

CHIS 2024 Child CATI Questionnaire

Version 3.01 August 23, 2024 (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 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 guestion, i.e. 'QC24 A2': Child guestionnaire, 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 current question.	
Dynamic text	{} and () Denotes that text is automatically filled based on previous	
	responses.	

'QC24_A5' What is {his/her} date of birth?

CA2

0	JANUARY	1
0	FEBRUARY	2
0	MARCH	
0	APRIL	
0	MAY	
O	JUNE	
0	JULY	
0	AUGUST	
0	SEPTEMBER	
0	OCTOBER	
0	NOVEMBER	
0	DECEMBER	
0	REFUSED	
0	DON'T KNOW	
	DAY [Range: 1-31]	
0	REFUSED	-7
0	DON'T KNOW	8
	YEAR [Range: 2006-2011]	
<u></u>		_7
o	DON'T KNOW	
		· · · · · · · · · · · · · · · · · · ·

PROGRAMMING NOTE 'QC24_A14':

IF CAGE < 5 YEARS GO TO 'QC24_A17';

ELSE CONTINUE WITH 'QC24_A14' AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC24_A14'	{Not including pre-school or nursery school,} Did (CHILD) attend school last week?
CA42	O YES
'QC24_A8'	How old is {he/she}?
CA3	[INTERVIEWER NOTE: FOR AGES ABOVE 4 YRS OR 48 MO, DO NOT RECORD MONTHS OR PARTIAL YRS]
	YEARS MONTHS
	O REFUSED7 O DON'T KNOW8
'QC24_A9'	About how tall is (CHILD) now without shoes?
CA4	[IF NEEDED, SAY: "Your best guess is fine."]
	FEET INCHES
	CENTIMETERS
	O FEEL/INCHES 1 O CENTIMETERS 2 O REFUSED -7 O DON'T KNOW -8

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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

Geridei				
PROGRAMMII		C24_A1': DATE (YYYYMMDD)		
			_{/,} /N, SET 'QC24_A1' =GE	NDER6 AND SKIP TO
'QC24_A5'; ELSE CONTIN	II IE WITH 'A	C24 A4'		
ELSE CONTIN	IUE WITH Q	C24_A1		
'QC24_A1'	ask you so		ons. What sex was {CHIL	stics, like their age. First, I will .D's name} assigned at birth,
CA1B			序徵,例如:年齡。首先, E時被指定的性別是什麼?	我會問一些背景問題。在出生
	O	Female 女性		2
	O			1
	O			3
	•	Prefer not to ans 不願作答	wer	9
'QC24_A2'	What is {ch categories)		ender? (NOTE: CATI inte	erviewers should read all
CA73	{您/[兒童的	的姓名]}目前的性別是·	什麼?	
OATO	•	Female 女性		2
	0			1
	O			3
	O	Non-binary 非二元性別者		5
	•	I use a different t 我使用其他術語	erm: () ()	7
	O	不清楚		
	0	Prefer not to ans 不願作答	wer	9
'QC24_A3'	What is you	ur (CHILD)'s current ge	ender identity?	
CAZC	目前您認為	(CHILD)是什麼性別?		
CA76	0	SPECIFY: ()	1
	0			

PROGRAMMING NOTE 'QC24 A4':

IF ['QC24_A1' = 1 (MALE AT BIRTH) AND 'QC24_A2' = 2, 3, 5, 7] OR ['QC24_A1' = 2 (FEMALE AT BIRTH) AND 'QC24_A2' = 1, 3, 5, 7] THEN CONTINUE WITH 'QC24_A4'; ELSE SKIP to 'QC24_A5'

'QC24 A4'

Just to confirm, {you were/[child's name] was} assigned {INSERT RESPONSE FROM 'QC24_A1'} at birth and now describes {yourself/themself} as {INSERT ALL RESPONSES FROM 'QC24_A2'}. Is that correct?

再確認一次,{您/[兒童的姓名]}在出生時被指定的性別是{INSERT RESPONSE FROM CA1},現在{您/他們}認為自己是{INSERT ALL RESPONSES FROM 'NEW_CA2'}。對嗎?

CA74

\mathbf{O}	YES	1
\mathbf{C}	NO	2
	REFUSED	
\circ	DON'T KNOW	-8

Age

'QC24_A5' What is {his/her} date of birth?

請告訴我 {他/她} 出生日期。

CA2

0	JANUARY	1
\mathbf{O}	FEBRUARY	
\mathbf{O}	MARCH	
0	APRIL	
Ō	MAY	
Ō	JUNE	
Ō	JULY	
Ö	AUGUST	
Ō	SEPTEMBER	
Ō	OCTOBER	
Ō	NOVEMBER	
Ō	DECEMBER	
Ō	REFUSED	
Ō	DON'T KNOW	
_		
	DAY [Range: 1-31]	
$\overline{\mathbf{O}}$	REFUSED	-7
$\tilde{\mathbf{O}}$	DON'T KNOW	
•	5017 1 1110 17	
	YEAR [Range: 2006-2011]	
$\overline{\mathbf{o}}$		-7
Õ	DON'T KNOW	

PROGRAMMING NOTE 'QC24 A6':

SET CHILD AGE='QC24_A5';

IF CHILD AGE > 11, CONTINUE WITH 'QC24 A6';

ELSE GO TO 'PN_QC24_A8'

'QC24_A6' 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?

CA2A					
UNIT I	•	YES		1	[GO TO 'QC24_A7' GO TO ADULT 'SECTION B']
		REFUSED		2 7 8	CESTION D 1
'QC24_A7'					
C_AGEEXI	Т				
	Thank you	for confirming.	Now, we'd like	to ask questions abo	out you.
	謝謝您的確	認。現在,我沒	想問有關於您的	問題。	
	= -7 OR -8 (F NTH= MON OR IF 'QC24	REFÜSED/DC TH OF INTER	VIEW] OR (IF '	QC24_A5' MONTH C	/ NOT ANSWERED AND DR YEAR NOT
'QC24_A8'	How old is {	[he/she}?			
CA3	{他/ 她 } 多大	歲數了?			
		WER NOTE: F OR PARTIAL `		OVE 4 YRS OR 48 M	IO, DO NOT RECORD
			YEARS MONTHS		
	O	_		7 8	
Height and Wei		tall is (CHILD)	now without sh	oes?	
	{CHILD} 目	前不穿鞋大約才	有多高		
CA4	[IF NEEDE	D, SAY: "You	r best guess is	s fine."]	
	[IF NEEDE	D, SAY: 請盡	量估計體重。]		
		FEET INCHES			
		CENTIME	TERS		
	O O	CENTIMETE	RS	2 7	

'QC24_A10'	About how much does (CHILD) weigh now without shoes?				
	{CHILD}目前不穿鞋大約有多重?				
CA5	[IF NEEDED, SAY: "Your best guess is fine."]				
	[IF NEEDED, SAY: 請盡量估計體重。]				
	POUNDS				
	KILOGRAMS				
	 POUND				
Breastfeeding	10 NOTE (0004, A44)				
IF CAGE > 3 Y	NG NOTE 'QC24_A11' : EARS GO TO PROGRAMMING NOTE 'QC24_A14' ; E≤3 YEARS CONTINUE WITH 'QC24_A11'				
'QC24_A11'	Was (CHILD) ever breastfed or fed breast milk?				
	(CHILD) 是否曾經被喂過母乳?				
CA14	O YES1				
	O NO				
'QC24_A12'	How old was (CHILD) when {he/she} stopped breastfeeding altogether?				
CA15	當(CHILD)完全停止被喂母乳時{他/她}有多大年齡?				
	AGE IN YEARS AGE IN MONTHS				
	O STILL BREASTFEEDING				
'QC24_A13'	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?				
CA16	[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				
	O NO SOLID FOOD YET93				

