CHIS 2016
Child Questionnaire
Version 2.8
July 12, 2017

(Children Ages 0-11 Answered by Adult Proxy Respondent)

Collaborating Agencies:

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- California Department of Health Care Services
- California Department of Public Health

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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

Age

QC15_A2 What is {his/her} date of birth?

CA2

_____ 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?

[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?

YES ...........................................................................1  [GO TO QC15_A8]
NO .............................................................................2
ON VACATION .........................................................3  [GO TO QC15_A8]
HOME SCHOOLED ..................................................4
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?

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?

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]
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
REFUSED .................................................. -7
DON’T KNOW .................................................. -8

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

**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
  - REFUSED ............................................................... -7
  - DON’T KNOW .......................................................... -8
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?

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

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.

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 VISTED) 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}?

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?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

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

**QC15_B5**  During the past 12 months, was there any time when (he/she) had no dental insurance at all?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

**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)?

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

**QC15_B7**  During the past 12 months, was there any time when (CHILD) needed dental care, including checkups, but didn’t get it?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>
What is the one main reason (he/she) didn’t get the dental care?

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

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

YES ..............................................................1
NO .............................................................2
REFUSED ..................................................7
DON’T KNOW ...........................................8

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

YES ..............................................................1
NO .............................................................2
REFUSED ..................................................7
DON’T KNOW ...........................................8

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

YES ..............................................................1
NO .............................................................2
REFUSED ..................................................7
DON’T KNOW ...........................................8

PROGRAMMING NOTE QC15_B: IF CAGE ≥ 6, SKIP TO SECTION C; ELSE CONTINUE WITH QC15_B11

[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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s milk</td>
<td>1</td>
</tr>
<tr>
<td>Regular milk</td>
<td>2</td>
</tr>
<tr>
<td>Chocolate milk, juice, or sugary drink</td>
<td>3</td>
</tr>
<tr>
<td>Water</td>
<td>4</td>
</tr>
<tr>
<td>Other (Specify: __________)</td>
<td>91</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>
**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?

[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.

______ 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.

[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?

[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.

[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?

[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?

______ MINUTES [GO TO QC15_C9]

REFUSED ............................................................... -7 [GO TO QC15_C9]
DON'T KNOW .......................................................... -8 [GO TO QC15_C9]
Could {he/she} walk home from school in 30 minutes or less?

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

{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?

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”

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

PROGRAMMING NOTE QC15_C11:
IF QC15_C7 \leq 30 MINUTES OR QC15_C8 = 1 THEN GO TO PROGRAMMING NOTE QC15_C12;
ELSE CONTINUE WITH QC15_C11

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

[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?

______ 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.

______ DAYS [HR: 0-7]

REFUSED...................................................... -7
DON'T KNOW............................................... -8
The next questions are about the time (your child/CILD) spends mostly sitting when (he/she) is not in school or doing homework. During the weekends, about how much time does (your child/CILD) spend on a typical or usual weekend day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

QC15_C15

______ HOURS ______ MINUTES

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

Has (CILD) been to a park, playground, or open space in the past 30 days?

QC15_C17

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

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

QC15_C18

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
DOCTOR/(HIS/HER) DOCTOR..................................3
KAISER .....................................................................4
MORE THAN ONE PLACE .......................................5
REFUSED ....................................................................-7
DON'T KNOW ..........................................................-8

[GO TO QC15_D3]

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
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…

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

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?

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

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?

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

Did they ever have you fill out a checklist about concerns you have about (his/her) learning, development, or behavior?

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

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?

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 RETARDATION) 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
REFUSED ....................................................... -7
DON’T KNOW .................................................. -8
QC15_D11  How often were you able to get an appointment within two days? Would you say…

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<thead>
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<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>CD45</td>
<td>Sometimes</td>
</tr>
<tr>
<td>D45</td>
<td>Usually, or</td>
</tr>
<tr>
<td>D46</td>
<td>Always?</td>
</tr>
<tr>
<td>D47</td>
<td>REFUSED</td>
</tr>
<tr>
<td>D48</td>
<td>DON'T KNOW</td>
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**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?

<table>
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<tbody>
<tr>
<td>CD25</td>
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</tr>
<tr>
<td>CD26</td>
<td>NO</td>
</tr>
<tr>
<td>CD27</td>
<td>NEVER ACCOMPANIED CHILD TO DOCTOR</td>
</tr>
<tr>
<td>CD28</td>
<td>REFUSED</td>
</tr>
<tr>
<td>CD29</td>
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</table>

**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?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>CD31</td>
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<td>CD32</td>
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<td>CD38</td>
<td>ASIAN INDIAN LANGUAGES</td>
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<td>CD39</td>
<td>RUSSIAN</td>
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<tr>
<td>CD40</td>
<td>OTHER (SPECIFY: ____________)</td>
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<td>CD42</td>
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</table>

**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;
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 [GO TO QC15_D17]
REFUSED .....................................................-7 [GO TO QC15_D17]
DON'T KNOW ...............................................-8 [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 [GO TO QC15_D19]
REFUSED .....................................................-7 [GO TO QC15_D19]
DON'T KNOW ...............................................-8 [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 [GO TO PN QC15_D24]
DON'T KNOW ..............................................-8 [GO TO PN QC15_D24]

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 [GO TO PN QC15_D23]
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 [GO TO PN QC15_D24]
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
REFUSED ....................................................................7
DON'T KNOW ..........................................................8

[GO TO QC15_E1] [GO TO QC15_E1] [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...........................................................................\text{1}
NO.............................................................................\text{2}
REFUSED.........................................................................\text{-7}
DON'T KNOW...................................................................\text{-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...........................................................................\text{1}
NO.............................................................................\text{2}
DID NOT FIND INFORMATION ON-LINE................\text{3}
REFUSED.........................................................................\text{-7}
DON'T KNOW...................................................................\text{-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)?

