



california  
health  
interview  
survey

CHIS 2016  
Child Questionnaire  
Version 2.8  
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(Children Ages 0-11 Answered by Adult Proxy Respondent)

*Collaborating Agencies:*

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2016 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

## SECTION A – DEMOGRAPHICS PART I, HEALTH CONDITIONS

**PROGRAMMING NOTE QC15\_A1:**  
**SET CADATE = CURRENT DATE (YYYYMMDD);**  
**IF AR = SKA AND GENDER OF CHILD IS KNOWN, SKIP TO QC15\_A2;**  
**ELSE CONTINUE WITH QC15\_A1**

**QC15\_A1**      Some of the questions are based on (CHILD's) personal traits, like his or her age. So I will first ask you a few brief background questions.

Is (CHILD) male or female?

**CA1**

MALE .....1  
 FEMALE .....2  
 REFUSED ..... -7

**QC15\_A2**      What is {his/her} date of birth?

**CA2MON**

\_\_\_\_\_ MONTH [HR: 1-12]

- |             |              |
|-------------|--------------|
| 1. JANUARY  | 7. JULY      |
| 2. FEBRUARY | 8. AUGUST    |
| 3. MARCH    | 9. SEPTEMBER |
| 4. APRIL    | 10. OCTOBER  |
| 5. MAY      | 11. NOVEMBER |
| 6. JUNE     | 12. DECEMBER |

**CA2DAY**

\_\_\_\_\_ DAY [HR: 1-31]

**CA2YR**

\_\_\_\_\_ YEAR [HR: 2004-2015]

REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_A3:**  
**IF QC15\_A2 = -7 OR -8 (REFUSED/DON'T KNOW) CONTINUE WITH QC15\_A3;**  
**ELSE SKIP TO QC15\_A4**

**QC15\_A3**      How old is {he/she}?

**CA3**

**[INTERVIEWER NOTE: FOR AGES ABOVE 4 YRS OR 48 MO, DO NOT RECORD MONTHS OR PARTIAL YRS]**

\_\_\_\_\_ YEARS

\_\_\_\_\_ MONTHS

REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC15\_A4** About how tall is (CHILD) now without shoes?

**CA4F/CA4I**

**[IF NEEDED, SAY: "Your best guess is fine."]**

\_\_\_\_\_ FEET                      \_\_\_\_\_ INCHES

**CA4M/CA4C**

\_\_\_\_\_ METERS                      \_\_\_\_\_ CENTIMETERS

**CA4FMT**

FEET/INCHES .....1  
 METERS/CENTIMETERS .....2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC15\_A5** About how much does (CHILD) weigh now without shoes?

**CA5P**

**[IF NEEDED, SAY: "Your best guess is fine."]**

\_\_\_\_\_ POUNDS

**CA5K**

\_\_\_\_\_ KILOGRAMS

**CA5FMT**

POUNDS .....1  
 KILOGRAMS .....2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_A5A:  
 IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE QC15\_A6;  
 ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH QC15\_A5A**

**QC15\_A5A** Was (CHILD) ever breastfed or fed breast milk?

**CA14**

YES .....1  
 NO .....2                      **[GO TO QC15\_A8]**  
 REFUSED ..... -7                      **[GO TO QC15\_A8]**  
 DON'T KNOW ..... -8                      **[GO TO QC15\_A8]**

**QC15\_A5B** How old was (CHILD) when {he/she} stopped breastfeeding altogether?

**CA15**

\_\_\_\_\_ DAYS  
 \_\_\_\_\_ WEEKS  
 \_\_\_\_\_ MONTHS  
 \_\_\_\_\_ YEARS

STILL BREASTFEEDING ..... 93  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC15\_A5C** How old was (CHILD) when you began giving {him/her} baby food or other solid foods?

**CA16**

**[IF NEEDED SAY: "Solid food is anything other than milk, formula, juice, water, herbs or teas."]**

\_\_\_\_\_ MONTHS

NO SOLID FOOD YET ..... 93  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_A6:**  
**IF CAGE < 5 YEARS GO TO QC15\_A8;**  
**ELSE CONTINUE WITH QC15\_A6 AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"**

**QC15\_A6** {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

**CA42**

YES .....1 **[GO TO QC15\_A8]**  
 NO .....2  
 ON VACATION .....3  
 HOME SCHOOLED .....4 **[GO TO QC15\_A8]**  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_A7:**  
**IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"**

**QC15\_A7** {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?

**CA43**

YES .....1  
 NO .....2  
 HOMESCHOOLED .....3  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC15\_A8** In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?

**CA6**

EXCELLENT .....1  
 VERY GOOD .....2  
 GOOD .....3  
 FAIR .....4  
 POOR .....5  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC15\_A9** Has a doctor ever told you that (CHILD) has asthma?

**CA12**

- YES .....1
- NO .....2 **[GO TO QC15\_A25]**
- REFUSED .....-7 **[GO TO QC15\_A25]**
- DON'T KNOW .....-8 **[GO TO QC15\_A25]**

**QC15\_A10** Does {he/she} still have asthma?

**CA31**

- YES .....1
- NO .....2
- REFUSED .....-7
- DON'T KNOW .....-8

**QC15\_A11** During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?

**CA32**

- YES .....1
- NO .....2
- REFUSED .....-7
- DON'T KNOW .....-8

**PROGRAMMING NOTE QC15\_A12:**  
**IF QC15\_A10 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND QC15\_A11 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) GO TO QC15\_A16;**  
**ELSE CONTINUE WITH QC15\_A12**

**QC15\_A12** During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:

**CA12B**

- Not at all, .....1
- Less than every month, .....2
- Every month, .....3
- Every week, or .....4
- Every day? .....5
- REFUSED .....-7
- DON'T KNOW .....-8

**QC15\_A13** During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

**CA33**

- YES .....1
- NO .....2 **[GO TO QC15\_A15]**
- REFUSED .....-7 **[GO TO QC15\_A15]**
- DON'T KNOW .....-8 **[GO TO QC15\_A15]**

**QC15\_A14** Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

**CA48**

**[ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]**

- YES .....1
- NO.....2
- DOESN'T HAVE DOCTOR.....3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_A15** During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?

**CA44**

- YES .....1
- NO.....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_A16** Is (CHILD) now taking a daily medication to control {his/her} asthma that was prescribed or given to you by a doctor?

**CA12A**

**[IF NEEDED, SAY: "This includes both oral medicine and inhalers. This is different from inhalers used for quick relief."]**

- YES .....1
- NO.....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_A17:**  
**IF QC15\_A10 = 1 (YES, STILL HAS ASTHMA) OR QC15\_A11 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO QC15\_A21;**  
**ELSE CONTINUE WITH QC15\_A17**

**QC15\_A17** During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:

**CA40**

- Not at all, .....1
- Less than every month,.....2
- Every month,.....3
- Every week, or .....4
- Every day? .....5
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_A18** During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

**CA41**

- YES .....1
  - NO.....2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- [GO TO QC15\_A20]**  
**[GO TO QC15\_A20]**  
**[GO TO QC15\_A20]**



**QC15\_A19** Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

**CA49**

**[ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]**

- YES .....1
- NO .....2
- DOESN'T HAVE DOCTOR.....3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_A20** During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?

**CA45**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_A21** During the past 12 months, how many days of daycare or school did (CHILD) miss due to asthma?

**CA34**

- \_\_\_\_\_ NUMBER OF DAYS
- CHILD NOT IN DAYCARE OR SCHOOL..... 93
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

**QC15\_A22** Have (CHILD'S) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} asthma?

**CA35**

- YES .....1
- NO .....2 **[GO TO QC15\_A24]**
- REFUSED ..... -7 **[GO TO QC15\_A24]**
- DON'T KNOW ..... -8 **[GO TO QC15\_A24]**

**QC15\_A23** Do you have a written or printed copy of this plan?

**CA50**

**[IF NEEDED, SAY: "This can be an electronic or hard copy."]**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_A24** How confident are you that you can control and manage (CHILD’S) asthma? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

**CA51**

- VERY CONFIDENT .....1
- SOMEWHAT CONFIDENT .....2
- NOT TOO CONFIDENT .....3
- NOT AT ALL CONFIDENT .....4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_A25** Does (CHILD) currently have any physical, behavioral, or mental conditions that limit or prevent {him/her} from doing childhood activities usual for {his/her} age?

