



CHIS 2024
Child Tagalog CATI Questionnaire
(Interviewer-Administered)
Version 3.03
August 29, 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 question, i.e. 'QC24_A5': 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.

'QC24_A5' [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: 2010-2022]

- 7 REFUSED
- 8 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' [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 'QC24_A16'

If = 4, goto 'QC24_A17'

'QC24_A8' [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

'QC24_A9' [CA4] - About how tall is (CHILD) now without shoes?

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

_____ FEET
 _____ INCHES
 _____ CENTIMETERS

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NOTE: Please consult the CHIS 2022 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 'QC24_A1':
 SET CADATE = CURRENT DATE (YYYYMMDD);
 IF AR = SKA AND GENDER OF CHILD IS KNOWN, SET 'QC24_A1'=GENDER6 AND SKIP TO
 'QC24_A5' ;
 ELSE CONTINUE WITH 'QC24_A1'

'QC24_A1' Some of the questions are based on (CHILD's) characteristics, like their age. First, I will ask you some brief background questions. What sex was (CHILD's name) assigned at birth, on original birth certificate?

CA1B

Ang ilan sa mga tanong ay batay sa mga katangian ni (CHILD's), tulad ng kanyang edad. Para makapagsimula, mayroon akong mga ilang tanong tungkol sa pangunahing personal na impormasyon (background information). Anong kasarian ni (CHILD's name) noong siya ay ipinanganak, sa orihinal na sertipiko ng kapanganakan?

- Female2
- Babae
- Male1
- Lalaki
- Don't know3
- Hindi alam
- Prefer not to answer.....9
- Mas pinipili na hindi sumagot
- REFUSED -7
- DON'T KNOW -8

'QC24_A2' What is {your/[child's name's]} current gender?

CA73

Ano ang {iyong/[child's name's]} kasalukuyang kasarian?

Select all that apply
Markahan ang lahat na naaangkop

(INTERVIEWER NOTE: CATI INTERVIEWERS SHOULD READ ALL CATEGORIES)

- Female2
- Babae
- Male1
- Lalaki
- Transgender.....3
- Transgender
- Nonbinary.....5
- Nonbinary
- I use a different term: []7
- Ibang katawagan ang ginagamit ko: []
- Don't know8
- Hindi alam
- Prefer not to answer.....9
- Mas pinipili na hindi sumagot
- REFUSED -7
- DON'T KNOW -8

'QC24_A3' What is your (CHILD)'s current gender identity?

CA76

Ano ang kasalukuyang pagkakakilanlan ng kasarian ni (CHILD)?

- SPECIFY: (___)
- REFUSED -7
 - DON'T KNOW -8

'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?

CA74

Para lang kumpirmahin, {ikaw ay/si [child's name] ay} napanganak na ang kasarian ay {INSERT RESPONSE FROM 'QC24_A1'} at ngayon ay inilalarawan ang {iyong sarili/kanilang sarili} bilang {INSERT ALL RESPONSES FROM 'QC24_A2'}. Tama ba yun?

- Yes1
- Oo
- No2
- Hindi
- REFUSED -7
- DON'T KNOW -8

Age

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

CA2

Ano ang petsa ng kapanganakan {niya/niya}?

- ____ MONTH
 ____ BUWAN
- January1
 - Enero
 - February2
 - Pebrero
 - March3
 - Marso
 - April4
 - Abril
 - May5
 - Mayo
 - June6
 - Hunyo
 - July7
 - Hulyo
 - August8
 - Agosto
 - September9
 - Septiyembre
 - October 10
 - Oktubre
 - November 11

- Nobyembre
- December..... 12
- REFUSED/DON'T KNOW..... -3

- _____ DAY
- _____ ARAW

- _____ YEAR
- _____ TAON

- REFUSED -7
- DON'T KNOW -8

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?

CA2A

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

- Yes1
 - Oo

 - No.....2
 - Hindi
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'QC23_A6'
GO TO ADULT
'SECTION B']**

'QC24_A7' Thank you for confirming. Now, we'd like to ask questions about you.

C_AGEEXIT

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

PROGRAMMING NOTE 'QC24_A8':
 IF 'QC24_A5' = -7 OR -8 (REFUSED/DON'T KNOW) OR [IF 'QC24_A5' DAY NOT ANSWERED AND 'QC24_A5' MONTH= MONTH OF INTERVIEW] OR [IF 'QC24_A5' MONTH OR YEAR NOT ANSWERED] OR IF 'QC24_A6' = 2, CONTINUE WITH 'QC24_A8';
 ELSE SKIP TO 'QC24_A9'

'QC24_A8' How old is {he/she}?

CA3

Ilang taon na {siya/siya}?

- _____ YEARS
- _____ (NA) TAON

- _____ MONTHS
- _____ (NA) BUWAN

- REFUSED -7
- DON'T KNOW -8

Height and Weight

'QC24_A9' About how tall is (CHILD) now without shoes?

CA4

Humigit-kumulang, gaano katangkad na ngayon si (CHILD) kapag walang suot na sapatos?

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

[IF NEEDED, SAY: "Ayos lang ang inyong pinakamahasay na tantya."]

_____ Feet _____ Inches

_____ Centimeters _____ Meters

- FEET, INCHES1
- TALAMPAKAN/PULGADA
- CENTIMETERS2
- SENTIMETRO
- REFUSED -7
- DON'T KNOW -8

'QC24_A10' About how much does (CHILD) weigh now without shoes?

CA5

Humigit-kumulang, gaano kabigat na ngayon si (CHILD) kapag walang suot na sapatos?

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

[IF NEEDED, SAY: "Ayos lang ang inyong pinakamahasay na tantya."]

_____ POUNDS

_____ POUNDS

_____ KILOGRAMS

_____ KILO

- POUNDS1
- POUNDS
- KILOGRAMS2
- KILO
- REFUSED -7
- DON'T KNOW -8

Breastfeeding

PROGRAMMING NOTE 'QC24_A11' :
 IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE 'QC24_A14' ;
 ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH 'QC24_A11'

'QC24_A11' Was (CHILD) ever breastfed or fed breast milk?

CA14

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

- Yes1
- Oo
- No.....2 **[GO TO 'QC24_A13']**
- Hindi
- REFUSED -7 **[GO TO 'QC24_A13']**
- DON'T KNOW -8 **[GO TO 'QC24_A13']**

'QC24_A12' How old was (CHILD) when { he/she} stopped breastfeeding altogether?

CA15

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

_____ MONTHS OLD
 _____ BUWANG GULANG

_____ YEARS OLD
 _____ TAONG GULANG

- STILL BREASTFEEDING 93
- REFUSED/DON'T KNOW..... -3

'QC24_A13' How old was (CHILD) when you began giving {him/her} baby food or other solid foods?

CA16

Ilang taon na si (CHILD) noong una ninyo {siyang} pinakain ng pagkain para sa sanggol o ng iba pang mga solidong pagkain?

[IF NEEDED, SAY: SOLID FOOD IS ANYTHING OTHER THAN MILK, FORMULA, JUICE, WATER, HERBS OR TEAS.]

[IF NEEDED, SAY:ANG SOLIDONG PAGKAIN AY ANUMANG PAGKAIN MALIBAN SA GATAS, FORMULA, JUICE, TUBIG, MGA HERB O TSAA.]

_____ MONTHS
 _____ (NA) BUWAN

- NO SOLID FOOD YET 93
- HINDI PA KUMAKAIN NG SOLIDONG PAGKAIN
- REFUSED -7
- DON'T KNOW -8

School Attendance

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

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

- YES1 **[GO TO 'QC24_A16']**

- NO2
- ON VACATION3
- HOME SCHOOLED4 [GO TO 'QC24_A17']
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QC24_A15':

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

'QC24_A15' {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?

CA43

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

- YES1
- NO2
- HOMESCHOOLED3 [GO TO 'QC24_A17']
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QC24_A16':

IF 'QC24_A14' = 1 (ATTENDED SCHOOL LAST WEEK) OR 'QC24_A15' = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH 'QC24_A16'; ELSE SKIP TO PROGRAMMING NOTE 'QC24_A17'

'QC24_A16' What is the name of the school (CHILD) goes to or last attended?