<table>
<thead>
<tr>
<th>Days</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVERY DAY</td>
<td>1</td>
</tr>
<tr>
<td>3-6 DAYS</td>
<td>2</td>
</tr>
<tr>
<td>1-2 DAYS</td>
<td>3</td>
</tr>
<tr>
<td>NEVER</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QC15_F2 [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

<table>
<thead>
<tr>
<th>Days</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVERY DAY</td>
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<tr>
<td>3-6 DAYS</td>
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<td>1-2 DAYS</td>
<td>3</td>
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<tr>
<td>NEVER</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Days</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVERY DAY</td>
<td>1</td>
</tr>
<tr>
<td>3-6 DAYS</td>
<td>2</td>
</tr>
<tr>
<td>1-2 DAYS</td>
<td>3</td>
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<tr>
<td>NEVER</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[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
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.

[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

People in this neighborhood generally do NOT get along with each other.

[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

People in this neighborhood can be trusted.

[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.

[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?

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?

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

YES .................................................................1
NO .................................................................2 [GO TO QC15_H3]
REFUSED .......................................................-7 [GO TO QC15_H3]
DON’T KNOW ..................................................-8 [GO TO QC15_H3]

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.

[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
BLACK OR AFRICAN AMERICAN ...........................2
ASIAN .......................................................................3
AMERICAN INDIAN, ALASKA NATIVE ..............4
OTHER PACIFIC ISLANDER ................................5
NATIVE HAWAIIAN ..................................................6
OTHER (SPECIFY: ____________)...................... 91
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

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]
(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 [GO TO QC15_H8]
NO .............................................................................2 [GO TO QC15_H8]
REFUSED .....................................................................-7 [GO TO QC15_H8]
DON'T KNOW ......................................................... -8 [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 A156C ≠ -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 ................................................................10
PORTUGAL ............................................................20
PUERTO RICO ..........................................................21
RUSSIA ..................................................................22
TAIWAN ..................................................................23
VIETNAM ..............................................................24
VIRGIN ISLANDS ....................................................25
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?

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>CH8A</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>APPLICATION PENDING</td>
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<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>

[GO TO QC15_H13]

QC15_H12 Is (CHILD) a permanent resident with a green card?

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<table>
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<tr>
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<tbody>
<tr>
<td>CH9</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>APPLICATION PENDING</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
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<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</table>

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

QC15_H13 About how many years has (CHILD) lived in the United States?

<p>| | |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>CH10</td>
<td></td>
</tr>
<tr>
<td>FOR LESS THAN A YEAR, ENTER 1 YEAR</td>
<td></td>
</tr>
<tr>
<td>_____ NUMBER OF YEARS</td>
<td></td>
</tr>
<tr>
<td>{OR}</td>
<td></td>
</tr>
<tr>
<td>CH10YR</td>
<td></td>
</tr>
<tr>
<td>_____ YEAR FIRST CAME TO LIVE IN U.S.</td>
<td></td>
</tr>
</tbody>
</table>

| 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?

[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
CHIS 2016 Child Questionnaire

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?

[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?

<table>
<thead>
<tr>
<th>Grade School</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Grade</td>
<td>1</td>
</tr>
<tr>
<td>2nd Grade</td>
<td>2</td>
</tr>
<tr>
<td>3rd Grade</td>
<td>3</td>
</tr>
<tr>
<td>4th Grade</td>
<td>4</td>
</tr>
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<td>5th Grade</td>
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</tr>
<tr>
<td>6th Grade</td>
<td>6</td>
</tr>
<tr>
<td>7th Grade</td>
<td>7</td>
</tr>
<tr>
<td>8th Grade</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High School or Equivalent</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>9th Grade</td>
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<tr>
<td>10th Grade</td>
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<tr>
<td>11th Grade</td>
<td>11</td>
</tr>
<tr>
<td>12th Grade</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4-Year College or University</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Year (Freshman)</td>
<td>13</td>
</tr>
<tr>
<td>2nd Year (Sophomore)</td>
<td>14</td>
</tr>
<tr>
<td>3rd Year (Junior)</td>
<td>15</td>
</tr>
<tr>
<td>4th Year (Senior)</td>
<td>16</td>
</tr>
<tr>
<td>5th Year</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Graduate or Professional School</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Year Grad or Prof School</td>
<td>18</td>
</tr>
<tr>
<td>2nd Year Grad or Prof School (MA/MS)</td>
<td>19</td>
</tr>
<tr>
<td>3rd Year Grad or Prof School</td>
<td>20</td>
</tr>
<tr>
<td>More Than 3 Years Grad or Prof School (PhD)</td>
<td>21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2-Year Junior or Community College</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Year</td>
<td>22</td>
</tr>
<tr>
<td>2nd Year</td>
<td>23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vocational, Business, or Trade School</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Year</td>
<td>24</td>
</tr>
<tr>
<td>2nd Year</td>
<td>25</td>
</tr>
<tr>
<td>More Than 2 Years</td>
<td>26</td>
</tr>
<tr>
<td>Had No Formal Education</td>
<td>30</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don't Know</td>
<td>-8</td>
</tr>
</tbody>
</table>
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)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>MAYBE/PROBABLY YES</td>
<td>2</td>
</tr>
<tr>
<td>DEFINITELY NOT</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

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.]