**CA7**

- YES .....1
- NO .....2 **[GO TO QC15\_B1]**
- REFUSED ..... -7 **[GO TO QC15\_B1]**
- DON'T KNOW ..... -8 **[GO TO QC15\_B1]**

**QC15\_A26** What condition does (CHILD) have?

**CA10A**

**[CODE ALL THAT APPLY]**  
**[PROBE: “Any others?”]**

- ADD/ADHD .....1
- ASPERGER’S SYNDROME .....2
- AUTISM.....3
- CEREBRAL PALSY .....4
- CONGENITAL HEART DISEASE .....5
- CYSTIC FIBROSIS .....6
- DIABETES .....7
- DOWN’S SYNDROME.....8
- EPILEPSY .....9
- DEAFNESS OR OTHER HEARING PROBLEM ... 10
- MENTAL RETARDATION, OTHER THAN  
DOWN'S..... 11
- MUSCULAR DYSTROPHY ..... 12
- NEUROMUSCULAR DISORDER..... 13
- ORTHOPEDIC PROBLEM (BONES OR JOINTS) 14
- SICKLE CELL ANEMIA ..... 15
- BLINDNESS OR OTHER VISION PROBLEM..... 16
- OTHER (SPECIFY: \_\_\_\_\_) ..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_A27** Have (CHILD’S) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} (INSERT CONDITION(S) FROM QC15\_A26)?

**CA55**

- YES .....1
- NO .....2 **[GO TO QC15\_A29]**
- REFUSED ..... -7 **[GO TO QC15\_A29]**
- DON'T KNOW ..... -8 **[GO TO QC15\_A29]**

**QC15\_A28** Do you have a written or printed copy of this plan?

**CA56**

**[IF NEEDED, SAY: "This can be an electronic or hard copy."]**

- YES .....1
- NO.....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_A29** How confident are you that you can control and manage (CHILD'S) (INSERT CONDITION(S) FROM QC15\_A26)? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

**CA57**

- VERY CONFIDENT .....1
- SOMEWHAT CONFIDENT .....2
- NOT TOO CONFIDENT .....3
- NOT AT ALL CONFIDENT .....4
- REFUSED ..... -7
- DON'T KNOW ..... -8

## SECTION B – DENTAL HEALTH

**PROGRAMMING NOTE QC15\_B1:**

**IF CAGE > 2 YEARS, GO TO QC15\_B2 AND DISPLAY “Now I’m going to ask about (CHILD)’s dental health”;**  
**ELSE CONTINUE WITH QC15\_B1**

**QC15\_B1**      These questions are about (CHILD)’s dental health. Does (CHILD) have any teeth yet?

**CC1**

- YES .....1
- NO .....2      **[GO TO SECTION C]**
- REFUSED ..... -7      **[GO TO SECTION C]**
- DON’T KNOW ..... -8      **[GO TO SECTION C]**

**QC15\_B2**      {Now I’m going to ask about (CHILD)’s dental health.}  
 About how long has it been since your child last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.

**CC5**

- HAS NEVER VISITED .....0
- 6 MONTHS AGO OR LESS .....1
- MORE THAN 6 MONTHS UP TO 1 YEAR AGO .....2
- MORE THAN 1 YEAR UP TO 2 YEARS AGO .....3
- MORE THAN 2 YEARS UP TO 5 YEARS AGO .....4
- MORE THAN 5 YEARS AGO .....5
- REFUSED ..... -7
- DON’T KNOW ..... -8

**PROGRAMMING NOTE QC15\_B3:**

**IF QC15\_B2 = 0 (HAD NEVER VISITED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH QC15\_B3;**  
**ELSE SKIP TO QC15\_B4;**  
**IF QC15\_B2 = 0 (HAS NEVER VISITED), DISPLAY “never”;**  
**ELSE IF QC15\_B2 ≥ 3 DISPLAY “not” AND “in the past year”**

**QC15\_B3**      What is the main reason your child has {never/not} visited a dentist {in the past year}?

**CB23**

- NO REASON TO GO/NO PROBLEMS .....1
- NOT OLD ENOUGH .....2
- COULD NOT AFFORD IT/TOO EXPENSIVE/  
NO INSURANCE .....3
- FEAR, DISLIKES GOING .....4
- DO NOT HAVE/KNOW A DENTIST .....5
- CANNOT GET TO THE OFFICE/CLINIC .....6
- NO DENTIST AVAILABLE/NO APPOINTMENTS  
AVAILABLE .....7
- DIDN’T KNOW WHERE TO GO .....8
- HOURS NOT CONVENIENT .....9
- SPEAK A DIFFERENT LANGUAGE ..... 10
- OTHER ..... 91
- REFUSED ..... -7
- DON’T KNOW ..... -8

**QC15\_B4** Do you now have any type of insurance that pays for part or all of your child's dental care?

**CC7A**

**[IF NEEDED: Include dental insurance, prepaid dental plans such as HMOs, or government plans such as Medi-Cal or Healthy Families]**

- YES .....1
- NO .....2 **[GO TO QC15\_B6]**
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_B5** During the past 12 months, was there any time when {he/she} had no dental insurance at all?

**CB25**

- YES .....1
- NO .....2 **[GO TO QC15\_B7]**
- REFUSED ..... -7 **[GO TO QC15\_B7]**
- DON'T KNOW ..... -8 **[GO TO QC15\_B7]**

**PROGRAMMING NOTE QC15\_B6:**

**IF QC15\_B4=2 (NO CURRENT DENTAL INSURANCE) OR QC15\_B5 = 1 (HAD NO DENTAL INSURANCE AT SOME TIME IN THE PAST 12 MONTHS) CONTINUE WITH QC15\_B6; ELSE GO TO QC15\_B7**

**QC15\_B6** What is the one main reason (CHILD) {does not have any insurance/did not have any dental insurance during the time {he/she} wasn't covered}?

**CB26**

- CAN'T AFFORD/TOO EXPENSIVE .....1
- NOT ELIGIBLE DUE TO WORKING STATUS/  
CHANGED EMPLOYER/LOST JOB .....2
- NOT ELIGIBLE DUE TO HEALTH OR OTHER  
PROBLEMS .....3
- NOT ELIGIBLE DUE TO CITIZENSHIP/  
IMMIGRATION STATUS .....4
- FAMILY SITUATION CHANGED .....5
- DON'T BELIEVE IN INSURANCE .....6
- SWITCHED INSURANCE COMPANIES, DELAY  
BETWEEN .....7
- CAN GET HEALTH CARE FOR FREE/PAY FOR  
OWN CARE .....8
- OTHER (SPECIFY: \_\_\_\_\_) ..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_B7** During the past 12 months, was there any time when (CHILD) needed dental care, including checkups, but didn't get it?

**CB27**

- YES .....1
- NO .....2 **[GO TO QC15\_B9]**
- REFUSED ..... -7 **[GO TO QC15\_B9]**
- DON'T KNOW ..... -8 **[GO TO QC15\_B9]**

**QC15\_B8** What is the one main reason {he/she} didn't get the dental care?

**CB28**

- COULDN'T GET APPOINTMENT .....1
- MY INSURANCE NOT ACCEPTED .....2
- INSURANCE DID NOT COVER .....3
- LANGUAGE PROBLEMS .....4
- TRANSPORTATION PROBLEMS.....5
- HOURS NOT CONVENIENT .....6
- NO CHILD CARE FOR CHILDREN AT HOME .....7
- FORGOT OR LOST REFERRAL.....8
- I DIDN'T HAVE TIME .....9
- COULDN'T AFFORD/COST TOO MUCH ..... 10
- NO INSURANCE..... 11
- OTHER (SPECIFY: \_\_\_\_\_)..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_B9** During the past 12 months, did (CHILD) have to visit a hospital emergency because of a dental problem?

**CB29**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_B10** During the past 12 months, did (CHILD) have to visit an urgent care clinic because of a dental problem?

**CB30**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_B11:**  
**IF CAGE ≥ 6, SKIP TO SECTION C;**  
**ELSE CONTINUE WITH QC15\_B11**

**QC15\_B11** When (CHILD NAME/AGE/SEX) goes to sleep or takes a nap, does {he/she} sleep with a bottle in {his/her} mouth?

**CB31**

- YES .....1
  - NO .....2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- [SKIP TO SECTION C]**  
**[SKIP TO SECTION C]**  
**[SKIP TO SECTION C]**

**QC15\_B12** What is usually in the bottle; for example, mother's milk, regular milk, chocolate milk, water, juice, or another drink with sugar in it?

**CB32**

- MOTHER'S MILK .....1
- REGULAR MILK .....2
- CHOCOLATE MILK, JUICE, OR  
SUGARY DRINK.....3
- WATER .....4
- OTHER (SPECIFY:\_\_\_\_\_ )..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

## SECTION C – DIET, PHYSICAL ACTIVITY, PARK USE

**PROGRAMMING NOTE QC15\_C1:  
IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE QC15\_C15;  
ELSE CONTINUE WITH QC15\_C1**

**QC15\_C1** Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

**CC13**

**[IF NEEDED, SAY: "Servings are self-defined. A serving is the child's regular portion of this food."]**

\_\_\_\_\_ SERVINGS [HR: 0-20; SR 0-9]

REFUSED ..... -7

DON'T KNOW ..... -8

**QC15\_C2** Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.

**CC31**

\_\_\_\_\_ SERVINGS [HR: 0-20; SR 0-4]

REFUSED ..... -7

DON'T KNOW ..... -8

**QC15\_C3** [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did your child drink? Do not include diet soda.

**CC49**

**[IF NEEDED, SAY: "Do not include canned or bottled juices or teas."]**

\_\_\_\_\_ GLASSES, CANS OR BOTTLES

REFUSED ..... -7

DON'T KNOW ..... -8

**QC15\_C4** [Yesterday,] how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

**CC50**

**[IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]  
[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: FRUIT JUICES OR DRINKS YOU MADE AT HOME AND ADDED SUGAR TO, KOOL-AID, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, AND VITAMIN WATER. DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER, OR FRUIT-FLAVORED TEAS.]**

\_\_\_\_\_ GLASSES, CANS, OR BOTTLES

REFUSED ..... -7

DON'T KNOW ..... -8



**QC15\_C5** Now think about the *past week*. In the past 7 days, how many times did {he/she} eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout, or drive thru.