	O O	REFUSED7 DON'T KNOW8
School Attenda	nce	
PROGRAMMIN		
		O 'QC24_A17' ; C24_A14' AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or
nursery school,		024_A14 AND II GAGE = 3 THO DIGITEAT NOT INCIDENTING PRE-SCHOOL OF
'QC24_A14'	{Not includi	ng pre-school or nursery school,} Did (CHILD) attend school last week?
	{不包括學前	前班或托兒所,}(CHILD)上週是否上?
CA42	_	
		YES
		ON VACATION
		HOME SCHOOLED4 [GO TO 'QC24_A17']
	O	REFUSED7
	O	DON'T KNOW8
PROGRAMMIN IF CAGE = 5 YI		C24_A15': ′ "Not including pre-school or nursery school,"
(0004 445)	6 1 (1 1 2 2 1 (2 1 1 2 1 1 1 1 1 1 1 1 1 1 1
'QC24_A15'	school year	ng pre-school or nursery school,} Did (CHILD) attend school during the last ?
CA43	{不包括學前	T班或托兒所,}(CHILD)上個學年是否上學?
	O	YES1
		NO2
	0	HOMESCHOOLED
	Ö	DON'T KNOW8
PROGRAMMIN	IG NOTE 'Q	C24 A16':
IF 'QC24_A14' LAST YEAR) T	= 1 (ATTEN HEN CONTI	NDED SCHOOL LAST WEEK) OR 'QC24_A15' = 1 (ATTENDED SCHOOL NUE WITH 'QC24_A16';
ELSE SKIP TO	PROGRAM	MING NOTE 'QC24_A17'
'QC24_A16'	What is the	name of the school (CHILD) goes to or last attended?
CB22	上學校或最	後上的學校的名稱是什麼?
OBLE	[INTERVIE	WER NOTE: RECORD VERBATIM, ASK FOR SPELLING IF NECESSARY]
		NAME OF SCHOOL
		NAINE OF SCHOOL
	_	PRE-SCHOOL/DAYCARE1
	0	KINDERGARTEN
		ELEMENTARY
	O	JUNIOR HIGH5
	_	MIDDLE SCHOOL6
	0	CHARTER7

)))	OTHER (SPECIFY:	00 7	
General Health 'QC24_A17'	In general,	would you say (CHILD)'s health is ex	ccellent, very goo	d, good, fair or poor?
CAC	總的來說,	您認為(CHILD)的健康狀況是極好、往	艮好、較好、 一般	党還是很差?
CA6	0 0 0	EXCELLENTVERY GOOD	2 4 5 7	
Asthma 'QC24_A18'	Has a doct	or <u>ever</u> told you that (CHILD) has ast	hma?	
CA12	是否有醫生	曾經告訴您(CHILD)患有哮喘?		
CA12)))	YES NOREFUSEDDON'T KNOW	2 7	[GO TO 'QC24_A29'] [GO TO 'QC24_A29'] [GO TO 'QC24_A29']
'QC24_A19'	Does {he/s	ne} still have asthma?		
CA31	{他/她}是否依	x然患有哮喘病?		
<u> </u>	0	YES NOREFUSEDDON'T KNOW	2 7	
'QC24_A20'	During the	oast 12 months, has {he/she} had an	ı episode of asthn	na or an asthma attack?
CA32	O	間月中,{他/她}是否曾經有過哮喘發作? YES NO REFUSED DON'T KNOW	2 7	
PROGRAMMIN IF 'QC24_A19' MOS), CONTIN ELSE GO TO 'C	= 1 (YES, S IUE WITH '(TILL HAS ASTHMA) OR ' QC24_A2 0	0' = 1 (YES, EPI	SODE IN LAST 12

'QC24_A21' During the <u>past 12 months</u>, 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?

CA33 'QC24_A22'	○ YES				
CA48	室就診?				
	[ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]				
	YES 1 NO 2 DOESN'T HAVE DOCTOR 3 REFUSED -7 DON'T KNOW -8				
'QC24_A23'	Is (CHILD) now taking a $\underline{\text{daily}}$ medication to control {his/her} asthma that was prescribed or given to you by a doctor?				
CA12A	(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?				
CAIZA	[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。]				
	YES 1 NO 2 REFUSED -7 DON'T KNOW -8				
IF 'QC24_A19' MOS), GO TO	IG NOTE 'QC24_A24': = 1 (YES, STILL HAS ASTHMA) OR 'QC24_A20' = 1 (YES, EPISODE IN LAST 12 QC24_A26'; JE WITH 'QC24_A24'				
'QC24_A24'	During the <u>past 12 months</u> , has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?				
CA44	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?				
CA41	O YES 1 O NO 2 [GO TO 'QC24_A26'] O REFUSED -7 [GO TO 'QC24_A26'] O DON'T KNOW -8 [GO TO 'QC24_A26']				
'QC24_A25'	Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?				

CA40	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?
CA49	[ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]
	O YES
'QC24_A26'	During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?
CA34	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
	O CHILD NOT IN DAYCARE OR SCHOOL 993 O REFUSED7 O DON'T KNOW8
'QC24_A27'	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?
CA35	O YES 1 O NO 2 [GO TO 'QC24_A29'] O REFUSED -7 [GO TO 'QC24_A29'] O DON'T KNOW -8 [GO TO 'QC24_A29']
'QC24_A28'	Do you have a written or printed copy of this plan?
CA50	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。]
	O YES 1 O NO 2 O REFUSED -7 O DON'T KNOW -8
Other Condition 'QC24_A29'	s 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?

12

的兒童活動?

CA7

(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

	O YES 1 O NO 2 O REFUSED -7 O DON'T KNOW -8	[GO TO 'QC24_A31'] [GO TO 'QC24_A31'] [GO TO 'QC24_A31']
'QC24_A30'	What condition does (CHILD) have?	
CA10A	{CHILD} 患有哪種病症?	
OATOA	[CODE ALL THAT APPLY]	
	[PROBE: "Any others?"]	
	[PROBE: '「還有其它語言嗎?」']	
	□ ADD/ADHD 1 □ ASPERGER'S SYNDROME 2 □ AUTISM 3 □ CEREBRAL PALSY 4 □ CONGENITAL HEART DISEASE 5 □ CYSTIC FIBROSIS 6 □ DIABETES 7 □ DOWN SYNDROME 8 □ EPILEPSY 9 □ DEAFNESS OR OTHER HEARING 10 □ MENTAL RETARDATION, OTHER THAN 10 □ MUSCULAR DYSTROPHY 12 □ NEUROMUSCULAR DISORDER 13 □ ORTHOPEDIC PROBLEM (BONES OR 13 □ ORTHOPEDIC PROBLEM (BONES OR 14 □ SICKLE CELL ANEMIA 15 □ BLINDNESS OR OTHER VISION PROBLEM 16 16 □ OTHER (SPECIFY: 91 ○ REFUSED -7 ○ DON'T KNOW -8	
'QC24_A31'	Does (CHILD) <u>currently</u> need or use medicine <u>prescribed</u> by a vitamins?	doctor, other than
CA17	除了維他命以外,目前(CHILD)是否需要或服用醫生開的處方藥	慈,?
	[IF NEEDED, SAY: "This only applies to medications pres the-counter medications such as cold or headache medic minerals, or supplements purchased without a prescription	ation, or other vitamins,
	[IF NEEDED, SAY: 只適用於醫生開的處方藥,不包括非處方勢傷風藥、頭痛藥、其他維他命、礦物質或營養補充劑。]	藥物,例如不需處方購買的
	O YES	[GO TO 'QC24_A34'] [GO TO 'QC24_A34'] [GO TO 'QC24_A34']

'QC24_A32'	Is {his/her} health cond		tion medicine because of	any medio	cal, behavior, or other
CA18	{他/她} 需	· 言要服用處方藥物,	原因是否基於任何醫療、	行為或其	他健康狀況?
<u> </u>)))	NOREFUSED		2 7	[GO TO 'QC24_A34'] [GO TO 'QC24_A34'] [GO TO 'QC24_A34']
'QC24_A33'	Is this a co	ndition that has la	sted or is expected to las	t for 12 mo	onths or longer?
CA19	這是已持續	或預期會持續 12	個月或以上的狀況嗎?		
)))	NOREFUSED		2 7	
'QC24_A34'	Does (CHII therapy?	LD) need or get sp	pecial therapy, such as ph	nysical, oc	cupational or speech
CA23	(CHILD)需	要或接受特殊治療	嗎?例如物理、職業或言	語治療?	
	0				[GO TO 'PN_QC24_B2']
	•				[GO TO 'PN_QC24_B2']
	O	DON'T KNOW		8	[GO TO 'PN_QC24_B2']
'QC24_A35'	Is {his/her} condition?	need for special t	herapy because of any m	edical, be	havior, or other health
CA24	{他/她}需	宗要接受特殊治療 ,	原因是否基於任何醫療、	行為或其	他健康狀況?
	O O				[GO TO 'PN_QC24_B2']
	•	REFUSED		7	[GO TO 'PN_QC24_B2']
	0	DON'T KNOW		8	[GO TO 'PN_QC24_B2']
'QC24_A36'	Is this a co	ndition that has la	sted or is expected to las	t for 12 mo	onths or longer?
CA25	這是已持續或	或預期會持續 12 個	固月或以上的狀況嗎?		
)))	NOREFUSED		2 7	
	\mathbf{O}	DON'T KNOW		-8	

SECTION B: DENTAL HEALTH

'DENTAL INTRO'

DENTAL_INTRO

Now we're going to ask about (CHILD)'s dental health.

