OR FORMER EMPLOYER OR UNION
- ☐ 03 SPOUSE'S CURRENT OR FORMER EMPLOYER OR UNION
- ☐ 04 SOMEONE ELSE
- ☐ 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

‘QC2020_B10’ [CB25] - During the past 12 months, was there any time when {he/she} had no dental insurance at all?

在過去的12個月裡，{他／她}是否曾經完全沒有牙科保險？

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

If = 2, -7, -8, go to ‘QC2020_B12’

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

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

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

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

‘QC2020_B12’ [CC7BNEW] - Do you use any free community or public dental programs for {CHILD}'s dental care?

您有否利用任何免費的社區或公共牙科計劃，以讓{CHILD}接受牙科護理？

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

‘QC2020_B13’ [CB27] - During the past 12 months, was there any time when (CHILD) needed dental care, including checkups, but didn't get it?

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

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

If = 2, -7, -8, go to ‘QC2020_B15’

‘QC2020_B14’ [CB28] - What is the one main reason {he/she} didn't get the dental care?

{他/她}沒有得到牙科護理的一個主要原因是什麼？

- ☐ 1 COULDN'T GET APPOINTMENT
- ☐ 2 MY INSURANCE NOT ACCEPTED
- ☐ 3 INSURANCE DID NOT COVER
- ☐ 4 LANGUAGE PROBLEMS
- ☐ 5 TRANSPORTATION PROBLEMS
- ☐ 6 HOURS NOT CONVENIENT
- ☐ 7 NO CHILD CARE FOR CHILDREN AT HOME
- ☐ 8 FORGOT OR LOST REFERRAL
- ☐ 9 I DIDN'T HAVE TIME
- ☐ 10 TOO EXPENSIVE
- ☐ 11 NO INSURANCE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QC2020_B15’ [CB29] - During the past 12 months, did (CHILD) have to visit a hospital emergency room because of a dental problem?

在過去的12個月中，(CHILD)是否曾因牙科問題必須去醫院的急診處？

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

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

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

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

PROGRAMMING NOTE ‘QC2020_B17’: IF (‘QC2020_A11’=1 OR 4) OR (‘QC2020_A12’=1 OR 3) [CHILD ATTENDS SCHOOL] CONTINUE WITH ‘QC2020_B17’; ELSE GOTO PN_‘QC2020_B18’

‘QC2020_B17’ [CC18B] - During the past 12 months, did {he/she} miss any time from school because of a dental problem? Do not count time missed for cleaning or a check-up.

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

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

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

‘QC2020_B18’ [CB31] - When (CHILD NAME/AGE/SEX) goes to sleep or takes a nap, does {he/she} sleep with a bottle in {his/her} mouth?

當 (CHILD NAME/AGE/SEX) 睡著或小睡時，{他/她}是否在{他的/她的}嘴裡咬著奶瓶睡？

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

IF =2,-7, -8 GO TO PN_‘QC2020_C1’

‘QC2020_B19’ [CB32] - What is usually in the bottle; for example, mother’s milk, regular milk, chocolate milk, water, juice, or another drink with sugar in it?

奶瓶裡通常是何種飲料，例如：母乳、牛奶、巧克力牛奶、水、果汁、或其他含糖飲料？

- ☐ 01 MOTHER'S MILK
- ☐ 02 REGULAR MILK
- ☐ 03 CHOCOLATE MILK, JUICE, OR SUGARY DRINK
- ☐ 04 WATER
- ☐ 91 OTHER (SPECIFY :_____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

SECTION C: DIET, PHYSICAL ACTIVITY, PARK USE

PROGRAMMING NOTE 'QC2020_C1' :
IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE 'QC2020_C7' ;
ELSE CONTINUE WITH 'QC2020_C1'

'QC2020_C1' [CC13] - Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

現在，我想向您提出一些有關您的孩子昨天吃的食物的問題，包括正餐及點心。(CHILD)昨天喝了幾杯或幾盒純果汁，例如橙汁或蘋果汁？

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

[IF NEEDED, SAY: 「份數」是自行定義的數量。一份是孩子通常吃這種 食物的份量。']

_____ SERVINGS_[HR: 0-20; SR 0-9]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QC2020_C2' [CC31] - Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.

昨天，{他/她}吃了幾份其他蔬菜，例如青菜沙拉、青豆或馬鈴薯？請勿包括油炸薯片。

_____ SERVINGS_[HR: 0-20; SR 0-4]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QC2020_C3' [CC49] - [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did your child drink? Do not include diet soda.