CB22

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

_____ NAME OF SCHOOL

- CHILD NOT IN SCHOOL0
- HINDI NAG-AARAL ANG ANAK
- PRE-SCHOOL OR DAYCARE1
- PRE-SCHOOL OR DAYCARE
- KINDERGARTEN2
- KINDERGARTEN
- ELEMENTARY3
- ELEMENTARYA
- INTERMEDIATE4
- INTERMEDIATE
- JUNIOR HIGH5
- JUNIOR HIGH
- MIDDLE SCHOOL6
- MIDDLE SCHOOL
- CHARTER7
- CHARTER
- OTHER (SPECIFY: _____)..... 91
- IBA PA (TUKUYIN:: _____)
- REFUSED/DON'T KNOW..... -3

'QC24_A17' In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?

CA6

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

- EXCELLENT1
- NAKAKAHUSAY
- VERY GOOD2
- NAKAKAGALING
- GOOD3
- MABUTI
- FAIR4
- SAKTO LANG
- POOR5
- MAHINA
- REFUSED/DON'T KNOW -3

Asthma

'QC24_A18' Has a doctor ever told you that (CHILD) has asthma?

CA12

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

- YES1
- NO2 **[GO TO 'QC24_A29']**
- REFUSED -7 **[GO TO 'QC24_A29']**
- DON'T KNOW -8 **[GO TO 'QC24_A29']**

'QC24_A19' Does {he/she} still have asthma?

CA31

May asthma pa ba {siya}?

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

'QC24_A20' During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?

CA32

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_A21':
 IF 'QC24_A19' = 1 (YES, STILL HAS ASTHMA) OR 'QC24_A20' = 1 (YES, EPISODE IN LAST 12 MOS), CONTINUE WITH 'QC24_A21';
 ELSE GO TO 'QC24_A23'

'QC24_A21' During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

CA33

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

- YES1
- NO2 **[GO TO 'QC24_A23']**
- REFUSED -7 **[GO TO 'QC24_A23']**
- DON'T KNOW -8 **[GO TO 'QC24_A23']**

'QC24_A22' Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

CA48

Dinala ba ninyo si (CHILD) sa emergency room ng ospital para sa {kanyang/kanyang} asthma dahil hindi kayo nakapagpatingin sa {kanyang/kanyang} doktor?

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

- YES1
- NO2
- DOESN'T HAVE A DOCTOR3
- WALANG DOKTOR ANG AKING ANAK
- REFUSED -7
- DON'T KNOW -8

'QC24_A23' Is (CHILD) now taking a daily medication to control {his/her} asthma that was prescribed or given to you by a doctor?

CA12A

Nitong nakaraang 12 buwan, na-ospital ba {siya/siya} nang magdamag o mas matagal pa para sa {kanyang/kanyang} asthma?

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

[IF NEEDED, SAY: "Kabilang dito ang mga gamot na iniinom at mga inhaler. Iba ito sa mga inhaler na ginagamit para sa pangmadaliang ginhawa."]

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_A24':
 IF 'QC24_A19' = 1 (YES, STILL HAS ASTHMA) OR 'QC24_A20' = 1 (YES, EPISODE IN LAST 12 MOS), GO TO 'QC24_A26';
 ELSE CONTINUE WITH 'QC24_A24'

'QC24_A24' During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

CA41

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

- YES1
- NO2 **[GO TO 'QC24_A26']**
- REFUSED -7

- 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?

CA49

Dinala ba ninyo si (CHILD) sa emergency room ng ospital para sa {kanyang/kanyang} asthma dahil hindi kayo nakapagpatingin sa {kanyang/kanyang} doktor?

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

- YES1
- NO2
- DOESN'T HAVE A DOCTOR3
- WALANG DOKTOR ANG AKING ANAK
- REFUSED -7
- DON'T KNOW -8

'QC24_A26' During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?

CA34

Nitong nakaraang 12 buwan, ilang araw hindi nakapasok si (CHILD) sa day care o sa eskwelahan dahil sa asthma?

_____ Number of days

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

'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?

CA35

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

- YES1
- NO2 **[GO TO 'QC24_A29']**
- REFUSED -7 **[GO TO 'QC24_A29']**
- DON'T KNOW -3 **[GO TO 'QC24_A29']**

'QC24_A28' Do you have a written or printed copy of this plan?

CA50

Mayroon ba kayong nakasulat o naka-print na kopya ng planong ito?

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

[IF NEEDED, SAY: "Pwedeng electronic o nasa papel ang kopyang ito."]

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

Other Conditions

'QC24_A29' 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?

CA7

Sa kasalukuyan, mayroon bang anumang karamdaman si (CHILD) sa katawan, sa paguugali o sa isip na humahadlang sa {kanya/kanya} sa paggawa ng mga gawaing pambata na pangkaraniwan sa {kanyang/kanyang} edad?

- YES1
- NO2 **[GO TO 'PN_QC24_A31']**
- REFUSED -7 **[GO TO 'PN_QC24_A31']**
- DON'T KNOW -8 **[GO TO 'PN_QC24_A31']**

'QC24_A30' What condition does (CHILD) have?

CA10A

Anong karamadaman mayroon si (CHILD)?

[CODE ALL THAT APPLY]

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

- ADD/ADHD1
- ADD/ADHD
- ASPERGER'S SYNDROME2
- ASPERGER'S SYNDROME
- AUTISM.....3
- AUTISM
- CEREBRAL PALSY4
- CEREBRAL PALSY
- CONGENITAL HEART DISEASE.....5
- CONGENITAL HEART DISEASE (SAKIT SA PUSO MULA SA PAGKABATA)
- CYSTIC FIBROSIS6
- CYSTIC FIBROSIS
- DIABETES7
- DIABETES
- DOWN SYNDROME.....8
- DOWN SYNDROME
- EPILEPSY.....9
- EPILEPSY
- DEAFNESS OR OTHER HEARING PROBLEMS 10
- PAGKAKABINGI O IBA PANG PROBLEMA SA PANDINIG
- LEARNING DISABILITY, OTHER THAN DOWN SYNDROME 11
- KAPANSANAN SA PAGKATUTO, MALIBAN SA DOWN SYNDROME
- MUSCULAR DYSTROPHY 12
- MUSCULAR DYSTROPHY
- NEUROMUSCULAR DISORDER..... 13

- NEUROMUSCULAR DISORDER
- ORTHOPEDIC PROBLEM
(BONES OR JOINTS)..... 14
- ORTHOPEDIC PROBLEM
(PROBLEMA SA BUTO O KASUKASUAN)
- SICKLE CELL ANEMIA 15
- SICKLE CELL ANEMIA
- BLINDNESS OR OTHER
VISION PROBLEM 16
- PAGKABULAG O IBA PANG PROBLEMA
SA PANINGIN
- OTHER (SPECIFY: _____)..... 91
- IBA PA (TUKUYIN:____)
- REFUSED -7
- DON'T KNOW -8

'QC24_A31' Does (CHILD) currently need or use medicine prescribed by a doctor, other than vitamins?

CA17

Ba ay kasalukuyang nangangailangan o gumagamit ng gamot na inireseta ng isang doktor, maliban sa mga bitamina?

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

[IF NEEDED, SAY: "Ito ay para lamang sa mga gamot na inireseta ng isang doktor. Ang mga gamot na binibili sa botika na tulad ng para sa mga sipon o sakit sa ulo, o iba pang mga bitamina, minerals, o mga suplemento na binili nang walang reseta ay hindi kasali."]

- Yes1
- Oo
- No.....2 **[GO TO 'PN_QC24_A34']**
- Hindi
- REFUSED -7 **[GO TO 'PN_QC24_A34']**
- DON'T KNOW -8 **[GO TO 'PN_QC24_A34']**

'QC24_A32' Is {his/her} need for prescription medicine because of any medical, behavior, or other health condition?

