CHIS 2021
Child CATI Questionnaire
(Interviewer-Administered)
Version 1.05 Korean
August 5, 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

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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

NOTE: Please consult the CHIS 2021 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

SECTION A: DEMOGRAPHICS PART I, HEALTH CONDITIONS

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

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

우선 (CHILD) 의 나이 같은 기본적인 인적 사항을 몇 가지 여쭤보겠습니다..

Is (CHILD) male or female?

(CHILD) 은(는) 남자입니까 아니면 여자입니까?

- ❍   1 MALE
- ❍   2 FEMALE
- ❍   -7 REFUSED

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

이 아이의 생년월일은 언제입니까?

_____ 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';ELSEGO TO PN_'QC2021_A5'

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

확인을 위해 여쭤봅니다. (CHILD)(이)가 11살보다 더 나이가 많다고 말씀하신 것이 맞습니까?

    ❍   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.

확인해주셔서 감사합니다. 이제 귀하에 관해 질문을 드리겠습니다.

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}?

(CHILD) 은(는) 몇 살입니까?

[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) 은(는) 현재 신발을 신지 않았을 때 신장이 대략 얼마나 됩니까?

[IF NEEDED, SAY: 'Your best guess is fine.']
[IF NEEDED, SAY: '정확히 모르시겠으면 비슷하게라도 말씀해 주시면 됩니다.']

    _____ 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) 은(는) 현재 신발을 신지 않았을 때 체중이 대략 얼마나 됩니까?

[IF NEEDED, SAY: 'Your best guess is fine.']
[IF NEEDED, SAY: '정확히 모르시겠으면 비슷하게라도 말씀해 주시면 됩니다.']

_____ 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) (을/를) 키울 때 우유가 아니라 모유, 즉 엄마 젖을 먹인 적이 있습니까?

- ❍ 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?

모유를 끊었을 때 (CHILD) (이)/는 몇 살이었습니까?

_____ 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?

귀하가 (CHILD) 에게 이유식이나 고형식을 먹이기 시작한 것은 이 아이가 몇 살 때 였습니까?

[IF NEEDED SAY: 'Solid food is anything other than milk, formula, juice, water, herbs or teas.']
[IF NEEDED SAY, '고형식이란 우유, 분유, 주스, 물, 약초 또는 차를 제외한 기타 식품을 말합니다.']

_____ 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?

{프리스쿨이나 유아원은 제외하고} (CHILD) (이)는 지난 주에 학교에 다녔습니까?

❍   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?

{프리스쿨이나 유아원은 제외하고} (CHILD) (이)는 지난 학년도에 학교에 다녔습니까?

❍   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_F4'

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

(CHILD) 이(가)현재 다니고 있거나 마지막으로 다녔던 학교의 이름은 무엇입니까?

[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?

전반적으로 (CHILD) (이)의 건강 상태는 굉장히 좋습니까, 상당히 좋습니까, 좋은 편입니까? 그런대로 괜찮습니까, 아니면 좋지 않습니까?

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

'QC2021_A15' [CA12] - Has a doctor <u>ever</u> told you that (CHILD) has asthma?

의사로부터 (CHILD) (이)/가 천식이 있다는말을 들은 적이 있습니까?

- ❍ 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?

(CHILD) (이)/는 아직도 천식이 있습니까?

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

'QC2021_A17' [CA32] - During the <u>past 12 months</u>, has {he/she} had an episode of asthma or an asthma attack?

지난 12개월 동안, 이 아이가 천식 증상이 있었던 적이 있습니까?

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

지난 12 개월 동안, (CHILD) (이)/가 천식 때문에 병원 응급실에 간 적이 있습니까?

- ❍   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?

(CHILD) (이)/가 천식 증세가 있을 때 귀하가 아이의주치의나 전문의를 볼 수 없었기 때문에 병원 응급실로 데려간 적이 있습니까?

[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 <u>daily</u> medication to control {his/her} asthma that was prescribed or given to you by a doctor?

CHILD) (이)/가 천식을 다스리기 위해 의사가 처방하거나 제공해 준 약을 현재 매일 복용하고 있습니까?

