

Child 0-6 Years

# Core

## ***Making Connections* Child Section 0-6 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: ____/____/____

<b>CHILD NAME:</b> _____
<b>CHILD AGE:</b> _____ <b>ROSTER ROW#:</b> _____

<i>Affix Questionnaire Case ID Label Here</i>
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New SUID: _____ New AQID: _____
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## 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?

- 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 LESS THAN 3 YEARS OLD GO TO 9;  
IF CHILD IS 3 YEARS OLD OR OLDER, 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 9

**SHOWCARD  
AA**

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

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

**SHOWCARD  
AB**

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 → GO TO 11b
- Preschool.....2 → GO TO 11b
- Head Start.....3 → GO TO 11b
- Other Pre-Kindergarten Program/School.....4 → GO TO 11b
- Child care center.....5 → GO TO 11b
- In a child care home.....11 → 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 → GO TO 12
- DON'T KNOW.....DK → GO TO 12
- REFUSED.....REF → 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

**SHOWCARD  
AC**

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



**SHOWCARD AD**

**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