**CC32**

**[IF NEEDED, SAY: “Such as food you get at McDonald’s, KFC, Panda Express or Taco Bell.”]**

\_\_\_\_\_ TIMES [HR: 0-20; SR 0-4]

REFUSED ..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_C6:**  
**IF QC15\_A6 = 4 (HOME SCHOOLED LAST WEEK) OR IF QC15\_A7= 3 (HOME SCHOOLED LAST YEAR), GO TO PROGRAMMING NOTE QC15\_C13;**  
**ELSE IF QC15\_A6 = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH QC15\_C6 AND DISPLAY “How many days in the past week”;**  
**IF QC15\_A7 = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH QC15\_C6 AND DISPLAY “During the school year, on how many days during a typical week”;**  
**ELSE GO TO PROGRAMMING NOTE QC15\_C13**

**QC15\_C6** Now I’m going to ask you about physical activity.

{How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) walk home from school?

**CC40**

**[INTERVIEWER NOTE: IF R SAYS CHILD BIKES OR SKATEBOARDS HOME, SAY, “I’ll ask about those next.”]**

**[IF CHILD DOES NOT GO DIRECTLY HOME FROM SCHOOL, INCLUDE # OF DAYS WALKED, ETC. TO CHILDCARE, RELATIVE’S HOME, AFTER-SCHOOL PROGRAM, ETC.]**

\_\_\_\_\_ DAYS

REFUSED ..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_C7:**  
**IF QC15\_C6= 0 (DAYS), -7, OR -8, GO TO QC15\_C8;**  
**ELSE IF QC15\_C6 > 0 (DAYS) CONTINUE WITH QC15\_C7;**  
**IF QC15\_A6 = 1 (ATTENDED SCHOOL LAST WEEK) DISPLAY “does”;**  
**IF QC15\_A7 = 1 (ATTENDED SCHOOL LAST YEAR) DISPLAY “did”**

**QC15\_C7** About how many minutes {did/does} it take {him/her} without any stops?

**CC41**

\_\_\_\_\_ MINUTES **[GO TO QC15\_C9]**

REFUSED ..... -7 **[GO TO QC15\_C9]**

DON'T KNOW ..... -8 **[GO TO QC15\_C9]**

**QC15\_C8** Could {he/she} walk home from school in 30 minutes or less?

**CC42**

YES .....1  
 NO .....2  
 REFUSED .....-7  
 DON'T KNOW .....-8

**QC15\_C9** {How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) bike or skateboard home from school?

**CC43**

**[INTERVIEWER NOTE: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES, ROLLERSHOES OR NON-MOTORIZED SCOOTERS HOME FROM SCHOOL.]**  
**[IF CHILD DOES NOT GO DIRECTLY HOME FROM SCHOOL, INCLUDE # OF DAYS WALKED, ETC. TO CHILDCARE, RELATIVE'S HOME, AFTER-SCHOOL PROGRAM, ETC.]**

\_\_\_\_\_ DAYS

REFUSED .....-7  
 DON'T KNOW .....-8

**PROGRAMMING NOTE QC15\_C10:**  
**IF QC15\_C9 = 0 (DAYS), -7 OR -8, GO TO PROGRAMMING NOTE QC15\_C11;**  
**ELSE IF QC15\_C9 > 0 DAYS, CONTINUE WITH QC15\_C10;**  
**IF QC15\_A6 = 1, DISPLAY "does";**  
**ELSE IF QC15\_A7 = 1, DISPLAY "did"**

**QC15\_C10** About how many minutes {did/does} it take {him/her} without any stops?

**CC44**

**[IF NEEDED, SAY: "To bicycle or skateboard home from school."]**

\_\_\_\_\_ MINUTES

**[GO TO PN QC15\_C12]**

REFUSED .....-7 **[GO TO PN QC15\_C12]**  
 DON'T KNOW .....-8 **[GO TO PN QC15\_C12]**

**PROGRAMMING NOTE QC15\_C11:**  
**IF QC15\_C7 ≤ 30 MINUTES OR QC15\_C8 = 1 THEN GO TO PROGRAMMING NOTE QC15\_C12;**  
**ELSE CONTINUE WITH QC15\_C11**

**QC15\_C11** Could {he/she} bike or skateboard home from school in 30 minutes or less?

**CC45**

YES .....1  
 NO .....2  
 REFUSED .....-7  
 DON'T KNOW .....-8

**PROGRAMMING NOTE QC15\_C12:**  
**If QC15\_A6 = 1 (ATTENDED SCHOOL LAST WEEK) OR QC15\_A7 = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH QC15\_C12;**  
**ELSE SKIP TO PROGRAMMING NOTE QC15\_C13**

**QC15\_C12** What is the name of the school (CHILD) goes to or last attended?

**CB22**

**[INTERVIEWER NOTE: RECORD VERBATIM, ASK FOR SPELLING IF NECESSARY]**

\_\_\_\_\_ NAME OF SCHOOL

- CHILD NOT IN SCHOOL .....0
- PRE-SCHOOL/DAYCARE .....1
- KINDERGARTEN.....2
- ELEMENTARY .....3
- INTERMEDIATE .....4
- JUNIOR HIGH.....5
- MIDDLE SCHOOL .....6
- CHARTER.....7
- OTHER (SPECIFY: \_\_\_\_\_)..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_C13:**  
**IF CAGE < 5, SKIP TO PN QC15\_C15;**  
**ELSE CONTINUE WITH QC15\_C15**

**QC15\_C13** Not including school PE, on how many days of the past 7 days was (CHILD) physically active for at least 60 minutes total?

**CC35**

\_\_\_\_\_ DAYS [HR: 0-7]

- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_C14** During a typical week, on how many days is (CHILD) physically active for at least 60 minutes total per day? Do not include PE.

**CC51**

**[IF NEEDED, SAY: “Add up the time (he/she) was active for each day of the past 7. Then tell me how many days (he/she) active for at least 60 minutes.”]**

\_\_\_\_\_ DAYS [HR: 0-7]

- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_C15**  
**IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE QC15\_C16**  
**ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC15\_C15**

**QC15\_C15** The next questions are about the time {your child/CHILD} spends mostly sitting when {he/she} is not in school or doing homework. During the weekends, about how much time does {your child/CHILD} spend on a typical or usual weekend day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

**CC53**

\_\_\_\_\_ HOURS          \_\_\_\_\_ MINUTES

REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_C16:**  
**IF CAGE ≤ 1 YEAR GO TO PN QC15\_C17;**  
**ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC15\_C16**

**QC15\_C16** During the weekdays, about how much time does {your child/CHILD} spend on a typical or usual week day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

**CC52**

\_\_\_\_\_ HOURS          \_\_\_\_\_ MINUTES

REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_C17:**  
**IF CAGE < 1 GO TO QC15\_D1;**  
**ELSE CONTINUE WITH QC15\_C**

**QC15\_C17** Has (CHILD) been to a park, playground, or open space in the past 30 days?

**CC37**

YES .....1  
 NO .....2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC15\_C18** Is there a park, playground, or open space within 30 minutes walking distance of your home?

**CC36**

YES .....1  
 NO .....2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC15\_C19** Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

The park or playground closest to where I live is safe during the day.

**CC39**

- STRONGLY AGREE.....1
- AGREE.....2
- DISAGREE.....3
- STRONGLY DISAGREE.....4
- DON'T KNOW ..... -7
- REFUSED ..... -8

**QC15\_C20** The park or playground closest to where I live is safe at night.

**CC46**

**[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]**

- STRONGLY AGREE.....1
- AGREE.....2
- DISAGREE.....3
- STRONGLY DISAGREE.....4
- REFUSED ..... -7
- DON'T KNOW ..... -8

## SECTION D – HEALTH CARE ACCESS AND UTILIZATION

**QC15\_D1** The next questions are about where (CHILD) goes for health care.

Is there a place you usually take {him/her} to when {he/she} is sick or you need advice about {his/her} health?