您的孩子[昨天]喝了多少杯或多少罐含糖汽水，例如可樂？請不要包括低卡節食汽水。

_____ GLASSES, CANS, OR BOTTLES [HR 0-15;SR 0-7]

- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_C4' :

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

'QC2020_C4' [CC40] - Now I'm going to ask you about physical activity.

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

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

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

[IF R SAYS CHILD BIKES OR SKATEBOARDS HOME, SAY, '我接下來會向您提出這方面的問題。']

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

_____ DAYS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QC2020_C5' [CC43] - {How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) bike or skateboard home from school?

{上一週有幾天/在學年內，在普通的一週} (CHILD)有幾天騎自行車或滑滑板從學校回家？

[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

PROGRAMMING NOTE 'QC2020_C6' :

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

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

所上學校或最後上的學校的名稱是什麼？

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

_____ NAME OF SCHOOL

- ☐ 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

PROGRAMMING NOTE 'QC2020_C7'

**IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE 'QC2020_C8'
ELSE IF CAGE > 1 YEAR, CONTINUE WITH 'QC2020_C7'**

'QC2020_C7' [CC53] - The next question is about the time {your child/CHILD} spends mostly sitting when {he/she} is not in school or doing homework. During the weekends, about how much time does {your child/CHILD} spend on a typical or usual weekend day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

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

_____ HOURS

_____ MINUTES

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

'QC2020_C8' [CC37] - Has (CHILD) been to a park, playground, or open space in the past 30 days?

在過去三十天中，(CHILD)是否曾經到公園、兒童活動場地或開闊的地方？

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

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

請告訴我您對以下陳述是極為贊成、贊成、不贊成還是很不贊成：

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

離我的住處最近的公園或兒童活動場地白天很安全。

- ☐ 1 STRONGLY AGREE
- ☐ 2 AGREE
- ☐ 3 DISAGREE
- ☐ 4 STRONGLY DISAGREE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

SECTION D: HEALTH CARE ACCESS AND UTILIZATION

‘QC2020_D1’ [CD1] - The next questions are about where (CHILD) goes for health care.

下面的是有關(CHILD)在哪裡尋求醫療護理的問題。

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

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

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

If = 2, go to ‘PN_QC2020_D3’

PROGRAMMING NOTE ‘QC2020_D2’ :

IF ‘QC2020_D1’ = 1, 5, -7, OR -8, DISPLAY ‘What kind of place do you take {him/her} to most often—a medical’;

ELSE IF ‘QC2020_D1’ = 3 DISPLAY ‘Is {his/her} doctor in a private’;

ELSE IF ‘QC2020_D1’ = 4, FILL ‘QC2020_D2’ = 1 AND GO TO PN ‘QC2020_D3’

‘QC2020_D2’ [CD3] - {What kind of place do you take {him/her} to most often—a medical/Is {his/her} doctor a private} doctor’s office, a clinic or hospital clinic, an emergency room, or some other place?

{您最常帶{他/她}去什麼樣的地方—/{他的/她的}醫生是否在一個私人} 醫生辦公室、診所或 醫院診所、急診室或其它地方？

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

PROGRAMMING NOTE 'QC2020_D3' :

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

ELSE CONTINUE WITH 'QC2020_D3'

'QC2020_D3' [CD12] - During the past 12 months, did (CHILD) visit a hospital emergency room?

在過去十二個月中，(CHILD)有沒有被送入醫院急診室？

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

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

在過去十二個月中，(CHILD)曾經幾次在任何類型的醫生處就診？

_____ TIMES

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_D5' :

IF 'QC2020_D4' > 0, GO TO PROGRAMMING NOTE 'QC2020_D6' ;

ELSE IF 'QC2020_D4' = 0, -7, OR -8, CONTINUE WITH 'QC2020_D5'

'QC2020_D5' [CD7] - About how long has it been since {he/she} last saw a medical doctor?

{他/她} 上一次看醫生到現在已有多長時間？

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

PROGRAMMING NOTE 'QC2020_D6':
IF 'QC2020_D1' = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH
'QC2020_D6';
ELSE SKIP TO PROGRAMMING NOTE PN_'QC2020_D8'

'QC2020_D6' [CD33] - Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

{他/她}是否有一位個人醫生或醫療服務提供者擔任{他的/她的}主要服務提供者？

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

[IF NEEDED, SAY: '「可以是一位全科醫生、專科醫生、醫生助理、護士或其他健康服務提供者。」']

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

PROGRAMMING NOTE 'QC2020_D7':
IF 'QC2020_D1' = 1, 3, 4, OR 5 (HAS USUAL SOURCE OF CARE) AND 'QC2020_D6' = 1 (HAS
PERSONAL DOCTOR) AND ['QC2020_A15' = 1 (HAS ASTHMA) OR 'QC2020_A16' = 1 (HAD
ASTHMA ATTACK) OR 'QC2020_A25' = 1 (HAS OTHER CONDITION), CONTINUE WITH
'QC2020_D7';
ELSE SKIP TO PROGRAMMING NOTE PN_'QC2020_D8'

'QC2020_D7' [CD36] - Is there anyone at (CHILD's) doctor's office or clinic who helps coordinate {his/her} care with other doctors or services such as tests or treatments?

