2001 California Health Interview Survey
Child Questionnaire
(Children Age 0-11 Answered by Adult Proxy Respondent)

Collaborating Agencies:
☑ UCLA Center for Health Policy Research
☑ California Department of Health Services
☑ Public Health Institute

California Health Interview Survey
UCLA Center for Health Policy Research
10911 Weyburn Avenue, Suite 300
Los Angeles, CA 90024
Email: chis@ucla.edu
www.chis.ucla.edu

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TABLE OF CONTENTS

Section A (Demographic Information Part 1, Health Status, Conditions) .................. C-1
  Gender, age ................................................................................................................ C-1
  Height ......................................................................................................................... C-1
  Weight ....................................................................................................................... C-2
  General health status, health conditions ................................................................. C-2
  Attention deficit disorder ....................................................................................... C-4
  Asthma ....................................................................................................................... C-4

Section B (Injury, Health Behavior) ........................................................................ C-6
  Past year injury ....................................................................................................... C-6
  Bike helmet use ....................................................................................................... C-7
  Vitamin/supplement intake .................................................................................... C-8
  Skin cancer prevention ......................................................................................... C-8

Section C (Dental Health, Health Behavior) ............................................................ C-9
  Presence of Teeth, fluoride toothpaste use ............................................................ C-9
  Last dental visit, dental insurance, sleep behavior ............................................... C-10
  Baby bottle behavior ............................................................................................. C-10
  Dietary intake ......................................................................................................... C-11

Section D (Access/Utilization) .............................................................................. C-13
  Usual source of care, visits to medical doctor ....................................................... C-13
  Immunizations ....................................................................................................... C-14
  Emergency room use ............................................................................................ C-15
  Hospitalization ....................................................................................................... C-18
  Visits to other countries for care, meds ................................................................. C-20
  Recent visit to medical doctor ............................................................................ C-21
  Alternative sources of care .................................................................................. C-22

Section E (Access/Utilization, Public Program Eligibility) ..................................... C-24
  Delayed care/unmet need ..................................................................................... C-24
  Discrimination ....................................................................................................... C-37
  Program participation ......................................................................................... C-38

Section F (Health Insurance) .............................................................................. C-39
  Medi-CAL coverage ............................................................................................. C-39
  Healthy Families coverage .................................................................................. C-39
  Employer-based coverage ................................................................................... C-40
  Private coverage .................................................................................................. C-40
  Payer of premium ............................................................................................... C-41
  CHAMPUS/CHAMP-VA, TRICARE, VA coverage ............................................. C-41
  AIM, MRMIP, other coverage ............................................................................ C-42
  Managed care plan characteristics ..................................................................... C-43
  Reasons for non-coverage, coverage over past 12 months ............................... C-44
### TABLE OF CONTENTS

**Section G (Child Care, Video/Computer Games, Parental Involvement) .................. C-47**
- Child care arrangements ................................................................. C-47
- Satisfaction with child care ............................................................ C-48
- Child care over past 12 months ...................................................... C-49
- Hours child left unsupervised ....................................................... C-49
- Video game/computer games ....................................................... C-49
- Family interaction with friends/relatives ..................................... C-51

**Section H (Demographic Information Part 2) ........................................ C-52**
- Race/ethnicity ................................................................................ C-52
- Country of birth ........................................................................... C-56
- Citizenship, immigration status .................................................... C-57
- English proficiency ...................................................................... C-62
- Education of primary caretaker(s) ................................................ C-63
CHIS 2001 CHILD SURVEY

Section A

Section A

PROGRAMMING NOTE CA1:

SET CADATE = CURRENT DATE (YYYYMMDD)

CA1

CA1 Some of the questions in this survey are based on (CHILD NAME /AGE/SEX)’s personal traits, like (his/her/his or her) age. So I will first ask you a few brief background questions.

Is (CHILD NAME /AGE/SEX) male or female?

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

CA2

CA2 What is (his/her/his or her) date of birth?

CA2MON CA2DAY


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

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

CA3

CA3 How old is (he/she/he or she)?