CA18

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

- YES1
- NO2 **[GO TO 'PN_QC24_A34']**
- REFUSED -7
- DON'T KNOW -8 **[GO TO 'PN_QC24_A34']**

'QC24_A33' Is this a condition that has lasted or is expected to last for 12 months or longer?

CA19

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

'QC24_A34' Does (CHILD) need or get special therapy, such as physical, occupational or speech therapy?

CA23

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

- YES1
- NO2 **[GO TO 'PN_QC24_B2']**
- REFUSED -7 **[GO TO 'PN_QC24_B2']**
- DON'T KNOW -8 **[GO TO 'PN_QC24_B2']**

'QC24_A35' Is {his/her} need for special therapy because of any medical, behavior, or other health condition?

CA24

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

- YES1
- NO2 **[GO TO 'PN_QC24_B2']**
- REFUSED -7 **[GO TO 'PN_QC24_B2']**
- DON'T KNOW -8 **[GO TO 'PN_QC24_B2']**

'QC24_A36' Is this a condition that has lasted or is expected to last for 12 months or longer?

CA25

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

- YES1
- NO2 **[GO TO 'PN_QC24_B2']**
- REFUSED -7 **[GO TO 'PN_QC24_B2']**
- DON'T KNOW -8 **[GO TO 'PN_QC24_B2']**

SECTION B: DENTAL HEALTH

'QC23_B1'

DENTAL_INTRO

Now we're going to ask about (CHILD)'s dental health.
Ngayon, magtatanong kami tungkol sa kalusugan ng ngipin ni (CHILD).

PROGRAMMING NOTE 'QC24_B2':
IF CAGE > 2 YEARS, GO TO 'QC24_B3';
ELSE CONTINUE WITH 'QC24_B2'

'QC24_B2' These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

CC1B

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

- Yes1
- Oo
- No.....2 **[GO TO 'PN_CC50']**
- Hindi
- REFUSED -7 **[GO TO 'PN_CC50']**
- DON'T KNOW -8 **[GO TO 'PN_CC50']**

'QC24_B3' 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.

CC5B

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

- HAS NEVER VISITED0 **[GO TO 'CB40']**
- 6 MONTHS AGO, OR LESS1
- MORE THAN 6 MONTHS UP TO
1YEAR AGO2
- MORE THAN 1 YEAR UP TO
2 YEARS AGO3 **[GO TO 'CB40']**
- MORE THAN 2 YEARS UP TO
5 YEARS AGO4 **[GO TO 'CB40']**
- MORE THAN 5 YEARS AGO5 **[GO TO 'CB40']**
- REFUSED -7 **[GO TO 'CB40']**
- DON'T KNOW -8 **[GO TO 'CB40']**

'QC24_B4' How many times has your child received a dental service within the last 12 months?

CB38

Ilang beses na nakatanggap ang iyong anak ng serbisyong dental sa loob ng nakalipas na 12 buwan?

- None.....1 **[GO TO 'CB40']**
- Wala
- Once.....2
- Isang beses
- Twice.....3

- Dalawang beses
- Three times4
- Tatlong beses
- Four times5
- Apat na beses
- Five times or more6
- Limang beses o higit pa
- REFUSED -7 **[GO TO 'CB40']**
- DON'T KNOW -8 **[GO TO 'CB40']**

PROGRAMMING NOTE 'QC24_B5':
 IF 'QC24_B4' > 2 THEN DISPLAY "SERVICES" ELSE IF 'QC24_B4' = 1, THEN DISPLAY "SERVICE"

'QC24_B5' Where did your child receive the dental service{s} within the last 12 months?

CB39

Saan natanggap ng iyong anak ang serbisyong dental[2] sa loob ng nakalipas na 12 buwan?

Select all that apply

- Free health/dental event1
- Libreng event sa kalusugan/ngipin
- Dentist office2
- Dental clinic
- Hospital3
- Ospital
- Other4
- Iba pa
- 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

Saan ka nakatanggap ng impormasyong pang-edukasyon tungkol sa oral health o mga dental treatment upang makaiwas sa sakit ang iyong anak?

Select all that apply

- Have not received any educational information1
- Hindi pa ako nakakatanggap ng impormasyong pang-edukasyon
- From dental office2
- Mula sa dental clinic
- From my child's school3
- Mula sa paaralan ng aking anak
- From social media or online4
- Mula sa social media o online
- From family or friends5
- Mula sa pamilya o mga kaibigan
- From community events/health fairs6
- Mula sa mga event sa komunidad/health fair
- From pediatrician7

- Mula sa pediatrician
- From other sources8
- Mula sa ibang pinagmulan
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_B7':
 IF 'QC24_B3' = 0 (HAD NEVER VISTED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH 'QC24_B10';
 ELSE SKIP TO 'QC24_B8''QC24_B5' ;
 IF 'QC24_B3' = 0 (HAS NEVER VISITED), DISPLAY "never";
 ELSE IF 'QC24_B3' ≥ 3 DISPLAY "not" AND "in the past year"

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

CB23

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

- NO REASON TO GO/NO PROBLEMS1
- NOT OLD ENOUGH2
- TOO EXPENSIVE/NO INSURANCE3
- FEAR, DISLIKES GOING4
- DO NOT HAVE/KNOW A DENTIST5
- TRANSPORTATION PROBLEMS.....6
- NO DENTIST AVAILABLE/
NO APPOINTMENTS AVAILABLE.....7
- DIDN'T KNOW WHERE TO GO8
- HOURS NOT CONVENIENT9
- SPEAK A DIFFERENT LANGUAGE 10
- OTHER (SPECIFY: __)..... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_B8':
 IF 'QC24_B3' = 0, GOTO 'QC24_B9';
 ELSE CONTINUE WITH 'QC24_B8'

'QC24_B8' Is there a particular dentist or place you usually go to for (CHILD)'s dental care?

CC16B

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

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QC24_B9' During the past 12 months, was there any time your child needed dental care, but you could not afford it?

CC17

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

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QC24_B10' Do you now have any type of insurance that pays for part or all of your child's dental care?

CC7A

Ngayon, mayroon ba kayong anumang uri ng insurance na nagbabayad sa bahagi o sa lahat ng pangangalaga sa ngipin ng inyong anak/alaga?

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

[IF NEEDED: Bilangin ang dental insurance, prepaid dental plans gaya ng mga HMO, o mga programa ng gobyerno gaya ng Medi-Cal o Healthy Families]

- YES1
- NO.....2 **[GO TO 'QC24_B14']**
- REFUSED -7 **[GO TO 'QC24_B14']**
- DON'T KNOW -8 **[GO TO 'QC24_B14']**

'QC24_B11' 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.

CB35

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

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QC24_B12' 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.

CB36

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

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QC24_B13' For that dental insurance plan, who else pays part of the cost?

CB37

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

Select all that apply.

- RESPONDENT'S CURRENT OR FORMER EMPLOYER OR UNION2
- SPOUSE'S CURRENT OR FORMER EMPLOYER OR UNION3
- SOMEONE ELSE4
- MEDICARE5
- MEDI-CAL (MEDICAID) DENTI-CAL.....6
- OTHER GOVERNMENT DENTAL PROGRAM.....8
- INDIAN HEALTH SERVICE.....9
- COVERED CALIFORNIA..... 10
- REFUSED -7
- DON'T KNOW -8

'QC24_B14' Do you use any free community or public dental programs for {CHILD}'s dental care?

CC7B

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

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

Delays in Care (Dental)

PROGRAMMING NOTE 'QC24_B15':
 IF ('QC24_A14' = 1 OR 4) OR ('QC24_A15' = 1 OR 3) [CHILD ATTENDS SCHOOL] CONTINUE WITH 'QC24_B15';
 ELSE GO TO 'PN_CCV1A'

'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.

CC18B

Sa nakaraang labindalawang buwan, umabsent ba siya sa paaralan dahil may problema sa kanyang ngipin? Huwag isama ang mga beses na hindi siya nakapasok dahil sa cleaning o check-up ng ngipin.