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

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

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

'QC2020_D8' [CF40] - Many professionals such as health providers, teachers and counselors do developmental screening tests. Tests check how a child is growing, learning and behaving compared with children of the same age.

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

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

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

'QC2020_D9' [CF41] - Did {his/her} doctor, other health providers, teachers or school counselors ever have (CHILD) rollover, pick up small objects, stack blocks, throw a ball, or recognize different colors?

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

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

'QC2020_D10' [CF42] - Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?

他們是否曾經讓您填寫一份有關您對學習、發育或行為方面問題感到擔心的核查表？

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

'QC2020_D11' [CF43] - Did they ever have you fill out a checklist of activities that (CHILD) can do, such as certain physical tasks, whether {her/she} can draw certain objects, or ways {he/she} can communicate with you?

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

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

‘QC2020_D12’ [CF44] - Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

他們是否曾經讓您填寫一份有關您對學習、發育或行為方面問題感到擔心的核查表？

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

PROGRAMMING NOTE ‘QC2020_D13’ :

IF ‘QC2020_A26’ =1 (ADD/ADHD) OR 2 (ASPERGER’S) OR 3 (AUTISM) OR 8 (DOWN’S SYNDROME) OR 11 (NON-DOWN’S MENTAL RETARDATION) GO TO ‘QC2020_D14’ ; ELSE CONTINUE WITH ‘QC2020_D13’

‘QC2020_D13’ [CF45] - Did a doctor or other professional ever note a concern about (CHILD) that should be monitored carefully?

是否有醫生或其他專業人員曾經注意到 有應當進行認真監管的問題？

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

‘QC2020_D14’ [CF46] - Did they ever refer {him/her} to a specialist regarding his development?

他們是否曾經就發育問題將推薦給一位專科醫生？

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

‘QC2020_D15’ [CF47] - Did they ever refer {him/her} for speech, language or hearing testing?

他們是否曾經推薦接受言語、語言或聽力測試？

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

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

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

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

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

在過去的12個月中，醫生或其他醫療保健提供者是否指示您或其他看護者填寫調查問卷，詢問您對孩子的發育、溝通、或社交行為有具體的疑慮或觀察？

[IF NEEDED, SAY: Sometimes a child's doctor or other health care provider will ask a parent to do this at home, online, or during a child's visit.]

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

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

If = 2, -7, -8 go to 'Timely Appointments'

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

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

調查問卷是否詢問您對以下方面的觀察結果：孩子的說話方式或發聲的方式？

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

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

調查問卷是否詢問您對以下方面的觀察結果：孩子是如何與您和其他人互動的？

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

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

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

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

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

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

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

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

PROGRAMMING NOTE 'QC2020_D21' :
IF KID1ST = 'Y' OR CHINSURE = 1 (INSURED OR INSURANCE STATUS UNKNOWN) OR
'QC2020_D1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH
'QC2020_D21' ;
ELSE GO TO PROGRAMMING NOTE 'QC2020_D23'

'QC2020_D21' [CD55] - In the past 12 months, did you try to get an appointment to see (CHILD)'s doctor or medical provider within two days because (CHILD) was sick or injured?

在過去十二個月內，您是否曾因<CHILD>生病或受傷在兩天內約見<CHILD>的醫生或醫療服務提供者？

[IF NEEDED, SAY: 'Do not include emergencies.']

[IF NEEDED, SAY: 「請勿包括急診。」]

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

If = 2, -7, -8, go to 'PN_QC2020_D23'

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

您能夠在兩天內就診的頻率有多高？您認為是...

- ☐ 1 Never,
- ☐ 2 Sometimes,
- ☐ 3 Usually, or
- ☐ 4 Always?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_D23' :

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

'QC2020_D23' [CD25] - The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

您上次帶去看醫生時，您是否很難聽懂醫生說的話？

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 NEVER ACCOMPANIED CHILD TO DOCTOR
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, go to 'PN_QC2020_D25'

PROGRAMMING NOTE 'QC2020_D24' :

**IF 'QC2020_D23' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND
[INTERVIEW NOT CONDUCTED IN ENGLISH OR AH36 > 1 (ADULT R SPEAKS LANGUAGE OTHER
THAN ENGLISH AT HOME)], CONTINUE WITH 'QC2020_D24' ;
SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QC2020_D24' WAS
ASKED;
ELSE SKIP TO 'QC2020_D25' ;**

'QC2020_D24' [CD31] - In what language does (CHILD)'s doctor speak to you?