**CD1**

- |                               |    |                        |
|-------------------------------|----|------------------------|
| YES .....                     | 1  |                        |
| NO .....                      | 2  | <b>[GO TO QC15_D3]</b> |
| DOCTOR/(HIS/HER) DOCTOR ..... | 3  |                        |
| KAISER .....                  | 4  |                        |
| MORE THAN ONE PLACE .....     | 5  |                        |
| REFUSED .....                 | -7 |                        |
| DON'T KNOW .....              | -8 |                        |

**PROGRAMMING NOTE QC15\_D2:**

**IF QC15\_D1 = 1, 5, -7, OR -8, DISPLAY “What kind of place do you take {him/her} to most often — a medical”;**

**ELSE IF QC15\_D1 = 3 DISPLAY “Is {his/her} doctor in a private”;**

**ELSE IF QC15\_D1 = 4, FILL QC15\_D2 = 1 AND GO TO PN QC15\_D3**

**QC15\_D2** {What kind of place do you take {him/her} to most often — a medical/Is {his/her} doctor a private} doctor’s office, a clinic or hospital clinic, an emergency room, or some other place?

**CD3**

- |  |    |
|--|----|
| DOCTOR’S OFFICE/KAISER/OTHER HMO .....     | 1  |
| CLINIC/HEALTH CENTER/HOSPITAL CLINIC ..... | 2  |
| EMERGENCY ROOM .....                       | 3  |
| SOME OTHER PLACE (SPECIFY: _____) ...      | 91 |
| NO ONE PLACE .....                         | 94 |
| REFUSED .....                              | -7 |
| DON'T KNOW .....                           | -8 |

**PROGRAMMING NOTE QC15\_D3:**

**IF QC15\_A13 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC15\_A18 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA), MARK YES ON QC15\_D3 AND GO TO QC15\_D4;**

**ELSE CONTINUE WITH QC15\_D3**

**QC15\_D3** During the past 12 months, did (CHILD) visit a hospital emergency room?

**CD12**

- |                  |    |
|------------------|----|
| YES .....        | 1  |
| NO .....         | 2  |
| REFUSED .....    | -7 |
| DON'T KNOW ..... | -8 |

**QC15\_D4** During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

**CD6**

\_\_\_\_\_ TIMES

REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_D5:**  
**IF QC15\_D4 > 0, GO TO PROGRAMMING NOTE QC15\_D6;**  
**ELSE IF QC15\_D4 = 0, -7, OR -8, CONTINUE WITH QC15\_D5**

**QC15\_D5** About how long has it been since {he/she} last saw a medical doctor?

**CD7**

1 YEAR AGO OR LESS .....1  
 MORE THAN 1 YEAR UP TO 2 YEARS AGO .....2  
 MORE THAN 2 YEARS UP TO 3 YEARS AGO .....3  
 MORE THAN 3 YEARS AGO .....4  
 NEVER .....5  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_D6:**  
**IF QC15\_D1 = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH QC15\_D6;**  
**ELSE SKIP TO PROGRAMMING NOTE QC15\_D7**

**QC15\_D6** Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

**CD33**

**[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]**

YES .....1  
 NO .....2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_D7:**  
**IF QC15\_D6 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QC15\_D7;**  
**ELSE SKIP TO QC15\_D9A**

**QC15\_D7** How often does (CHILD)'s doctor or medical provider listen carefully to you? Would you say...

**CD43**

Never, .....1  
 Sometimes, .....2  
 Usually, or .....3  
 Always? .....4  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC15\_D8** How often does (CHILD’S) doctor or medical provider explain clearly what you need to do to take care of (CHILD’S) health? Would you say...

**CD44**

- Never,.....1
- Sometimes,.....2
- Usually, or .....3
- Always? .....4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTEQC15\_D9A:**  
**IF CAGE<1, SKIP TO QC15\_D10;**  
**ELSE IF CAGE ≥ 1, CONTINUE WITH QC15\_D9A**

**QC15\_D9A** Many professionals such as health providers, teachers and counselors do developmental screening tests. Tests check how a child is growing, learning and behaving compared with children of the same age.

Did (CHILD’S) doctor, other health providers, teachers or school counselors ever do an assessment or tests of (CHILD’S) development?

**CF40**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_D9B** Did {his/her} doctor, other health providers, teachers or school counselors ever have (CHILD) rollover, pick up small objects, stack blocks, throw a ball, or recognize different colors?

**CF41**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_D9C** Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?

**CF42**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_D9D** Did they ever have you fill out a checklist of activities that (CHILD) can do, such as certain physical tasks, whether {her/she} can draw certain objects, or ways {he/she} can communicate with you?

**CF43**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8



**QC15\_D9E** Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

**CF44**

YES .....1  
 NO .....2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_D9F:**  
**IF QC15\_A26 =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETADATION) GO TO QC15\_D9G;**  
**ELSE CONTINUE WITH QC15\_D9F**

**QC15\_D9F** Did a doctor or other professional ever note a concern about (CHILD) that should be monitored carefully?

**CF45**

YES .....1  
 NO .....2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC15\_D9G** Did they ever refer {him/her} to a specialist regarding his development?

**CF46**

YES .....1  
 NO .....2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC15\_D9H** Did they ever refer {him/her} for speech, language or hearing testing?

**CF47**

YES .....1  
 NO .....2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_D10:**  
**IF CHINSURE ≠ 2 (INSURED OR INSURANCE STATUS UNKNOWN) OR QC15\_D1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH QC15\_D10;**  
**ELSE GO TO PROGRAMMING NOTE QC15\_D12**

**QC15\_D10** In the past 12 months, did you try to get an appointment to see (CHILD)'s doctor or medical provider within two days because (CHILD) was sick or injured?

**CD55**

**[IF NEEDED, SAY: "Do not include emergencies."]**

YES .....1  
 NO .....2 **[GO TO QC15\_D12]**  
 REFUSED ..... -7 **[GO TO QC15\_D12]**  
 DON'T KNOW ..... -8 **[GO TO QC15\_D12]**

**QC15\_D11** How often were you able to get an appointment within two days? Would you say...

**CD45**

- Never,.....1
- Sometimes,.....2
- Usually, or .....3
- Always? .....4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_D12:**  
**IF [QC15\_D4 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QC15\_D5 = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH QC15\_D12;**  
**ELSE GO TO QC15\_D17**

**QC15\_D12** The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

**CD25**

- YES ..... 1 **[GO TO QC15\_D14]**
- NO ..... 2
- NEVER ACCOMPANIED CHILD TO DOCTOR .... 3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_D13:**  
**IF QC15\_D12 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA13\_G4 > 1 (ADULT R SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QC15\_D13;**  
**SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QC15\_D13 WAS ASKED;**  
**ELSE SKIP TO QC15\_D14;**

**QC15\_D13** In what language does (CHILD)'s doctor speak to you?

**CD31**

- ENGLISH .....1 **[GO TO QC15\_D15]**
- SPANISH .....2 **[GO TO QC15\_D17]**
- CANTONESE .....3 **[GO TO QC15\_D17]**
- VIETNAMESE .....4 **[GO TO QC15\_D17]**
- TAGALOG .....5 **[GO TO QC15\_D17]**
- MANDARIN .....6 **[GO TO QC15\_D17]**
- KOREAN .....7 **[GO TO QC15\_D17]**
- ASIAN INDIAN LANGUAGES .....8 **[GO TO QC15\_D17]**
- RUSSIAN .....9 **[GO TO QC15\_D17]**
- OTHER (SPECIFY: \_\_\_\_\_).....91 **[GO TO QC15\_D17]**
- REFUSED ..... -7 **[GO TO QC15\_D17]**
- DON'T KNOW ..... -8 **[GO TO QC15\_D17]**

**PROGRAMMING NOTE QC15\_D14:**  
**IF QC15\_D12 = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH QC15\_D14;**  
**ELSE SKIP TO QC15\_D17;**

**QC15\_D14** Was this because you and the doctor spoke different languages?

**CD26**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_D15** Did you need someone to help you understand the doctor?

**CD27**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**[GO TO QC15\_D17]**  
**[GO TO QC15\_D17]**  
**[GO TO QC15\_D17]**

**QC15\_D16** Who was this person who helped you understand the doctor?

**CD28**

- MINOR CHILD (UNDER AGE 18) .....1
- AN ADULT FAMILY MEMBER OR FRIEND  
OF MINE .....2
- NON-MEDICAL OFFICE STAFF .....3
- MEDICAL STAFF INCLUDING NURSES AND  
DOCTORS .....4
- PROFESSIONAL INTERPRETER (BOTH IN  
PERSON AND ON THE TELEPHONE) .....5
- OTHER (PATIENTS, SOMEONE ELSE) .....6
- DID NOT HAVE SOMEONE TO HELP .....7
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_D17** During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for (CHILD)?

**CE1**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**[GO TO QC15\_D19]**  
**[GO TO QC15\_D19]**  
**[GO TO QC15\_D19]**

**QC15\_D18** Was cost or lack of insurance a reason why you delayed or did not get the prescription?

**CE12**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_D19** During the past 12 months, did you delay or not get any other medical care you felt (CHILD) needed — such as seeing a doctor, a specialist, or other health professional?