- YES1
- NO.....2 **[GO TO 'PN_CCV1A']**
- DOESN'T ATTEND SCHOOL.....3 **[GO TO 'PN_CCV1A']**
- REFUSED -7 **[GO TO 'PN_CCV1A']**
- DON'T KNOW -8 **[GO TO 'PN_CCV1A']**

'QC24_B16' How many days of school did (he/she) miss because of dental problems?

CC19

Ilang araw hindi siya nakapasok sa paaralan dahil sa mga problema sa ngipin?

_____ DAYS
_____ ARAW

- LESS THAN ONE DAY 99
- WALA PANG ISANG ARAW
- REFUSED/DON'T KNOW..... -3

SECTION D: HEALTH CARE ACCESS AND UTILIZATION

Usual Source of Care

'QC24_D1' The next questions are about where (CHILD) goes for health care.

CD1

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

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

Mayroon bang lugar na karaniwan ninyong pinagdadalhan sa {kanya/kanya} kapag may sakit {siya/siya} o kailangan ninyo ng payo tungkol sa {kanyang/kanyang} kalusugan?

- YES1
 - NO2
 - DOCTOR/(HIS/HER) DOCTOR3
 - KAISER4
 - MORE THAN ONE PLACE5
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO
'PN_QC24_D3']**

PROGRAMMING NOTE 'QC24_D2':

IF 'QC24_D1' = 1, -3, DISPLAY "What kind of place do you take {him/her} to most often—a medical"

'QC24_D2' What kind of place do you take {him/her} to most often—a medical doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

CD3

Sa anong uri ng lugar ninyo {siya } pinakamadalas na dinadala - sa opisina ng medical doctor, sa clinic o sa clinic sa ospital, sa emergency room, o sa iba pang lugar? Ang doktor ba {niya} ay nasa opisinang pribado ng doktor, clinic o clinic sa ospital, emergency room, o iba pang lugar?

- DOCTOR'S OFFICE/
KAISER/OTHER HMO1
- CLINIC/HEALTH CENTER/
HOSPITAL CLINIC2
- EMERGENCY ROOM3
- SOME OTHER PLACE (SPECIFY: __) 91
- NO ONE PLACE 94
- REFUSED -7
- DON'T KNOW -8

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?

CD12

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

Visits to Medical Doctor

'QC24_D4' During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

CD6

Nitong nakaraang 12 buwan, ilang beses na nagpatingin si (CHILD) sa anumang uri ng medical doctor?

- _____TIMES [HR:0-365]
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_D5' :
IF 'QC24_D4' > 0, GO TO PROGRAMMING NOTE 'QC24_D7' ;
ELSE IF 'QC24_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

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

- ONE YEAR AGO OR LESS1
- MORE THAN 1 YEAR UP TO
2 YEARS AGO2
- MORE THAN 2 YEARS UP TO
3 YEARS AGO3
- MORE THAN 3 YEARS AGO4
- NEVER5
- REFUSED -7
- DON'T KNOW -8

'QC24_D6' In the last 6 months, how often was it easy to get the care, tests or treatment [your child] needed?

CD77

In loob ng nakaraang 6 na buwan, gaano kalimit na madaling makatanggap ng pangangalaga, pagsusuri o paggagamot na kinakailangan ni [your child]?

- NEVER1
- SOMETIMES2
- USUALLY3
- ALWAYS4
- NOT APPLICABLE5
- REFUSED -7
- DON'T KNOW -8

Personal Doctor

PROGRAMMING NOTE 'QC24_D7':
 IF 'QC24_D1' = 1 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH 'QC24_D7';
 ELSE SKIP TO PROGRAMMING NOTE 'QC24_D9'

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

CD33

Mayroon ba {siyang} personal doctor o medical provider na siyang main provider {niya}?

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

[IF NEEDED: Maaaring general doctor ito, espesyalistang doktor, physician assistant, nurse, o iba pang health provider.]

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_D8':
 IF 'QC24_D1' = 1 (HAS USUAL SOURCE OF CARE) AND 'QC24_D7' = 1 (HAS PERSONAL DOCTOR)
 AND ['QC24_A19' = 1 (HAS ASTHMA) OR 'QC24_A20' = 1 (HAD ASTHMA ATTACK) OR 'QC24_A29'
 = 1 (HAS OTHER CONDITION), CONTINUE WITH 'QC24_D8';
 ELSE SKIP TO PROGRAMMING NOTE '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?

CD36

Mayroon bang sinuman sa opisina o clinic ng doktor ni na tumutulong na isaayos ang pangangalaga sa kanya sa iba pang mga doktor o mga serbisyo, gaya ng mga pagsusuri o mga paggamot?

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

Developmental Screening

PROGRAMMING NOTE 'QC24_D9':
 IF CAGE < 1, SKIP to 'PN_QC24_D17'
 ELSE IF CAGE ≥ 1, CONTINUE WITH 'QC24_D9'

'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.

Nagsasagawa ng mga developmental screening test ang maraming mga propesyonal gaya ng mga health provider, mga guro at mga counselor. Tinitiyak ng mga test kung paano lumalaki, natututo at umaasal ang bata at kinukumpara sa mga batang kasintanda niya.

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

Nagsagawa ba kahit kailan ang registrar, ang mga ibang health provider, ang mga guro o mga counselor ng eskwelahan ni (CHILD) ng isang assessment (pagtasa) o mga test (pagsusuri) ng kanyang pag-unlad?

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

'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

Pinagawa ba kahit kailan ng {kanyang} doktor, ng iba pang mga health provider, ng mga guro o ng mga counselor sa eskwelahan kay (CHILD) ang sumusunod: pina-rollover, pinapulot ng maliliit na bagay, pinabunton ang mga bloke, pina-itsa ang bola, o tiniyak na alam niya ang iba't ibang kulay?

- YES1
- NO2
- 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?

CF42

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

- YES1
- NO2
- 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

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

'QC24_D13' Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

CF44

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_D14':
 IF 'QC24_A30' = 1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETARDATION) GO TO 'QC24_D15';
 ELSE CONTINUE WITH 'QC24_D14'

'QC24_D14' Did a doctor or other professional ever note a concern about (CHILD) that should be monitored carefully?

CF45

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

'QC24_D15' Did they ever refer {him/her} to a specialist regarding his development?

CF46

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

'QC24_D16' Did they ever refer {him/her} for speech, language or hearing testing?

CF47

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

Timely Appointments

'QC24_D17' 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?

CD55

Nitong nakaraang 12 buwan, sinubukan ba ninyong makipag-appointment upang magpatingin sa doktor o medical provider ni (CHILD) sa loob ng dalawang araw dahil nagkasakit o nasaktan si (CHILD)?

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

[IF NEEDED, SAY: "Huwag bilangin ang mga emergency."]

- YES1
- NO2 **[GO TO 'QC24_D19']**
- REFUSED -7 **[GO TO 'QC24_D19']**
- DON'T KNOW -8 **[GO TO 'QC24_D19']**

'QC24_D18' How often were you able to get an appointment within two days? Would you say...

CD45

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

- Never1
- Hindi kailanman
- Sometimes2
- Paminsan-minsan,
- Usually, or3
- Karaniwan, o
- Always?4
- Palagi?
- REFUSED -7
- DON'T KNOW -8

Communication Problems with a Doctor

PROGRAMMING NOTE 'QC24_D19':
 IF ['QC24_D4' > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR 'QC24_D5' = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH 'QC2022_D18' ;
 ELSE GO TO 'QC24_D19'

'QC24_D19' The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

CD25

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

- YES1 [GO TO 'QC24_D21']
- NO.....2
- NEVER ACCOMPANIED CHILD
TO DOCTOR.....3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QC24_D20':
 IF 'QC24_D19' = 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 'QC24_D20' ;
 SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QC24_D20' WAS
 ASKED;
 ELSE SKIP TO 'QC24_D21';

'QC24_D20' In what language does (CHILD)'s doctor speak to you?

