Child 0-6 Years Wave 3 Core

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
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 Q5
   - ATTENDING A PRE-KINDERGARTEN PROGRAM (I.E. HEAD START, PRESCHOOL, ETC.) ......................... 2 ➔ GO TO Q5
   - 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
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

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  \( \Rightarrow \) 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  \( \Rightarrow \) GO TO 6e
- DON'T KNOW .................................................. DK  \( \Rightarrow \) GO TO 6e
- REFUSED ..................................................... REF

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?

__________________ HOURS

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

SKIP: IF Q5 = 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/child care center?

________________________________________

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

SKIP: IF Q7 = 5 (CHILD CARE CENTER), GO TO Q8b, OTHERWISE CONTINUE
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  ➔ GO TO 8e
- NO ......................................................... 2  ➔ GO TO 8e
- DON'T KNOW ........................................ DK
- 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

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

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.

<table>
<thead>
<tr>
<th></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>9a.  [CHILD] is able to focus</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>his/her attention on a task</td>
<td></td>
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<tr>
<td>when he/she needs to.</td>
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<td></td>
</tr>
<tr>
<td>9b.  [CHILD] follows</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>instructions well.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c.  [CHILD] plays well with</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>other children.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>other children.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a. Was it because your child was not interested?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>11b. 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>11c. 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>11d. 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>11e. 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>11f. Was it because of a disability?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>11g. Was it because your child feels unwelcome?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>11h. Was it because of safety concerns?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>11i. Was it because of language?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>11j. 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>11k. Was it because of something else? (SPECIFY)______________________________________</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
</tbody>
</table>
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 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

SHOWCARD Q

17. 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 Q. 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...

Other Hospital Emergency Room........................................... .01 ➔ GO TO 18
A clinic .................................................................................. 02
A particular doctor's office outside a hospital ....................... 03 ➔ GO TO 18
A particular doctor's office inside a hospital ....................... 04 ➔ GO TO 18
Urgent care center or walk-in center other than a hospital .... 09 ➔ GO TO 18
Another type of place (SPECIFY) __________________________ .11 ➔ GO TO 18
Do not go anywhere most often ............................................ 12 ➔ GO TO 18
DON'T KNOW ..................................................................... DK ➔ GO TO 18
REFUSED ........................................................................... REF ➔ GO TO 18

SHOWCARD Q

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
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