**CE7**

- YES .....1
- NO .....2 **[GO TO PN QC15\_D24]**
- REFUSED ..... -7 **[GO TO PN QC15\_D24]**
- DON'T KNOW ..... -8 **[GO TO PN QC15\_D24]**

**QC15\_D20** Did (CHILD) get the care eventually?

**CD66**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_D21** Was cost or lack of insurance a reason why you delayed or did not get the medical care you felt (he/she) needed?

**CE13**

- YES .....1
- NO .....2 **[GO TO PN QC15\_D23]**
- REFUSED ..... -7 **[GO TO PN QC15\_D23]**
- DON'T KNOW ..... -8 **[GO TO PN QC15\_D23]**

**QC15\_D22** Was that the main reason?

**CD67**

- YES .....1 **[GO TO PN QC15\_D24]**
- NO .....2
- REFUSED ..... -7 **[GO TO PN QC15\_D24]**
- DON'T KNOW ..... -8 **[GO TO PN QC15\_D24]**

**QC15\_D23** What was the one main reason why you delayed getting the care you felt {he/she} needed?

**CD68**

- COULDN'T GET APPOINTMENT .....1
- MY INSURANCE NOT ACCEPTED .....2
- INSURANCE DID NOT COVER .....3
- LANGUAGE PROBLEMS .....4
- TRANSPORTATION PROBLEMS .....5
- HOURS NOT CONVENIENT .....6
- NO CHILD CARE FOR CHILDREN AT HOME .....7
- FORGOT OR LOST REFERRAL .....8
- I DIDN'T HAVE TIME .....9
- COULDN'T AFFORD/COST TOO MUCH ..... 10
- NO INSURANCE ..... 11
- OTHER (SPECIFY: \_\_\_\_\_) ..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_D24** During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?

**CD69**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_D25** During the past 12 months, were you told by a doctor's office or clinic that they would not accept your child as a new patient?

**CD70**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_D26** During the past 12 months, were you told by a doctor's office or clinic that they did not accept your child's health care coverage?

**CD71**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_D27:**  
**IF CAGE < 6 MONTHS, GO TO QC15\_D28;**  
**ELSE IF CAGE ≥ 6 MONTHS, CONTINUE WITH QC15\_D27**

**QC15\_D27** During the past 12 months, did (CHILD) get a flu shot or the nasal flu vaccine, called "Flumist"?

**CD30**

**[IF NEEDED, SAY: "A flu shot is usually given in the Fall and protects against influenza for the flu season."]**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_D28:**  
**IF SKAID=ADULTID AND AJ108 ≠ 1 THEN AUTOCODE QC15\_D28 = AJ108 AND GO TO QC15\_E1;**  
**ELSE CONTINUE WITH QC15\_D28;**

**QC15\_D28** The next questions are about using the Internet to get health information.

Do you ever go on-line to use the Internet?

**CD46**

- YES .....1
- NO .....2 **[GO TO QC15\_E1]**
- REFUSED ..... -7 **[GO TO QC15\_E1]**
- DON'T KNOW ..... -8 **[GO TO QC15\_E1]**

**QC15\_D29** [In the past 12 months, have you gone on-line to look for information that would help you with...] ...(CHILD'S) health?

**CD47**

YES .....1  
 NO.....2  
 REFUSED .....-7  
 DON'T KNOW .....-8

**QC15\_D30** [In the past 12 months, have you gone on-line to look for information that would help you with...] ...how {he/she} is developing physically?

**CD48**

YES .....1  
 NO.....2  
 REFUSED .....-7  
 DON'T KNOW .....-8

**QC15\_D31** [In the past 12 months, have you gone on-line to look for information that would help you with...] ...{his/her} speech?

**CD49**

YES .....1  
 NO.....2  
 REFUSED .....-7  
 DON'T KNOW .....-8

**QC15\_D32** [In the past 12 months, have you gone on-line to look for information that would help you with...] ...how well {he/she} can hear?

**CD50**

YES .....1  
 NO.....2  
 REFUSED .....-7  
 DON'T KNOW .....-8

**QC15\_D33** [In the past 12 months, have you gone on-line to look for information that would help you with...] ...{his/her} diet or nutrition?

**CD51**

YES .....1  
 NO.....2  
 REFUSED .....-7  
 DON'T KNOW .....-8

**QC15\_D34** [In the past 12 months, have you gone on-line to look for information that would help you with...] ...{his/her} physical activity?

**CD52**

YES .....1  
 NO.....2  
 REFUSED .....-7  
 DON'T KNOW .....-8

**QC15\_D35** [In the past 12 months, have you gone on-line to look for information that would help you with...] ...{his/her} behavior?

**CD53**

- YES .....1
- NO.....2
- REFUSED .....-7
- DON'T KNOW .....-8

**PROGRAMMING NOTE QC15\_D36:**  
**IF QC15\_D29= 2 AND QC15\_D30 = 2 AND QC15\_D31 = 2 AND QC15\_D32 = 2 AND QC15\_D33 = 2 AND QC15\_D34= 2 AND QC15\_D35 = 2, GO TO PROGRAMMING NOTE QC15\_E1;**  
**ELSE CONTINUE WITH QC15\_D36**

**QC15\_D36** In the past 12 months, did you talk to a doctor or other medical provider about child health information you found on-line?

**CD54**

- YES .....1
- NO.....2
- DID NOT FIND INFORMATION ON-LINE .....3
- REFUSED .....-7
- DON'T KNOW .....-8

## SECTION E – PUBLIC PROGRAMS

**PROGRAMMING NOTE SECTION E:**  
**IF POVERTY = 1, 2, 3, OR 5 (INCOME LESS THAN OR EQUAL TO 300% OF POVERTY LEVEL) OR**  
**POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND KIDS1ST <> "Y" OR KIDS1ST =**  
**"Y", CONTINUE WITH QC15\_E1;**  
**ELSE SKIP TO QC15\_F1**

**QC15\_E1** Is (CHILD) now on TANF or CalWORKs?

**CE11**

**[IF NEEDED, SAY: "TANF means 'Temporary Assistance to Needy Families,' and CalWORKs means 'California Work Opportunities and Responsibilities to Kids.' Both replaced AFDC, California's old welfare entitlement program."]**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_E2** Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

**CE11A**

**[IF NEEDED, SAY: "You receive benefits through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_E3:**  
**IF CAGE > 6, GO TO QC15\_F1;**  
**ELSE CONTINUE WITH QC15\_E3**

**QC15\_E3** Is (CHILD) on WIC now?

**CE11C**

**[IF NEEDED, SAY: "WIC means 'Supplemental Food Program for Women, Infants and Children.'"]**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8



## SECTION F – PARENTAL INVOLVEMENT

**PROGRAMMING NOTE QC15\_F1:**  
**IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE QC15\_G1;**  
**ELSE CONTINUE WITH QC15\_F1**

**QC15\_F1** In a usual week, about how many days do you or any other family members read stories or look at picture books with (CHILD)?

**CG14**

- EVERY DAY .....1
- 3-6 DAYS .....2
- 1-2 DAYS .....3
- NEVER .....4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_F2** [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

**CG15**

- EVERY DAY .....1
- 3-6 DAYS .....2
- 1-2 DAYS .....3
- NEVER .....4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_F3** [In a usual week, about how many days do you or any other family member] take (CHILD) out somewhere, for example, to the park, store, or playground?

**CG16**

- EVERY DAY .....1
- 3-6 DAYS .....2
- 1-2 DAYS .....3
- NEVER .....4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_F3A:**  
**IF CAGE < 5 YEARS OR HOUSEHOLD HAS CHILDREN < 5 YEARS, CONTINUE WITH QC15\_F3A;**  
**ELSE GO TO QC15\_G1**

**QC15\_F3A** Have you seen or heard messages encouraging you to talk, read and sing with your child?

**CF64**

- YES .....1
- NO .....2 **[GO TO QC15\_G1]**
- REFUSED ..... -7 **[GO TO QC15\_G1]**
- DON'T KNOW ..... -8 **[GO TO QC15\_G1]**

**QC15\_F3B** Would you say that you talk with your child less, about the same, or more after hearing that message?

**CF65**

- LESS .....1
- ABOUT THE SAME .....2
- MORE .....3
- REFUSED .....-7
- DON'T KNOW .....-8

**QC15\_F3C** Would you say that you sing with your child less, about the same, or more after hearing that message?

**CF66**

- LESS .....1
- ABOUT THE SAME .....2
- MORE .....3
- REFUSED .....-7
- DON'T KNOW .....-8

**QC15\_F3D** Would you say that you read with your child less, about the same, or more after hearing that message?

**CF67**

- LESS .....1
- ABOUT THE SAME .....2
- MORE .....3
- REFUSED .....-7
- DON'T KNOW .....-8

## SECTION G – CHILD CARE AND SOCIAL COHESION

**PROGRAMMING NOTE QC15\_G1:  
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH**

**QC15\_G1** These next questions are about childcare. By childcare we mean any arrangement where someone other than the parents, legal guardian, or stepparents takes care of (CHILD). {This includes preschool and nursery school, but not kindergarten.}

Do you currently have any kind of regular childcare arrangements for (CHILD) for 10 hours or more per week?

