

Child 7-17 Years

Wave 3 San Antonio

Making Connections Child Section 7-17 Years

Making CONNECTIONS
A Neighborhood Transformation Family Development Initiative

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

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Child – Ages 7 – 17 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.

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		➔ IF CHILD IS 9 YEARS OR OLDER TO 7; ELSE GO TO Q2
ATTENDING A PRE-KINDERGARTEN PROGRAM (I.E. HEAD START, PRESCHOOL, ETC)	2		➔ IF CHILD IS 9 YEARS OR OLDER GO TO 7; ELSE GO TO Q2
KINDERGARTEN	3		➔ GO TO 3
PREFIRST GRADE	4		➔ GO TO 3
FIRST GRADE	5		➔ GO TO 3
SECOND GRADE	6		➔ GO TO 3
THIRD GRADE	7		➔ GO TO 3
FOURTH GRADE	8		➔ GO TO 3
FIFTH GRADE	9		➔ GO TO 3
SIXTH GRADE	10		➔ GO TO 3
SEVENTH GRADE	11		➔ GO TO 3
EIGHTH GRADE	12		➔ GO TO 3
NINTH GRADE	13		➔ GO TO 3
TENTH GRADE	14		➔ GO TO 3
ELEVENTH GRADE	15		➔ GO TO 3
TWELFTH GRADE	16		➔ GO TO 3
UNGRADED	17		➔ GO TO 3
SPECIAL EDUCATION	18		➔ GO TO 3
DON'T KNOW	DK		➔ GO TO 3
REFUSED	REF		➔ GO TO 3

SHOWCARD R

2. Does **[CHILD]** attend any of the following programs or schools?
- Nursery School 1
 - Preschool.....2
 - Head Start.....3
 - Other Pre-Kindergarten Program/School.....4
 - No, Child Does Not Attend Any of These Programs/Schools 5 → **GO TO SKIP BEFORE 6**
 - DON'T KNOW.....DK → **GO TO SKIP BEFORE 6**
 - REFUSED.....REF → **GO TO SKIP BEFORE 6**

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

DON'T KNOW.....DK

REFUSED.....REF

SHOWCARD S

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

VERY SATISFIED5

SATISFIED4

NEITHER SATISFIED NOR DISSATISFIED3

DISSATISFIED2

VERY DISSATISFIED1

DON'T KNOW.....DK

REFUSED.....REF

- 4_1 When **[CHILD]** receives homework, how often do you help him/her with it?

All of the time4 → **GO TO 4_3**

Most of the time.....3

Some of the time2

Never.....1

DON'T KNOWDK → **GO TO 4_3**

REFUSEDREF → **GO TO 4_3**

4_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

4_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

5. Approximately how many days of **[RESPONSE FROM ITEM 3]** has **[CHILD]** missed in the past four weeks? (Do not include any school vacation days or holidays.)

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

SKIP: IF CHILD IS 9 YEARS OF AGE OR OLDER GO TO 7, OTHERWISE CONTINUE

6.	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
6a.	[CHILD] is able to focus his/her attention on a task when he/she needs to.	1	2	3	4	DK	REF
6b.	[CHILD] follows instructions well.	1	2	3	4	DK	REF
6c.	[CHILD] plays well with other children.	1	2	3	4	DK	REF

7. 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
- NO2 → **GO TO 8**
- DON'T KNOW.....DK → **GO TO 8**
- REFUSED.....REF → **GO TO 8**

7a. How often does **[CHILD]** participate in these kinds of activities?

- Daily1
- 2-3 times per week2
- Weekly3
- Monthly.....4
- A few times a year.....5
- SEASONAL6
- DON'T KNOWDK
- REFUSEDREF

