CHIS 2020
Child CATI Questionnaire
(Interviewer-Administered)
Version 1.02 Tagalog
June 18, 2021
(Children Ages 0-11 Answered by Adult Proxy Respondent)

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

Contact:

California Health Interview Survey
UCLA Center for Health Policy Research
10960 Wilshire Blvd, Suite 1550 Los Angeles, CA 90024
Telephone: (866) 275-2447
Fax: (310) 794-2686
Web: www.chis.ucla.edu

Table of Contents

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.

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)?

- ○   1 MALE
- ○   2 FEMALE
- ○   -7 REFUSED

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

Ano ang petsa ng kapanganakan {niya/niya}?

_____ 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';
ELSEGO TO PN_'QC2020_A5'

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

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

- ❍   1 Yes
- ❍   1 *Oo*
- ❍   2 No
- ❍   2 *Hindi*

If=1, go to '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.

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

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}?

Ilang taon na {siya/siya}?

[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?

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."]

_____ 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?

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."]

_____ 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?

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

- ❍ 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?

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

_____ 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?

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

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?

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

❍   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?

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

- ❍ 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?

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

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

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

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

- ❍ 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?

May asthma pa ba {siya}?

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

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

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

- ❍   1 YES
- ❍   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 <u>past 12 months</u>, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

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

- ❍   1 YES
- ❍   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?

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.]

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

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

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."]

- ❍ 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 <u>past 12 months</u>, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

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

- ❍ 1 YES
- ❍ 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?

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.]

- ❍ 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?

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

'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?

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

- ❍ 1 YES
- ❍ 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?

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."]

- ❍ 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?

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?

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

If = 2, -7, -8, go to 'QC2020_A27'

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

Anong karamadaman mayroon si (CHILD)?

[CODE ALL THAT APPLY]

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

- ❑ 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?

{Dahil sa (INSERT CONDITION(S) FROM CA10A ni (CHILD)), si (CHILD)/Siya} ba ay lubos na nahihirapang mag-concentrate, maka-alala, o gumawa ng mga desisyon?

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

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

Lubos bang nahihirapan si (CHILD) sa kanyang paglalakad o sa pag-akyat sa hagdan?

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

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

Nahihirapan bang magbihis o maligo si (CHILD)?

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

PROGRAMMING NOTE 'QC2020_A30':
IF 'QC2020_A26'= -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)?

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 (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?

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."]

- ❍ 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?

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?

- ❍ 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?

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."]

- ❍   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?

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

- ❍   1 YES
- ❍   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?

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

- ❍   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?

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

- ❍   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?

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

- ❍ 1 YES
- ❍ 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?

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

- ❍ 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.

Ngayon, tatanungin ko kayo tungkol sa kalusugan ng ngipin ni {CHILD}.

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?

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

- ❍ 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.

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

- ❍ 0 HAS NEVER VISITED
- ❍ 1 6 MONTHS AGO OR LESS
- ❍ 2 MORE THAN 6 MONTHS UP TO 1YEAR 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 VISTED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE
WITH 'QC2020_B3' ;
ELSE SKIP TO 'QC2020_B4' ;
IF 'QC2020_B2' = 0 (HAS NEVER VISITED), DISPLAY "never";
ELSE IF 'QC2020_B2' ≥ 3 DISPLAY "not" AND "in the past year"

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

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

- ❍ 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 CC1;
ELSE CONTINUE WITH 'QC2020_B4'

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

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

- ❍ 1 YES
- ❍ 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?

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

- ❍ 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?

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."]

- ❍   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.

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

- ❍   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.

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

- ❍   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?

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

Check all that apply.

- ❑ 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?

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

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

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

- ❍ 1 CAN'T AFFORD/TOO EXPENSIVE
- ❍ 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?

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

- ❍ 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?

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

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

If = 2, -7, -8, go to 'QC2020_B15'

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

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

- ❍ 1 COULDN'T GET APPOINTMENT
- ❍ 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?

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

- ❍ 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?

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

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

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

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

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

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?

Kapag si (CHILD NAME/AGE/SEX) ay matutulog o iidlip, siya ba ay natutulog nang may bote sa kanyang bibig ?

- ○ 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?

Ano ang karaniwang nasa bote; halimbawa, gatas galing sa nanay, regular na gatas, tsokolateng gatas, tubig, juice, o iba pang matamis na inumin?

- ○   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?

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

'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.

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

'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.

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

_____ 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.

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

'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?

{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

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?

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

[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?

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

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?

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

- ❍ 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?

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

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

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

- ❍ 1 STRONGLY AGREE
- ❍ 2 AGREE
- ❍ 3 DISAGREE
- ❍ 4 STRONGLY DISAGREE
- ❍ -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.

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

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

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, 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?

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

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?

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

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

'QC2020_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

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?

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

- ❍ 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?

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

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?

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

> ***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.

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?

- ❍ 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?

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?

- ❍ 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?

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

- ❍ 1 YES
- ❍ 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?

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

- ❍ 1 YES
- ❍ 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?

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

- ❍ 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 RETADATION) GO TO 'QC2020_D14' ;
ELSE CONTINUE WITH 'QC2020_D13'

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

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

- ❍ 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?

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

- ❍ 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?

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

- ❍   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.

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?