以下是有關(CHILD)的牙齒健康的問題。

	以下定有關	(CRIED)的牙圈健康的问题。	
PROGRAMMIN IF CAGE > 2 Y ELSE CONTIN	EARS, GO 1	⁻O ' QC24_B3 ';	
'QC24_B2'	These ques	stions are about (CHILD)'s dental health. Does (CHI	LD) have any teeth yet?
CC1B	下面是有關	(CHILD)的牙齒的問題。(CHILD)有沒有長牙?	
CCIB	O	YES	[GO TO 'PN_QC24_CV1']
	•	REFUSED7	[GO TO 'PN_QC24_CV1']
	O	DON'T KNOW8	[GO TO 'PN_QC24_CV1']
'QC24_B3'		long has it been since your child last visited a dentis enists and all types of dental specialists.	t or dental clinic? Include
	您的孩子最 家。	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
CC5B	000000000000000000000000000000000000000	HAS NEVER VISITED	
PROGRAMMIN IF 'CC5B =1,2, ELSE GO TO '	THEN CON	C24_B4': TINUE WITH 'QC24_B4';	
'QC24_B4'	How many	times has your child received a dental service withir	the last 12 months?
CB38	過去12個月	,您的子女接受過多少次牙科服務?	
	O O	NONE 1 ONCE 2 TWICE 3 THREE TIMES 4	[GO TO 'QC24_B6']

	 FOUR TIMES
IF 'QC24_B4'	IG NOTE 'QC24_B5': 2 THEN DISPLAY "SERVICES"; 4_B4'=1, THEN DISPLAY "SERVICE"
'QC24_B5'	Where did your child receive the dental service(s) within the last 12 months?
CB39	過去12個月中,您的子女在哪裡接受牙科服務?
CD39	[CODE ALL THAT APPLY]
	□ FREE HEALTH/DENTAL EVENT 1 □ DENTIST OFFICE 2 □ HOSPITAL 3 □ OTHER 4 ○ REFUSED -7 ○ DON'T KNOW -8
'QC24_B6'	Where have you received educational information about oral health or preventive dental treatments for your child in the last 12 months?
CB40B	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? [CODE ALL THAT APPLY]
	O HAVE NOT RECEIVED ANY EDUCATIONAL INFORMATION 1 □ FROM DENTAL OFFICE 2 □ FROM MY CHILD'S SCHOOL 3 □ FROM SOCIAL MEDIA 4 □ FROM FAMILY OR FRIENDS 5 □ FROM COMMUNITY EVENTS/HEALTH FAIRS 6 □ FROM SMILE, CALIFORNIA™ 9 □ FROM OTHER ONLINE SOURCES 10 □ FROM PEDIATRICIAN 7 □ FROM OTHER SOURCES 8 ○ REFUSED -7 ○ DON'T KNOW -8
IF 'QC24_B3' WITH 'QC24_E ELSE SKIP TO IF 'QC24_B3'	

'QC24_B7' What is the main reason your child has {never/not} visited a dentist {in the past 12 months}?

您的孩子去年沒有看牙醫的主要原因是什麼?

CB23	
	O NO REASON TO GO/NO PROBLEMS1
	O NOT OLD ENOUGH2 O TOO EXPENSIVE/NO INSURANCE3
	O FEAR, DISLIKES GOING4
	O DO NOT HAVE/KNOW A DENTIST5
	O TRANSPORTATION PROBLEMS6
	O NO DENTIST AVAILABLE/NO APPOINTMENT AVAILABLE7
	O DIDN'T KNOW WHERE TO GO8
	O HOURS NOT CONVENIENT9
	O SPEAK A DIFFERENT LANGUAGE 10
	O OTHER (SPECIFY:) 91
	○ REFUSED
	ING NOTE 'CC16B: =0, goto 'QC24_B9';
	NUE WITH 'QC24_B8'
'QC24_B8'	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?
CC16B	心地市有日到的足力 酋织地制,外市(OFFIED)按文力 有晚年:
	O YES1
	O NO2
	 ○ REFUSED
(0004 DO)	
'QC24_B9'	During the past 12 months, was there any time your child needed dental care, but you could not afford it?
CC17	過去 12 個月內,您子女曾否需要牙科護理,而您負擔不到?
0017	O YES1
	O NO2
	O REFUSED
	O DON'T KNOW8
'QC24_B10'	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?
CC7A	[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),或加州全保(Covered California)
) 。]
	O YES1
	O NO

	O REFUSED O DON'T KNOW		[GO TO 'QC24_B14'] [GO TO 'QC24_B14']
'QC24_B11'	Do you pay any or all of the premium or include the cost of any co-pays or deduc		
CD25	您是否支付這筆牙科保險的任何或全部保何共付額(co-pays)或自付額(deducti		或您的家人所需要支付的任
CB35	O YES O NO O REFUSED O DON'T KNOW	2 7	
'QC24_B12'	Does anyone else, such as an employer some portion of the premium or cost for cost of any co-pays or deductibles you compared to the cost of any co-pays or deductibles.	this dental insurance pl	lan? Do not include the
CD2C	是否還有其他人,例如:雇主、工會、或或費用? 不包括您或您的家人可能需要deductibles)。		
CB36	O YES O NO O REFUSED O DON'T KNOW	2 7	[GO TO 'QC24_B14'] [GO TO 'QC24_B14'] [GO TO 'QC24_B14']
'QC24_B13'	For that dental insurance plan, who else	pays part of the cost?	
CB37	還有誰支付這筆牙科保險的費用的任何部 [CODE ALL THAT APPLY]	3分?	
	 □ RESPONDENT'S CURREN EMPLOYER OR UNION □ SPOUSE'S CURRENT OR EMPLOYER OR UNION □ SOMEONE ELSE □ MEDICARE □ MEDI-CAL (MEDICAID) OR INDIAN HEALTH SERVICE □ COVERED CALIFORNIA □ OTHER GOVERNMENT DE OREFUSED ○ DON'T KNOW 		
'QC24_B14'	Do you use any free community or publi	c dental programs for {	CHILD}'s dental care?
СС7В	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?
	O YES O NO O REFUSED O DON'T KNOW	2 7	

<u>Dela</u>	ys in	Care ((Dental)

PROGRAMMING NOTE 'QC24_B15': IF ('QC24_A14' = 1 OR 4) OR ('QC24

IF ('QC24_A14' =1 OR 4) OR ($\overline{\text{QC24}}$ _A15' =1 OR3) [CHILD ATTENDS SCHOOL] CONTINUE WITH 'QC24_B15';

ELSE GO TO 'PN_QC24_CV1'

'QC24_B15' 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。

CC18B

O	YES1	
\mathbf{O}	NO2	
O	DOESN'T ATTEND SCHOOL2	'PN_QC24_CV1'] [GO TO 'PN_QC24_CV1']
O	REFUSED7	[GO TO
C	DON'T KNOW8	'PN_QC24_CV1'] [GO TO 'PN_QC24_CV1']

'QC24_B16' 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?

CC19

DAYS	[0-200]

O	LESS THAN ONE DAY	. 996
O	REFUSED	7
	DON'T KNOW	

SECTION D: HEALTH CARE ACCESS AND UTILIZATION

Version 3.01

Usual Source of Care

'QC24_D1' 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 <u>usually</u> 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?

CD1

O	YES1	
O	NO2	
		PN_QC24_D3']
\mathbf{O}	DOCTOR/(HIS/HER) DOCTOR3	
\mathbf{O}	KAISER4	
\mathbf{O}	MORE THAN ONE PLACE5	
\mathbf{O}	REFUSED7	
\mathbf{C}	DON'T KNOW8	

PROGRAMMING NOTE 'QC24 D2':

IF 'QC24_D1' = 1, 5, -7, OR -8, DISPLAY "What kind of place do you take {him/her} to most often —a medical";

ELSE IF 'QC24 D1' = 3 DISPLAY "Is {his/her} doctor in a private";

ELSE IF 'QC24_D1' = 4, FILL 'QC24_D2' = 1 AND GO TO 'PN_QC24_D3'

'QC24_D2' {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?