CD31

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

- ENGLISH1 [GO TO 'CD27']
- SPANISH2 [GO TO 'QC24_D23']
- CANTONESE.....3 [GO TO 'QC24_D23']
- VIETNAMESE4 [GO TO 'QC24_D23']
- TAGALOG.....5 [GO TO 'QC24_D23']
- MANDARIN6 [GO TO 'QC24_D23']
- KOREAN7 [GO TO 'QC24_D23']
- ASIAN INDIAN LANGUAGES.....8 [GO TO 'QC24_D23']
- RUSSIAN9 [GO TO 'QC24_D23']
- OTHER1 (SPECIFY: __)..... 91
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QC2022_D20':
 IF 'QC2022_D18' = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH
 'QC2022_D20';
 ELSE SKIP TO 'QC24_D19';

'QC24_D21' Was this because you and the doctor spoke different languages?

CD26

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

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

'QC24_D22' Did you need someone to help you understand the doctor?

CD27

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

- YES1
- NO.....2 [GO TO 'QC24_D18']

- REFUSED/DON'T KNOW..... -3 **[GO TO 'QC24_D18']**

'QC24_D23' Who was this person who helped you understand the doctor?

CD28

Sino ang taong ito na tumulong sa inyo upang maintindihan ang doktor?

- MINOR CHILD (UNDER AGE 18)1
- AN ADULT FAMILY MEMBER
OR FRIEND2
- NON-MEDICAL OFFICE STAFF3
- MEDICAL STAFF INCLUDING NURSES
AND DOCTORS4
- PROFESSIONAL INTERPRETER
(BOTH IN PERSON AND
ON THE TELEPHONE)5
- OTHER (PATIENTS, SOMEONE ELSE).....6
- DID NOT HAVE SOMEONE TO HELP7
- REFUSED -7
- DON'T KNOW -8

Delays in Care

'QC24_D24' During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for (CHILD)?

CE1

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

- YES1
- NO2 **[GO TO 'QC24_D28']**
- REFUSED -7 **[GO TO 'QC24_D28']**
- DON'T KNOW -3 **[GO TO 'QC24_D28']**

'QC24_D25' Did you get the medicine that a doctor prescribed for (CHILD) eventually?

CE19

Nakuha ba ni (CHILD) ang gamot na kalaunan ay inireseta sa iyo ng doktor?

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

'QC24_D26' During the past 12 months, why did you delay or not get a medicine that a doctor prescribed for (CHILD)?

CE20

Sa nakaraang 12 buwan, bakit mo inantala o di nakakuha ng gamot na inireseta ng doktor para kay (CHILD)?

[SELECT ALL THAT APPLY]
[PILIIN ANG LAHAT NA NAAANGKOP]

- MEDICATION NOT IN STOCK1
- INSURANCE APPROVAL ISSUE2
- DELAYS IN COMMUNICATION WITH

- PROVIDER OR PHARMACY3
- CONCERNS WITH SIDE EFFECTS OR INTERACTIONS WITH OTHER MEDICATIONS4
- DIDN'T WANT OR THOUGHT I DIDN'T NEED PRESCRIPTION5
- TOO HARD TO TRACK ALL MY MEDICATIONS6
- I FORGOT OR LOST PRESCRIPTION.....7
- I DIDN'T HAVE TIME.....8
- I HAVE NO INSURANCE.....9
- TOO EXPENSIVE..... 10
- OTHER (SPECIFY: __)..... 91
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE CE21:
 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 one main reason why you delayed the medicine that a doctor prescribed for (CHILD)?

CE21

Ano ang isang pangunahing dahilan kung bakit mo inantala ang gamot na inireseta ng doktor para kay (CHILD)?

- MEDICATION NOT IN STOCK.....1
- INSURANCE APPROVAL ISSUE2
- DELAYS IN COMMUNICATION WITH PROVIDER OR PHARMACY3
- CONCERNS WITH SIDE EFFECTS OR INTERACTIONS WITH OTHER MEDICATIONS4
- DIDN'T WANT OR THOUGHT I DIDN'T NEED PRESCRIPTION5
- TOO HARD TO TRACK ALL MY MEDICATIONS6
- I FORGOT OR LOST PRESCRIPTION.....7
- I DIDN'T HAVE TIME.....8
- I HAVE NO INSURANCE.....9
- TOO EXPENSIVE..... 10
- OTHER (SPECIFY: __)..... 91
- REFUSED.....-7
- 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?

CE7

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

- 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?

CD66

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

'QC24_D30' During the past 12 months, why did you delay or not get the care you felt (CHILD) needed?

CE22

Sa nakaraang 12 buwan, bakit mo inantala o di nakuha ang kalingang sa tingin mo ay kailangan ni (CHILD)?

[SELECT ALL THAT APPLY]
[PILIIN ANG LAHAT NA NAAANGKOP]

- COULDN'T GET APPOINTMENT1
- MY INSURANCE WAS NOT ACCEPTED...2
- MY INSURANCE DID NOT COVER.....3
- LANGUAGE UNDERSTANDING PROBLEMS4
- TRANSPORTATION PROBLEMS.....5
- HOURS WERE NOT CONVENIENT6
- THERE WAS NO CHILD CARE FOR CHILDREN AT HOME7
- I FORGOT OR LOST REFERRAL8
- I DIDN'T HAVE TIME TO GO9
- TOO EXPENSIVE 10
- I HAVE NO INSURANCE..... 11
- OTHER (SPECIFY: __)..... 12
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_D31':
IF MORE THAN ONE RESPONSE FROM 'QC24_D30', WITH SELECTED CHOICES FROM 'QC24_D30' DISPLAYED, THEN CONTINUE WITH 'QC24_D31'; ELSE SKIP TO 'QC24_D32'

'QC24_D31' What was the one main reason why you delayed getting the care you felt (CHILD) needed?

CD68

Ano ang isang pangunahing dahilan kung bakit pinaantala mo na makakuha ng pag-aalaga na sa palagay mo ay kinakailangan ni (BATA)?

- COULDN'T GET APPOINTMENT1
- MY INSURANCE NOT ACCEPTED2
- MY INSURANCE DID NOT COVER.....3
- LANGUAGE UNDERSTANDING

- PROBLEMS4
- TRANSPORTATION PROBLEMS.....5
- HOURS NOT CONVENIENT6
- THERE WAS NO CHILD CARE FOR CHILDREN AT HOME7
- I FORGOT OR LOST REFERRAL8
- I DIDN'T HAVE TIME9
- TOO EXPENSIVE 10
- I HAVE NO INSURANCE..... 11
- OTHER (SPECIFY: _)... 12
- REFUSED -7
- DON'T KNOW -8

'QC24_D32' During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?

CD69

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

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'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?

CD70

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

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QC24_D34' 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?

CD71

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

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

SECTION F: PARENTAL INVOLVEMENT

PROGRAMMING NOTE 'CG14':
 IF CAGE > 5 YEARS GO TO 'QC24_F4';
 ELSE CONTINUE 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

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

- EVERY DAY1
- 3-6 DAYS2
- 1-2 DAYS3
- NEVER4
- REFUSED -7
- DON'T KNOW -8

'QC24_F2' [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

CG15

Sa isang karaniwang linggo, humigit-kumulang, ilang araw ba kayo o ang sinumang iba pang miyembro ng pamilya] tumutugtog o kumakanta na kasama si (CHILD)?

- EVERY DAY1
- 3-6 DAYS2
- 1-2 DAYS3
- NEVER4
- REFUSED -7
- DON'T KNOW -8

'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?

CG16

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

- EVERY DAY1
- 3-6 DAYS2
- 1-2 DAYS3
- NEVER4
- REFUSED -7
- DON'T KNOW -8

Park Use

'QC24_F4' Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

CC39

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

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

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

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

First 5 California: 'Talk, Read, Sing Program'

PROGRAMMING NOTE 'QC24_F5':
 IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH 'QC24_F5';
 ELSE GO TO 'QC24_F9'

'QC24_F5' Have you seen or heard messages encouraging you to talk, read and sing with your child?