CA3MON

[MON: 0-30]

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

PROGRAMMING NOTE CA4:

CALCULATE CAGE FROM CA2 OR CA3 FOR SKIP PATTERNS

CA4

CA4 About how tall is (CHILD NAME /AGE/SEX) now without shoes?

CA4F CA4I

[FT HR: 0-7; IN HR: 0-11]

CA4M CA4C

[M HR: 0-2; CM HR: 0-99]

REFUSED ........................................................................... -7
DON’T KNOW ..................................................................... -8
**CHIS 2001 CHILD SURVEY**

**Section A**

**CA5**
About how much does {CHILD NAME / AGE/SEX} weigh now without shoes?

- **CA5K**
  - _______ POUNDS [HR: 0-450]

- **CA5P**
  - _______ KILOGRAMS [HR: 0-220]

**CA5FMT**
- REFUSED ................................................................. -7
- DON'T KNOW ............................................................ -8

**CA6**
In general, would you say {CHILD NAME / AGE/SEX}'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

**CA7**
Does {he/she/he or she} currently have any physical, behavioral or mental conditions that limit or prevent (his/her/his or her) ability to do childhood activities usual for (his/her/his or her) age?

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

**PROGRAMMING NOTE CA8:**
IF CAGE < 5 SKIP TO PROGRAMMING NOTE CA10;
ELSE CONTINUE WITH CA8

**CA8**
Does {CHILD NAME / AGE/SEX} currently have any conditions that limit or prevent (his/her/his or her) ability to attend school regularly?

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

**CA9**
Does {he/she/he or she} currently have any conditions that limit or prevent (his/her/his or her) ability to do regular school work?

- YES .............................................................................. 1
- NO .............................................................................. 2
- REFUSED ................................................................. -7
- DON'T KNOW ............................................................ -8
PROGRAMMING NOTE CA10:
IF CA7 = 1 OR CA 8 = 1 OR CA9 = 1 (YES, CHILD HAS SOME LIMITATIONS), CONTINUE WITH CA10;
ELSE SKIP TO CA11

CA10
CA10 Is (CHILD NAME /AGE/SEX)'s condition physical, behavioral or mental?

CA10 CA10OS
PHYSICAL ..............................................................1
BEHAVIORAL/MENTAL ..............................................2 [SKIP TO PROGRAMMING NOTE CA10B]
BOTH ........................................................................ 3
OTHER (SPECIFY): _________________________________ 91 [SKIP TO PROGRAMMING NOTE CA11]
REFUSED ..................................................................... -7 [SKIP TO PROGRAMMING NOTE CA11]
DON'T KNOW ........................................................... -8 [SKIP TO PROGRAMMING NOTE CA11]

CA10A
CA10A What physical condition does (CHILD NAME /AGE/SEX) have?

CA10A_A - H [CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: Any others?]

CA10A_1 ASTHMA .......................................................... 1
CA10A_2 CEREBRAL PALSY ............................................. 2
CA10A_3 EPILEPSY .......................................................... 3
CA10A_4 HEARING PROBLEM .......................................... 4
CA10A_5 NEUROMUSCULAR DISORDER ......................... 5
CA10A_6 ORTHOPEDIC PROBLEM (BONES OR JOINTS) ....... 6
CA10A_7 VISION PROBLEM ............................................ 7
CA10A_8 CA10AOS OTHER (SPECIFY): ____________________ 91
REFUSED ..................................................................... -7
DON'T KNOW ........................................................... -8

PROGRAMMING NOTE CA10B:
IF CA10 = 2 OR 3 (BOTH PHYSICAL AND BEHAVIORAL/MENTAL), CONTINUE WITH CA10B;
ELSE SKIP TO CA11

CA10B
CA10B What behavioral or mental condition does (CHILD NAME /AGE/SEX) have?