**CG1**

- YES .....1
- NO .....2 **[GO TO QC15\_G13]**
- REFUSED ..... -7 **[GO TO QC15\_G13]**
- DON'T KNOW ..... -8 **[GO TO QC15\_G13]**

**QC15\_G2** Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

**CG2**

\_\_\_\_\_ HOURS [SR: 10-168 HRS]

- REFUSED ..... -7 **[GO TO QC15\_G13]**
- DON'T KNOW ..... -8 **[GO TO QC15\_G13]**

**PROGRAMMING NOTE QC15\_G3:  
IF QC15\_G2 < 10 (HOURS IN CHILDCARE), GO TO QC15\_G11;  
ELSE CONTINUE WITH QC15\_G3**

**QC15\_G3** During a typical week does (CHILD) receive childcare from... a grandparent or other family member?

**CG3A**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_G4** [Does (CHILD) receive childcare from]... a non-family member who cares for (CHILD) in your home?

**CG3E**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_G5** [Does (CHILD) receive childcare from]... a non-family member who cares for (CHILD) in his or her home?

**CG3F**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_G6** [Does (CHILD) receive childcare from]... a childcare center that is not in someone's home?

**CG3D**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_G7:**  
**IF CAGE ≥ 7 YEARS, GO TO PROGRAMMING NOTE QC15\_G13;**  
**ELSE CONTINUE WITH QC15\_G7**

**QC15\_G7** [Does (CHILD) receive childcare from]... a Head Start or state preschool program?

**CG3B**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_G8** [Does (CHILD) receive childcare from]... some other preschool or nursery school?

**CG3C**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_G9:**  
**IF QC15\_G6 = 1 OR QC15\_G7 = 1 OR QC15\_G8 = 1, CONTINUE WITH QC15\_G9;**  
**ELSE GO TO PROGRAMMING NOTE QC15\_G10**

**QC15\_G9** Please tell me if you strongly agree, agree, disagree, strongly disagree, or you're not sure about the following statements.

Your child's preschool is doing a good job at preparing children for their futures.

**CG47**

- STRONGLY AGREE .....1
- AGREE .....2
- DISAGREE .....3
- STRONGLY DISAGREE .....4
- NOT SURE .....5

**PROGRAMMING NOTE QC15\_G10:**  
**IF [QC15\_G3 OR QC15\_G4 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF [QC15\_G5 ≠ 1 AND QC15\_G6 ≠ 1 AND QC15\_G7 ≠ 1 AND QC15\_G8 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO QC15\_G11;**  
**ELSE CONTINUE WITH QC15\_G10;**  
**IF ONLY ONE OF QC15\_G5, QC15\_G6, QC15\_G7, OR QC15\_G8 = 1, DISPLAY "Is this" AND "provider";**  
**ELSE DISPLAY, "Are all of these" AND "providers"**

**QC15\_G10** {Is this/Are all of these} child care provider{s} licensed by the state of California?

**CG3G**

- YES (ALL LICENSED) .....1
- NO (NONE LICENSED) .....2
- SOME LICENSED AND SOME NOT.....3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_G11** In the past 12 months, was there a time when you could not find childcare when you needed it for (CHILD) for a week or longer?

**CG5**

- YES .....1
- NO .....2 **[GO TO QC15\_G13]**
- REFUSED ..... -7 **[GO TO QC15\_G13]**
- DON'T KNOW ..... -8 **[GO TO QC15\_G13]**

**QC15\_G12** What is the main reason you were unable to find childcare for (CHILD) at that time?

**CG6**

**[IF NEEDED, SAY: "Main reason is the most important reason."]**

- COULDN'T AFFORD ANY CHILD CARE .....1
- COULDN'T FIND A PROVIDER WITH A SPACE ....2
- THE HOURS AND LOCATION DIDN'T FIT MY NEEDS .....3
- COULDN'T AFFORD THE QUALITY OF CHILDCARE I WANTED .....4
- COULDN'T FIND THE QUALITY OF CHILDCARE I WANTED .....5
- OTHER REASON ..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_G13:**  
**IF QC15\_G13 THROUGH QC15\_G17 NOT ANSWERED IN ADULT INTERVIEW (AM19, AM20, AM21, AM35, AK28), CONTINUE WITH QC15\_G13; ELSE SKIP TO QC15\_H1**

**QC15\_G13** These next questions are about your neighborhood. Tell me if you strongly agree, agree, disagree or strongly disagree with the following statements:

People in my neighborhood are willing to help each other.

**CG39**

**[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]**

- STRONGLY AGREE.....1
- AGREE.....2
- DISAGREE.....3
- STRONGLY DISAGREE.....4
- REFUSED.....-7
- DON'T KNOW.....-8

**QC15\_G14** People in this neighborhood generally do NOT get along with each other.

**CG40**

**[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]**  
**[DO NOT PROBE A “DON'T KNOW” RESPONSE.]**

- STRONGLY AGREE.....1
- AGREE.....2
- DISAGREE.....3
- STRONGLY DISAGREE.....4
- REFUSED.....-7
- DON'T KNOW.....-8

**QC15\_G15** People in this neighborhood can be trusted.

**CG41**

**[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]**

- STRONGLY AGREE.....1
- AGREE.....2
- DISAGREE.....3
- STRONGLY DISAGREE.....4
- REFUSED.....-7
- DON'T KNOW.....-8

**QC15\_G16** You can count on adults in this neighborhood to watch out that children are safe and don't get into trouble.

**CG34**

**[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]**

- STRONGLY AGREE .....1
- AGREE.....2
- DISAGREE.....3
- STRONGLY DISAGREE.....4
- REFUSED .....-7
- DON'T KNOW .....-8

**QC15\_G17** Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?

**CG42**

- ALL OF THE TIME .....1
- MOST OF THE TIME .....2
- SOME OF THE TIME.....3
- NONE OF THE TIME .....4
- REFUSED .....-7
- DON'T KNOW .....-8

## SECTION H – DEMOGRAPHICS, PART II

So we can be sure we have included children of all races and ethnic groups in California, I need to ask a few questions about (CHILD)'s background.

**QC15\_H1**

Is (CHILD) Latino or Hispanic?

**CH1**

**[IF NEEDED, SAY: “Such as Mexican or Central or South American?”]**

- |                  |    |                        |
|------------------|----|------------------------|
| YES .....        | 1  |                        |
| NO .....         | 2  | <b>[GO TO QC15_H3]</b> |
| REFUSED .....    | -7 | <b>[GO TO QC15_H3]</b> |
| DON'T KNOW ..... | -8 | <b>[GO TO QC15_H3]</b> |

**QC15\_H2**

And what is {his/her} Latino or Hispanic ancestry or origin? – such as Mexican, Salvadorian, Cuban, Honduran – and if {he/she} has more than one, tell me all of them.

**CH2**

**[IF NECESSARY GIVE MORE EXAMPLES]  
[CODE ALL THAT APPLY]**

- |  |    |
|--|----|
| MEXICAN/MEXICAN AMERICAN/CHICANO ..... | 1  |
| SALVADORAN.....                        | 4  |
| GUATEMALAN .....                       | 5  |
| COSTA RICAN.....                       | 6  |
| HONDURAN .....                         | 7  |
| NICARAGUAN .....                       | 8  |
| PANAMANIAN .....                       | 9  |
| PUERTO RICAN .....                     | 10 |
| CUBAN.....                             | 11 |
| SPANISH-AMERICAN (FROM SPAIN) .....    | 12 |
| OTHER LATINO (SPECIFY: _____) .....    | 91 |
| REFUSED .....                          | -7 |
| DON'T KNOW .....                       | -8 |



**PROGRAMMING NOTE QC15\_H3:**  
**IF QC15\_H1 = 1 (YES-CHILD IS LATINO), DISPLAY, “You said your child is Latino or Hispanic. Also,”**  
**IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QC15\_H3, CONTINUE WITH PROGRAMMING NOTE QC15\_H4;**  
**ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES**

**QC15\_H3** {You said your child is Latino or Hispanic. Also,} Please tell me which one or more of the following you would use to describe (CHILD): Would you describe {him/her} as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

**CH3**

**[IF R SAYS “NATIVE AMERICAN” CODE AS “4”]**  
**[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]**  
**[CODE ALL THAT APPLY]**

- |                                     |    |                  |   |                                     |
|-------------------------------------|----|------------------|---|-------------------------------------|
| WHITE.....                          | 1  | [GO TO QC15_H10] | } | <b>IF<br/>ONLY<br/>ONE<br/>RACE</b> |
| BLACK OR AFRICAN AMERICAN.....      | 2  | [GO TO QC15_H10] |   |                                     |
| ASIAN.....                          | 3  | [GO TO QC15_H8]  |   |                                     |
| AMERICAN INDIAN, ALASKA NATIVE..... | 4  | [GO TO QC15_H4]  |   |                                     |
| OTHER PACIFIC ISLANDER.....         | 5  | [GO TO QC15_H9]  |   |                                     |
| NATIVE HAWAIIAN.....                | 6  | [GO TO QC15_H10] |   |                                     |
| OTHER (SPECIFY: _____).....         | 91 | [GO TO QC15_H10] |   |                                     |
| REFUSED.....                        | -7 | [GO TO QC15_H10] |   |                                     |
| DON'T KNOW.....                     | -8 | [GO TO QC15_H10] |   |                                     |

**PROGRAMMING NOTE QC15\_H4:**  
**IF QC15\_H3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QC15\_H4;**  
**ELSE GO TO PROGRAMMING NOTE QC15\_H8**

**QC15\_H4** You said American Indian/Alaska Native, and what is (CHILD)'s tribal heritage? If {he/she} has more than one tribe, tell me all of them.

