Child 7-17 Years

Core

Making Connections Child Section
7-17 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
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
   ATTENDING A PRE-KINDERGARTEN PROGRAM
     (I.E. HEAD START, PRESCHOOL, ETC)..............................2

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

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 6
   DON'T KNOW ..................................................................... DK ➔ GO TO 6
   REFUSED............................................................................... REF ➔ GO TO 6

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

   ___________________________________________________________

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

SHOWCARD P

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?

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

5. 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
SKP: 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.

| 6a. [CHILD] is able to focus his/her attention on a task when he/she needs to. | All of the time | Most of the time | Some of the time | Never | DK | REF |
|                                                                              | 1              | 2              | 3              | 4    |    |     |
| 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
   NO...................................................................................................................... 2  ➔ 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?

   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 SKIP BOX BEFORE 9
### SHOWCARD R

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a. Was it because your child was not interested?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8b. Was it because there were none available in the area?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8c. Was it because (he/she) can’t get to them because of transportation problems?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8d. Was it because you couldn’t afford the fees?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8e. Was it because there was a waiting list or the program/service did not have room?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8f. Was it because of a disability?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8g. Was it because your child feels unwelcome?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8h. Was it because of safety concerns?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8i. Was it because of language?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8j. Was it because your child is not old enough?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>8k. Was it because of something else? (SPECIFY)________________________</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
</tbody>
</table>

**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  
- **NO**.............................................................................................. 2  ➔ **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 S

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 T

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 school .......................1
At a Boys and Girls Club, recreation center, or other organization that provides activities after school ..........2
At the home of a relative, neighbor or family friend ............3
Hanging out with their own friends ..................................4
They take care of themselves ..............................................5
At home or at a relative’s house taking care of younger children ......................................................6
At work at their own job ......................................................7
There is no other caregiver or place.................................8
Other (SPECIFY) ..................................................................9
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...

IN-PERSON INTERVIEW ONLY:

Please look at Showcard 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...

- 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 ........................................................................ 11 ➔ GO TO 16
- REFUSED .................................................................................. REF ➔ GO TO 16

SHOWCARD V

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 ........................................................................ 7
- 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 ........................................................................ 2
- REFUSED .................................................................................. REF