

Child 0-6 Years

Wave 3 San Antonio

Making Connections Child Section 0-6 Years



Conducted by
The National Opinion Research Center
at the University of Chicago

NORC at the UNIVERSITY OF CHICAGO
Innovative solutions in research and technology

FI Name: _____

FI ID #: _____

Interview Date: ____/____/____

Material Language: ENGLISH (1)

Child Name: _____

Child Age: _____ Roster Row#: _____



FI: AFFIX CASE LABEL

5704 • Making Connections
55 East Monroe, Suite 2000 • Chicago, IL 60603

THIS PAGE LEFT INTENTIONALLY BLANK

Child – Ages 0 – 6 Years

We would like to ask some questions about the children in your household. The information you share with us about **[CHILD]**, when combined with the same information from other households, will help us understand the experiences of children in your neighborhood.

**SKIP: IF CHILD IS 2 YEARS OLD OR OLDER CONTINUE;
IF CHILD IS UNDER THE AGE OF 2 GO TO 5**

Now I want to ask you some questions about **[CHILD]**'s education, activities and health.

First I'd like to ask about **[CHILD]**'s education.

1. What grade in school is **[CHILD]** attending?

FI INFO: IF R SAYS THAT THE CHILD IS IN SPECIAL EDUCATION,
CODE SPECIAL EDUCATION AND GRADE.

NOT ATTENDING	1	➔ GO TO 5
ATTENDING A PRE-KINDERGARTEN PROGRAM (I.E. HEAD START, PRESCHOOL, ETC.)	2	➔ GO TO 5
KINDERGARTEN	3	
PREFIRST GRADE	4	
FIRST GRADE	5	
SECOND GRADE	6	
THIRD GRADE	7	
FOURTH GRADE	8	
UNGRADED	9	
SPECIAL EDUCATION	10	
DON'T KNOW	DK	
REFUSED	REF	

2. What is the name of the school **[CHILD]** attends?

DON'T KNOW	DK
REFUSED	REF

SHOWCARD N

3. How satisfied are you with the job **[RESPONSE FROM ITEM 2]** is doing to educate your child? Are you very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied?

- VERY SATISFIED 5
- SATISFIED 4
- NEITHER SATISFIED NOR DISSATISFIED..... 3
- DISSATISFIED 2
- VERY DISSATISFIED 1
- DON'T KNOW DK
- REFUSED REF

3_1 When **[CHILD]** receives homework, how often do you help him/her with it?

- All of the time..... 4 → **GO TO 3_3**
- Most of the time 3
- Some of the time 2
- Never 1
- DON'T KNOW DK → **GO TO 3_3**
- REFUSED REF → **GO TO 3_3**

3_2 When you do not help **[CHILD]** with homework what is the main reason why?

- Homework is too complicated..... 1
- Someone else is helping **[CHILD]** with homework
(SPECIFY WHO HELPS) _____ 2
- Not enough time 3
- Not enough energy 4
- Don't speak English well enough..... 5
- [CHILD]** can do homework on his/her own 6
- [CHILD]** does not have homework 7
- DON'T KNOW DK
- REFUSED REF

3_3 In a typical week, how often do you and **[CHILD]** eat dinner together?

- Not at all 1
- Once or twice..... 2
- 3-6 Times..... 3
- Every day..... 4
- DON'T KNOW DK
- REFUSED REF

4. Approximately how many days of **[RESPONSE FROM ITEM 2]** has **[CHILD]** missed in the past four weeks? (Do not include any school vacation days or holidays.)

_____ (DAYS)
 DON'T KNOW DK
 REFUSED REF

5. Where does **[CHILD]** spend most of (his/her) time when (he/she) is **not** with you (or other parent/guardian)?

Nursery School 1
 Preschool..... 2
 Head Start 3
 Other Pre-Kindergarten Program/School 4
 Child care center 5
 In a child care home 11 → **GO TO 6b**
 In the care of a relative who is **not** paid 6 → **GO TO 6e**
 In the care of a relative who **is** paid..... 7 → **GO TO 6c**
 In the care of a friend who is **not** paid 8 → **GO TO 6e**
 In the care of a friend who **is** paid 9 → **GO TO 6c**
 There is no other caregiver or place..... 10 → **GO TO SKIP before 9**
 DON'T KNOW DK → **GO TO SKIP before 9**
 REFUSED REF → **GO TO SKIP before 9**

5a. What is the name of the nursery school/preschool/Head Start/pre-kindergarten/child care center?