Ang mga susunod na tanong ay kapareho sa mga tanong na kakasagot niyo lamang, pero ngayon naman, ito ay tungkol lamang sa mga pagsusuri ng isang doktor o iba pang health care provider nitong nakaraang 12 buwan. Nitong nakaraang 12 buwan, hiniling ba ng isang doktor o iba pang health care provider na kumpleto kayo ng isang questionnaire tungkol sa mga partikular na alalahanin o obserbasyon na mayroon kayo tungkol sa pag-unlad, pakikipag-usap, o pag-uugali patungo sa ibang tao ng batang ito?

[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: Paminsan-minsan ay hihilingin ng doctor o iba pang health care provider ng bata na gawin ito ng magulang sa bahay, sa online, o sa panahon ng pagbisita ng bata]

- ❍   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?

Tinanong ba kayo ng questionnaire na ito tungkol sa inyong mga nasasaisip tungkol sa: Kung papaano nagsasalita o gumagawa ng mga tunog sa pananalita ang batang ito?

- ❍   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?

Tinanong ba kayo ng questionnaire na ito tungkol sa inyong mga nasasaisip tungkol sa: Kung papaano nakikipag-ugnayan ang batang ito sa inyo at sa ibang tao?

> ❍   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?

Tinanong ba kayo ng talatanungan na ito tungkol sa inyong mga nasasaisip tungkol sa: Mga salita at parirala na ginagamit at naiintindihan ng batang ito?

> ❍   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?

Tinanong ba kayo ng questionnaire na ito tungkol sa inyong mga nasasaisip tungkol sa: Kung papaano ang pag-uugali ng batang ito at kung papaano siya nakikipag-ugnayan sa inyo at sa ibang tao?

> ❍   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?

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."]

> ❍   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…

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

- ❍   1 Never
- ❍   1 *Hindi kailanman*
- ❍   2 Sometimes,
- ❍   2 *Paminsan-minsan,*
- ❍   3 Usually, or
- ❍   3 *Karaniwan, o*
- ❍   4 Always?
- ❍   4 *Palagi?*
- ❍   5 REFUSED
- ❍   6 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?

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

- ❍   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?

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

- ❍　　1 ENGLISH
- ❍　　2 SPANISH
- ❍　　3 CANTONESE
- ❍　　4 VIETNAMESE
- ❍　　5 TAGALOG
- ❍　　6 MANDARIN
- ❍　　7 KOREAN
- ❍　　8 ASIAN INDIAN LANGUAGES
- ❍　　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?

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

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

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

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

- ❍　　1 YES
- ❍　　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?

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

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

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

- ❍ 1 YES
- ❍ 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?

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

- ❍ 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?

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

- ❍ 1 YES
- ❍ 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?

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

- ❍   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?

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

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

If = 2, -7, -8, go to 'QC2020_D34'

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

Iyon ba ang pangunahing dahilan?

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

If = 1, -7, -8, go to 'QC2020_D35'

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

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

- ❍   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?

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

- ❍   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?

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

- ❍   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?

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

- ❍   1 YES
- ❍   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?

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."]

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

'QC2020_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."]

   ❍ 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?

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.]

- ❍ 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)?

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

- ❍ 1 EVERY DAY
- ❍ 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)?

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)?

- ❍ 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?

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

- ❍ 1 EVERY DAY
- ❍ 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?

[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 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?

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

'QC2020_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

'QC2020_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

'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?

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, go to 'PN_QC2020_F13'

'QC2020_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, go to PN_'QC2020_F13'

'QC2020_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, go to 'PN_QC2020_F13'

'QC2020_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, 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?

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

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

- ❍   -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?

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

- ❍   1 YES
- ❍   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?

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

- ❍   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?

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

- ❍   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.}

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

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

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

- ❍   1 YES
- ❍   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.

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

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

- ❍   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?

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

- ❍   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?

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

- ❍   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?

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

- ❍   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?

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

- ❍   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?

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

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

'QC2020_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?

- ❍   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 <u>a non-family member outside your home</u>, {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?

- ❍ 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?

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?

- ❍ 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?

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
- ❍ 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.

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).

 'QC2020_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?"]

- ❍ 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.

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]

- ❑ 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?

{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]

- ❑ 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.

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]

- ❑ 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?

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

- ◯ 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?

Sa aling Tribo nakatala si (CHILD)?

- ◯ 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?

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

  - ❍ 1 YES
  - ❍ 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.

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]

  - ❑ 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.

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

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

Saang bansa ipinanganak si (CHILD)?

- ○ 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?

Citizen ba ng United States si (CHILD)?

- ○   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?

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."]

- ○   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?

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

[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?

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]

- ○ 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?

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

[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?

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

- ❍　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?

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}
　_____ 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?

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]

- 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?

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

[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?

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

> ❍ 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?

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}
> _____ 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] - What languages are spoken in (CHILD)'s home?

Anu-anong mga wika ang sinasalita sa tahanan ni (CHILD)?

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

- ❑ 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…

*{Dahil nagsasalita kayo sa tahanan ng wikang iba sa Ingles, interesado kami sa inyong palagay kung
gaano kahusay kayo mag-Ingles.} Masasabi ba ninyo na nag-i-Ingles kayo nang...*

- ○ 1 Very well,
- ○ 1 *Napakahusay,*
- ○ 2 Well,
- ○ 2 *May kahusayan,*
- ○ 3 Not well, or
- ○ 3 *Hindi mahusay, o*
- ○ 4 Not at all?
- ○ 4 *Hindi nakakasalita?*
- ○ -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?

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

  ❍   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)?

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

- ○ 1 YES
- ○ 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?

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?

- ○ 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?

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