的醫生用哪一種語言與您交談？

- ☐ 1 ENGLISH
- ☐ 2 SPANISH
- ☐ 3 CANTONESE
- ☐ 4 VIETNAMESE
- ☐ 5 TAGALOG
- ☐ 6 MANDARIN
- ☐ 7 KOREAN
- ☐ 8 ASIAN INDIAN LANGUAGES
- ☐ 9 RUSSIAN
- ☐ 91 OTHER1 (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, go to 'QC2020_D26'

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

PROGRAMMING NOTE 'QC2020_D25' :

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

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

這是不是因為您和醫生講的是不同的語言？

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

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

您是否需要有人幫助才能聽懂醫生的話？

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

If = 2, -7, -8, go to 'QC2020_D28'

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

誰幫助您理解醫生說的話？

- ☐ 01 MINOR CHILD (UNDER AGE 18)
- ☐ 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

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

在過去十二個月內，您是否有延遲或沒有取醫生為(CHILD)開的處方藥？

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

If = 2, -7, -8, go to ‘QC2020_D30’

‘QC2020_D29’ [CE12] - Was cost or lack of insurance a reason why you delayed or did not get the prescription?

醫療費用或沒有保險是不是您延遲或沒有領取處方藥的一個原因？

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

‘QC2020_D30’ [CE7] - During the past 12 months, did you delay or not get any other medical care you felt (CHILD) needed—such as seeing a doctor, a specialist, or other health professional?

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

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

If = 2, -7, -8, go to ‘QC2020_D35’

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

<CHILD> 最終接受護理了嗎？

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

‘QC2020_D32’ [CE13] - Was cost or lack of insurance a reason why you delayed or did not get the medical care you felt (he/she) needed?

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

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

If = 2, -7, -8, go to ‘QC2020_D34’

‘QC2020_D33’ [CD67] - Was that the main reason?

這是主要原因嗎？

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

If = 1, -7, -8, go to ‘QC2020_D35’

‘QC2020_D34’ [CD68] - What was the one main reason why you delayed getting the care you felt (he/she) needed?

您延遲讓(他/她)接受您認為需要的護理的一個最主要原因是什麼？

- ☐ 1 COULDN'T GET APPOINTMENT
- ☐ 2 MY INSURANCE NOT ACCEPTED
- ☐ 3 MY INSURANCE DID NOT COVER
- ☐ 4 LANGUAGE UNDERSTANDING PROBLEMS
- ☐ 5 TRANSPORTATION PROBLEMS
- ☐ 6 HOURS NOT CONVENIENT
- ☐ 7 THERE WAS NO CHILD CARE FOR CHILDREN AT HOME
- ☐ 8 I FORGOT OR LOST REFERRAL
- ☐ 9 I DIDN'T HAVE TIME
- ☐ 10 TOO EXPENSIVE
- ☐ 11 I HAVE NO INSURANCE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QC2020_D35’ [CD69] - During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?

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

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

‘QC2020_D36’ [CD70] - During the past 12 months, were you told by a doctor's office or clinic that they would not accept your child as a new patient?

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

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

‘QC2020_D37’ [CD71] - During the past 12 months, were you told by a doctor's office or clinic that they did not accept your child's health care coverage?

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

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

SECTION E: PUBLIC PROGRAMS

PROGRAMMING NOTE SECTION E:

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

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

(CHILD)目前是否參加 TANF 或 CalWORKs?

[IF NEEDED, SAY: 'TANF means 'Temporary Assistance to Needy Families,' and CalWORKs means 'California Work Opportunities and Responsibilities to Kids.' Both replaced AFDC, California's old welfare entitlement program.']

[IF NEEDED, SAY: 'TANF表示「貧困家庭臨時協助」； CalWORKs表示「加州工作機會及對孩子的責任。這兩項計劃用於取代AFDC，即加州原來的救濟計劃。」]

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

'QC2020_E2' [CE11A] - Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

(CHILD)是否在領糧食券福利？糧食券福利也稱為 Cal Fresh。

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

[IF NEEDED, SAY: '「您通過EBT卡接受福利。EBT 表示電子福利轉帳卡，也稱為「黃金州優惠卡」。」]

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

PROGRAMMING NOTE 'QC2020_E3':

IF CAGE > 6, GO TO 'QC2020_F4';

ELSE CONTINUE WITH 'QC2020_E3'

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

(CHILD)目前是否參加了WIC?