 DON'T KNOW DK
 REFUSED REF

SKIP: IF Q5=5 (CHILD CARE CENTER), GO TO Q6b, OTHERWISE CONTINUE

SHOWCARD O

5b. How satisfied are you with the job **[RESPONSE FROM ITEM 5a]** is doing to educate your child? Are you very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied?

VERY SATISFIED 5
 SATISFIED 4
 NEITHER SATISFIED NOR DISSATISFIED... 3
 DISSATISFIED 2
 VERY DISSATISFIED 1
 DON'T KNOW DK
 REFUSED REF

5c. Approximately how many days of **[RESPONSE FROM ITEM 5a]** has **[CHILD]** missed in the past four weeks? (Do not include any school vacation days or holidays.)

_____ (DAYS)
DON'T KNOW DK
REFUSED REF

6b. Is this care/education program provided for free?
YES 1 → **GO TO 6e**
NO 2
DON'T KNOW DK
REFUSED REF

6c. Is there someone or some organization who helped you pay for this care or helped you receive this care at a reduced cost?
YES 1
NO 2 → **GO TO 6e**
DON'T KNOW DK → **GO TO 6e**
REFUSED REF → **GO TO 6e**

6d. Who helped you pay for this care?
[FI INSTRUCTION: IF RESPONDENT'S ANSWER IS A PERSON'S NAME PROBE FOR THAT PERSON'S RELATIONSHIP TO THE RESPONDENT]

DON'T KNOW DK
REFUSED REF

6e. In a typical week, how many hours does **[CHILD]** spend in **[RESPONSE FROM ITEM 5a]**/this person's care?

DON'T KNOW DK
REFUSED REF

SKIP: IF Q.5 = 1, 2, 3, 4, 5, 11, DK or REF GO TO Q6g, OTHERWISE CONTINUE

6f. Is this care provided in your home or someplace else?
IN RESPONDENT'S HOME 1
SOMEPLACE ELSE 2
DON'T KNOW DK
REFUSED REF

6g. In addition to this care, is there another place where [CHILD] spends (his/her) time when (he/she) is not with you (or other parent/guardian)?

- YES..... 1
- NO..... 2 → GO TO SKIP BOX BEFORE Q9
- DON'T KNOW DK → GO TO SKIP BOX BEFORE Q9
- REFUSED REF → GO TO SKIP BOX BEFORE Q9

7. Would that be...?

- Nursery School 1
- Preschool..... 2
- Head Start 3
- Other Pre-Kindergarten Program/School 4
- Child care center 5
- In a child care home 10 → GO TO 8b
- In the care of a relative who is **not** paid 6 → GO TO 8e
- In the care of a relative who **is** paid..... 7 → GO TO 8c
- In the care of a friend who is **not** paid 8 → GO TO 8e
- In the care of a friend who **is** paid 9 → GO TO 8c
- DON'T KNOW DK → GO TO SKIP BOX BEFORE Q9
- REFUSED REF → GO TO SKIP BOX BEFORE Q9

7a. What is the name of the nursery school/preschool/Head Start/pre-kindergarten/day care center?

-
- DON'T KNOW DK
 - REFUSED REF

SKIP: IF Q7=5 (CHILD CARE CENTER), GO TO Q8b, OTHERWISE CONTINUE

SHOWCARD P

7b. How satisfied are you with the job your (school/program) is doing to educate your child? Are you very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied?

- VERY SATISFIED..... 5
- SATISFIED 4
- NEITHER SATISFIED NOR DISSATISFIED .. 3
- DISSATISFIED 2
- VERY DISSATISFIED..... 1
- DON'T KNOW DK
- REFUSED REF

7c. Approximately how many days of school has [CHILD] missed in the past four weeks? (Do not include any school vacation days or holidays.)

_____ (DAYS)

DON'T KNOW DK
REFUSED REF

8b. Is this child care/education program provided for free?