**CH4**

**[CODE ALL THAT APPLY]**

- |  |    |
|--|----|
| APACHE.....  | 1  |
| BLACKFEET.....   | 2  |
| CHEROKEE.....  | 3  |
| CHOCTAW.....   | 4  |
| MEXICAN AMERICAN INDIAN.....                           | 5  |
| NAVAJO.....  | 6  |
| POMO.....  | 7  |
| PUEBLO.....  | 8  |
| SIOUX.....   | 9  |
| YAQUI.....   | 10 |
| OTHER TRIBE [ASK FOR SPELLING<br>(SPECIFY: _____)..... | 91 |
| REFUSED.....   | -7 |
| DON'T KNOW.....  | -8 |

**QC15\_H5** Is (CHILD) an enrolled member in a federally or state recognized tribe?

**CH5**

- YES .....1
  - NO .....2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- [GO TO QC15\_H8]  
[GO TO QC15\_H8]  
[GO TO QC15\_H8]

**QC15\_H6** In which tribe is (CHILD) enrolled?

**CH6**

- APACHE**
  - MESCALERO APACHE, NM .....1
  - APACHE (NOT SPECIFIED) .....2
  - OTHER APACHE (SPECIFY: \_\_\_\_\_) . 91
- BLACKFEET**
  - BLACKFOOT / BLACKFEET .....3
- CHEROKEE**
  - WESTERN CHEROKEE .....4
  - CHEROKEE (NOT SPECIFIED) .....5
  - OTHER CHEROKEE (SPECIFY: \_\_\_\_\_) 92
- CHOCTAW**
  - CHOCTAW OKLAHOMA .....6
  - CHOCTAW (NOT SPECIFIED) .....7
  - OTHER CHOCTAW (SPECIFY: \_\_\_\_\_) . 93
- NAVAJO**
  - NAVAJO (NOT SPECIFIED) .....8
- POMO**
  - HOPLAND BAND, HOPLAND RANCHERIA ....9
  - SHERWOOD VALLEY RANCHERIA ..... 10
  - POMO (NOT SPECIFIED) ..... 11
  - OTHER POMO (SPECIFY: \_\_\_\_\_) . 94
- PUEBLO**
  - HOPI..... 12
  - YSLETA DEL SUR PUEBLO OF TEXAS..... 13
  - PUEBLO (NOT SPECIFIED)..... 14
  - OTHER PUEBLO (SPECIFY: \_\_\_\_\_) . 95
- SIOUX**
  - OGLALA/PINE RIDGE SIOUX ..... 15
  - SIOUX (NOT SPECIFIED) ..... 16
  - OTHER SIOUX (SPECIFY: \_\_\_\_\_) ... 96
- YAQUI**
  - PASCUA YAQUI TRIBE OF ARIZONA..... 17
  - YAQUI (NOT SPECIFIED) ..... 18
  - OTHER YAQUI (SPECIFY: \_\_\_\_\_) ... 97
- OTHER**
  - OTHER (SPECIFY: \_\_\_\_\_) ..... 98
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

**QC15\_H7** Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

**CH6A**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_H8:**  
**IF QC15\_H3 = 3 (ASIAN) CONTINUE WITH QC15\_H8;**  
**ELSE GO TO PROGRAMMING NOTE QC15\_H9**

**QC15\_H8** You said Asian, and what specific ethnic group is {he/she}, such as Chinese, Filipino, or Vietnamese? If {he/she} is more than one, tell me all of them.

**CH7**

**[CODE ALL THAT APPLY]**

- BANGLADESHI.....1
- BURMESE .....2
- CAMBODIAN .....3
- CHINESE .....4
- FILIPINO .....5
- HMONG .....6
- INDIAN (INDIA) .....7
- INDONESIAN.....8
- JAPANESE .....9
- KOREAN ..... 10
- LAOTIAN ..... 11
- MALAYSIAN..... 12
- PAKISTANI ..... 13
- SRI LANKAN..... 14
- TAIWANESE ..... 15
- THAI ..... 16
- VIETNAMESE ..... 17
- OTHER ASIAN (SPECIFY: \_\_\_\_\_)..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_H9:**  
**IF QC15\_H3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QC15\_H9;**  
**ELSE GO TO QC15\_H10**

**QC15\_H9** You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}, such as Samoan, Tongan, or Guamanian? If {he/she} is more than one, tell me all of them.

**CH7A**

**[CODE ALL THAT APPLY]**

- SAMOAN/AMERICAN SAMOAN.....1
- GUAMANIAN .....2
- TONGAN.....3
- FIJIAN .....4
- OTHER PACIFIC ISLANDER  
 (SPECIFY: \_\_\_\_\_) ..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_H10:**  
**IF SKA = AR AND AI56C ≠ -1 (THIS QUESTION ALREADY ASKED DURING ADULT SURVEY), SKIP TO QC15\_H14;**  
**ELSE CONTINUE WITH QC15\_H10**

**QC15\_H10** In what country was (CHILD) born?

**CH8**

- UNITED STATES.....1
- AMERICAN SAMOA .....2
- CANADA .....3
- CHINA .....4
- EL SALVADOR .....5
- ENGLAND.....6
- FRANCE .....7
- GERMANY .....8
- GUAM .....9
- GUATEMALA ..... 10
- HUNGARY ..... 11
- INDIA..... 12
- IRAN..... 13
- IRELAND..... 14
- ITALY ..... 15
- JAPAN..... 16
- KOREA..... 17
- MEXICO ..... 18
- PHILIPPINES..... 19
- POLAND ..... 20
- PORTUGAL ..... 21
- PUERTO RICO ..... 22
- RUSSIA..... 23
- TAIWAN ..... 24
- VIETNAM ..... 25
- VIRGIN ISLANDS ..... 26
- OTHER (SPECIFY: \_\_\_\_\_)..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_H11:**  
**IF QC15\_H10 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING**  
**NOTE QC15\_H14;**  
**ELSE CONTINUE WITH QC15\_H11**

**QC15\_H11** Is (CHILD) a citizen of the United States?

**CH8A**

- YES .....1 **[GO TO QC15\_H13]**
- NO.....2
- APPLICATION PENDING .....3
- REFUSED .....-7
- DON'T KNOW .....-8

**QC15\_H12** Is (CHILD) a permanent resident with a green card?

**CH9**

**[IF NEEDED, SAY: "People usually call this a green card but the color can also be pink, blue or white."]**

- YES .....1
- NO.....2
- APPLICATION PENDING .....3
- REFUSED .....-7
- DON'T KNOW .....-8

**QC15\_H13** About how many years has (CHILD) lived in the United States?

**CH10**

**[FOR LESS THAN A YEAR, ENTER 1 YEAR]**

\_\_\_\_\_ NUMBER OF YEARS

{OR}

**CH10YR**

\_\_\_\_\_ YEAR FIRST CAME TO LIVE IN U.S.

**CH10FMT**

- NUMBER OF YEARS .....1
- YEAR FIRST CAME TO LIVE IN US.....2
- REFUSED .....-7
- DON'T KNOW .....-8

**PROGRAMMING NOTE QC15\_H14:**  
**IF SKA = MOTHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE)**  
**THEN SKIP TO QC15\_H18;**  
**ELSE, CONTINUE WITH QC15\_H14 AND DISPLAY “was his mother/was her mother”**

**QC15\_H14** In what country {were you/was his mother/was her mother} born?

**CH11**

**[SELECT FROM MOST LIKELY COUNTRIES]**  
**[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]**

- UNITED STATES.....1
- AMERICAN SAMOA .....2
- CANADA .....3
- CHINA .....4
- EL SALVADOR .....5
- ENGLAND .....6
- FRANCE .....7
- GERMANY .....8
- GUAM .....9
- GUATEMALA ..... 10
- HUNGARY ..... 11
- INDIA..... 12
- IRAN..... 13
- IRELAND..... 14
- ITALY ..... 15
- JAPAN..... 16
- KOREA..... 17
- MEXICO ..... 18
- PHILIPPINES ..... 19
- POLAND ..... 20
- PORTUGAL ..... 21
- PUERTO RICO ..... 22
- RUSSIA..... 23
- TAIWAN ..... 24
- VIETNAM ..... 25
- VIRGIN ISLANDS ..... 26
- OTHER (SPECIFY: \_\_\_\_\_)..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_H15 AND QC15\_H16:**  
**IF QC15\_H14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15\_H18;**  
**ELSE CONTINUE WITH QC15\_H15 AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY “Are you”;**  
**ELSE DISPLAY “Is {his/her} mother”**

**QC15\_H15** {Are you/Is {his/her} mother} a citizen of the United States?

**CH11A**

**[IF R SAYS SHE IS A NATURALIZED CITIZEN, CODE YES]**

- YES .....1 **[GO TO QC15\_H17]**
- NO .....2
- APPLICATION PENDING .....3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_H16** {Are you/Is {his/her} mother} a permanent resident with a green card?

