Child 0-6 Years

Core

Making Connections Child Section
0-6 Years

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

WAVE 2

FI Name: _______________________________________
FI ID #: _______________________________________
Interview Date: __________/________/__________

CHILD NAME: ______________________________
CHILD AGE: __________ ROSTER ROW#:__________

Affix Questionnaire Case ID Label Here

New SUID:______________ New AQID:_____________
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 9

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
   ATTENDING A PRE-KINDERGARTEN PROGRAM
   (I.E. HEAD START, PRESCHOOL, ETC.) ........................................2
   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
   UNGRADED .....................................................................................9 ➔ GO TO 3
   SPECIAL EDUCATION.....................................................................10 ➔ GO TO 3
   DON'T KNOW ..................................................................................DK ➔ GO TO 3
   REFUSED...........................................................................................REF ➔ GO TO 3

   **SHOWCARD X**

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 BOX BEFORE 6
   DON’T KNOW ..................................................................................DK ➔ GO TO SKIP BOX BEFORE 6
   REFUSED...........................................................................................REF ➔ GO TO SKIP BOX BEFORE 6

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

   DON’T KNOW..................................................................................DK
   REFUSED...........................................................................................REF
SHOWCARD Y

4. 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?

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERY SATISFIED</td>
<td>5</td>
</tr>
<tr>
<td>SATISFIED</td>
<td>4</td>
</tr>
<tr>
<td>NEITHER SATISFIED</td>
<td>3</td>
</tr>
<tr>
<td>DISSATISFIED</td>
<td>2</td>
</tr>
<tr>
<td>VERY DISSATISFIED</td>
<td>1</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>DK</td>
</tr>
<tr>
<td>REFUSED</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Days Missed</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________</td>
</tr>
</tbody>
</table>

DON'T KNOW:DK
REFUSED:REF

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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>Never</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a. [CHILD] is able to focus his/her attention on a task when he/she needs to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>6b. [CHILD] follows instructions well.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>6c. [CHILD] plays well with other children.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>DK</td>
<td>REF</td>
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<td>3</td>
<td>4</td>
<td>DK</td>
<td>REF</td>
</tr>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>DK</td>
<td>REF</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>DK</td>
<td>REF</td>
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</tbody>
</table>

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.?

<table>
<thead>
<tr>
<th>Participation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>DK</td>
</tr>
<tr>
<td>REFUSED</td>
<td>REF</td>
</tr>
</tbody>
</table>
7a. How often does [CHILD] participate in these kinds of activities?

- Daily.......................................................................... 1
- 2-3 times per week ...................................................2
- Weekly.................................................................3
- Monthly...............................................................4
- A few times a year ..................................................5
- SEASONAL ............................................................6
- DON'T KNOW.........................................................DK
- REFUSED .............................................................REF

GO TO 9

SHOWCARD AA

8. **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 AA. What were the reasons [CHILD] DID NOT participate in any organized activities during the past year?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a.</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8b.</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8c.</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8d.</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8e.</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8f.</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8g.</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8h.</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8i.</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8j.</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8k.</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
</tbody>
</table>
9. Do you (or any family member) read stories to [CHILD]?
   
   YES........................................................................................................1
   
   NO.................................................................................................2 \( \rightarrow \) GO TO 10
   
   DON'T KNOW..................................................................................DK \( \rightarrow \) GO TO 10
   
   REFUSED......................................................................................REF \( \rightarrow \) 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

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?
   
   Nursery School .................................................................................1 \( \rightarrow \) GO TO 11b
   
   Preschool ..........................................................................................2 \( \rightarrow \) GO TO 11b
   
   Head Start .......................................................................................3 \( \rightarrow \) GO TO 11b
   
   Other Pre-Kindergarten Program/School ..........................................4 \( \rightarrow \) GO TO 11b
   
   Child care center .............................................................................5 \( \rightarrow \) GO TO 11b
   
   In a child care home .......................................................................11 \( \rightarrow \) GO TO 11b
   
   In the care of a relative who is not paid ........................................6
   
   In the care of a relative who is paid .............................................7
   
   In the care of a friend who is not paid .......................................8
   
   In the care of a friend who is paid .............................................9
   
   There is no other caregiver or place ..............................................10 \( \rightarrow \) GO TO 12
   
   DON'T KNOW................................................................................DK \( \rightarrow \) GO TO 12
   
   REFUSED......................................................................................REF \( \rightarrow \) GO TO 12

11a. Is this care provided in your home or someplace else?
   
   IN RESPONDENT'S HOME .........................................................1
   
   SOMEPLACE ELSE .....................................................................2
   
   DON'T KNOW..............................................................................DK
   
   REFUSED....................................................................................REF
11b. In a typical week, how many hours does [CHILD] spend in this (person’s/program’s) care?

________________

DON’T KNOW ..........................................................DK
REFUSED ..........................................................REF

11c. 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) or in regular school?

YES ..................................................................................1
NO .....................................................................................2 ➔ GO TO 12
DON’T KNOW ..........................................................DK ➔ GO TO 12
REFUSED ..........................................................REF ➔ GO TO 12

11d. Would that be…?

Nursery School ...................................................... 1 ➔ GO TO 11f
Preschool .............................................................. 2 ➔ GO TO 11f
Head Start ............................................................. 3 ➔ GO TO 11f
Other Pre-Kindergarten Program/School............... 4 ➔ GO TO 11f
Child care center ................................................... 5 ➔ GO TO 11f
In a child care home .............................................. 10 ➔ GO TO 11f
In the care of a relative who is not paid................. 6
In the care of a relative who is paid....................... 7
In the care of a friend who is not paid ................... 8
In the care of a friend who is paid ......................... 9
DON’T KNOW ........................................................... DK ➔ GO TO 12
REFUSED ............................................................... RE ➔ GO TO 12

11e. Is this care provided in your home or someplace else?

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

11f. In a typical week, how many hours does [CHILD] spend in this (person’s/program’s) care?

________________

DON’T KNOW ..........................................................DK
REFUSED ..........................................................REF
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?

YES.......................................................................................1
NO......................................................................................2 ➔ GO TO 13
DON'T KNOW................................................................DK ➔ GO TO 13
REFUSED..............................................................................REF ➔ GO TO 13

12a. What is it?

_______________________(CONDITION)

DON'T KNOW..........................DK
REFUSED.............................REF

13. 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

14. Does [CHILD] have any health insurance plan, including Medicaid, 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
DON'T KNOW........................................................DK
REFUSED..............................................................REF
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 AD. 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...

- **Hospital emergency room** ...........................................................01 ➔ **GO TO 16**
- **A clinic** ........................................................................................02
- **A particular doctor’s office outside a hospital** .........................03 ➔ **GO TO 16**
- **A particular doctor’s office inside a hospital** ...............................04 ➔ **GO TO 16**
- **Urgent care center or walk-in center other than a**
  - **Hospital emergency room** ...........................................................09 ➔ **GO TO 16**
  - **Another type of place (SPECIFY)** .............................................11 ➔ **GO TO 16**
  - **Do not go anywhere most often** ..............................................12 ➔ **GO TO 16**
  - **DON’T KNOW** ............................................................................DK ➔ **GO TO 16**
  - **REFUSED** ...................................................................................REF ➔ **GO TO 16**

SHOWCARD AE

15a. 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

16. 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