YES 1 → GO TO 8e
NO 2
DON'T KNOW DK
REFUSED REF

8c. Is there someone or some organization who helped you pay for this care or helped you receive this care at a reduced cost?

YES 1
NO 2 → GO TO 8e
DON'T KNOW DK → GO TO 8e
REFUSED REF → GO TO 8e

8d. Who helped you pay for this care?

[FI INSTRUCTION: IF RESPONDENT'S ANSWER IS A PERSON'S NAME PROBE FOR THAT PERSON'S RELATIONSHIP TO THE RESPONDENT]

DON'T KNOW DK
REFUSED REF

8e. In a typical week, how many hours does [CHILD] spend in this (person's/program's) care?

DON'T KNOW DK
REFUSED REF

SKIP: IF Q7 = 1, 2, 3, 4, 5, 10, DK or REF GO TO SKIP BOX BEFORE Q9, OTHERWISE CONTINUE

8f. Is this care provided in your home or someplace else?

IN RESPONDENT'S HOME 1
SOMEPLACE ELSE 2
DON'T KNOW DK
REFUSED REF

**SKIP: IF CHILD IS LESS THAN 3 YEARS OLD GO TO 10;
IF CHILD IS 3 YEARS OLD OR OLDER, CONTINUE**

9.	I am going to read a few statements to you. For each statement, please tell me whether you think the statement is true all of the time, most of the time, some of the time, or never.	All of the time	Most of the time	Some of the time	Never	DON'T KNOW	REFUSED
9a.	[CHILD] is able to focus his/her attention on a task when he/she needs to.	1	2	3	4	DK	REF
9b.	[CHILD] follows instructions well.	1	2	3	4	DK	REF
9c.	[CHILD] plays well with other children.	1	2	3	4	DK	REF

10. Has [CHILD] participated in organized activities outside of school hours or on weekends during the past year, including sports teams; music, dance, or language classes; youth groups, clubs, etc.?

- YES 1
 NO 2 → GO TO 11
 DON'T KNOW DK → GO TO 11
 REFUSED REF → GO TO 11

- 10a. How often does [CHILD] participate in these kinds of activities?
 Daily 1 → GO TO 12
 2-3 times per week 2 → GO TO 12
 Weekly 3 → GO TO 12
 Monthly 4 → GO TO 12
 A few times a year 5 → GO TO 12
 SEASONAL 6 → GO TO 12
 DON'T KNOW DK → GO TO 12
 REFUSED REF → GO TO 12

SHOWCARD Q

11. PHONE INTERVIEWS ONLY: There are many reasons why children don't or can't participate in activities. I will read a list of reasons and for each please tell me if it is why [CHILD] DID NOT participate in organized activities in the past year by answering yes or no. IN-PERSON INTERVIEWS ONLY: There are many reasons why children don't or can't participate in activities. Please see Showcard Q. What were the reasons [CHILD] DID NOT participate in any organized activities during the past year?	YES	NO	DON'T KNOW	REFUSED
11a. Was it because your child was not interested?	1	2	DK	REF
11b. Was it because there were none available in the area?	1	2	DK	REF
11c. Was it because (he/she) can't get to them because of transportation problems?	1	2	DK	REF
11d. Was it because you couldn't afford the fees?	1	2	DK	REF
11e. Was it because there was a waiting list or the program/service did not have room?	1	2	DK	REF
11f. Was it because of a disability?	1	2	DK	REF
11g. Was it because your child feels unwelcome?	1	2	DK	REF
11h. Was it because of safety concerns?	1	2	DK	REF
11i. Was it because of language?	1	2	DK	REF
11j. Was it because your child is not old enough?	1	2	DK	REF
11k. Was it because of something else? (SPECIFY) _____ _____	1	2	DK	REF

12. Do you (or any family member) read stories to [CHILD]?

- YES 1
- NO 2 → GO TO 13
- DON'T KNOW DK → GO TO 13
- REFUSED REF → GO TO 13

12a. In a typical week, how often do you or any family members read to [CHILD]?
Would you say not at all, once or twice, 3-6 times, or every day?