CD3

O	DOCTOR'S OFFICE/KAISER/OTHER HMO1
\mathbf{C}	CLINIC/HEALTH CENTER/HOSPITAL CLINIC 2
\mathbf{C}	EMERGENCY ROOM3
O	SOME OTHER PLACE(SPECIFY:) 91
\mathbf{O}	NO ONE PLACE94
\mathbf{O}	REFUSED7
O	DON'T KNOW8

Emergency Room Visit

PROGRAMMING NOTE 'QC24 D3':

IF 'QC24_A21' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF 'QC24_A24' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA), MARK YES ON 'QC24_D3' AND GO TO 'QC24_D4'

ELSE CONTINUE WITH 'QC24_D3'

'QC24_D3' 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?
CD12	YES 1 NO 2 REFUSED -7 DON'T KNOW -8
Visits to Medica 'QC24_D4'	I Doctor During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?
CD6	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]
	O REFUSED7 O DON'T KNOW8
IF 'QC24_D4' >	G NOTE 'QC24_D5' : > 0, GO TO PROGRAMMING NOTE 'QC24_D6' ; _D4' = 0, -7, OR -8, CONTINUE WITH 'QC24_D5'
'QC24_D5'	About how long has it been since {he/she} last saw a medical doctor?
CD7	{他/她} 上一次看醫生到現在已有多長時間?
	O ONE YEAR AGO OR LESS
'QC24_D6'	In the last 6 months, how often was it easy to get the care, tests or treatment [your child] needed?
CD77	過去 6 個月,很容易就能獲取[您的子女]所需的護理、檢查或治療的頻率為何? ○ NEVER
Personal Doctor	-

PROGRAMMING NOTE 'QC24_D7':

IF 'QC24_D1' = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH 'QC24_D7'; ELSE SKIP TO PROGRAMMING NOTE PN_'QC2021_D8'

'QC24_D7' Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

CD33	{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?
0500	[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。]
	YES 1 NO 2 REFUSED -7 DON'T KNOW -8
Care Coordinate	
IF 'QC24_D1' : DOCTOR) AND 'QC24_A29' =	NG NOTE 'QC24_D8': = 1, 3, 4, OR 5 (HAS USUAL SOURCE OF CARE) AND 'QC24_D7' = 1 (HAS PERSONAL D ['QC24_A19' =1 (HAS ASTHMA) OR 'QC24_A20' = 1 (HAD ASTHMA ATTACK) OR 1 (HAS OTHER CONDITION), CONTINUE WITH 'QC24_D8'; D PROGRAMMING NOTE 'PN_QC24_D9'
'QC24_D8'	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(CHILD)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?
CD36	
	O YES
	○ REFUSED7
	O DON'T KNOW8
Developmental	
IF CAGE < 1, S	NG NOTE 'QC24_D9' : SKIP to 'PN_QC24_D17' E ≥ 1, CONTINUE WITH 'QC24_D9'
(0001 001	
'QC24_D9'	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.
	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。
	Did (CHILD)'s doctor, other health providers, teachers or school counselors ever do an assessment or tests of (CHILD)'s development?
	(CHILD)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的發育狀況進行評估或測試?
CF40	0 VE0
	O YES1 O NO2
	O REFUSED7
	O DON'T KNOW8

'QC24_D10'	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?			
CF41	{他/她}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(CHILD)翻滾、撿起小物品、疊放積木、扔球或辨別不同的顏色?			
0.41	YES 1 NO 2 REFUSED -7 DON'T KNOW -8			
'QC24_D11'	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{他/她}學習、發育或行為方面問題感到擔心的核查表?			
CF42	YES 1 NO 2 REFUSED -7 DON'T KNOW -8			
'QC24_D12'	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?			
CF43	他們是否曾經讓您填寫一份核查表,瞭解(CHILD)能夠完成的活動(例如完成某些身體方面的任務)、{他/她}是否能畫某些物體或{他/她}與您交流的方式?			
CF43	O YES 1 O NO 2 O REFUSED -7 O DON'T KNOW -8			
'QC24_D13'	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{他/她}對學習、發育或行為方面問題感到擔心的核查表?			
CF44	YES 1 NO 2 REFUSED -7 DON'T KNOW -8			
IF 'QC24_A30' OR 11 (NON-D	IG NOTE 'QC24_D14': =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OWN'S MENTAL RETADATION) GO TO 'QC24_D15'; UE WITH 'QC24_D14'			

'QC24_D14' 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	專業人員曾經	巠注意到(CH	IILD)有應當	進行認真監	宣管的問題?
CF45)))	NO REFUS	SED			2 7	
'QC24_D15'	Did they ev	er refer	{him/her} to	a specialis	t regarding	his develo _l	oment?
CF46	他們是否曾	經就發育	育問題將{他/	/她}推薦給-	一位專科醫生	£?	
		NO REFUS	SED			2 7	
'QC24_D16'	Did they ev	er refer	{him/her} fo	r speech, la	inguage or l	hearing tes	sting?
CF47	O	YES NO REFUS	他/她}接受言 SED KNOW			2 7	
Timely Appointr 'QC24_D17'							CHILD)'s doctor or njured?
CD55	在過去十二 務提供者?	個月內,	您是否曾因	国(CHILD)生	病或受傷在	兩天內約見	L(CHILD)的醫生或醫療服
0000	[IF NEEDE	D, SAY:	"Do not i	nclude eme	ergencies."]	
	[IF NEEDE	D, SAY:	請勿包括急	急診。]			
	O						[GO TO 'PN_QC24_D19']
	•	REFU	SED			7	[GO TO 'PN_QC24_D19']
	O	DON'T	KNOW			8	[GO TO 'PN_QC24_D19']
'QC24_D18'	How often v	were you	u able to ge	t an appoint	ment within	two days?	? Would you say
CD45	您能夠在兩	天內就認	诊的頻率有 多	多高?			
CD45)))	Somet Usually	imes, y, or s?			2 3	

	O	DON'T KNOW	8	
Communication				
PROGRAMMII IF ['QC24_D4' (SEEN A DOC' ELSE GO TO '	> 0 (HAD A TOR IN LAS	C24_D19': DOCTOR VISIT IN THE PAST 1: F 12 MONTHS OR 1-2 YEARS A	2 MONTHS) OR ' C GO)], CONTINUE '	QC24_D5' = 1 OR 2 WITH 'QC24_D19';
'QC24_D19'	The last tim doctor?	e you saw a doctor for (CHILD), o	did you have a hard	d time understanding the
	您上次帶(C	HILD)去看醫生時,您是否很難聽	懂醫生說的話?	
CD25	O	YES	1	[GO TO 'PN_QC24_D21']
	O	NO NEVER ACCOMPANIED CHILD REFUSED	TO DOCTOR 3	
	O	DON'T KNOW		
[INTERVIEW N THAN ENGLIS	' = 2 (DID NO NOT CONDU SH AT HOME GL = ENGLSF	OT HAVE A HARD TIME UNDER CTED IN ENGLISH OR AH36 > 1)], CONTINUE WITH 'QC24_D20 PAN TO STORE INTERVIEW LA	(ADULT R SPEAI ';	KS LANGUAGE OTHER
'QC24_D20'	In what land	www.doog (CIIII D)'e dootor one		
	ın wnat ianç	guage does (CHILD)'s doctor spe	ak to you?	
CD31	(CHILD)的	醫生用哪一種語言與您交談?	·	
CD31	(CHILD)的图			[GO TO 'QC24_D22'] [GO TO 'QC24_D23']
PROGRAMMII	(CHILD)的图 〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇〇	B生用哪一種語言與您交談? ENGLISH		[GO TO 'QC24_D23']
PROGRAMMII	(CHILD)的图 (CHILD) (CHILD)	B生用哪一種語言與您交談? ENGLISH		[GO TO 'QC24_D23']
PROGRAMMII IF 'QC24_D19' ELSE SKIP TO	(CHILD)的图 (CHILD) (CHILD) (CHIL	S生用哪一種語言與您交談? ENGLISH		[GO TO 'QC24_D23']

	O O	NO 2 REFUSED -7 DON'T KNOW -8	
'QC24_D22'	Did you nee	ed someone to help you understand the doctor?	
CD27	您是否需要	有人幫助才能聽懂醫生的話?	
<u> </u>	O	YES	[GO TO 'QC24_D23'] [GO TO 'QC24_D23'] [GO TO 'QC24_D23']
'QC24_D23'	Who was th	nis person who helped you understand the doctor?	
CD28	誰幫助您理	解醫生說的話?	
))	MINOR CHILD (UNDER AGE 18)	
Delays in Care 'QC24_D24'		past 12 months, did you either delay or not get a mofor (CHILD)?	edicine that a doctor
CE1		個月內,您是否有延遲或沒有取醫生為(CHILD)開的 YES	處方藥? [GO TO 'QC24_D28'] [GO TO 'QC24_D28'] [GO TO 'QC24_D28']
'QC24_D25'	Did you get	the medicine that a doctor prescribed for (CHILD)	eventually?
CE19	您最終是否 〇 〇 〇	有去取醫生為(CHILD)開的藥? YES	
'QC24_D26'		past 12 months, why did you delay or not get a med for (CHILD)?	licine that a doctor

過去 12 個月中, 您為何延遲去取或沒有去取醫生為(CHILD)開的藥?

