



CHIS 2021

Child CATI Questionnaire

(Interviewer-Administered)

Version 1.05

August 5, 2021

(Children Ages 0-11 Answered by Adult Proxy Respondent)

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

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Guide to Questionnaire Formatting

The following are from the 2021 CHIS Child questionnaire, slightly modified and in no given order.

Legend (each item is identified only once)

Programming note	Defines a skip pattern or text display for the subsequent question(s).
QID	Designates location of question, i.e. 'QC2021_A2': Child questionnaire, Section A, question #2. The question # in the QID denotes question order. This may vary between survey cycles.
Var ID	Unique ID of each question. This generally stays the same between survey cycles. This variable name correlates with the name found in the data file.
Lowercase text	On CATI, this text is read to the respondent.
Uppercase text	On CATI, this text is NOT read to the respondent.
If Needed statement	On CATI, this text is only read if interview deems it helpful for respondent.
Interviewer Note	On CATI, this serves as additional instruction for the interviewer and is not read at loud.
Range	On CATI, this text is not read. SR: indicates soft range- allowable entry but will prompt verification message. HR: indicates hard range- not an allowable entry.
Skip note	Defines skip patterns dependent on the responses of the preceding question(s).
Dynamic text	{...} and (...) Denotes that text is automatically filled based on previous responses.

'QC2021_A2' [CA2] - What is {his/her} date of birth?

_____ MONTH [RANGE: 1-12]

- ☐ 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 [RANGE: 1-31]

_____ YEAR [RANGE: 2009-2021]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

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

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

If = 1, goto 'QC2021_A13'

If = 4, goto 'QC2021_A14'

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

[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

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

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

_____ FEET
 _____ INCHES
 _____ CENTIMETERS

Table of Contents

SECTION A: DEMOGRAPHICS PART I, HEALTH CONDITIONS	5
Gender	5
Age	5
Height and Weight	6
Breastfeeding	7
School Attendance	8
General Health	9
Asthma	9
Other Conditions	12
SECTION B: DENTAL HEALTH	15
Delays in Care (Dental)	21
SECTION C: DIET, PHYSICAL ACTIVITY, PARK USE	23
Dietary Intake	23
Name of School	23
SECTION D: HEALTH CARE ACCESS AND UTILIZATION	24
Usual Source of Care	24
Emergency Room Visit	25
Visits to Medical Doctor	25
Personal Doctor	26
Care Coordination	26
Developmental Screening	27
Timely Appointments	29
Communication Problems with a Doctor	29
Delays in Care	31
SECTION F: PARENTAL INVOLVEMENT	34
First 5 California: Kit for New Parents	37
SECTION G: CHILD CARE AND SOCIAL COHESION	40
Child Care	40
SECTION H: DEMOGRAPHICS, PART II	43
Race/Ethnicity	43
Country of Birth (Mother)	51
Country of Birth (Father)	53
Languages Spoken At Home	55
Education of Primary Caretaker	56
SECTION H: DEMOGRAPHICS, PART III	57
Follow-up and Close	57

<p>NOTE: Please consult the CHIS 2021 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.</p>
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SECTION A: DEMOGRAPHICS PART I, HEALTH CONDITIONS

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

'QC2021_A1' [CA1] - Some of the questions are based on (CHILD's) personal traits, like his or her age. So I will first ask you a few brief background questions.

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

'QC2021_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 'QC2021_A3': SET CHILD AGE='QC2021_A2';IF CHILD AGE > 11, CONTINUE WITH 'QC2021_A3';ELSE GO TO PN_'QC2021_A5'

'QC2021_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 'QC2021_A4' AND CONTINUE WITH ADULT SECTION B

'QC2021_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 'QC2021_A5' :IF 'QC2021_A2' = -7 OR -8 (REFUSED/DON'T KNOW) OR [IF 'QC2021_A2' DAY NOT ANSWERED AND 'QC2021_A2' MONTH= MONTH OF INTERVIEW] OR [IF 'QC2021_A2' MONTH OR YEAR NOT ANSWERED] OR IF 'QC2021_A3'=2, CONTINUE WITH 'QC2021_A5';ELSE SKIP TO 'QC2021_A6'

'QC2021_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

'QC2021_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: '您可以按最佳估計回答。']

_____ FEET
 _____ INCHES

_____ CENTIMETERS

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

'QC2021_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: '您可以按最佳估計回答。']

_____ POUNDS

_____ KILOGRAMS

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

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

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

CHILD) 是否曾經被喂過母乳?