CF64

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

- YES1
- NO.....2 **[GO TO 'QC24_F9']**
- REFUSED-7 **[GO TO 'QC24_F9']**
- DON'T KNOW-8 **[GO TO 'QC24_F9']**

'QC24_F6' Do you talk with your child less, about the same, or more after hearing that message?

CF65

Masasabi ba ninyo na kinakausap ninyo ang inyong anak/alaga nang di kasindalas, humigit kumulang na kasindalas, o mas madalas pagkatapos ninyong narinig ang mensaheng iyon?

- LESS1
- ABOUT THE SAME2
- MORE3
- REFUSED-7
- DON'T KNOW-8

‘QC24_F7’ Do you sing with your child less, about the same, or more after hearing that message?

CF66

Masasabi ba ninyo na kumakanta kayo ng inyong anak/alaga nang di-kasindalas humigit kumulang na kasindalas, o mas madalas pagkatapos ninyong narinig ang mensaheng iyon?

- LESS1
- ABOUT THE SAME2
- MORE3
- REFUSED -7
- DON'T KNOW -8

‘QC24_F8’ Do you read with your child less, about the same, or more after hearing that message?

CF67

Masasabi ba ninyo na nagbabasa kayo ng inyong anak/alaga nang di kasindalas, humigit kumulang na kasindalas, o mas madalas pagkatapos ninyong narinig ang mensaheng iyon?

- LESS1
- ABOUT THE SAME2
- MORE3
- REFUSED -7
- DON'T KNOW -8

Frst 5 California: Kit for New

PROGRAMMING NOTE ‘QC24_F9’:
 IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH ‘QC24_F9’;
 ELSE GO TO ‘QC24_F12’

‘QC24_F9’ Where do you get books or e-books for your child?

CF70

Saan ka kumukuha ng mga aklat o e-book para sa iyong anak?

[SELECT ALL THAT APPLY]
 [PILIIN ANG LAHAT NG NAAANGKOP]

- PURCHASED/RECEIVED BOOKS AS GIFTS1
- PURCHASED E-BOOKS ONLINE2
- BORROWED BOOKS FROM THE LIBRARY3
- BORROWED E-BOOKS FROM THE LIBRARY4
- BORROWED BOOKS FROM FRIENDS OR FAMILY5
- GOT FREE E-BOOKS OR MATERIALS FROM THE INTERNET6
- RECEIVED BOOKS FROM CHILDREN’S BOOK PROGRAM7
- OTHER (SPECIFY: __) 91
- WE DO NOT READ TO OUR CHILD8

- REFUSED -7
- DON'T KNOW -8

'QC24_F10' How many children's books do you or your child own?

CF69

Ilang aklat ng bata ang mayroon ka o ang iyong anak?

[IF NEEDED: Your best guess is fine.]

[IF NEEDED: Puwede ang iyong pinakamahusay na tantya.]

- SPECIFY: _____ [0-9999]1
- REFUSED -7
- DON'T KNOW -8

'QC24_F11' What challenges prevent you or other family members from reading to your young child?

CF68

Anu-anong hamon ang pumipigil sa iyo o sa iba pang kapamilya na magbasa kasama ng iyong batang anak?

SELECT ALL THAT APPLY
PILIIN ANG LAHAT NG NAAANGKOP

- DON'T HAVE BOOKS FOR CHILD AT HOME1
- DON'T HAVE BOOKS FOR CHILD IN MY FAMILY'S LANGUAGE2
- CHILD NOT INTERESTED IN READING...3
- DON'T HAVE ENOUGH TIME4
- OTHER (SPECIFY: __)..... 91
- DO NOT HAVE CHALLENGES5
- REFUSED -7
- DON'T KNOW -8

'QC24_F12' Did you know that First 5 California, a state agency, provides a free Kit for New Parents to the parents of newborns?

CF35

Alam mo bang na ang First 5 California, isang state agency, ay nagbibigay ng isang free Kit for New Parents para sa mga magulang ng mga bagong panganak?

- YES1
- NO2 **[GO TO 'PN_QC24_F17']**
- REFUSED -7 **[GO TO 'PN_QC24_F17']**
- DON'T KNOW -8 **[GO T 'PN_QC24_F17']**

'QC24_F13' Have you ever received this Kit for New Parents?

CF36

Nakatanggap ka na ba kahit minsan ng Kit for New Parents na ito?

- YES1

- NO2 [GO TO 'PN_QC24_F17']
- REFUSED -7 [GO TO 'PN_QC24_F17']
- DON'T KNOW -8 [GO T 'PN_QC24_F17']

'QC24_F14' Did you receive the Kit for New Parents during the past year?

CD57

Natanggap mo ba ang Kit for New Parents sa nakaraang taon?

- YES1
- NO2 [GO TO 'PN_QC24_F17']
- REFUSED -7 [GO TO 'PN_QC24_F17']
- DON'T KNOW -8 [GO T 'PN_QC24_F17']

'QC24_F15' Did you use any of the materials from the Kit for New Parents?

CF39

Ginamit mo ba ang alinman sa mga materyales mula sa Kit for New Parents?

- YES1
- NO2 [GO TO 'PN_QC24_F17']
- REFUSED -7 [GO TO 'PN_QC24_F17']
- DON'T KNOW -8 [GO T '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?

CF37

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

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

- REFUSED -7 [GO TO 'PN_QC24_F17']
- DON'T KNOW -8 [GO T 'PN_QC24_F17']

PROGRAMMING NOTE 'QC24_F17':
 IF CAGE ≥ 4, CONTINUE WITH 'QC24_F17'
 ELSE SKIP TO '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?

CF30

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

makisama sa ibang tao?

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

'QC24_F18' Are these difficulties minor, definite, or severe?

CF31

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

- MINOR1
- DEFINITE2
- SEVERE3
- REFUSED -7
- DON'T KNOW -8

'QC24_F19' During the past 12 months, did (CHILD) receive any psychological or emotional counseling?

CF32

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

SECTION G: CHILD CARE AND SOCIAL COHESION

PROGRAMMING NOTE 'QC24_G1' :
IF CAGE ≥ 7, DO 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.}

CG1

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

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

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

- YES1
- NO2 **[GO TO 'QC23_G10']**
- REFUSED -7 **[GO TO 'QC23_G10']**
- DON'T KNOW -8 **[GO TO 'QC23_G10']**

'QC24_G2' Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

CG2

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

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

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_G3' :
IF 'QC24_G2' < 10 (HOURS IN CHILDCARE), GO TO 'QC24_G10' ;
ELSE CONTINUE WITH 'QC24_G3'

'QC24_G3' During a typical week does (CHILD) receive childcare from...a grandparent or other family member?

CG3A

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

'QC24_G4' [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in your home?

CG3E

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

- YES1
- NO2
- REFUSED -7
- 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

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

'QC24_G6' [Does (CHILD) receive childcare from]...a childcare center that is not in someone's home?

CG3D

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_G7' :
IF CAGE ≥ 7 YEARS, GO TO 'QC24_G10' ;
ELSE CONTINUE WITH 'QC24_G7'

'QC24_G7' [Does (CHILD) receive childcare from]...a Head Start or state preschool program?

CG3B

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

'QC23_G8' [Does (CHILD) receive childcare from]...some other preschool or nursery school?

CG3C

[Nakakatanggap ba si (CHILD)} ng child care mula sa]...iba pang preschool o nursery school?

- YES1

- NO.....2
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'QC24_G9' :
IF ['QC24_G3' OR 'QC24_G4' = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF ['QC24_G5' ≠ 1 AND 'QC24_G6' ≠ 1 AND 'QC24_G7' ≠ 1 AND 'QC24_G8' ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-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 DISPLAY, "Are all of these" AND "providers"

'QC24_G9' Thinking about the care the child receives from a non-family member outside your home, {is this/are all of these} child care provider{s} licensed by the state of California?