CE20

[CODE ALL THAT APPLY]

	MEDICATION NOT IN STOCK	1
	INSURANCE APPROVAL ISSUE	2
	DELAYS IN COMMUNICATION WITH	
	PROVIDER OR PHARMACY	3
	CONCERNS WITH SIDE EFFECTS OR	
	INTERACTIONS WITH OTHER	
	MEDICATIONS	4
	DIDN'T WANT OR THOUGHT MY CHILD	
	DIDN'T NEED PRESCRIPTION	5
	TOO HARD TO TRACK ALL MY CHILD'S	
	MEDICATIONS	6
	I FORGOT OR LOST PRESCRIPTION	7
	I DIDN'T HAVE TIME	
	MY CHILD HAS NO INSURANCE	9
	TOO EXPENSIVE	
	OTHER (SPECIFY:)	91
\mathbf{O}	REFUSED	7
0	DON'T KNOW	8

PROGRAMMING NOTE 'QC24 D27':

IF MORE THAN ONE RESPONSE FROM 'QC24_D26', THEN CONTINUE WITH 'QC24_D27' WITH SELECTED CHOICES FROM 'QC24_D26' DISPLAYED; ELSE SKIP TO 'QC24_D28'

'QC24_D27' What was the <u>one</u> main reason why you delayed the medicine that a doctor prescribed for (CHILD)?

您延遲去取醫生為(CHILD)所開藥物的主要原因是什麼?

CE21

\mathbf{c}	MEDICATION NOT IN STOCKINSURANCE APPROVAL ISSUE	
\mathbf{O}	DELAYS IN COMMUNICATION WITH	
	PROVIDER OR PHARMACY	3
\mathbf{O}	CONCERNS WITH SIDE EFFECTS OR	
	INTERACTIONS WITH OTHER	
	MEDICATIONS	4
\mathbf{O}	DIDN'T WANT OR THOUGHT MY CHILD	
	DIDN'T NEED PRESCRIPTION	5
\mathbf{O}	TOO HARD TO TRACK ALL MY CHILD'S	
	MEDICATIONS	6
\mathbf{O}	I FORGOT OR LOST PRESCRIPTION	7
\mathbf{O}	I DIDN'T HAVE TIME	8
\mathbf{O}	MY CHILD HAS NO INSURANCE	9
\mathbf{O}	TOO EXPENSIVE	10
0	OTHER (SPECIFY:)	91
0	REFUSED	7
O	DON'T KNOW	8

'QC24_D28' 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?

		固月內,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
CE7	看醫生、 專	科醫生或其他醫療專業人員?
	O	YES 1 NO 2 [GO TO 'QC24_D32'] REFUSED -7 [GO TO 'QC24_D32'] DON'T KNOW -8 [GO TO 'QC24_D32']
'QC24_D29'	Did (CHILD)	get the care eventually?
	(CHILD)最終	接受護理了嗎?
CD66	O O	YES
'QC24_D30'	During the p needed?	ast 12 months, why did you delay or not get the care you felt (CHILD)
	過去 12 個月	中, 您為 何延遲或沒有進行 您 感到(CHILD)需要的治療?
CE22	[CODE ALL	THAT APPLY]
PROGRAMMIN	G NOTE 'QC	
IF MORE THAN	ONE RESP	ONSE FROM 'QC24_D30', WITH SELECTED CHOICES FROM
ELSE SKIP TO		HEN CONTINUE WITH 'QC24_D31';
'QC24_D31'	What was the needed?	e <u>one</u> main reason why you delayed getting the care you felt (CHILD)
	您延遲讓(Cl	HILD)接受您認為需要的護理的一個最主要原因是什麼?
CD68		COULDN'T GET APPOINTMENT1 MY CHILD'S INSURANCE WAS NOT

	ACCEPTED2
	O INSURANCE DID NOT COVER3
	O LANGUAGE UNDERSTANDING PROBLEMS .4
	O TRANSPORTATION PROBLEMS5
	O HOURS WERE NOT CONVENIENT6 O THERE WAS NO CHILD CARE FOR
	THERE WAS NO CHILD CARE FOR CHILDREN AT HOME7
	O I FORGOT OR LOST REFERRAL8
	O I DIDN'T HAVE TIME TO GO9
	O TOO EXPENSIVE
	O NO INSURANCE
	O OTHER (SPECIFY:)91
	O REFUSED
	O DON'T KNOW8
'QC24_D32'	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
	?
ODCO	;
CD69	O YES1
	O YES1 O NO2
	O REFUSED7
	O DON'T KNOW8
'QC24_D33'	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?
CD70	
	O YES1
	O NO2
	O REFUSED7
	O DON'T KNOW8
'QC24_D34'	During the past 12 months, were you told by a doctor's office or clinic that they did not
4021_201	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
	?
CD74	•
CD71	O YES1
	O NO2
	O REFUSED7
	O DON'T KNOW8

SECTION F: PARENTAL INVOLVEMENT

IF CAGE > 5	IING NOTE 'QC24_F1' : YEARS GO TO 'QC24_F4' ; NUE WITH 'QC24_F1'
'QC24_F1'	In a usual week, about how many days do you or any other family member read stories or look at picture books with (CHILD)?
CG14	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? ② EVERY DAY
'QC24_F2'	[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?
CG15	O EVERY DAY
'QC24_F3'	[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?
0046	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?
CG16	O EVERY DAY
Park Use 'QC24_F4'	Do you strongly agree, agree, disagree, or strongly disagree with the following statement?
	你是非常贊成、贊成、不贊成還是很不贊成以下這項陳述?

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。
CC39	O O O O O	STRONGLY AGREE 1 AGREE 2 DISAGREE 3 STRONGLY DISAGREE 4 REFUSED -7 DON'T KNOW -8 ad, Sing Program'
PROGRAMMIN	NG NOTE 'Q YEARS OR I	
'QC24_F5'	Have you s child?	een or heard messages encouraging you to talk, read and sing with your
CF64	您有沒有看	到或聽到過鼓勵您多更您的孩子說話,閱讀和唱歌的信息?
)))	YES 1 NO 2 [GO TO 'QC24_F9'] REFUSED -7 [GO TO 'QC24_F9'] DON'T KNOW -8 [GO TO 'QC24_F9']
'QC24_F6'	Would you that messa	say that you talk with your child less, about the same, or more after hearing ge?
CF65	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?
	0 0 0	LESS 1 ABOUT THE SAME 2 MORE 3 REFUSED -7 DON'T KNOW -8
'QC24_F7'	Would you that messa	say that you sing with your child less, about the same, or more after hearing ge?
CF66		息以後,您覺得您跟您的孩子唱歌更少、差不多、還是更多了? LESS
'QC24_F8'	Would you that messa	say that you read with your child less, about the same, or more after hearing ge?
CF67		息以後,您覺得您給您的孩子讀書更少,差不多的,還是更多? LESS1 ABOUT THE SAME
	Ö	MORE

	O REFUSED7 O DON'T KNOW8	
	NG NOTE CF70': YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH 'QC24_F9'; 'QC24_F12'	
'QC24_F9'	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?	
CF70	[CODE ALL THAT APPLY]	
	□ PURCHASED/RECEIVED BOOKS AS GIFTS1 □ PURCHASED E-BOOKS ONLINE	
'QC24_F10'	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。	
CF69	 SPECIFY:[0-9999]1 REFUSED7 DON'T KNOW8 	
'QC24_F11'	What challenges prevent you or other family members from reading to your young child?	
CF68	是哪類困難阻止您或其他家庭成員向年幼子女閱讀圖書?	
	[CODE ALL THAT APPLY]	
	 □ DON'T HAVE BOOKS FOR CHILD AT HOME1 □ DON'T HAVE BOOKS FOR CHILD IN MY FAMILY'S LANGUAGE	