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

If = 2, -7, -8, goto 'QC2021_A10'

'QC2021_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

‘QC2021_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 ‘QC2021_A11’ :

IF CAGE < 5 YEARS GO TO ‘QC2021_A14’ ;

ELSE CONTINUE WITH ‘QC2021_A11’ AND IF CAGE = 5 YRS DISPLAY ‘Not including pre-school or nursery school,’

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

{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, goto ‘QC2021_A13’

If = 4, goto ‘QC2021_A14’

PROGRAMMING NOTE ‘QC2021_A12’ :

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

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

{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

If = 3, goto ‘QC2021_A14’

PROGRAMMING NOTE 'QC2021_A13' :

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

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

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

'QC2021_A14' [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

'QC2021_A15' [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, goto 'QC2021_A26'

‘QC2021_A16’ [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

‘QC2021_A17’ [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 ‘QC2021_A18’:

**IF ‘QC2021_A16’ = 1 (YES, STILL HAS ASTHMA) OR ‘QC2021_A17’ = 1 (YES, EPISODE IN LAST 12 MOS), CONTINUE WITH ‘QC2021_A18’;
ELSE GO TO ‘QC2021_A20’**

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

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, goto ‘QC2021_A20’

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

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

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

(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 ‘QC2021_A21’ :

IF ‘QC2021_A16’ = 1 (YES, STILL HAS ASTHMA) OR ‘QC2021_A17’ = 1 (YES, EPISODE IN LAST 12 MOS), GO TO ‘QC2021_A23’ ;

ELSE CONTINUE WITH ‘QC2021_A21’

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

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, goto ‘QC2021_A23’

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

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

‘QC2021_A23’ [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

‘QC2021_A24’ [CA35] - Have (CHILD’S) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} asthma?

(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, goto ‘QC2021_A26’

‘QC2021_A25’ [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

‘QC2021_A26’ [CA7] - Does (CHILD) currently have any physical, behavioral, or mental conditions that limit or prevent {him/her} from doing childhood activities usual for {his/her} age?

(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, goto ‘PN_QC2021_A28’

‘QC2021_A27’ [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

‘QC2021_A28’ [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, goto ‘QC2021_A31’

‘QC2021_A29’ [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, goto ‘QC2021_A31’

‘QC2021_A30’ [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

‘QC2021_A31’ [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, goto ‘PN_QC2021_B1’

‘QC2021_A32’ [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, goto ‘PN_QC2021_B1’

‘QC2021_A33’ [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 'QC2021_B1' :
IF CAGE > 2 YEARS, GO TO 'QC2021_B2'; ELSE CONTINUE WITH 'QC2021_B1'

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

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, goto 'PN_'QC2021_C1'

'QC2021_B2' [CC5B] - About how long has it been since your child last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.

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 'QC2021_B3': IF 'QC2021_B2' =1,2, THEN CONTINUE WITH 'QC2021_B3', ELSE GO TO 'QC2021_B5'

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

過去12個月，您的子女接受過多少次牙科服務？

- ☐ 01 None
- ☐ 01 沒有
- ☐ 02 Once
- ☐ 02 一次
- ☐ 03 Twice
- ☐ 03 兩次
- ☐ 04 Three times
- ☐ 04 三次
- ☐ 05 Four times
- ☐ 05 四次
- ☐ 06 Five times or more
- ☐ 06 五次或以上
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If =1 , -7,-8 goto 'QC2021_B5'

PROGRAMMING NOTE 'QC2021_B4': IF 'QC2021_B3' >2 THEN DISPLAY "SERVICES" ELSE IF 'QC2021_B3'=1, THEN DISPLAY "SERVICE"

'QC2021_B4' [CB39] - Where did your child receive the dental service{s} within the last 12 months?