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

[IF NEEDED, SAY: '「WIC指為婦女、嬰兒和兒童提供的補助食品計劃。」]

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

SECTION F: PARENTAL INVOLVEMENT

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

'QC2020_F1' [CG14] - In a usual week, about how many days do you or any other family members read stories or look at picture books with (CHILD)?

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

- ☐ 1 EVERY DAY
- ☐ 2 3-6 DAYS
- ☐ 3 1-2 DAYS
- ☐ 4 NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QC2020_F2' [CG15] - [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

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

- ☐ 1 EVERY DAY
- ☐ 2 3-6 DAYS
- ☐ 3 1-2 DAYS
- ☐ 4 NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QC2020_F3' [CG16] - [In a usual week, about how many days do you or any other family member] take (CHILD) out somewhere, for example, to the park, store, or playground?

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

- ☐ 1 EVERY DAY
- ☐ 2 3-6 DAYS
- ☐ 3 1-2 DAYS
- ☐ 4 NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_F4' :

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

'QC2020_F4' [CF64] - Have you seen or heard messages encouraging you to talk, read and sing with your child?

您有沒有看到或聽到過鼓勵您多跟您的孩子說話，閱讀和唱歌的信息？

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

If =2, -7,-8, go to 'QC2020_F8'

'QC2020_F5' [CF65] - Would you say that you talk with your child less, about the same, or more after hearing that message?

聽到這條信息以後，您覺得您跟您的孩子說話更少，差不多的，還是更多？

- ☐ 01 LESS
- ☐ 02 ABOUT THE SAME
- ☐ 03 MORE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QC2020_F6' [CF66] - Would you say that you sing with your child less, about the same, or more after hearing that message?

聽到這條信息以後，您覺得您跟您的孩子唱歌更少、差不多、還是更多了？

- ☐ 01 LESS
- ☐ 02 ABOUT THE SAME
- ☐ 03 MORE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QC2020_F7' [CF67] - Would you say that you read with your child less, about the same, or more after hearing that message?

聽到這條信息以後，您覺得您給您的孩子讀書更少，差不多的，還是更多？

- ☐ 01 LESS
- ☐ 02 ABOUT THE SAME
- ☐ 03 MORE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QC2020_F8’ [CF35] - Did you know that First 5 California, a state agency, provides a free Kit for New Parents to the parents of newborns?

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

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

If =2, -7,-8, go to ‘PN_QC2020_F13’

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

您有否收過這份新父母套件？

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

If =2, -7,-8, go to PN_ ‘QC2020_F13’

‘QC2020_F10’ [CD57] - Did you receive the Kit for New Parents during the past year?

您去年收到新父母套件嗎？

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

If =2, -7,-8, go to ‘PN_QC2020_F13’

‘QC2020_F11’ [CF39] - Did you use any of the materials from the Kit for New Parents?

您有否使用過新父母套件中任何資料嗎？

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

If =2, -7,-8, go to ‘PN_QC2020_F13’

'QC2020_F12' [CF37] - On a scale of 1-10 with 10 being the most useful and 1 the least, how useful was the Kit for New Parents?

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

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

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

'QC2020_F13' [CF30] - Overall, do you think your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

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

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

If =2, -7,-8, go to 'QC2020_F15'

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

此類困難的程度是輕微、有限還是嚴重？

- ☐ 1 MINOR
- ☐ 2 DEFINITE
- ☐ 3 SEVERE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QC2020_F15' [CF32] - During the past 12 months, did (CHILD) receive any psychological or emotional counseling?

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

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

SECTION G: CHILD CARE AND SOCIAL COHESION

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

'QC2020_G1' [CG1] - These next questions are about childcare. By childcare we mean any arrangement where someone other than the parents, legal guardian, or stepparents takes care of (CHILD). {This includes preschool and nursery school, but not kindergarten.}

以下是有關幼兒看護的問題。幼兒看護是指由家長、法定監護人或繼父母之外的任何其他 人照料(CHILD)的安排。{這包括學前班和託兒所，但不包括幼稚園。}

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

您目前是否為(CHILD)作出了每週10 小時或 10 小時以上的任何類型的定期幼兒看護安 排?

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

If = 2, -7, -8, go to 'QC2020_G10'

'QC2020_G2' [CG2] - Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

(CHILD)通常一週內接受幼兒看護的時間有多少小時？請包括各種護理安排。

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

- ☐ 1 REFUSED
- ☐ 2 DON'T KNOW

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

'QC2020_G3' [CG3A] - During a typical week does (CHILD) receive childcare from...a grandparent or other family member?

通常在一週中，(CHILD)是否由以下人員照看...祖父母（外祖父母）或其他家庭成員？

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

‘QC2020_G4’ [CG3E] - [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in your home?