[IF NEEDED, SAY: 'This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.']
[IF NEEDED, SAY: '입으로 복용하는 약과 코로 들이마시는 약을 둘 다 포함해서 말씀해 주십시오. 하지만,
즉각적인 효과를 보기 위해 사용하는 흡입제와는 다릅니다.']

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

지난 12 개월 동안, (CHILD) (이) 의 천식 증세로 병원 응급실에 간 적이 있습니까?

- ❍ 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?

(CHILD) (이)/가 천식 증세가 있을 때 귀하가 아이의 주치의나 전문의를 볼 수 없었기 때문에 병원 응급실로 데려간 간 적이 있습니까?

[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?

지난 12 개월 동안, 천식 때문에 (CHILD) (이)가 데이 케어나 학교에 나가지 못했던 게 며칠이나 됩니까?

_____ 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) (이)의 담당 의사나 다른 의료 제공자가 자녀분의 천식을 관리하는 방법을 알려주기 위해 귀하와 함께 천식 관리 계획서를 작성한 적이 있습니까?

❍   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?

이 천식 관리계획서 사본을 갖고 계십니까?

[IF NEEDED, SAY: 'This can be an electronic or hard copy.']
[IF NEEDED, SAY: '전자 사본, 인쇄 사본 모두 해당됩니다.']

❍   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) (이)는 자기 나이에 맞는 정상 활동을 어렵게 하거나 지장을 주는 신체적, 정신적, 또는 행동 상의 증세를 갖고 있습니까?

❍   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?

어떤 증세입니까?

[CODE ALL THAT APPLY]
[PROBE: 'Any others?']
[PROBE: '다른 건강 상태도 있습니까?']

- ❑ 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) <u>currently</u> need or use medicine <u>prescribed</u> by a doctor, other than vitamins?

은(는) 현재 비타민 외에 의사가 처방한 약을 필요로 하거나 복용하고 있습니까?

[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: '여기에는 의사가 처방한 약만 적용됩니다. 처방전 없이 구매한 감기약이나 두통약, 기타 비타민, 미네랄 혹은 건강보조제와 같은 비처방약은 포함되지 않습니다.']

- ○ 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?

자녀는 의학적, 행동적, 또는 기타 건강 상태로 인해 약을 처방 받아야 합니까?

- ❍   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?

그 상태가 12개월 이상 지속되었거나 지속될 것으로 예상됩니까?

- ❍   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)은(는) 물리 치료, 작업 치료, 또는 언어 치료와 같은 특수 요법을 받아야 하거나 받고 있습니까?

- ❍   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?

자녀는 의학적, 행동적, 또는 기타 건강 상태로 인해 특수 요법을 받아야 합니까?

- ❍   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?

그 상태가 12개월 이상 지속되었거나 지속될 것으로 예상됩니까?

- ❍   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.

지금부터는 (CHILD) (이)의 치아 건강에 관해 질문을 드리겠습니다.

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?

다음 질문들은(CHILD) (이)의 치아 건강에 관한 겁니다. (CHILD) (이)는 치아가 있습니까?

- ○ 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.

자녀분이 가장 최근에 치과 의사에게 진료받거나 치과 클리닉을 다녀온 지 얼마나 지났습니까? 치위생사 등 치과 계통 전문가를 모두 포함해서 대답해 주십시오.

- ○ 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 '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?

귀하의 자녀는 지난 12개월 동안 치과 서비스를 몇 번이나 받았습니까?

- ❍ 01 None
- ❍ 01없음
- ❍ 02 Once
- ❍ 021회
- ❍ 03 Twice
- ❍ 03 2회
- ❍ 04 Three times
- ❍ 04 3회
- ❍ 05 Four times
- ❍ 05 4회
- ❍ 06 Five times or more
- ❍ 06 5회 이상
- ❍ -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?

귀하의 자녀는 지난 12개월 이내에 어디서 치과 서비스를 받았습니까?

Select all that apply

- ❑ 01 Free health/dental event
- ❑ 01 무료 의료/치과 행사
- ❑ 02 Dentist office
- ❑ 02 치과
- ❑ 03 Hospital
- ❑ 03 병원
- ❑ 04 Other
- ❑ 04 기타
- ❍ -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?