過去12個月中，您的子女在哪裡接受牙科服務？

- ☐ 01 Free health/dental event
- ☐ 01 免費醫療／牙醫活動
- ☐ 02 Dentist office
- ☐ 02 牙醫診所
- ☐ 03 Hospital
- ☐ 03 醫院
- ☐ 04 Other
- ☐ 04 其他
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

您在何處為子女獲得與口腔健康或預防牙科治療相關的宣傳教育資訊？

- ☐ 01 Have not received any educational information
- ☐ 01 未有收過任何宣傳教育資訊
- ☐ 02 From dental office
- ☐ 02 從牙科診所
- ☐ 03 From my child's school
- ☐ 03 從子女的學校
- ☐ 04 From social media or online
- ☐ 04 從社交媒體或網絡
- ☐ 05 From family or friends
- ☐ 05 從親友
- ☐ 06 From community events/health fairs
- ☐ 06 從社區活動／健康博覽會
- ☐ 07 From pediatrician
- ☐ 07 從兒科醫生
- ☐ 08 From other sources
- ☐ 08 從其他渠道
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QC2021_B6' :
IF 'QC2021_B2' = 0 (HAD NEVER VISITED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH 'QC2021_B6' ;
ELSE SKIP TO 'QC2021_B4' ;
IF 'QC2021_B2' = 0 (HAS NEVER VISITED), DISPLAY "never";
ELSE IF 'QC2021_B2' ≥ 3 DISPLAY "not" AND "in the past year"

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

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 'QC2021_B7': If 'QC2021_B2' =0, goto 'QC2021_B8';
ELSE CONTINUE WITH 'QC2021_B7'

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

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

'QC2021_B8' [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

‘QC2021_B9’ [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 goto ‘QC2021_B14’

‘QC2021_B10’[CB35] - Do you pay any or all of the premium or cost for this dental insurance plan? Do not include the cost of any co-pays or deductibles you or your family need to pay.

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

‘QC2021_B11’ [CB36] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this dental insurance plan? Do not include the cost of any co-pays or deductibles you or your family need to pay.

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 goto ‘QC2021_B13’

'QC2021_B12' [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

'QC2021_B13' [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, goto 'QC2021_B15'

**PROGRAMMING NOTE 'QC2021_B14': IF 'QC2021_B9'=2, DISPLAY "does not have any insurance";
ELSE DISPLAY "did not have any dental insurance"**

'QC2021_B14' [CB26] - What is the one main reason (CHILD) {does not have any insurance/did not have any dental insurance during the time {he/she} wasn't covered}?

(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

'QC2021_B15' [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

'QC2021_B16' [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, goto 'QC2021_B18'

'QC2021_B17'[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

'QC2021_B18' [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

'QC2021_B19' [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 'QC2021_B20':
IF ('QC2021_A11'=1 OR 4) OR ('QC2021_A12'=1 OR 3) [CHILD ATTENDS SCHOOL] CONTINUE
WITH 'QC2021_B20';
ELSE GO TO PN_'QC2021_C1'

'QC2021_B20' [CC18B] - During the past 12 months, did {he/she} miss any time from school because of a dental problem? Do not count time missed for cleaning or a check-up.

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

If=2,3, -7, -8 goto 'QC2021_C1'

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

{CHILD NAME /AGE/SEX}因為牙齒問題曾經缺課多少天?