[(CHILD)是由誰來照看?]...一位非家庭成員在您的家中照看(CHILD) ?

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

‘QC2020_G5’ [CG3F] - [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in his or her home?

[(CHILD)是由誰來照看?]...一位非家庭成員在他/她的家中照看(CHILD) ?

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

‘QC2020_G6’ [CG3D] - [Does (CHILD) receive childcare from]...a childcare center that is not in someone's home?

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

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

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

‘QC2020_G7’ [CG3B] - [Does (CHILD) receive childcare from]...a Head Start or state preschool program?

[(CHILD)是由誰來照看?]...Head Start (啟蒙計劃) 或州政府學前班計劃’

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

‘QC2020_G8’ [CG3C] - [Does (CHILD) receive childcare from]...some other preschool or nursery school?

[(CHILD)是由誰來照看?] 其它學前班或托兒所

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

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

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

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

- ☐ 01 YES (ALL LICENSED)
- ☐ 02 NO (NONE LICENSED)
- ☐ 03 SOME LICENSED AND SOME NOT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QC2020_G10' [CG5] - In the past 12 months, was there a time when you could not find childcare when you needed it for (CHILD) for a week or longer?

在過去十二個月中，您是否遇到需要有人照看時卻無法找到人長達一個星期或更久的情況？

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

If = 2, -7, -8, go to 'QC2020_H1'

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

當時您無法為找到幼兒看護的主要原因是什麼？

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

[IF NEEDED, SAY: 主要原因是指最重要的原因。]

- ☐ 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
- ☐ 06 OTHER REASON
- ☐ -7 REFUSED
- ☐ -8 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.

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

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

是拉丁裔或西裔嗎？

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

[IF NEEDED, SAY: ‘例如，墨西哥人或中南美洲人？’]

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

If = 2, -7, -8, go to ‘PN_QC2020_H3’

‘QC2020_H2’ [CH2] - And what is {his/her} Latino or Hispanic ancestry or origin? – such as Mexican, Salvadorian, Cuban, Honduran – and if {he/she} has more than one, tell me all of them.

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

[IF NECESSARY GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

- ☐ 1 MEXICAN/MEXICAN AMERICAN/CHICANO
- ☐ 4 SALVADORAN
- ☐ 5 GUATEMALAN
- ☐ 6 COSTA RICAN
- ☐ 7 HONDURAN
- ☐ 8 NICARAGUAN
- ☐ 9 PANAMANIAN
- ☐ 10 PUERTO RICAN
- ☐ 11 CUBAN
- ☐ 12 SPANISH-AMERICAN (FROM SPAIN)
- ☐ 91 OTHER LATINO (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_H3' :

IF 'QC2020_H1' = 1 (YES-CHILD IS LATINO), DISPLAY, 'You said your child is Latino or Hispanic. Also,'

IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR 'QC2020_H3', CONTINUE WITH PROGRAMMING NOTE 'QC2020_H4' ;

ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QC2020_H3' [CH3] - {You said your child is Latino or Hispanic. Also,} Please tell me which one or more of the following you would use to describe (CHILD): Would you describe {him/her} as Native Hawaiian, Other Pacific Islander, American Indian, Alaska, Native, Asian, Black, African American, or White?

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

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

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

[CODE ALL THAT APPLY]

- ☐ 1 WHITE
- ☐ 2 BLACK OR AFRICAN AMERICAN
- ☐ 3 ASIAN
- ☐ 4 AMERICAN INDIAN OR ALASKA NATIVE
- ☐ 5 OTHER PACIFIC ISLANDER
- ☐ 6 NATIVE HAWAIIAN
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 6, 91, -7, -8, And Only One Race, go to 'PN_QC2020_H10'

If = 3, And Only One Race, go to 'PN_QC2020_H8'

If = 4, And Only One Race, go to 'PN_QC2020_H4'

If = 5, And Only One Race, go to 'PN_QC2020_H9'

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

'QC2020_H4' [CH4] - You said American Indian/Alaska Native, and what is (CHILD)'s tribal heritage? If {he/she} has more than one tribe, tell me all of them.

您說您是美洲印地安人或阿拉斯加原住民，{孩子} 屬於哪一個部落？ 如果 {CHILD} 屬於一個以上部落，請告訴我所有這些部落。

[CODE ALL THAT APPLY]

- ☐ 1 APACHE
- ☐ 2 BLACKFOOT/BLACKFEET
- ☐ 3 CHEROKEE
- ☐ 4 CHOCTAW
- ☐ 5 MEXICAN AMERICAN INDIAN
- ☐ 6 NAVAJO
- ☐ 7 POMO
- ☐ 8 PUEBLO
- ☐ 9 SIOUX
- ☐ 10 YAQUI
- ☐ 91 OTHER TRIBE (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QC2020_H5' [CH5] - Is (CHILD) an enrolled member in a federally or state recognized tribe?