자녀의 치아 건강 또는 예방적 치과 치료에 대한 교육 정보를 어디서 받았습니까?

- ❍ 01 Have not received any educational information
- ❍ 01 교육 정보를 받지 못함
- ❑ 02 From dental office
- ❑ 02 치과에서
- ❑ 03 From my child's school
- ❑ 03 자녀의 학교에서
- ❑ 04 From social media or online
- ❑ 04 소셜 미디어 또는 온라인에서
- ❑ 05 From family or friends
- ❑ 05 가족이나 친구로부터
- ❑ 06 From community events/health fairs
- ❑ 06 커뮤니티 행사/건강 박람회에서
- ❑ 07 From pediatrician
- ❑ 07 소아과 의사로부터
- ❑ 08 From other sources
- ❑ 08 다른 출처에서
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

PROGRAMMING NOTE 'QC2021_B6' :
IF 'QC2021_B2' = 0 (HAD NEVER VISTED) 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}?

{지난 한 해 동안} 자녀분이 한 번도 치과에 가지 않은 주된 이유는 무엇 때문이었습니까?

- ❍ 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?

(CHILD)의 치과 치료를 위해 주로 찾아가는 특정한 치과 의사나 치과 병원이 있습니까?

- ❍ 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?

지난 12개월 동안, (CHILD)에게 치과 치료가 필요했는데 돈이 없어서 치료를 받지 못한 적이 있었습니까?

- ❍ 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?

귀하는 현재 (CHILD)(이)의 치과 진료비의 전부 또는 일부를 부담하는 의료보험이 아무 종류라도 있으십니까?

[IF NEEDED: Include dental insurance, prepaid dental plans such as HMOs, or government plans such as Medi-Cal or Covered California]
[IF NEEDED: '치과 보험, HMO 같은 선불 치과 플랜, Medi-Cal 또는 Healthy Families 같은 정부 플랜을 포함시키십시오.']

- ❍ 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.

이러한 치과보험 플랜의 보험료 또는 비용을 일부분 또는 전부 내고 계십니까? 귀하나 가족분이 지불해야 하는 코페이(또는 본인부담금) 또는 디덕터블(또는 공제액)은 포함시키지 말아 주십시오.

- ❍ 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.

고용주, 노동조합 또는 전문기관 같이 다른 곳에서 이러한 치과 보험 플랜의 보험료 또는 비용을 일부분 또는 전부 내주고 있습니까? 귀하나 가족분이 지불해야 하는 코페이(또는 본인부담금) 또는 디덕터블(또는 공제액)은 포함시키지 말아 주십시오.

- ❍ 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?

그 외에 또 누가 치과 보험 플랜 비용의 일정 부분을 내주고 있나요?

Select 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

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

지난 12개월 동안 아이가 치과 보험이 전혀 없었을 때가 있었습니까?

- ❍ 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 <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}?

(CHILD)(이)가 보험 보장이 없는 기간에 치과 보험이 없었던/보험이 없는 가장 주된 이유는 무엇입니까?

- ❍   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?

{CHILD}의 치과 치료를 위해 무료 지역사회 또는 공공 치과 보건 프로그램을 이용하십니까?

- ❍   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?

지난 12 개월 동안 (CHILD)가 정기 검사를 포함해서 치과 진료를 받아야 했지만 그렇지 못했던 적이 한 번이라도 있었습니까?

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

If = 2, -7, -8, goto 'QC2021_B18'

'QC2021_B17' [CB28] - What is the <u>one main</u> reason {he/she} didn't get the dental care?

지난 12 개월 동안 (CHILD)가 정기 검사를 포함해서 치과 진료를 받아야 했지만 그렇지 못했던 적이 한 번이라도 있었습니까?

- ❍   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?

지난 12 개월 동안, (CHILD)(이)가 치과 관련 문제 때문에 병원 응급실에 가야 했던 적이 있었습니까?

- ❍   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?

지난 12개월 동안 (CHILD)(이)가 치과적 문제로 인해 긴급 치료 클리닉을 방문한 적이 있습니까?