**CH12**

- YES .....1
- NO .....2
- APPLICATION PENDING .....3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_H17:**  
**IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC15\_H17 AND DISPLAY “have you”;**  
**ELSE CONTINUE WITH QC15\_H17 AND DISPLAY “has {his/her} mother”**

**QC15\_H17** About how many years {have you/has {his/her} mother} lived in the United States?

**CH13**

\_\_\_\_\_ NUMBER OF YEARS [HR: 0-AGE]

{OR}

**CH13YR**

\_\_\_\_\_ YEAR FIRST CAME TO LIVE IN U.S.

**CH13FMT**

- NUMBER OF YEARS .....1
- YEAR FIRST CAME TO LIVE IN US .....2
- MOTHER DECEASED .....3
- NEVER LIVED IN U.S. ....4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_H18:**  
**IF SKA = FATHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE THEN SKIP TO QC15\_H22;**  
**ELSE CONTINUE WITH QC15\_H18 AND DISPLAY, “was {his/her} father”**

**QC15\_H18** In what country {were you/was his father/was her father} born?

**CH14**

**[SELECT FROM MOST LIKELY COUNTRIES]**  
**[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]**

- UNITED STATES.....1
- AMERICAN SAMOA .....2
- CANADA .....3
- CHINA .....4
- EL SALVADOR .....5
- ENGLAND .....6
- FRANCE .....7
- GERMANY .....8
- GUAM .....9
- GUATEMALA ..... 10
- HUNGARY ..... 11
- INDIA..... 12
- IRAN..... 13
- IRELAND..... 14
- ITALY ..... 15
- JAPAN..... 16
- KOREA..... 17
- MEXICO ..... 18
- PHILIPPINES ..... 19
- POLAND ..... 20
- PORTUGAL ..... 21
- PUERTO RICO ..... 22
- RUSSIA..... 23
- TAIWAN ..... 24
- VIETNAM ..... 25
- VIRGIN ISLANDS ..... 26
- OTHER (SPECIFY: \_\_\_\_\_). ..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8



**PROGRAMMING NOTE QC15\_H19 AND QC15\_H20:**  
**IF QC15\_H18 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15\_H22;**  
**ELSE CONTINUE WITH QC15\_H19 AND IF RESPONDENT IS FATHER OF CHILD DISPLAY “Are you”;**  
**ELSE SAY “Is {his/her} father”**

**QC15\_H19** {Are you/Is {his/her} father} a citizen of the United States?

**CH14A**

**[IF R SAYS HE IS A NATURALIZED CITIZEN, CODE YES]**

- YES .....1 **[GO TO PN QC15\_H21]**
- NO .....2
- APPLICATION PENDING .....3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_H20** {Are you/Is {his/her} father} a permanent resident with a green card?

**CH15**

- YES .....1
- NO .....2
- APPLICATION PENDING .....3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_H21:**  
**IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC15\_H21 AND DISPLAY “have you”;**  
**ELSE, CONTINUE WITH QC15\_H21 AND DISPLAY “has {his/her} father”**

**QC15\_H21** About how many years {have you/has {his/her} father} lived in the United States?

**CH16**

\_\_\_\_\_ NUMBER OF YEARS [HR: 0-AGE]

{OR}

**CH16YR**

\_\_\_\_\_ YEAR FIRST CAME TO LIVE IN U.S.

**CH16FMT**

- NUMBER OF YEARS .....1
- YEAR FIRST CAME TO LIVE IN U.S. ....2
- FATHER DECEASED .....3
- NEVER LIVED IN U.S. ....4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_H22:**  
**IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE QC15\_H23;**  
**ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH QC15\_H22**

**QC15\_H22** In general, what languages are spoken in (CHILD)'s home?

**CH17**

**[PROBE: "Any others?"]**

- ENGLISH .....1
- SPANISH .....2
- CANTONESE.....3
- VIETNAMESE .....4
- TAGALOG.....5
- MANDARIN .....6
- KOREAN .....7
- ASIAN INDIAN LANGUAGES.....8
- RUSSIAN .....9
- OTHER1 (SPECIFY: \_\_\_\_\_) ..... 91
- OTHER2 (SPECIFY: \_\_\_\_\_) ..... 92
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_H23:**  
**IF INTERVIEW CONDUCTED IN ENGLISH AND QC15\_H22 > 1 (TWO OR MORE LANGUAGES SPOKEN AT HOME), CONTINUE WITH QC15\_H23 AND DISPLAY "Compared to the language spoken in (CHILD)'s home,";**  
**SET CH18ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QC15\_H23 WAS ASKED;**  
**ELSE IF QC15\_H22 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC15\_H24**

**QC15\_H23** {Compared to other languages spoken in (CHILD)'s home,} would you say you speak English...

**CH18**

- Very well, .....1
- Fairly well, .....2
- Not well, or .....3
- Not at all? .....4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC15\_H24:  
 IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC15\_H24;  
 ELSE GO TO PROGRAMMING NOTE QC15\_H26**

**QC15\_H24**      What is the highest grade of education you have completed and received credit for?

**CH22**

<b>GRADE SCHOOL</b>	
1 <sup>ST</sup> GRADE .....	1
2 <sup>ND</sup> GRADE .....	2
3 <sup>RD</sup> GRADE .....	3
4 <sup>TH</sup> GRADE .....	4
5 <sup>TH</sup> GRADE .....	5
6 <sup>TH</sup> GRADE .....	6
7 <sup>TH</sup> GRADE .....	7
8 <sup>TH</sup> GRADE .....	8
<b>HIGH SCHOOL OR EQUIVALENT</b>	
9 <sup>TH</sup> GRADE .....	9
10 <sup>TH</sup> GRADE .....	10
11 <sup>TH</sup> GRADE .....	11
12 <sup>TH</sup> GRADE .....	12
<b>4-YEAR COLLEGE OR UNIVERSITY</b>	
1 <sup>ST</sup> YEAR (FRESHMAN) .....	13
2 <sup>ND</sup> YEAR (SOPHOMORE) .....	14
3 <sup>RD</sup> YEAR (JUNIOR) .....	15
4 <sup>TH</sup> YEAR (SENIOR) .....	16
5 <sup>TH</sup> YEAR .....	17
<b>GRADUATE OR PROFESSIONAL SCHOOL</b>	
1 <sup>ST</sup> YEAR GRAD OR PROF SCHOOL .....	18
2 <sup>ND</sup> YEAR GRAD OR PROF SCHOOL (MA/MS) .....	19
3 <sup>RD</sup> YEAR GRAD OR PROF SCHOOL .....	20
MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD) .....	21
<b>2-YEAR JUNIOR OR COMMUNITY COLLEGE</b>	
1 <sup>ST</sup> YEAR .....	22
2 <sup>ND</sup> YEAR .....	23
<b>VOCATIONAL, BUSINESS, OR TRADE SCHOOL</b>	
1 <sup>ST</sup> YEAR .....	24
2 <sup>ND</sup> YEAR .....	25
MORE THAN 2 YEARS .....	26
HAD NO FORMAL EDUCATION .....	30
REFUSED .....	-7
DON'T KNOW .....	-8

### SECTION H – DEMOGRAPHICS, PART III

**PROGRAMMING NOTE QC15\_H25:  
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC15\_H25;  
ELSE GO TO QC15\_H26**

**QC15\_H25** Based on the questions in this survey about (CHILD), is there another adult in the household who is more knowledgeable about questions we asked about (CHILD)?

**CH30**

- YES .....1
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC15\_H26** Those are my final questions. I appreciate your patience. Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

**CG38**

- YES .....1
- MAYBE/PROBABLY YES .....2
- DEFINITELY NOT .....3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**END** Thank you. You have helped with a very important statewide survey. If you have any questions, you can contact Dr. Ponce, the Principal Investigator. Do you want that number?

**[IF YES, SAY:** Dr. Ponce can be reached toll-free at 1-866-275-2447.  
**IF NO, SAY:** Goodbye.]