{孩子} 是聯邦或州認可部落的註冊成員嗎？

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

If = 2, -7, -8, go to 'PN_QC2020_H8'

‘QC2020_H6’ [CH6] - Which tribe is (CHILD) enrolled in?

你在哪一個部落註冊?

- ☐ 1 APACHE
- ☐ 2 BLACKFEET
- ☐ 3 CHEROKEE
- ☐ 4 CHOCTAW
- ☐ 5 NAVAJO
- ☐ 6 POMO
- ☐ 7 PUEBLO
- ☐ 8 SIOUX
- ☐ 9 YAQUI
- ☐ 10 OTHER

APACHE_C

- ☐ 1 MESCALERO APACHE, NM
- ☐ 2 APACHE (NOT SPECIFIED)
- ☐ 91 OTHER APACHE (SPECIFY: _____)

BLACKFEET_C

- ☐ 3 BLACKFOOT/BLACKFEET

CHEROKEE_C

- ☐ 4 WESTERN CHEROKEE
- ☐ 5 CHEROKEE (NOT SPECIFIED)
- ☐ 92 OTHER CHEROKEE (SPECIFY: _____)

CHOCTAW_C

- ☐ 6 CHOCTAW OKLAHOMA
- ☐ 7 CHOCTAW (NOT SPECIFIED)
- ☐ 93 OTHER CHOCTAW (SPECIFY: _____)

NAVAJO_C

- ☐ 8 NAVAJO (NOT SPECIFIED)

POMO_C

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

PUEBLO_C

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

SIOUX_C

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

YAQUI_C

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

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QC2020_H7’ [CH6A] - Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

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

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

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

'QC2020_H8' [CH7] - You said Asian, and what specific ethnic group is {he/she}, such as Chinese, Filipino, Vietnamese? If {he/she} is more than one, tell me all of them.

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

[CODE ALL THAT APPLY]

- ☐ 1 BANGLADESHI
- ☐ 2 BURMESE
- ☐ 3 CAMBODIAN
- ☐ 4 CHINESE
- ☐ 5 FILIPINO
- ☐ 6 HMONG
- ☐ 7 INDIAN (INDIA)
- ☐ 8 INDONESIAN
- ☐ 9 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

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

'QC2020_H9' [CH7A] - You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}, such as Samoan, Tongan, or Guamanian? If {he/she} is more than one, tell me all of them.

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

[CODE ALL THAT APPLY]

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

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

(孩子)是在哪一個國家出生的?

- ☐ 1 UNITED STATES
- ☐ 2 AMERICAN SAMOA
- ☐ 3 CANADA
- ☐ 4 CHINA
- ☐ 5 EL SALVADOR
- ☐ 6 ENGLAND
- ☐ 7 FRANCE
- ☐ 8 GERMANY
- ☐ 9 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

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

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

(孩子)是美國公民嗎？

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

If = 1, go to 'QC2020_H13'

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

(孩子)是持有綠卡的永久居民嗎？

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

[IF NEEDED, SAY: '人們一般把它稱作'綠卡'，但它的顏色可以是粉紅色、藍色或白色的。']

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

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

(孩子)在美國居住大約多少年了？

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS {OR}

_____ YEAR FIRST CAME TO LIVE IN U.S.

- ☐ 1 NUMBER OF YEARS
- ☐ 2 YEAR FIRST CAME TO LIVE IN US
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

'QC2020_H14' [CH11] - In what country {were you/was his mother/was her mother} born?

{您/他的母親/她的母親}是在哪一個國家出生的?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- ☐ 1 UNITED STATES
- ☐ 2 AMERICAN SAMOA
- ☐ 3 CANADA
- ☐ 4 CHINA
- ☐ 5 EL SALVADOR
- ☐ 6 ENGLAND
- ☐ 7 FRANCE
- ☐ 8 GERMANY
- ☐ 9 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

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

'QC2020_H15' [CH11A] - {Are you/Is {his/her} mother} a citizen of the United States?

{您/{他的/她的}母親}是美國公民嗎

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

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

If = 1, go to 'PN_QC2020_H17'

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

'QC2020_H16' [CH12] - {Are you/Is {his/her} mother} a permanent resident with a green card?

{您/{他的/她的}母親}是持有綠卡的永久居民嗎？

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

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

'QC2020_H17' [CH13] - About how many years {have you/has {his/her} mother} lived in the United States?