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

> ***PROGRAMMING NOTE 'QC2021_B17':***
> ***IF ('QC2021_A11'=1 OR 4) OR ('QC2021_A12'=1 OR3) [CHILD ATTENDS SCHOOL] CONTINUE***
> ***WITH 'QC2021_B17'; ELSE GOTO PN_'QC2021_C1'***

'QC2021_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.

지난 12개월 동안, (CHILD)가 치과 문제로 학교 수업을 빠진 적이 있습니까? 스케일링 또는 치과 검진으로 빠진 수업 시간은 포함시키지 마십시오

- ❍ 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?

_____ 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?

[어제,] 귀하의 자녀는 가당 과일 음료, 스포츠 또는 에너지 음료를 몇 잔 또는 몇 캔이나 마셨습니까?

[IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]
[IF NEEDED, SAY: "레모네이드, 게토레이드, 스내플 또는 레드불 같은 음료."]

_____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.

지금부터는 (CHILD)(이)의 의료기관 방문에 관해 질문을 드리겠습니다.

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?

자녀분이 아프거나 건강에 관한 조언이 필요할 때 보통 귀하가 아이를 데리고 가는 곳이 있습니까?

> ❍   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?

{자녀분을 가장 자주 데려가시는 곳은 개인 닥터 오피스, 클리닉, 종합병원, 응급실, 또는 기타 다른 곳 중 어디입니까? / 자녀분의 주치의는 개인 닥터 오피스, 클리닉, 종합병원, 응급실, 기타 다른 곳 중 어디에 소속되어 있습니까?}

> ❍   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?

지난 12 개월 동안, (CHILD) (이) 가 병원 응급실에 간 적이 있습니까?

- ❍   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?

지난 12 개월 동안, (CHILD) (이) 가 종류와 상관없이 의사의 진료를 받은 것은 몇 번입니까?

_____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?

마지막으로 자녀분이 의사를 만난 것은 대략 얼마 전입니까?

- ❍   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?

이 자녀분의 담당 의료 제공자 역할을 하는 개인 의사나 의료 제공자가 있습니까?

[IF NEEDED, SAY: 'This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.']
[IF NEEDED, SAY: '여기에는 일반의, 전문의, 의사 보조원, 간호사, 또는 기타 의료제공자가 포함될 수

있습니다.']

- ❍   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?

(이)가 다니는 닥터 오피스나 클리닉에는 다른 의사로부터 진료, 또는 검사나 치료와 같은 의료서비스를 받을 수 있도록 도와주는 사람이 있습니까?

- ❍   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.

의사나 교사, 카운셀러 등 많은 전문가들은 발달 단계 검사를 하고 있습니다. 발달 단계 검사란 아이가 성장, 학습, 행동적인 면에 있어서 또래의 다른 아이들과 비교해서 어떻게 성장하고 있는지를 평가하는 것입니다.

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

(CHILD) (이)의 담당 의사나 다른 의료 제공자, 또는 교사나 학교의 카운셀러가 (CHILD) (이)의 발달에 대한 평가나 검사를 적이 있습니까?

- ❍ 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?

(CHILD) (이)의 담당 의사나 다른 의료제공자, 또는 교사나 학교의 카운셀러가 (CHILD) (이)에게 구르거나, 작은 물건을 집거나, 블록을 쌓거나, 공을 던지거나, 색깔을 구별해 보라고 시킨 적이 있습니까?

- ❍ 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?

그러한 전문가들이 귀하에게 이 아이의 학습, 발달 또는 행동과 관련된 문제점에 대해 체크리스트를 작성하게 한 적이 있습니까?

- ❍ 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?

그러한 전문가들이 귀하에게 (CHILD) (이)가 할 수 있는 활동, 즉 이 아이가 특정한 물건을 그리는 것 같은 신체적인 작업, 또는 아이가 귀하와 의사소통을 하는 방법에 대한 체크리스트를 작성하게 한 적이 있습니까?

- ○   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?

그러한 전문가들이 자녀분의 학습, 발달 또는 행동과 관련된 문제점에 대해 물어본 적이 있습니까?

- ○   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 RETADATION) GO TO 'QC2021_D14' ;
ELSE CONTINUE WITH 'QC2021_D13'

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

의사나 다른 전문가가 (CHILD) (이) 에 대해 좀더 유심히 지켜봐야 할 문제가 있다고 우려를 표시한 적이 있습니까?