_____ DAYS

- ☐ 99 LESS THAN ONE DAY
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

SECTION C: DIET, PHYSICAL ACTIVITY, PARK USE

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

您的孩子[昨天]喝了多少杯或多少罐含糖果汁飲料、運動或能量飲料？

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

[IF NEEDED, SAY: “「例如檸檬水、Gatorade、Snapple或Red Bull。」”]

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

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

SECTION D: HEALTH CARE ACCESS AND UTILIZATION

'QC2021_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, goto 'PN_QC2021_D3'

PROGRAMMING NOTE 'QC2021_D2' :

IF 'QC2021_D1' = 1, 5, -7, OR -8, DISPLAY 'What kind of place do you take {him/her} to most often—a medical';

ELSE IF 'QC2021_D1' = 3 DISPLAY 'Is {his/her} doctor in a private';

ELSE IF 'QC2021_D1' = 4, FILL 'QC2021_D2' = 1 AND GO TO PN 'QC2021_D3'

'QC2021_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 'QC2021_D3' :
IF 'QC2021_A18' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF 'QC2021_A21' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR 'QC2021_B15'=1 (YES WENT TO ER PAST 12 MONTHS FOR DENTAL PROBLEM), MARK YES ON 'QC2021_D3' AND GO TO 'QC2021_D4' ;
ELSE CONTINUE WITH 'QC2021_D3'

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

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

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

在過去十二個月中，(CHILD)曾經幾次在任何類型的醫生處就診？

_____ TIMES [HR:0-365]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QC2021_D5' :
IF 'QC2021_D4' > 0, GO TO PROGRAMMING NOTE 'QC2021_D6' ;
ELSE IF 'QC2021_D4' = 0, -7, OR -8, CONTINUE WITH 'QC2021_D5'

'QC2021_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 'QC2021_D6' :
IF 'QC2021_D1' = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH
'QC2021_D6' ;
ELSE SKIP TO PROGRAMMING NOTE PN_ 'QC2021_D8'

'QC2021_D6' [CD33] - Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

{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 'QC2021_D7':
IF 'QC2021_D1' = 1, 3, 4, OR 5 (HAS USUAL SOURCE OF CARE) AND 'QC2021_D6' = 1 (HAS PERSONAL DOCTOR) AND ['QC2021_A16' =1 (HAS ASTHMA) OR 'QC2021_A17' = 1 (HAD ASTHMA ATTACK) OR 'QC2021_A26' = 1 (HAS OTHER CONDITION), CONTINUE WITH
'QC2021_D7';
ELSE SKIP TO PROGRAMMING NOTE PN_ 'QC2021_D8'

'QC2021_D7' [CD36] - Is there anyone at (CHILD's) doctor's office or clinic who helps coordinate {his/her} care with other doctors or services such as tests or treatments?

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 'QC2021_D8' :
IF CAGE < 1, SKIP to 'PN_ 'QC2021_D21'
ELSE IF CAGE ≥ 1, CONTINUE WITH 'QC2021_D8'

'QC2021_D8' [CF40] - Many professionals such as health providers, teachers and counselors do developmental screening tests. Tests check how a child is growing, learning and behaving compared with children of the same age.

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

'QC2021_D9' [CF41] - Did {his/her} doctor, other health providers, teachers or school counselors ever have (CHILD) rollover, pick up small objects, stack blocks, throw a ball, or recognize different colors?

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

'QC2021_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

'QC2021_D11' [CF43] - Did they ever have you fill out a checklist of activities that (CHILD) can do, such as certain physical tasks, whether {her/she} can draw certain objects, or ways {he/she} can communicate with you?

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

‘QC2021_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 ‘QC2021_D13’ :

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

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

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

‘QC2021_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

‘QC2021_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

‘QC2021_D16’ [CD55] - In the past 12 months, did you try to get an appointment to see (CHILD)’s doctor or medical provider within two days because (CHILD) was sick or injured?