First 5 California: Kit for New Parents 'QC24 F12' 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)? CF35 O YES......1 **IGO TO** 'PN_QC24_F17'] O REFUSED.....-7 [GO TO 'PN_QC24_F17'] O DON'T KNOW.....-8 [GO TO 'PN QC24 F17'] 'QC24 F13' Have you ever received this Kit for New Parents? 您有否收過這份新父母套件? CF36 O YES......1 O NO......2 [GO TO 'PN_QC24_F17'] REFUSED.....-7 **IGO TO** 'PN QC24 F17'] DON'T KNOW--8 **IGO TO** 'PN_QC24_F17'] Did you receive the Kit for New Parents during the past year? 'QC24_F14' 您去年收到新父母套件嗎? **CD57** O YES......1 [GO TO 'PN_QC24_F17'] O REFUSED.....-7 [GO TO 'PN_QC24_F17'] O DON'T KNOW.....-8 [GO TO 'PN QC24 F17'] 'QC24 F15' 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? **CF39** O YES......1 NO......2 **IGO TO** 'PN_QC24_F17'] O REFUSED.....-7 [GO TO 'PN QC24 F17'] O DON'T KNOW.....-8 IGO TO 'PN_QC24_F17'] 'QC24 F16' On a scale of 1-10 with 10 being the most useful and 1 the least, how useful was the Kit

for New Parents?

0505	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。
CF37	RESPONDENT'S NUMBER FROM 1 (WORST) TO 10 (BEST)
	O REFUSED7 O DON'T KNOW8
	NG NOTE 'QC24_F17': CONTINUE WITH 'QC24_F17'; O 'QC24_G1'
'QC24_F17'	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?
CF30	YES 1 NO 2 [GO TO 'QC24_F19'] REFUSED -7 [GO TO 'QC24_F19'] DON'T KNOW -8 [GO TO 'QC24_F19']
'QC24_F18'	Are these difficulties minor, definite, or severe?
CF31	此類困難的程度是輕微、有限還是嚴重? O MINOR
	 SEVERE
'QC24_F19'	During the past 12 months, did (CHILD) receive any psychological or emotional counseling?
CF32	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? O YES

SECTION G: CHILD CARE AND SOCIAL COHESION

Child Care	
	IG NOTE 'QC24_G1' : O NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH
'QC24_G1'	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?
CG1	O YES 1 O NO 2 [GO TO 'QC24_G10'] O REFUSED -7 [GO TO 'QC24_G10'] O DON'T KNOW -8 [GO TO 'QC24_G10']
'QC24_G2'	Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.
CG2	(CHILD)通常一週内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] O REFUSED7 O DON'T KNOW8
IF 'QC24_G2'	IG NOTE 'QC24_G3' : < 10 (HOURS IN CHILDCARE), GO TO 'QC24_G10' ; UE WITH 'QC24_G3'
'QC24_G3'	During a typical week does (CHILD) receive childcare froma grandparent or other family member?
CG3A	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? O YES
'QC24_G4'	[Does (CHILD) receive childcare from]a non-family member who cares for (CHILD) in your home?

...一位非家庭成員在您的家中照看(CHILD)?

CG3E

	O YES 1 O NO 2 O REFUSED -7 O DON'T KNOW -8
'QC24_G5'	[Does (CHILD) receive childcare from]a non-family member who cares for (CHILD) in his or her home?
CG3F	一位非家庭成員在他/她的家中照看(CHILD)? O YES
'QC24_G6'	[Does (CHILD) receive childcare from]a childcare center that is not in someone's home?
CG3D	 在一個不在任何人家中的托兒所/幼兒園? 〇 YES
IF CAGE ≥ 7 Y	IG NOTE 'QC24_G7' : EARS, GO TO 'QC24_G10' ; UE WITH 'QC24_G7'
(0004 07)	[Deca (CHILD) receive children from a Head Start or state preschool program?
'QC24_G7'	[Does (CHILD) receive childcare from]a Head Start or state preschool program?
CG3B	Head Start(啟蒙計劃)或州政府學前班計劃。 O YES1 O NO2 O REFUSED
	Head Start (啟蒙計劃) 或州政府學前班計劃 ' O YES
CG3B 'QC24_G8' CG3C	Head Start (啟蒙計劃) 或州政府學前班計劃 ' O YES

FAMILY MEMBER HOME)], GO TO 'QC24_G10';
ELSE CONTINUE WITH 'QC24_G9';
IF ONLY ONE OF 'QC24_G5', 'QC24_G6', 'QC24_G7', OR 'QC24_G8' = 1, DISPLAY "Is this" AND

"provider"; ELSE DISPLA	Y, "Are all of these" AND "providers"
'QC24_G9'	Is this {Are all of these} child care provider{s} licensed by the state of California?
CG3G	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?
CG3G	 YES (ALL ARE LICENSED)
'QC24_G10'	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?
CG5	O YES 1 O NO 2 [GO TO 'QC24_H1'] O REFUSED -7 [GO TO 'QC24_H1'] O DON'T KNOW -8 [GO TO 'QC24_H1']
'QC24_G11'	What is the main reason you were unable to find childcare for (CHILD) at that time?
CG6	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."]
	 COULDN'T AFFORD ANY CHILD CARE

SECTION H: DEMOGRAPHICS, PART II

Race/Ethnicity

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。

'QC24_H1' Is (CHILD) Latino or Hispanic?

是拉丁裔或西裔嗎?

CH1

[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?']

\mathbf{O}	YES1	
\mathbf{O}	NO2	[GO TO
\sim	REFUSED7	'PN_QC24_H3']
O	REFUSED1	[GO TO 'PN_QC24_H3']
0	DON'T KNOW8	
		'PN_QC24_H3']

'QC24_H2' 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。

CH2

[IF NECESSARY GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

	MEXICAN/MEXICAN AMERICAN/CHICANC)1
	SALVADORAN	4
	GUATEMALAN	5
	COSTA RICAN	6
	HONDURAN	7
	NICARAGUAN	8
	PANAMANIAN	9
	PUERTO RICAN	10
	CUBAN	11
	SPANISH-AMERICAN (FROM SPAIN)	12
	OTHER LATINO (SPECIFY:	
0	REFUSED	7
\mathbf{O}	DON'T KNOW	- 8

PROGRAMMING NOTE 'QC24 H3':

IF 'QC24_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 'QC24_H3', CONTINUE WITH PROGRAMMING NOTE 'QC24_H6';

ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

Version 3.01

'QC24_H3'	{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?				
СНЗ	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?				
СПЗ	[IF R SAYS "NATIVE AMERICAN" CODE AS "4"]				
	[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]				
	[CODE ALL THAT APPLY]				
	□ WHITE 1 □ BLACK OR AFRICAN AMERICAN 2 □ ASIAN 3 □ AMERICAN INDIAN OR ALASKA NATIVE 4 □ PACIFIC ISLANDER 5 □ NATIVE HAWAIIAN 6 □ OTHER (SPECIFY: 91 ○ REFUSED -7 「GO TO 'PN_QC24_H12'] ○ DON'T KNOW -8 [GO TO 'PN_QC24_H12']				
IF 'QC24_H3'	NG NOTE 'QC24_H4' : = 1 (WHITE), CONTINUE WITH 'QC24_H4'; PROGRAMMING NOTE 'QC24_H5'				
'QC24_H4'	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.				
CH3A	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。				
СПЗА	☐ (Specify:)				
IF 'QC24_H3'	NG NOTE 'QC24_H5' : = 2 (BLACK OR AFRICAN AMERICAN), CONTINUE WITH 'QC24_H5'; PROGRAMMING NOTE 'QC24_H6'				

'QC24_H5' 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.