- ○   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?

의사나 다른 전문가가 자녀분의 성장 발달과 관련하여 전문의를 만나보라고 추천해 준 적이 있습니까?

- ○   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?

의사나 다른 전문가가 자녀분의 말하기, 언어 발달, 또는 청력 테스트와 관련하여 전문의를 만나보라고 추천해 준 적이 있습니까?

- ❍   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?

지난 12개월 동안, (CHILD) (이) 가 아프거나 다쳐서 담당의사 또는 의료 제공자와 이틀 이내에 진료 예약을 잡으려고 시도했던 적이 있으셨습니까?

[IF NEEDED, SAY: 'Do not include emergencies.']
[IF NEEDED, SAY: '응급 상황은 포함시키지 마십시오.']

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

If = 2, -7, -8, goto 'PN_QC2021_D18'

'QC2021_D17'[CD45] - How often were you able to get an appointment within two days? Would you say…

예약을 이틀 이내에 할 수 있었던 경우가 얼마나 자주 있었습니까?

- ❍   1 Never
- ❍   1 전혀 없음
- ❍   2 Sometimes
- ❍   2 가끔
- ❍   3 Usually
- ❍   3 대체로
- ❍   4 Always
- ❍   4 항상
- ❍   -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?

지난 번에 (CHILD) (이) 때문에 의사를 보았을 때 귀하께서는 의사가 하는 말이 알아 듣기 힘들었습니까?

- ❍　　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?

자녀의 담당의사가 귀하와 대화할 때 어떤 언어를 사용합니까?

- ❍　　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, -7, -8, 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?

그게 귀하와 의사가 서로 다른 언어를 사용하기 때문이었습니까?

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

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

의사가 하는 말을 알아듣기 위해 누군가의 도움이 필요했습니까?

- ❍ 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?

의사의 말을 이해하도록 도와준 사람은 누구였습니까?

- ❍ 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)?

지난 12개월 동안 의사가 (CHILD) (이) 에게 처방해준 약을 사는 것을 미루거나 아예 사지 않으신 적이 있습니까?

- ❍ 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?

비용 문제나 보험이 없던 것이 처방약을 늦게 받거나 받지 못한 이유였습니까?

- ❍   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?

지난 12개월 동안 의사, 전문의, 또는 다른 의료 전문가를 찾아가는 것 같이, 귀하가 (CHILD) (이) 에게 필요하다고 느끼신 진료를 미루거나 받지 않으신 적이 있습니까?

- ❍   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)(이) 는 결국 진료를 받았습니까?

- ❍   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?

비용 문제나 보험이 없던 것이 (CHILD) (이) 가 필요한 진료를 연기했거나 받지 못한 이유였습니까?

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

If = 2, -7, -8, goto 'QC2021_D29'

'QC2021_D28' [CD67] - Was that the <u>main</u> reason?

그것이 주된 이유였습니까?

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

If = 1, -7, -8, goto 'QC2021_D30'

'QC2021_D29' [CD68] - What was the <u>one</u> main reason why you delayed getting the care you felt (he/she) needed?

귀하가 자녀에게 필요하다고 생각한 진료를 연기한 한 가지 주된 이유는 무엇이었습니까?

- ❍   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?

지난 12개월 동안, 귀하의 자녀를 진료해 줄 일반의를 찾는 데 문제가 있었습니까?

- ❍   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?

지난 12개월 동안, 닥터 오피스나 클리닉에서 귀하의 자녀를 새 환자로 받아 주지 않겠다는 말을 들은적이 있습니까?

- ❍   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?

지난 12개월 동안, 닥터 오피스나 클리닉에서 귀하 자녀의 의료보험을 받지 않는다는 말을 들은 적이 있습니까?

- ❍   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)?

보통 일주일에 며칠이나 귀하나 다른 가족 구성원이 (CHILD) 와(과) 함께 동화책을 읽거나 그림책을 봅니까?

- ❍   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)?

[귀하나 가족 중에 다른 어떤 분이 보통 한 주에 며칠이나] (CHILD) (이) 와 음악을 같이 연주하거나 노래를 불러 줍니까?