您在美國居住了大約多少年？{他的/她的}母親在美國大約居住多少年了？

_____ NUMBER OF YEARS [HR: 0-AGE] {OR}
 _____ YEAR FIRST CAME TO LIVE IN U.S.

- ☐ 1 NUMBER OF YEARS
- ☐ 2 YEAR FIRST CAME TO LIVE IN US
- ☐ 3 MOTHER DECEASED
- ☐ 4 NEVER LIVED IN U.S
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

'QC2020_H18' [CH14] - In what country {were you/was his father/was her father} born?

您是在哪一個國家出生的? {他的/她的}父親是在哪個國家出生的?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- ☐ 1 UNITED STATES
- ☐ 2 AMERICAN SAMOA
- ☐ 3 CANADA
- ☐ 4 CHINA
- ☐ 5 EL SALVADOR
- ☐ 6 ENGLAND
- ☐ 7 FRANCE
- ☐ 8 GERMANY
- ☐ 9 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

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

'QC2020_H19' [CH14A] - {Are you/Is {his/her} father} a citizen of the United States?

{您/{他的/她的}父親}是美國公民嗎？

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

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

If = 1, go to 'PN_QC2020_H21'

'QC2020_H20' [CH15] - {Are you/Is {his/her} father} a permanent resident with a green card?

{您/{他的/她的}父親}是持有綠卡的永久居民嗎？

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

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

'QC2020_H21' [CH16] - About how many years {have you/has {his/her} father} lived in the United States?

您在美國大約居住多少年了？{他的/她的}父親在美國大約居住多少年了？

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

_____ YEAR FIRST CAME TO LIVE IN U.S.

- ☐ 1 NUMBER OF YEARS
- ☐ 2 YEAR FIRST CAME TO LIVE IN U.S
- ☐ 3 FATHER DECEASED
- ☐ 4 NEVER LIVED IN U.S.
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

'QC2020_H22' [CH17] - In general, what languages are spoken in (CHILD)'s home?

一般來說，在(CHILD)家中用什麼語言交談？

[PROBE: 'Any others?']

[PROBE: '還有其它語言嗎？']

- ☐ 1 ENGLISH
- ☐ 2 SPANISH
- ☐ 3 CANTONESE
- ☐ 4 VIETNAMESE
- ☐ 5 TAGALOG
- ☐ 6 MANDARIN
- ☐ 7 KOREAN
- ☐ 8 ASIAN INDIAN LANGUAGES
- ☐ 9 RUSSIAN
- ☐ 91 OTHER 1 (SPECIFY: _____)
- ☐ 92 OTHER 2 (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

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

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

- ☐ 1 Very well
- ☐ 1 非常好
- ☐ 2 Fairly well
- ☐ 2 好
- ☐ 3 Not well
- ☐ 3 不好
- ☐ 4 Not at all
- ☐ 4 完全不會
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

'QC2020_H24' [CH22] - What is the highest grade of education you have completed and received credit for?

您完成的最高教育和獲得學分的最高年級是什麼？

☐ 30 NO FORMAL EDUCATION

'GRADE' [GRADE] - GRADE

- ☐ 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' [HIGH] - HIGH

- ☐ 9 9TH GRADE
- ☐ 10 10TH GRADE
- ☐ 11 11TH GRADE
- ☐ 12 12TH GRADE

'COLLEGE' [COLLEGE] - COLLEGE

- ☐ 13 1ST YEAR OF COLLEGE OR UNIVERSITY (FRESHMAN)
- ☐ 14 2ND YEAR OF COLLEGE OR UNIVERSITY (SOPHOMORE)
- ☐ 15 3RD YEAR OF COLLEGE OR UNIVERSITY (JUNIOR)
- ☐ 16 4TH YEAR OF COLLEGE OR UNIVERSITY (SENIOR)(BA/BS)
- ☐ 17 5TH YEAR OF COLLEGE OR 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 'QC2020_H25':
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC2020_H25';
ELSE GO TO 'QC2020_H26'

'QC2020_H25' [CH30] - Based on the questions in this survey about (CHILD), is there another adult in the household who is more knowledgeable about questions we asked about (CHILD)?

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

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

'QC2020_H26' [CG38] - Those are my final questions about the child. I appreciate your patience. Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

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

- ☐ 1 YES
- ☐ 2 MAYBE/PROBABLY YES
- ☐ 3 DEFINITELY NOT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

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

[IF YES, SAY: Dr. Ponce can be reached toll-free at 1-866-275-2447.]

[IF YES, SAY: '您可以撥打免費電話號碼1-866-275-2447，與 Ponce 博士聯繫。']

[IF NO, SAY: Goodbye.]

[IF NO, SAY: '再見。']