GO TO SKIP BOX BEFORE 9

SHOWCARD T

<p>8. <u>PHONE INTERVIEWS ONLY:</u> 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.</p> <p><u>IN-PERSON INTERVIEWS ONLY:</u> There are many reasons why children don't or can't participate in activities. Please see Showcard T. What were the reasons [CHILD] DID NOT participate in any organized activities during the past year?</p>	YES	NO	DON'T KNOW	REFUSED
8a. Was it because your child was not interested?	1	2	DK	REF
8b. Was it because there were none available in the area?	1	2	DK	REF
8c. Was it because (he/she) can't get to them because of transportation problems?	1	2	DK	REF
8d. Was it because you couldn't afford the fees?	1	2	DK	REF
8e. Was it because there was a waiting list or the program/service did not have room?	1	2	DK	REF
8f. Was it because of a disability?	1	2	DK	REF
8g. Was it because your child feels unwelcome?	1	2	DK	REF
8h. Was it because of safety concerns?	1	2	DK	REF
8i. Was it because of language?	1	2	DK	REF
8j. Was it because your child is not old enough?	1	2	DK	REF
8k. Was it because of something else? (SPECIFY)_____	1	2	DK	REF

SKIP: IF CHILD IS 12 YEARS OF AGE OR OLDER GO TO 10, OTHERWISE CONTINUE

9. Do you (or any family member) read stories to **[CHILD]**?
- YES.....1
 - NO2 → **GO TO 10**
 - DON'T KNOW.....DK → **GO TO 10**
 - REFUSED.....REF → **GO TO 10**

9a. 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

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

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

SKIP: IF CHILD IS 12 YEARS OF AGE OR OLDER GO TO 11a

SHOWCARD U

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

- In a child care center 1
- In a child care home 2
- Being cared for by a relative or a friend who **is** paid 3
- Being cared for by a relative or friend who is **not** paid 4
- At after school programs in their school 5
- At a Boys and Girls Club, recreation center, or other organization that provides activities after school 6
- They take care of themselves 7
- At home or at a relative's house taking care of younger children 8
- There is no other caregiver or place 9
- Other (SPECIFY)..... 10
- DON'T KNOW..... DK
- REFUSED..... REF

GO TO 12

SHOWCARD V

11a. Where does **[CHILD]** spend most of (his/her) time when (he/she) is **not** with you (or other parent/guardian) or in regular school?

- At after school programs in their school1
- At a Boys and Girls Club, recreation center, or other organization that provides activities after school2
- At the home of a relative, neighbor or family friend3
- Hanging out with their own friends4
- They take care of themselves5
- At home or at a relative's house taking care of younger children6
- At work at their own job7
- There is no other caregiver or place.....8
- Other (SPECIFY) _____9
- DON'T KNOWDK
- REFUSEDREF

12. 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?

- YES1
- NO2 → **GO TO 13**
- DON'T KNOWDK → **GO TO 13**
- REFUSEDREF → **GO TO 13**

12a. What is it?

- _____ (CONDITION)
- DON'T KNOWDK
- REFUSEDREF

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

- Excellent.....5
- Very good4
- Good.....3
- Fair2
- Poor1
- DON'T KNOWDK
- REFUSEDREF

14. 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 15
- DON'T KNOW DK → GO TO 15
- REFUSED REF → GO TO 15

14_1 What type of health insurance covers [CHILD]?

- Medicaid..... 1
- Children's Health Insurance Program (CHIP) . 2
- CareLink..... 3
- Employer based insurance 4
- Private health insurance plan..... 5
- Other (specify) _____ .6
- Don't know DK
- Refused..... REF

SHOWCARD V_1

15. **PHONE INTERVIEW ONLY:** 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]**

IN-PERSON INTERVIEW ONLY: Please look at Showcard V_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 15a_1
- Hospital emergency room..... 01 → GO TO 15a_1
- A clinic 02
- A particular doctor's office **outside** a hospital 03 → GO TO 15a_1
- A particular doctor's office **inside** a hospital 04 → GO TO 15a_1
- Urgent care center or walk-in center **other than a**
 Hospital emergency room..... 09 → GO TO 15a_1
- Another type of place (SPECIFY)_____ 11 → GO TO 15a_1
- Do not go anywhere most often..... 12 → GO TO 15a_1
- DON'T KNOW DK → GO TO 15a_1
- REFUSED REF → GO TO 15a_1

SHOWCARD V_2

- 15a.** Would that be
- A clinic at a hospital2
 - 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.

- 15a_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 times4
 - DON'T KNOWDK
 - REFUSEDREF

- 15a_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 times4
 - DON'T KNOWDK
 - REFUSEDREF

- 16.** Has a doctor, nurse, or other medical professional ever told you that **[CHILD]** has asthma?
- YES.....1
 - NO2
 - DON'T KNOW.....DK
 - REFUSED.....REF