- ❍   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?

[귀하나 가족 중에 다른 어떤 분이 보통 한 주에 며칠이나] (CHILD) (이) 를 공원, 상점, 놀이터 같은 곳에 데리고 갑니까?

- ❍   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?

제가 읽어드릴 문장에 대해, 전적으로 동의함, 동의함, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.

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

우리 집에서 가장 가까운 곳에 있는 공원이나 놀이터는 낮시간에 안전하다.

- ❍ 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?

아이와 이야기를 하거나 함께 책을 읽는 것, 또는 아이와 노래 부르는 것 등을 권장하는 문구나 메시지를 보거나 들은 적이 있습니까?

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

If =2, -3 goto 'QC2021_F9'

'QC2021_F6' [CF65] - Do you <u>talk</u> with your child less, about the same, or more after hearing that message?

이 메시지를 들은 뒤, 아이와 이야기 나누는 것을 예전보다 덜 하시게 되었습니까, 별로 차이가 없으셨습니까, 아니면 더 많이 하시게 되었습니까?

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

'QC2021_F7' [CF66] - Do you <u>sing</u> with your child less, about the same, or more after hearing that message?

이 메시지를 들은 뒤, 아이와 함께 노래부르는 것을 예전보다 덜 하시게 되었습니까, 별로 차이가 없으셨습니까, 아니면 더 많이 하시게 되었습니까?

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

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

이 메시지를 들은 뒤, 아이와 함께 책을 읽는 것을 예전보다 덜 하시게 되었습니까, 별로 차이가 없으셨습니까, 아니면 더 많이 하시게 되었습니까?

- ○ 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?

자녀를 위해 책이나 전자책을 어디에서 구합니까?

Select all that apply

해당되는 모든 것들을 고르세요

- ❑ 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?

귀하 또는 귀하의 자녀가 소유하고있는 아동 도서는 몇 권입니까?

Your best guess is fine.

할 수 있는 대로 추측해서 답해 주셔도 됩니다.

> ❍   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?

귀하 또는 다른 가족 구성원이 어린 자녀에게 책을 읽어주지 못하는 이유가 되는 어려움은 무엇입니까?

Select all that apply

해당되는 모든 것들을 고르세요

> ❑   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?

주정부 기관인 First 5 California에서 '첫 아이 부모 키트(Kit for New Parents)'를 신생아 부모에게 무료로 제공한다는 것을 알고 있었습니까?

> ❍   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?

첫 아이 부모 키트'를 받아보신 적이 있습니까?

- ❍   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?

첫 아이 부모 키트'를 작년에 받으셨습니까?

- ❍   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?

첫 아이 부모 키트'에 제시된 자료를 하나라도 이용하셨습니까?

- ❍   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?

1-10점 척도를 이용해 '첫 아이 부모 키트'가 얼마나 유용했는지 평가해주십시오. 여기서 10점은 가장 유용함, 1점은 가장 덜 유용함을 의미합니다.

_____ 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?

전반적으로, 귀하는 귀하의 자녀가 다음 분야에 대해 어려움을 느끼고 있다고 생각하십니까? 정서, 집중력, 품행, 혹은 사교성 중 한가지에라도 어려움을 느끼고 있다고 생각하십니까?

- ❍   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?

이러한 어려움의 정도는 가볍고, 보통이고, 심한 것 중에서 어느 것입니까?

- ❍   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?

지난 12 개월 동안, {CHILD NAME /AGE/SEX}은(는) 심리 또는 정서 상담을 받았습니까?

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

SECTION G: CHILD CARE AND SOCIAL COHESION

> *PROGRAMMING NOTE 'QC2021_G1' :*
> *IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH*

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

다음의 질문은 어린 아이를 맡기는 차일드 케어(childcare)에 대한 것입니다. 여기서 아이를 맡긴다는 말은 부모나 법적 보호자, 양부모가 아닌 다른 사람이나 기관이 아이를 돌보는 상황을 말합니다. {프리스쿨이나 유아원(널서리 스쿨) 등은 여기에 포함되지만, 유치원, 즉 킨더가든(kindergarten)은 해당하지 않습니다.}

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

현재 일주일에 10 시간 이상 (CHILD) (이)를 정기적으로 맡기시는 곳이 있습니까?