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, -3 goto ‘PN_QC2021_D18’

‘QC2021_D17’[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 ‘QC2021_D18’ :

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

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

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, goto ‘PN_QC2021_D20’

PROGRAMMING NOTE 'QC2021_D19' :

**IF 'QC2021_D18' = 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 'QC2021_D19' ;
SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QC2021_D19' WAS
ASKED;
ELSE SKIP TO 'QC2021_D20' ;**

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

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, goto 'QC2021_D21'

If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -3 goto 'QC2021_D22'

PROGRAMMING NOTE 'QC2021_D20' :

**IF 'QC2021_D18' = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH
'QC2021_D20' ;
ELSE SKIP TO 'QC2021_D23' ;**

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

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

'QC2021_D21'[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, goto 'QC2021_D22'

‘QC2021_D22’[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

‘QC2021_D23’[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, goto ‘QC2021_D25’

‘QC2021_D23’[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

‘QC2021_D25’ [CE7] - During the past 12 months, did you delay or not get any other medical care you felt (CHILD) needed—such as seeing a doctor, a specialist, or other health professional?

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, goto ‘QC2021_D29’

'QC2021_D26' [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

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

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, goto 'QC2021_D29'

'QC2021_D28' [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, goto 'QC2021_D30'

'QC2021_D29' [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

‘QC2021_D30’[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

‘QC2021_D31’[CD70] - During the past 12 months, were you told by a doctor's office or clinic that they would not accept your child as a new patient?

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

‘QC2021_D32’ [CD71] - During the past 12 months, were you told by a doctor's office or clinic that they did not accept your child's health care coverage?

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 F: PARENTAL INVOLVEMENT

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

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

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

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

[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

'QC2021_F3' [CG16] - [In a usual week, about how many days do you or any other family member] take (CHILD) out somewhere, for example, to the park, store, or playground?

[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

‘QC2021_F4’ [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

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

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

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, goto ‘CF70

‘QC2021_F6’ [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

‘QC2021_F7’ [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

‘QC2021_F8’ [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

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

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

您在哪裡為子女獲得圖書或電子書？

Select all that apply

選擇所有適用項目

- ☐ 01 PURCHASED/RECEIVED BOOKS AS GIFTS
- ☐ 02 PURCHASED E-BOOKS ONLINE
- ☐ 03 BORROWED BOOKS FROM THE LIBRARY
- ☐ 04 BORROWED E-BOOKS FROM THE LIBRARY
- ☐ 05 BORROWED BOOKS FROM FRIENDS OR FAMILY
- ☐ 06 GOT FREE E-BOOKS OR MATERIALS FROM THE INTERNET
- ☐ 07 RECEIVED BOOKS FROM CHILDREN'S BOOK PROGRAM
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ 08 WE DO NOT READ TO OUR CHILD
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QC2021_F10’ [CF69]- How many children’s books do you or your child own?

您自己或子女擁有多少本圖書？

Your best guess is fine.

您可以按最佳估計回答。

- ☐ 01 SPECIFY: _____[0-9999]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

是哪類困難阻止您或其他家庭成員向年幼子女閱讀圖書？

Select all that apply

選擇所有適用項目

- ☐ 01 DON'T HAVE BOOKS FOR CHILD AT HOME
- ☐ 02 DON'T HAVE BOOKS FOR CHILD IN MY FAMILY'S LANGUAGE
- ☐ 03 CHILD NOT INTERESTED IN READING
- ☐ 04 DON'T HAVE ENOUGH TIME
- ☐ 91 OTHER (SPECIFY:_____)
- ☐ 05 DO NOT HAVE CHALLENGES
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

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, goto ‘PN_QC2021_F17’

‘QC2021_F13’ [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, goto PN_‘QC2021_F17’

'QC2021_F14' [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, goto 'PN_QC2021_F17'

'QC2021_F15' [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, goto 'PN_QC2021_F17'

'QC2021_F16' [CF37] - On a scale of 1-10 with 10 being the most useful and 1 the least, how useful was the Kit for New Parents?

