

Child 7-17 Years

Wave 3 Core

Making Connections Child Section 7-17 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

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 AND Q1=1 OR 2 GO TO Q7, 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 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 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 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 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 **[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 Q7, 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 KNOWDK
- REFUSED.....REF

GO TO SKIP BOX AFTER Q8

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 Q10, 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 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 → GO TO Q12
 In a child care home 2 → GO TO Q12
 Being cared for by a relative or a friend who **is** paid 3 → GO TO Q12
 Being cared for by a relative or a friend who **is not** paid..... 4 → GO TO Q12
 At after school programs in their school 5 → GO TO Q12
 At a Boys & Girls Club, recreation center, or other organization that provides activities after school 6 → GO TO Q12
 They take care of themselves..... 7 → GO TO Q12
 At home or at a relative's house taking care of younger children 8 → GO TO Q12
 There is no other caregiver or place 9
 Other (SPECIFY)..... 10 → GO TO Q12
 DON'T KNOW..... DK → GO TO Q12
 REFUSED..... REF → GO TO Q12

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 a regular school?

- At after school programs in their school 1
- At a Boys & 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

SHOWCARD V

<p>15. <u>PHONE INTERVIEW ONLY:</u></p> <p><u>IN-PERSON INTERVIEW ONLY:</u></p>	<p>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]</p> <p>Please look at Showcard V. 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...</p>
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Hospital Emergency Room01 → **GO TO 16**
 A clinic02
 A particular doctor's office **outside** a hospital03 → **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 room09 → **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 hospital2
 An HMO-run clinic3
 A community health center or
 neighborhood clinic4
 A school clinic5
 The health department/health
 department clinic6
 Planned Parenthood or
 family planning clinic7
 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