



HCHS/SOL- Family Lifestyle Outcomes Research

Child Care Questionnaire (CHCE)

QXQ

3/25/2019

General Instructions

Ask the participant these questions regarding who cares for her child in addition to day care, preschool or school.

QxQ Instructions

Questions 1 – 2.e.1: Select one answer for each question:

1. Besides you, are there other people who have a parental role in your child's life?

0 = No [If No, go to Question 5]

1 = Yes

[If Yes, for Q2, ask the participant about the person who has the next most important parental role in their child's life after herself]

2. Please tell me about this person.

- a. What is her/his relationship to your child?

1 = Child's Father

2 = Stepfather

3 = Grandparent

4 = Aunt/Uncle

5 = Sibling

6 = Other

2a1. If other, Specify: _____

- b. Does this person take care for your child on 2 or more days per week?

0 = No

1 = Yes

- c. Does s/he live with you (mom)?

0 = No

1 = Yes

- d. **In the last 12 months**, how often did s/he eat family meals with you (mom) and your child?

1 = Never

2 = Once a month

3 = 2-4 times a month

4 = 2-3 times a week

5 = 4 or more times per week or daily



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e. What is the highest-grade level of school this person has finished?

- 1 = Elementary/primary school (includes grades 1 – 5)
- 2 = Middle school/junior high (includes grades 6 – 8)
- 3 = High School/preparatory school/GED
- 4 = Trade school/vocational school
- 5 = University/college

Questions 3 – 4.e.1: Select one answer for each question:

3. Is there any other person who has a parental role in your child's life

- 0 = No [If No, go to Question 5]
- 1 = Yes

[If Yes, ask the participant about the third most important person with a paternal role in their child's life]

4. Please tell me about this person.

a. What is her/his relationship to your child?

- 1 = Child's Father
- 2 = Stepfather
- 3 = Grandparent
- 4 = Aunt/Uncle
- 5 = Sibling
- 6 = Other
- 4a1.If other, Specify _____

b. Does this person take care for your child on 2 or more days per week?

- 0 = No
- 1 = Yes

c. Does s/he live with you (mom)?

- 0 = No
- 1 = Yes

d. **In the last 12 months**, how often did s/he eat family meals with you (mom) and your child?

- 1 = Never
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- 5 = University/college
- 6 = Other

4e1. If other, please specify: _____

Questions 5 – 6: Answer choices are:

- 0 = No
- 1 = Yes

- 5. Has your child lived with anyone who has smoked regularly in the house?
- 6. Does your child currently spend time with anyone outside of your household (other family member, babysitter, etc.) who smokes regularly indoors?