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 'QC2021_F17': :
IF CAGE ≥ 4, CONTINUE WITH 'QC2021_F17'
ELSE SKIP TO 'QC2021_G1'

'QC2021_F17' [CF30] - Overall, do you think your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

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, goto 'QC2021_F19'

‘QC2021_F18’ [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

‘QC2021_F19’ [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 'QC2021_G1' :
IF CAGE \geq 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

'QC2021_G1' [CG1] - These next questions are about childcare. By childcare we mean any arrangement where someone other than the parents, legal guardian, or stepparents takes care of (CHILD). {This includes preschool and nursery school, but not kindergarten.}

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, goto 'QC2021_G10'

'QC2021_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 'QC2021_G3' :
IF 'QC2021_G2' < 10 (HOURS IN CHILDCARE), GO TO 'QC2021_G10' ;
ELSE CONTINUE WITH 'QC2021_G3'

'QC2021_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

‘QC2021_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

‘QC2021_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

‘QC2021_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 ‘QC2021_G7’ :
IF CAGE ≥ 7 YEARS, GO TO ‘QC2021_G10’ ;
ELSE CONTINUE WITH ‘QC2021_G7’

‘QC2021_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

‘QC2021_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 'QC2021_G9' :
IF ['QC2021_G3' OR 'QC2021_G4' = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF ['QC2021_G5' ≠ 1 AND 'QC2021_G6' ≠ 1 AND 'QC2021_G7' ≠ 1 AND 'QC2021_G8' ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO 'QC2021_G10' ;
ELSE CONTINUE WITH 'QC2021_G9' ;
IF ONLY ONE OF 'QC2021_G5' , 'QC2021_G6' , 'QC2021_G7' , OR 'QC2021_G8' = 1, DISPLAY 'Is this' AND 'provider' ;
ELSE DISPLAY, 'Are all of these' AND 'providers'

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

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

'QC2021_G10' [CG5] - In the past 12 months, was there a time when you could not find childcare when you needed it for (CHILD) for a week or longer?

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, goto 'QC2021_H1'

'QC2021_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。

‘QC2021_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, goto ‘PN_QC2021_H3’

‘QC2021_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 'QC2021_H3' :

IF 'QC2021_H1' = 1 (YES-CHILD IS LATINO), DISPLAY, 'You said your child is Latino or Hispanic. Also,'

IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR 'QC2021_H3' ,

CONTINUE WITH PROGRAMMING NOTE 'QC2021_H6' ;

ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QC2021_H3' [CH3] - {You said your child is Latino or Hispanic. Also,} Please tell me which one or more of the following you would use to describe (CHILD): Would you describe {him/her} as Native Hawaiian, 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}：您會否將{他／她}形容為夏威夷原居民、太平洋島民、美國印第安人、亞拉斯加原居民、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 PACIFIC ISLANDER
- ☐ 6 NATIVE HAWAIIAN
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 6, 91, -7, -8, And Only One Race, goto 'PN_QC2021_H12'

If = 3, And Only One Race, goto 'PN_QC2021_H10'

If = 4, And Only One Race, goto 'PN_QC2021_H6'

If = 5, And Only One Race, goto 'PN_QC2021_H11'

If =1, And Only One Race, go to 'QC2021_H4'

If =2, And Only One Race, go to 'QC2021_H5'

PROGRAMMING NOTE 'QC2021_H4' :

IF 'QC2021_H3' = 1 (WHITE), CONTINUE WITH 'QC2021_H4';

ELSE GO TO PROGRAMMING NOTE 'QC2021_H5'

'QC2021_H4' [CH3A]- What are your child's white origin or origins?

您孩子的白人血統源自何處？

For example, German, Irish, English, Italian, Armenian, Iranian, etc.

例如：德國人、愛爾蘭人、英國人、意大利人、亞美尼亞人、伊朗人等。

- ☐ 1 (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

'QC2021_H5' [CH3B]- What are your child's Black origin or origins?

您孩子的黑人血統源自何處？

For example, African American, Nigerian, Ethiopian, Jamaican, Haitian, Ghanaian, etc.

例如：非裔美國人、尼日利亞人、埃塞俄比亞人、牙買加人、海地人、加納人等。

- ☐ 1 (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

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

'QC2021_H6' [CH4] - You said American Indian/Alaska Native, and what is (CHILD)'s tribal heritage? If {he/she} has more than one tribe, tell me all of them.