CG3G

Lisensyado ba ng state of California {itong} child care provider? Lisensyado ba ng state of California {ang lahat nitong} mga child care provider?

- YES (ALL LICENSED).....1
- NO (NONE LICENSED).....2
- SOME LICENSED AND SOME NOT3
- REFUSED.....-7
- DON'T KNOW.....-8

'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?

CG5

Nitong nakaraang 12 buwan, nagkaroon ba ng panahon na hindi kayo makahanap ng child care noong kailangan ito para kay (CHILD) nang isang linggo o mas matagal?

- YES.....1
- NO.....2 [GO TO 'QC23_H1']
- REFUSED.....-7 [GO TO 'QC23_H1']
- DON'T KNOW.....-8 [GO TO 'QC23_H1']

'QC24_G11' What is the main reason you were unable to find childcare for (CHILD) at that time?

CG6

Ano ang pangunahing dahilan na hindi kayo makahanap ng child care para kay (CHILD) noong panahong iyon?

[IF NEEDED, SAY: "Main reason is the most important reason."]
[IF NEEDED, SAY: "Ang pangunahing dahilan ay ang pinakamahalagang dahilan."]

- COULDN'T AFFORD ANY CHILD CARE.....1
- COULDN'T FIND A PROVIDER WITH A SPACE2
- THE HOURS AND LOCATION DIDN'T FIT MY NEEDS3
- COULDN'T AFFORD THE QUALITY OF CHILDCARE I WANTED.....4
- COULDN'T FIND THE QUALITY OF CHILDCARE I WANTED.....5
- OTHER REASON6

- REFUSED-7
- DON'T KNOW-8

SECTION H: DEMOGRAPHICS, PART II

So, we can be sure we have included children of all races and ethnic groups in California, we need to ask a few questions about (CHILD)'s background.

Upang matiyak na nasali namin ang mga bata ng lahat ng mga lahi at pangkating etniko sa California, kailangan kong magtanong ng ilang katanungan tungkol sa background ni (CHILD).

'QC24_H1' Is (CHILD) Latino or Hispanic?

CH1

Latino o Hispanic ba si (CHILD)?

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

[IF NEEDED, SAY: "Gaya ng Mexican o Central o South American?"]

- | | | | |
|-----------------------|------------------|----|---------------------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO
'PN_QC23_H3'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QC23_H3'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QC23_H3'] |

'QC24_H2' And what is {his/her} Latino or Hispanic ancestry or origin?

CH2

At ano ang {kanyang/kanyang} mga ninuno o angkang pinagmulan na Latino o Hispanic?

SELECT ALL THAT APPLY
PILIIN ANG LAHAT NG NAAANGKOP

- | | | | |
|--------------------------|--|----|--|
| <input type="checkbox"/> | MEXICAN/MEXICAN AMERICAN/
CHICANO | 1 | |
| <input type="checkbox"/> | SALVADORAN | 4 | |
| <input type="checkbox"/> | GUATEMALAN | 5 | |
| <input type="checkbox"/> | COSTA RICAN | 6 | |
| <input type="checkbox"/> | HONDURAN | 7 | |
| <input type="checkbox"/> | NICARAGUAN | 8 | |
| <input type="checkbox"/> | PANAMANIAN | 9 | |
| <input type="checkbox"/> | PUERTO RICAN | 10 | |
| <input type="checkbox"/> | CUBAN | 11 | |
| <input type="checkbox"/> | SPANISH-AMERICAN (FROM SPAIN) | 12 | |
| <input type="checkbox"/> | OTHER LATINO (SPECIFY: _) | 91 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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

'QC24_H3' {You said your child is Latino or Hispanic. Also,} which one or more of the following you would use to describe (CHILD): Would you describe {him/her} as

CH3

{Sinabi ninyo na Latino o Hispanic ang inyong anak/alaga. At saka,} Pakisabi sa akin kung aling isa o mahigit pa sa sumusunod ang gagamitin ninyo sa pagsasalarawan kay (CHILD):

SELECT ALL THAT APPLY
I-CHECK ANG LAHAT NG NAAANGKOP

- WHITE.....1
- BLACK OR AFRICAN AMERICAN2
- ASIAN3
- AMERICAN INDIAN OR ALASKA NATIVE .4
- PACIFIC ISLANDER5
- NATIVE HAWAIIAN6
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

[GO TO
'PN_QC23_H12']

- If = 6, 91, -7, -8, And Only One Race, goto 'PN_QC24_H12'*
- If = 3, And Only One Race, goto 'PN_QC24_H10'*
- If = 4, And Only One Race, goto 'PN_QC24_H6'*
- If = 5, And Only One Race, goto 'PN_QC24_H11'*
- If =1, And Only One Race, go to 'QC24_H4'*
- If =2, And Only One Race, go to 'QC24_H5'*

PROGRAMMING NOTE 'QC24_H4':
IF 'QC24_H3' = 1 (WHITE), CONTINUE WITH 'QC24_H4';
ELSE GO TO PROGRAMMING NOTE 'QC24_H5'

'QC24_H4' What are your child's white origin or origins?

CH3A

Ano ang pinagmulan o mga pinagmulan ng pagiging puti ng iyong anak?

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

- (Specify: _____).....1
- (Tukuyin: _____)
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_H5':
IF 'QC24_H3' = 2 (BLACK OR AFRICAN AMERICAN), CONTINUE WITH 'QC24_H5';
ELSE GO TO PROGRAMMING NOTE 'QC24_H6'

'QC24_H5' What are your child's Black origin or origins?

CH3B

Ano ang pinagmulan o mga pinagmulan ng pagiging ltim ng iyong anak?

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

- (Specify: _____).....1
- (Tukuyin: _____)

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_H6':
IF 'QC24_H3' = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH 'QC24_H6' ;
ELSE GO TO PROGRAMMING NOTE 'QC24_H10'

'QC24_H6' 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.

CH4

Sinabi ninyo na American Indian o Alaska Native, at ano ang tribo ng mga ninuno ni (CHILD)? Kung higit sa isang tribo ang kinabibilangan {niya}, banggitin ninyo ang lahat sa akin

[SELECT ALL THAT APPLY]
 [PILIIN ANG LAHAT NG NAAANGKOP]

- APACHE1
- BLACKFOOT/BLACKFEET2
- CHEROKEE3
- CHOCTAW.....4
- MEXICAN AMERICAN INDIAN5
- NAVAJO.....6
- POMO7
- PUEBLO.....8
- SIOUX9
- YAQUI 10
- OTHER TRIBE (SPECIFY: __)..... 91
- REFUSED -7
- DON'T KNOW -8

'QC24_H7' Is (CHILD) an enrolled member in a federally or state recognized tribe?

CH5

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

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QC24_H8' Which tribe is (CHILD) enrolled in?

CH6

Sa aling Tribo nakatala si (CHILD)?

APACHE_C

- MESCALERO APACHE, NM1
- APACHE (NOT SPECIFIED)2
- OTHER APACHE (SPECIFY:) 91

BLACKFEET_C

- BLACKFOOT/BLACKFEET3
- CHEROKEE_C
 - WESTERN CHEROKEE4
 - CHEROKEE (NOT SPECIFIED).....5
 - OTHER CHEROKEE (SPECIFY: __) 92
- CHOCTAW_C
 - CHOCTAW OKLAHOMA6
 - CHOCTAW (NOT SPECIFIED)7
 - OTHER CHOCTAW (SPECIFY: __)..... 93
- NAVAJO_C
 - NAVAJO (NOT SPECIFIED).....8
- POMO_C
 - HOPLAND BAND, HOPLAND RANCHERIA9
 - SHERWOOD VALLEY RANCHERIA 10
 - POMO (NOT SPECIFIED)..... 11
 - OTHER POMO (SPECIFY: __)..... 94
- PUEBLO_C
 - HOPI 12
 - YSLETA DEL SUR PUEBLO OF TEXAS. 13
 - PUEBLO (NOT SPECIFIED) 14
 - OTHER PUEBLO (SPECIFY: __)..... 95
- SIoux_C
 - OGLALA/PINE RIDGE SIOUX..... 15
 - SIOUX (NOT SPECIFIED)..... 16
 - OTHER SIOUX (SPECIFY: __) 96
- YAQUI_C
 - PASCUA YAQUI TRIBE OF ARIZONA 17
 - YAQUI (NOT SPECIFIED)..... 18
 - OTHER YAQUI (SPECIFY: __) 97
 - REFUSED -7
 - DON'T KNOW -8

'QC24_H9'

Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

CH6A

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

- YES1
- NO.....2

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_H10':
 IF 'QC24_H3' = 3 (ASIAN) CONTINUE WITH 'QC24_H10';
 ELSE GO TO PROGRAMMING NOTE 'QC24_H11'

'QC24_H10' 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.