СНЗВ	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。
СПЗВ		(Specify:)1
	•	REFUSED7
	0	DON'T KNOW8
	= 4 (AMERI	C24_H6': CAN INDIAN, ALASKA NATIVE) CONTINUE WITH 'QC24_H6'; IING NOTE 'QC24_H10'
'QC24_H6'	You said Ar	merican Indian/Alaska Native, and what is (CHILD)'s tribal heritage? If s more than one tribe, tell me all of them.
		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 ,請告訴我所有這些部落。
CH4	[CODE ALI	L THAT APPLY]
		APACHE
'QC24_H7'	Is (CHILD)	an enrolled member in a federally or state recognized tribe?
CH5	{孩子} 是聯邦	邓或州認可部落的註冊成員嗎?
OH	O	YES1
	O	NO
	0	REFUSED7 [GO TO 'PN_QC24_H10']
	O	DON'T KNOW8 [GO TO 'PN_QC24_H10']
'QC24_H8'	Which tribe	is (CHILD) enrolled in?
CH6	(CHILD)在 ^原	那一個部落註冊?
0110		MESCALERO APACHE, NM1 APACHE (NOT SPECIFIED)2 OTHER APACHE (SPECIFY:) 91

	CHERC		BLACKFOOT/BLACKFEET3
	CHERC		
			WESTERN CHEROKEE4
			CHEROKEE (NOT SPECIFIED)5
	011007		OTHER CHEROKEE (SPECIFY:)92
	CHOCT		
			CHOCTAW OKLAHOMA6
		\mathbf{O}	CHOCTAW (NOT SPECIFIED)7
		\mathbf{O}	OTHER CHOCTAW (SPECIFY:)93
	NAVAJ		
		\mathbf{O}	NAVAJO (NOT SPECIFIED)8
	POMO		,
		0	HOPLAND BAND, HOPLAND RANCHERIA9
			SHERWOOD VALLEY RANCHERIA 10
			POMO (NOT SPECIFIED)11
		Õ	OTHER POMO (SPECIFY:) 94
	PUEBL	_	OTTIER T ONIO (SI ESII T) 94
	FUEBL		HOPI 12
			YSLETA DEL SUR PUEBLO OF TEXAS 13
		O	PUEBLO (NOT SPECIFIED)14
			OTHER PUEBLO (SPECIFY:) 94
	SIOUX		
			OGLALA/PINE RIDGE SIOUX 15
		\mathbf{O}	SIOUX (NOT SPECIFIED)16
		\mathbf{O}	OTHER SIOUX (SPECIFY:) 96
	YAQUI		
		0	PASCUA YAQUI TRIBE OF ARIZONA 17
		\mathbf{O}	YAQUI (NOT SPECIFIED) 18
		0	OTHER YAQUI (SPECIFÝ:) 97
		O	REFUSED7
		Ō	DON'T KNOW8
		•	5011 111011
'QC24_H9'	Does (C	CHIL	D) get any health care services through the Indian Health Service, a Tribal
	Health I	Prog	ram, or an Urban Indian clinic?
	{孩子}有	了沒有	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?
CH6A	, ,		
		\mathbf{O}	YES 1
		Ŏ	NO2
		_	REFUSED7
		Õ	DON'T KNOW8
		•	DON 1 1(100V0
DDOCDAMMIA	IC NOTE	= '0	
PROGRAMMIN			
			CONTINUE WITH 'QC24_H10';
ELSE GO TO F	ROGRA	VIVIIVI	ING NOTE 'QC24_H11'
'QC24_H10'			sian, and what specific ethnic group is {he/she}, such as Chinese, Filipino,
	Vietnan	nese	? If {he/she} is more than one, tell me all of them.
	您說(作	也/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
			種族裔的血統,請全部告訴我。
CH7	, 11/CEX	_	AND ALLES OF A SHIP TO BE IN LAND
U 111	CODE	ΔΙΙ	. THAT APPLY]
	LOOPE		

		BANGLADESHI		
		BURMESE		
		CHINESE		
		FILIPINO	5	
		HMONG		
		INDIAN (INDIA)		
		INDONESIAN		
		JAPANESEKOREAN	_	
		LAOTIAN	_	
		MALAYSIAN		
		PAKISTANI		
		SRI LANKAN	14	
		TAIWANESE	15	
		THAI	16	
		VIETNAMESE		
		OTHER ASIAN (SPECIFY:		
		REFUSED		
	•	DON'T KNOW	8	
PROGRAMMI	NG NOTE 10	C24 H11':		
		C ISLANDER) CONTINUE WITH ' C	C24 H11' ·	
ELSE GO TO '		SIGEANDER, CONTINUE WITH	,024_1111 ,	
'QC24_H11'	You said (C	CHILD) is Pacific Islander. What spe	cific ethnic group is {he/she}, such	as
_		ongan, or Guamanian? If {he/she} is		
	您說(孩子) 關島人?	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、湯力	加人或
СН7А	關島人?	是太平洋群島人。{他/她}具體屬於哪 L THAT APPLY]	一個種族團體,例如薩摩亞人、湯力	加人或
СН7А	關島人?	L THAT APPLY]		加人或
СН7А	關島人?	L THAT APPLY] SAMOAN/AMERICAN SAMOAN	1	加人或
СН7А	關島人?	L THAT APPLY] SAMOAN/AMERICAN SAMOAN GUAMANIAN	1 2	加人或
СН7А	關島人?	L THAT APPLY] SAMOAN/AMERICAN SAMOAN GUAMANIAN TONGAN	1 2 3	加人或
CH7A	關島人?	L THAT APPLY] SAMOAN/AMERICAN SAMOAN GUAMANIAN TONGAN FIJIAN		加人或
CH7A	關島人?	L THAT APPLY] SAMOAN/AMERICAN SAMOAN GUAMANIAN TONGAN FIJIAN OTHER PACIFIC ISLANDER(SPE		加人或
CH7A	關島人?	L THAT APPLY] SAMOAN/AMERICAN SAMOAN GUAMANIAN TONGAN FIJIAN		加人或
CH7A 'QC24_H12'	關島人? [CODE ALI	L THAT APPLY] SAMOAN/AMERICAN SAMOAN GUAMANIAN TONGAN FIJIAN OTHER PACIFIC ISLANDER(SPEREFUSED		加人或
'QC24_H12'	關島人? [CODE ALI	SAMOAN/AMERICAN SAMOAN GUAMANIAN TONGAN FIJIAN OTHER PACIFIC ISLANDER(SPEREFUSED		加人或
	關島人? [CODE ALI	SAMOAN/AMERICAN SAMOAN GUAMANIAN TONGAN OTHER PACIFIC ISLANDER(SPEREFUSED DON'T KNOW intry was (CHILD) born?	1	加人或
'QC24_H12'	關島人? [CODE ALI	SAMOAN/AMERICAN SAMOAN GUAMANIAN TONGAN FIJIAN OTHER PACIFIC ISLANDER(SPEREFUSED DON'T KNOW	1	加人或
'QC24_H12'	關島人? [CODE ALI	SAMOAN/AMERICAN SAMOAN GUAMANIAN TONGAN OTHER PACIFIC ISLANDER(SPEREFUSED DON'T KNOW intry was (CHILD) born? WHOME STATES	1	加人或
'QC24_H12'	關島人? [CODE ALI	SAMOAN/AMERICAN SAMOAN GUAMANIAN TONGAN OTHER PACIFIC ISLANDER(SPEREFUSED DON'T KNOW intry was (CHILD) born? WHOM IN THE STATES AMERICAN SAMOA		加人或
'QC24_H12'	關島人? [CODE ALI	SAMOAN/AMERICAN SAMOAN GUAMANIAN TONGAN OTHER PACIFIC ISLANDER(SPEREFUSED DON'T KNOW mtry was (CHILD) born? W—個國家出生的? UNITED STATES AMERICAN SAMOA CANADA		加人或
'QC24_H12'	關島人? [CODE ALI	SAMOAN/AMERICAN SAMOAN GUAMANIAN TONGAN FIJIAN OTHER PACIFIC ISLANDER(SPEREFUSED DON'T KNOW intry was (CHILD) born? WHOM WILLIAM SAMOA CANADA CHINA GUAM JAPAN		加人或
'QC24_H12'	關島人? [CODE ALI OOO In what cout (孩子)是在哪	L THAT APPLY] SAMOAN/AMERICAN SAMOAN GUAMANIAN TONGAN OTHER PACIFIC ISLANDER(SPEREFUSED DON'T KNOW Intry was (CHILD) born? W—個國家出生的? UNITED STATES AMERICAN SAMOA CANADA CHINA GUAM JAPAN KOREA		加人或
'QC24_H12'	關島人? [CODE ALI	SAMOAN/AMERICAN SAMOAN GUAMANIAN TONGAN FIJIAN OTHER PACIFIC ISLANDER(SPEREFUSED DON'T KNOW intry was (CHILD) born? WHOM WILLIAM SAMOA CANADA CANADA CHINA GUAM JAPAN KOREA MEXICO		加人或
'QC24_H12'	關島人? [CODE ALI	L THAT APPLY] SAMOAN/AMERICAN SAMOAN GUAMANIAN TONGAN OTHER PACIFIC ISLANDER(SPEREFUSED DON'T KNOW Intry was (CHILD) born? W—個國家出生的? UNITED STATES AMERICAN SAMOA CANADA CHINA GUAM JAPAN KOREA		加人或