- ○   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) (이)가 이런 기관에서 혹은 보모와 함께 지내는 시간은 보통 일주일에 총 몇 시간이나 됩니까? 귀하가 이 아이를 맡기는 모든 방법을 생각한 후 그 시간을 합해 주십시오.

_____ 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?

보통 주중에 (CHILD) (이) (는) 할아버지, 할머니 또는 다른 가족 구성원이 돌봐줍니까?

- ○   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?

[보통 주중에 (CHILD) (이) (는)] 가족은 아닌데 아이를 봐주시는 분이 귀하의 집에 와서 돌봐 줍니까?

- ○   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?

[보통 주중에 (CHILD) (이) (는)] 가족은 아닌데 아이를 봐주시는 분이 그 분 집에서 돌봐 줍니까?

- ○   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?

[보통 주중에 (CHILD) (이) (는)] 일반 가정집이 아닌 데이케어나 보육 기관에서 돌봐줍니까?

- ○   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?

[보통 주중에 (CHILD) (이) (는)] 헤드 스타트 (Head Start) 프로그램이나 주립 프리스쿨에서 돌봐줍니까?

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

'QC2021_G8' [CG3C] - [Does (CHILD) receive childcare from] ...some other preschool or nursery school?

[보통 주중에 (CHILD) (이) (를)] 다른 프리 스쿨이나 유아원(널서리 스쿨)에서 돌봐줍니까?

- ○   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 <u>non-family member outside your home</u>, {is this/are all of these} child care provider{s} licensed by the state of California?

{아이를 봐주시는 이 분/ 아이를 돌봐주는 이 기관}은 캘리포니아 주 정부로부터 라이센스를 받은 분들입니까?

- ⭕ 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?

지난 12 개월 동안, (CHILD) (이)를 맡겨야 하는데도, 적당한 사람이나 기관을 일주일 이상 찾지 못한 적이 있었습니까?

- ⭕ 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?

그 당시, (CHILD) (이)를 맡길 만한 적당한 사람이나 기관을 구할 수 없었던 주된 이유는 무엇이었습니까?

[IF NEEDED, SAY: 'Main reason is the most important reason.']
[IF NEEDED, SAY: '제일 주된 이유란 가장 중요한 이유 하나만을 말하는 겁니다.']

- ⭕ 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.

저는 캘리포니아 주의 모든 인종 그룹에 속한 자녀들이 포함되었는지 확인하기 위해 마지막으로 (CHILD) (이)의 기본적인 인적 사항을 몇가지 여쭤보겠습니다.

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

(CHILD) 은(는) 라티노 또는 히스패닉입니까?

[IF NEEDED, SAY: 'Such as Mexican or Central or South American?']
[IF NEEDED, SAY: '멕시코계 또는 중남미 계통입니까?']

- ❍ 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.

그러면 어떤 라티노나 히스패닉계에 속하십니까? 예를 들자면 멕시코계, 엘살바도르계, 쿠바계, 온두라스계 등이 있겠는데요. 하나 이상에 해당되는 경우에는 모두 말씀해 주십시오..

[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?

{자녀분이 라티노 또는 히스패닉계라고 말씀하셨는데요} 다음 중 (CHILD) (이)에게 해당되는 인종을 하나 혹은 그 이상 선택해 주십시오. {그/그녀}를 하와이 원주민, 태평양 섬 원주민, 아메리칸 인디언, 알래스카, 원주민, 아시아인, 흑인, 아프리카계 미국인 또는 백인 중 어느 쪽이라고 설명하시겠습니까?

[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?

자녀는 어느 백인계 혈통에 해당됩니까?

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

예. 독일인, 아일랜드인, 영국인, 이탈리아인, 아르메니아인, 이란인 등

- ❑ 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?

자녀는 어느 흑인계 혈통에 해당됩니까?

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

예. 아프리카계 미국인, 나이지리아인, 에티오피아인, 자메이카인, 아이티인, 가나인 등

> ❑   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.

아메리칸 인디언이나 알래스카 원주민이라고 말씀하셨는데요, (CHILD) (이)는 어떤 부족에 속하십니까?
하나 이상의 부족에 속하신 경우, 모두 말씀해 주십시오.

