

Core
***Making Connections* Child Section**
7-17 Years



NORC
*A national organization for research
at the University of Chicago*

**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#: _____

<i>Affix Questionnaire Case ID Label Here</i>

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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
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 GRADE5 → GO TO 3
SECOND GRADE6 → GO TO 3
THIRD GRADE7 → GO TO 3
FOURTH GRADE8 → GO TO 3
FIFTH GRADE9 → GO TO 3
SIXTH GRADE.....10 → GO TO 3
SEVENTH GRADE11 → GO TO 3
EIGHTH GRADE12 → GO TO 3
NINTH GRADE13 → GO TO 3
TENTH GRADE14 → GO TO 3
ELEVENTH GRADE15 → GO TO 3
TWELFTH GRADE16 → GO TO 3
UNGRADED17 → GO TO 3
SPECIAL EDUCATION.....18 → GO TO 3
DON'T KNOWDK → 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

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
- 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?	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
- 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
 - SOME2
 - 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 center1
 - In a child care home2
 - Being cared for by a relative or a friend who **is** paid3
 - Being cared for by a relative or friend who is **not** paid4
 - At after school programs in their school5
 - At a Boys and Girls Club, recreation center, or other organization that provides activities after school6
 - They take care of themselves7
 - At home or at a relative's house taking care of younger children8
 - 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 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 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 KNOWDK → **GO TO 13**
- REFUSED.....REF → **GO TO 13**

12a. What is it?

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

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

- Excellent5
- Very good.....4
- Good3
- Fair.....2
- Poor1
- DON'T KNOWDK
- 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 INSURED2
- DON'T KNOWDK
- REFUSED.....REF

SHOWCARD U

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 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 DK → **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 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