	O VIETNAM 25 O VIRGIN ISLANDS 26 O OTHER (SPECIFY:) 91 O REFUSED -7 O DON'T KNOW -8			
IF 'QC24_H12' AND GO TO PE	IG NOTE 'QC24_H13': = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), CODE 'QC24_H13'=1 ROGRAMMING NOTE 'QC24_H16'; UE WITH 'QC24_H13'			
'QC24_H13'	Is (CHILD) a citizen of the United States?			
CH8A	(孩子)是美國公民嗎?			
	O YES 1 O NO 2 O APPLICATION PENDING 3 O REFUSED -7 O DON'T KNOW -8			
IF 'QC24_H12' ELSE IF 'QC24	IG NOTE 'QC24_H14': = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QC24_H16'; _H13'=1 THEN GO TO 'QC24_H15'; JE WITH 'QC24_H14'			
'QC24_H14'	Is (CHILD) a permanent resident with a green card?			
СН9	(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。]			
	O YES			
'QC24_H15'	About how many years has (CHILD) lived in the United States?			
CH10	(孩子)在美國居住大約多少年了?			
CHIU	[FOR LESS THAN A YEAR, ENTER 1 YEAR]			
	NUMBER OF YEARS {OR}			
	YEAR FIRST CAME TO LIVE IN U.S.			
	O NUMBER OF YEARS1 O YEAR FIRST CAME TO LIVE IN US			

0	DON'T	KNOW	 8
•			 v

Country of Birth (Mother)

PROGRAMMING NOTE 'QC24 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 'QC24_H16' AND DISPLAY "was his mother/was her mother"

'QC24_H16' 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?

CH11

[SELECT FROM MOST LIKELY COUNTRIES]

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

O	UNITED STATES	1
O	AMERICAN SAMOA	2
O	CANADA	3
O	CHINA	∠
O	EL SALVADOR	5
O	ENGLAND	6
\mathbf{C}	FRANCE	7
\mathbf{C}	GERMANY	8
\mathbf{C}	GUAM	9
\mathbf{C}	GUATEMALA	10
O	HUNGARY	11
O	INDIA	12
O	IRAN	13
O	IRELAND	14
O	ITALY	15
O	JAPAN	
O	KOREA	17
O	MEXICO	
\mathbf{O}	PHILIPPINES	
\mathbf{O}	POLAND	
O	PORTUGAL	
O	PUERTO RICO	
\mathbf{O}	RUSSIA	
\mathbf{O}	TAIWAN	
O	VIETNAM	25
\mathbf{O}	VIRGIN ISLANDS	
O	OTHER (SPECIFY:)	91
O	REFUSED	7
\mathbf{O}	DON'T KNOW	8

PROGRAMMING NOTE 'QC24 H17' AND 'QC24 H18':

IF 'QC24_H16' = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE 'QC24 H20';

ELSE CONTINUE WITH 'QC24_H17' AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY "Are you";

ELSE DISPLAY "Is {his/her} mother"

'QC24_H17' {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
CH11A	
	[IF R SAYS SHE IS A NATURALIZED CITIZEN, CODE YES]
	O YES1 [GO TO
	PN_QC24_H19']
	O NO2
	O APPLICATION PENDING3 O REFUSED7
	O DON'T KNOW8
	3 Bolt 1 (((6))
	IG NOTE 'QC24_H18' :
	= 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QC24_H20';
ELSE IF 'QC2 ELSE GO TO	_H17'=1, THEN GO TO 'QC24_H19' ;
ELSE GO TO	2C24_⊓ 10
'QC24_H18'	{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?
CH12	
	O YES1
	O NO2
	O APPLICATION PENDING3
	○ REFUSED
	J DON I KNOW
PROGRAMMI	IG NOTE 'QC24_H19' :
	NT IS MOTHER OF CHILD, CONTINUE WITH 'QC24_H19' AND DISPLAY "have you";
ELSE CONTIN	JE WITH 'QC24_H19' AND DISPLAY "has {his/her} mother"
(0004 1140)	About how many vary (hove vary/hos (his/hos) mosthod lived in the United Ctates?
'QC24_H19'	About how many years {have you/has {his/her} mother} lived in the United States?
	你在美國民住了土约多小年?[他的/她的]丹朝在美國土约民住多小年了?
CUIA	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?
CH13	NUMBER OF VEARS (HB. 0. ACE) (OD)
	NUMBER OF YEARS [HR: 0-AGE] {OR} YEAR FIRST CAME TO LIVE IN U.S.
	12/1(11(01 0/10)21/21(10 0.0.
	O NUMBER OF YEARS1
	O YEAR FIRST CAME TO LIVE IN US2
	O MOTHER DECEASED3
	O NEVER LIVED IN US4
	O REFUSED7
	O DON'T KNOW8
	(F-44)
Country of Birl	(Father)
Country of Birt	
PROGRAMMI	(Fatner) I G NOTE 'QC24_H20' : Y' AND SKA = 2 (FATHER OF CHILD) OR IF KID1ST= 'N' AND SC17B=2 (AR= FATHER
PROGRAMMI IF KIDS1ST = OF CHILD), D	IG NOTE 'QC24_H20' : Y' AND SKA = 2 (FATHER OF CHILD) OR IF KID1ST= 'N' AND SC17B=2 (AR= FATHER SPLAY "were you";]
PROGRAMMI IF KIDS1ST = OF CHILD), D	IG NOTE 'QC24_H20' : Y' AND SKA = 2 (FATHER OF CHILD) OR IF KID1ST= 'N' AND SC17B=2 (AR= FATHER

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'QC24_H20' 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?

CH14

[SELECT FROM MOST LIKELY COUNTRIES]

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

UNITED STATES	1
AMERICAN SAMOA	2
CANADA	3
CHINA	4
GUAM	9
JAPAN	16
KOREA	
MEXICO	18
PHILIPPINES	19
PUERTO RICO	22
VIETNAM	
VIRGIN ISLANDS	26
OTHER (SPECIFY:) 91
REFUSED	7
DON'T KNOW	8
	AMERICAN SAMOACANADACHINAGUAMJAPANKOREAMEXICOPHILIPPINES.PUERTO RICO

PROGRAMMING NOTE 'QC24_H21' AND 'QC24_H22':

IF 'QC24_H20' = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO 'SECTION H'; ELSE CONTINUE WITH 'QC24_H21' AND IF RESPONDENT IS FATHER OF CHILD DISPLAY "Are you";

ELSE SAY "Is {his/her} father"

'QC24 H21' {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?

CH14A

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

9	YES	IGO 10
		'PN_QC24_H23']
O	NO2	
O	APPLICATION PENDING3	
O	REFUSED7	
O	DON'T KNOW8	

PROGRAMMING NOTE 'QC24_H22':

IF 'QC24_H20' = 2 (AMERICAN SAMOA), GO TO 'SECTION H'; ELSE CONTINUE WITH 'QC24_H22'

'QC24_H22' {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?

CH15

\mathbf{O}	YES	1
O	NO	2
O	APPLICATION PENDING	3
O	REFUSED	-7
\bigcirc	DON'T KNOW	ç

PROGRAMMING NOTE 'QC24_H23':

IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH 'QC24_H23' AND DISPLAY "have you"; ELSE, CONTINUE WITH 'QC24_H23' AND DISPLAY "has {his/her} father"

'QC24_H23'	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?
CH16	NUMBER OF YEARS [HR: 0-AGE]
	{OR}
	YEAR FIRST CAME TO US
	 NUMBER OF YEARS

SECTION H: DEMOGRAPHICS, PART III

Version 3.01

Follow-up and Close				
PROGRAMMING NOTE 'QC24_H24': IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC24_H24'; ELSE GO TO 'QC24_H25'				
'QC24_H24'	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)?			
СН30	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?			
'QC24_H25'	O DON'T KNOW8			
CG38	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?			
'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?			
END	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 NO, SAY:			
	Goodbye.] [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: '再見.']