[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?

(CHILD)은(는) 연방정부나 주정부가 인정한 부족으로 정식 등록되어 있습니까?

> ○   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?

(CHILD) 은(는) 어느 부족에 등록되어 있습니까?

- ○   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?

(CHILD) 은(는) 인디언 건강 서비스, 특정 부족을 위한 건강 프로그램, 또는 도시 거주 인디언 클리닉을 통해 혜택을 받고 있습니까?

   ❍ 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.

아시아인이라고 말씀하셨는데요, (CHILD) (이)는 중국계라던지, 필리핀계, 또는 베트남계 등, 구체적으로 어느 민족입니까? 둘 이상 해당되는 경우, 모두 말씀해 주십시오.

[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.

(CHILD) (이)가 태평양 섬 원주민이라고 말씀하셨는데요. (CHILD) (이)는 사모아족, 통가족, 또는 괌족 등, 구체적으로 어느 민족입니까? 둘 이상 해당되는 경우, 모두 말씀해 주십시오.

[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?

(CHILD) 은(는) 어느 나라에서 출생했습니까?

- ❍   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?

(CHILD)은(는) 미국 시민권자입니까?

- ❍   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?

(CHILD)은(는) 영주권자입니까?

[IF NEEDED, SAY: 'People usually call this a green card but the color can also be pink, blue or white.'] [IF NEEDED, SAY: '사람들은 이것을 보통 '그린카드'라고 합니다. 그런데 실제 색깔은 분홍색일수도 있고, 파랑색 아니면 하얀색일수도 있습니다.'**]**

- ❍   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?

(CHILD) 은(는) 대략 몇 년 동안 미국에 살았습니까?

[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?

{귀하는/ 이 아이의 어머니는} 어느 나라에서 출생하셨습니까?

[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?

{귀하는/ 이 아이의 어머니는} 미국 시민권자이십니까?

[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?

{귀하는/ 이 아이의 어머니는} 그린 카드가 있는 영주권자이십니까?

- ❍   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?

{귀하는/ 이 아이의 어머니는} 미국에 거주하신 지 몇 년이나 되셨습니까?

  _____ 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?

{귀하는/ 이 아이의 아버지는} 어느 나라에서 출생하셨습니까?

[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?

{귀하는/ 이 아이의 아버지는} 미국 시민권자이십니까?

[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?

{귀하는/ 이 아이의 아버지는} 그린 카드가 있는 영주권자이십니까?

- ❍ 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?

{귀하는/ 이 아이의 아버지니는} 미국에 거주하신 지 몇 년이나 되셨습니까?

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

(CHILD)의 가정에서는 대체로 어떤 언어들이 사용됩니까?

[PROBE: 'Any others?']
[PROBE: '또 다른 언어가 있습니까?']

- ❑ 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?

귀하는 교육을 어디까지 받으셨습니까?

     ❍   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)?

지금 하신 아동 조사 내용에 비추어 볼 때, 이 댁에 저희가 (CHILD) (이)에 대해 드렸던 질문들에 더 잘 대답해주실 수 있을 만한 다른 어른이 계십니까?

- ❍   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?

마지막으로, 자녀에 대해 몇 가지 질문을 드리겠습니다. 귀하에 대한 질문으로 설문 조사를 계속하기 전에 향후 자녀에 대한 이 설문 조사의 후속 설문 조사에 참여할 의향이 있으십니까?

- ❍   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?

감사합니다. 귀하는 주 전역에서 실시되는 매우 중요한 보건 설문 조사에 도움을 주셨습니다. 질문이 있으시면 연구 책임자인 폰스(Ponce) 박사에게 연락하실 수 있습니다. 이 번호를 알려드릴까요?

[IF YES, SAY: Dr. Ponce can be reached toll-free at 1-866-275-2447.]
[IF YES, SAY: '무료 전화 1-866- 275-2447 로 전화하시면 폰스 박사와 통화가 가능하십니다.']

[IF NO, SAY: Goodbye.]
[IF NO, SAY: '다시 한 번 감사드립니다. 안녕히 계십시오.']