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

'QC2021_H7' [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, goto 'PN_QC2021_H10'

‘QC2021_H8’ [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

‘QC2021_H9’ [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 ‘QC2021_H10’ :
IF ‘QC2021_H3’ = 3 (ASIAN) CONTINUE WITH ‘QC2021_H10’ ;
ELSE GO TO PROGRAMMING NOTE ‘QC2021_H11’

‘QC2021_H10’ [CH7] - You said Asian, and what specific ethnic group is {he/she}, such as Chinese, Filipino, Vietnamese? If {he/she} is more than one, tell me all of them.

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 'QC2021_H11' :
IF 'QC2021_H3' = 5 (PACIFIC ISLANDER) CONTINUE WITH 'QC2021_H11' ;
ELSE GO TO 'QC2021_H12'

'QC2021_H11' [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

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

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

(孩子)是美國公民嗎？

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

If = 1, goto 'QC2021_H15'

'QC2021_H14' [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

'QC2021_H15' [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 'QC2021_H16' :
IF KIDS1ST = 'Y' AND SKA = 1 (MOTHER OF CHILD) OR IF KID1ST= 'N' AND SC17B= 1 (AR=
MOTHER OF CHILD) , DISPLAY 'were you';]
ELSE, CONTINUE WITH 'QC2021_H16' AND DISPLAY 'was his mother/was her mother'

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

{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 'QC2021_H17' AND 'QC2021_H18' :
IF 'QC2021_H16' = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO
PROGRAMMING NOTE 'QC2021_H20' ;ELSE CONTINUE WITH 'QC2021_H17' AND IF
RESPONDENT IS MOTHER OF CHILD DISPLAY 'Are you';ELSE DISPLAY 'Is {his/her} mother'

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

{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, goto 'PN_QC2021_H19'

PROGRAMMING NOTE 'QC2021_H18' :
IF 'QC2021_H16' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QC2021_H20'

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

{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 'QC2021_H19' :IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH
'QC2021_H19' AND DISPLAY 'have you';ELSE CONTINUE WITH 'QC2021_H19' AND DISPLAY
'has {his/her} mother'

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

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 'QC2021_H20' :
IF KIDS1ST = 'Y' AND SKA = 2 (FATHER OF CHILD) OR IF KID1ST= 'N' AND SC17B=2 (AR=
FATHER OF CHILD) , DISPLAY 'were you';]
ELSE, CONTINUE WITH 'QC2021_H16' AND DISPLAY 'was his father/was her father'

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

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 'QC2021_H21' AND 'QC2021_H22' :
IF 'QC2021_H20' = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO
PROGRAMMING NOTE 'QC2021_H24' ;
ELSE CONTINUE WITH 'QC2021_H21' AND IF RESPONDENT IS FATHER OF CHILD DISPLAY 'Are
you';ELSE SAY 'Is {his/her} father'

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

{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, goto 'PN_QC2021_H23'

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

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

{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 'QC2021_H23' :IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH 'QC2021_H23' AND DISPLAY 'have you';ELSE, CONTINUE WITH 'QC2021_H23' AND DISPLAY 'has {his/her} father'

'QC2021_H23' [CH16] - About how many years {have you/has {his/her} father} lived in the United States?

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

'QC2021_H24' [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 'QC2021_H25' :
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC2021_H25' ;
ELSE GO TO PROGRAMMING NOTE KAG8

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

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 'QC2021_H26':
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC2021_H26';
ELSE GO TO 'QC2021_H27'

'QC2021_H26' [CH30] - Based on the questions in this survey about (CHILD), is there another adult in the household who is more knowledgeable about questions we asked about (CHILD)?

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

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

所有與您子女相關的問題已問完。當我們未開始詢問與您本人相關的問題前，我們希望知道，於往後的某些日子，您是否願意接受與您子女相關的問卷調查的跟進工作？

- ☐ 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。']