CH7

Sinabi ninyo na Asian, at aling tiyak na pangkating etniko {siya}, gaya ng {Chinese, Filipino, Vietnamese}? Kung higit sa isa ang kinabibilangan {niya}, banggitin ninyo ang lahat sa akin.

[SELECT ALL THAT APPLY]
 [I-CHECK ANG LAHAT NG NAAANGKOP]

- BANGLADESHI1
- BURMESE2
- CAMBODIAN3
- CHINESE4
- FILIPINO5
- HMONG6
- INDIAN (INDIA).....7
- INDONESIAN.....8
- JAPANESE9
- KOREAN 10
- LAOTIAN 11
- MALAYSIAN..... 12
- PAKISTANI 13
- SRI LANKAN..... 14
- AIWANESE 15
- THAI 16
- VIETNAMESE 17
- OTHER ASIAN (SPECIFY: __)..... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_H11':
 IF 'QC24_H3' = 5 (PACIFIC ISLANDER) CONTINUE WITH 'QC24_H11' ;
 ELSE GO TO 'QC24_H12'

'QC24_H11' You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}?

CH7A

Sinabi ninyo na Pacific Islander si (CHILD). Aling tiyak na pangkating etniko {siya/siya}?

[SELECT ALL THAT APPLY.]
 [I-CHECK ANG LAHAT NG NAAANGKOP]

- SAMOAN/AMERICAN SAMOAN.....1
- GUAMANIAN2
- TONGAN3
- FIJIAN4
- OTHER PACIFIC ISLANDER (SPECIFY: __)91

- REFUSED -7
- DON'T KNOW -8

'QC24_H12' In what country was (CHILD) born?

CH8

Saang bansa ipinanganak si (CHILD)?

- UNITED STATES1
- AMERICAN SAMOA2
- CANADA3
- CHINA4
- GUAM9
- JAPAN..... 16
- KOREA..... 17
- MEXICO 18
- PHILIPPINES 19
- PUERTO RICO 22
- VIETNAM 25
- VIRGIN ISLANDS 26
- OTHER (SPECIFY: _). 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_H13':
 IF 'QC24_H12' = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE 'QC24_H16';
 ELSE CONTINUE WITH 'QC24_H13'

'QC24_H13' Is (CHILD) a citizen of the United States?

CH8A

Citizen ba ng United States si (CHILD)?

- YES1 **[GO TO 'QC24_H15']**
- NO2
- APPLICATION PENDING3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_H14':
 IF 'QC24_H12' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QC24_H16'

'QC24_H14' Is (CHILD) a permanent resident with a green card?

CH9

Permanent resident na may green card ba si (CHILD)?

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

[IF NEEDED: Karaniwang tinatawag ito na "Green Card" ngunit maaari ding rosas, asul o puti ang kulay nito.]

- YES1
- NO2

- APPLICATION PENDING3
- REFUSED -7
- DON'T KNOW -8

'QC24_H15' About how many years has (CHILD) lived in the United States?

CH10

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

{OR} _____ NUMBER OF YEARS
 _____ YEAR FIRST CAME TO US

- Number of years1
- Year first came to live in US.....2
- REFUSED -7
- DON'T KNOW -8

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?

CH11

Saang bansa {kayo} ipinanganak? Saang bansa ipinanganak {ang nanay niya}?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- UNITED STATES1
- AMERICAN SAMOA2
- CANADA3
- CHINA4
- GUAM9
- JAPAN 16
- KOREA 17
- MEXICO 18
- PHILIPPINES 19
- PUERTO RICO 22
- VIETNAM 25
- VIRGIN ISLANDS 26
- OTHER (SPECIFY: __)..... 91
- REFUSED -7
- 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?

CH11A

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

- YES1 **[GO TO 'PN_QC24_H19']**
- NO.....2
- APPLICATION PENDING.....3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QC24_H18':
 IF 'QC24_H16' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QC24_H20' 'QC24_H16' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QC24_H20'

'QC24_H18' {Are you/Is {his/her} mother} a permanent resident with a green card?

CH12

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

- YES1
- NO.....2
- APPLICATION PENDING.....3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QC24_H19':
 IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH 'QC24_H19' AND DISPLAY "have you";
 ELSE CONTINUE WITH 'QC24_H19' AND DISPLAY "has {his/her} mother"

'QC24_H19' About how many years {have you/has {his/her} mother} lived in the United States?

CH13

Mga ilang taon na {kayong} nakatira sa United States? Mga ilang taon nang nakatira {ang nanay {niya}} sa United States?

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

_____ YEAR FIRST CAME TO LIVE IN U.S.

- NUMBER OF YEARS1
- YEAR FIRST CAME TO LIVE IN U.S.....2
- MOTHER DECEASED.....3
- NEVER LIVED IN U.S.....4

- REFUSED -7
- DON'T KNOW -8

Country of Birth (Father)

PROGRAMMING NOTE 'QC24_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 'QC24_H16' AND DISPLAY "was his father/was her father"

'QC24_H20' In what country {were you/was his father/was her father} born?

CH14

Saang bansa {kayo} ipinanganak? Saang bansa ipinanganak {ang tatay {niya }}?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- UNITED STATES1
- AMERICAN SAMOA2
- CANADA3
- CHINA4
- GUAM9
- JAPAN..... 16
- KOREA..... 17
- MEXICO 18
- PHILIPPINES 19
- PUERTO RICO 22
- VIETNAM 25
- VIRGIN ISLANDS 26
- OTHER (SPECIFY: __)..... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_H21' AND 'QC24_H22':
 IF 'QC24_H20' = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE 'CH17';
 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?

CH14A

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

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

- YES1 **[GO TO 'PN_QC24_H23']**
- NO2
- APPLICATION PENDING3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC24_H22':
IF 'QC24_H20' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'CH17'

'QC24_H22' {Are you/Is {his/her} father} a permanent resident with a green card?

CH15

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

- YES1
- NO2
- APPLICATION PENDING3
- REFUSED -7
- DON'T KNOW -8

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?

CH16

Mga ilang taon na {kayong} nakatira sa United States? Mga ilang taon nang nakatira {ang tatay {niya }} sa United States?

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

_____ YEAR FIRST CAME TO LIVE IN U.S.

- NUMBER OF YEARS1
- YEAR FIRST CAME TO LIVE IN U.S2
- MOTHER DECEASED3
- NEVER LIVED IN U.S4
- REFUSED -7
- DON'T KNOW -8

SECTION H: DEMOGRAPHICS, PART III

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)?

CH30

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

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QC24_H25' 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?

CG38

Iyon ang mga huling tanong tungkol sa iyong bata. Bago natin ipagpatuloy ang survey na may mga tanong tungkol sa iyo, sa palagay mo ba ay magiging bukas ka sa isang follow-up sa survey na ito tungkol sa iyong bata sa hinaharap?

- YES1
- MAYBE/PROBABLY YES2
- DEFINITELY NOT3
- REFUSED -7
- DON'T KNOW -8

'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

Salamat. Nakatulong kayo sa mahalagang survey sa buong state. Kung mayroon kayong anumang tanong, maaari kayong makipag-ugnay kay Dr. Ninez Ponce, ang namumuno sa pagsusuri. Gusto ba ninyo ang number na iyon?

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

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