- NOT AT ALL 1
- ONCE OR TWICE 2
- 3-6 TIMES 3
- EVERY DAY 4
- DON'T KNOW DK
- REFUSED REF

13. Do you know most, some, or none of your child's friends?

- MOST 1
- SOME 2
- NONE 3
- DON'T KNOW DK
- REFUSED REF

14. The next series of questions is about **[CHILD]**'s health, health insurance, and usual place of health care. Has a health professional ever told you that **[CHILD]** has a physical, learning, mental, or chronic health condition that limits (his/her) participation in the usual kinds of activities done by most children (his/her) age or limits (his/her) ability to do regular school work?

- YES 1
- NO 2 → GO TO 15
- DON'T KNOW DK → GO TO 15
- REFUSED REF → GO TO 15

14a. What is it?

- _____ (CONDITION)
- DON'T KNOW DK
 - REFUSED REF

15. In general, would you say **[CHILD]**'s health is ...

- Excellent 5
- Very good 4
- Good 3
- Fair 2
- Poor 1
- DON'T KNOW DK
- REFUSED REF

16. Does **[CHILD]** have any health insurance plan, including Medicaid, or CHIP or is (s/he) uninsured right now? By health insurance, I mean any plan, including Medicaid, that would pay for or has paid for some or all of **[CHILD]**'s health and medical care expenses.

- YES, INSURED 1
- NO, NOT INSURED 2 → GO TO 17
- DON'T KNOW DK → GO TO 17
- REFUSED REF → GO TO 17

- 16_1 What type of health insurance covers [CHILD]?
- Medicaid..... 1
 - Children’s Health Insurance Plan (CHIP)..... 2
 - CareLink..... 3
 - Employer based insurance 4
 - Private health insurance plan..... 5
 - Other (specify) _____ 6
 - Don’t know DK
 - Refused..... REF

SHOWCARD Q_1

17.	<u>PHONE INTERVIEW ONLY:</u>	Think about the main place where [CHILD] went or would have gone for care if (s/he) was sick or needed advice about (his/her) health. Is this place a... [FI INSTRUCTION: MAKE SURE TO READ THE ENTIRE LIST]
	<u>IN-PERSON INTERVIEW ONLY:</u>	Please look at Showcard Q_1. Think about the main place where [CHILD] went or would have gone for care if (s/he) was sick or needed advice about (his/her) health. Is this place a...

- Curandera/Folk Healer 28 → GO TO 17a_1
- Hospital emergency room..... 01 → GO TO 17a_1
- A clinic 02
- A particular doctor’s office **outside** a hospital 03 → GO TO 17a_1
- A particular doctor’s office **inside** a hospital 04 → GO TO 17a_1
- Urgent care center or walk-in center **other than a**
 Hospital emergency room..... 09 → GO TO 17a_1
- Another type of place (SPECIFY)_____ . 11 → GO TO 17a_1
- Do not go anywhere most often..... 12 → GO TO 17a_1
- DON’T KNOW DK → GO TO 17a_1
- REFUSED REF → GO TO 17a_1

SHOWCARD Q_2

- 17a.** Would that be
- A clinic at a hospital 2
 - An HMO-run clinic..... 3
 - A community health center or neighborhood clinic 4
 - A school clinic 5
 - The health department / health department clinic..... 6
 - Planned Parenthood or family planning clinic . 7
 - DON'T KNOW DK
 - REFUSED REF

Now I want to ask you about the number of times **[CHILD]** has gone to any of these for treatment and for screening or prevention.

- 17a_1** First, how often in the past 12 months has **[CHILD]** gone to any of these for treatment?
- Not at all..... 1
 - Once 2
 - Twice..... 3
 - Three or more times..... 4
 - DON'T KNOW DK
 - REFUSED REF

- 17a_2** How often in the past 12 months has **[CHILD]** gone to any of these for screening or prevention?
- Not at all..... 1
 - Once 2
 - Twice..... 3
 - Three or more times..... 4
 - DON'T KNOW DK
 - REFUSED REF

- 18.** Has a doctor, nurse, or other medical professional ever told you that **[CHILD]** has asthma?
- YES 1
 - NO 2
 - DON'T KNOW DK
 - REFUSED REF