CA10B CA10BOS
AUTISM ................................................................. 1
ATTENTION DEFICIT DISORDER (ADD/ADHD) .............. 2
LEARNING DISABILITY ............................................. 3
MENTAL RETARDATION ............................................. 4
CA10BOS OTHER (SPECIFY): ___________________________ 91
REFUSED ..................................................................... -7
DON'T KNOW ........................................................... -8

Page C-3
PROGRAMMING NOTE CA11:
IF CAGE < 1, SKIP TO CB1;
ELSE IF [CAGE => 1 AND < 5] AND CA10B <> 2 (ADD/ADHD), SKIP TO CA12;
ELSE CONTINUE WITH CA11

CA11
CA11 Did a doctor or psychologist ever tell you {CHILD NAME /AGE/SEX} has attention deficit disorder, ADD or ADHD?

YES ................................................................. 1
NO................................................................. 2 [SKIP TO CA12]
REFUSED............................................................-7 [SKIP TO CA12]
DON'T KNOW .....................................................-8 [SKIP TO CA12]

CA11A
CA11A In general, does (his/her/his or her) ADD or ADHD limit (his/her/his or her) school performance a lot, a little or not at all?

A LOT .................................................................1
A LITTLE ............................................................2
NOT AT ALL ........................................................3
REFUSED............................................................-7
DON'T KNOW .....................................................-8

CA11B
CA11B In general, does (his/her/his or her) ADD or ADHD affect (his/her/his or her) ability to play normally with children (his/her/his or her) age a lot, a little or not at all?

A LOT .................................................................1
A LITTLE ............................................................2
NOT AT ALL ........................................................3
REFUSED............................................................-7
DON'T KNOW .....................................................-8

CA11C
CA11C Does (he/she/he or she) currently take prescription medicine to control (his/her/his or her) ADD or ADHD?

YES .................................................................1
NO................................................................. 2 [SKIP TO CB1]
REFUSED............................................................-7 [SKIP TO CB1]
DON'T KNOW .....................................................-8 [SKIP TO CB1]

CA12
CA12 Did a doctor ever tell you {CHILD NAME /AGE/SEX} has asthma?

YES .................................................................1
NO................................................................. 2 [SKIP TO CB1]
REFUSED............................................................-7 [SKIP TO CB1]
DON'T KNOW .....................................................-8 [SKIP TO CB1]
Section A

CA12A Does (CHILD NAME /AGE/SEX) currently take prescription medicine to control (his/her/his or her) asthma, including an inhaler?

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

CA12B During the past 12 months, how often has (he/she/he or she) had asthma symptoms, such as coughing, wheezing, shortness of breath, chest tightness and phlegm production?

NO SYMPTOMS IN THE PAST 12 MONTHS, .........................1
SYMPTOMS LESS THAN ONCE A MONTH .........................2
SYMPTOMS 1 OR 2 TIMES A MONTH, ...............................3
MORE THAN 2 TIMES A MONTH BUT NOT EVERY WEEK .......4
EVERY WEEK, BUT NOT EVERY DAY. .................................5
EVERY DAY OR ALMOST EVERY DAY ..............................6
REFUSED ......................................................................... -7
DON'T KNOW ................................................................. -8

CA12C How often does (CHILD NAME /AGE/SEX)’s asthma limit (his/her/his or her) physical activity – would you say always, most of the time, sometimes, rarely or never?

ALWAYS ........................................................................... 1
MOST OF THE TIME ..........................................................2
SOMETIMES .....................................................................3
RARELY ..........................................................................4
NEVER ........................................................................... 5
REFUSED ......................................................................... -7
DON'T KNOW ................................................................. -8
Section B

CB1
During the past 12 months, that is since [DATE ONE YEAR AGO], was [CHILD NAME /AGE/SEX] injured seriously enough that (he/she/he or she) got medical advice or treatment?

YES ................................................................................. 1
NO................................................................................... 2 [SKIP TO PROGRAMMING NOTE CB6]
REFUSED ........................................................................... -7 [SKIP TO PROGRAMMING NOTE CB6]
DON'T KNOW ...................................................................... -8 [SKIP TO PROGRAMMING NOTE CB6]

CB2
How many times in the past 12 months was [CHILD NAME /AGE/SEX] injured seriously enough that (he/she/he or she) got medical advice or treatment?

____________ TIMES          [HR: 0-52; SR: 1-12]
REFUSED ........................................................................... -7
DON'T KNOW ...................................................................... -8

CB3
What was the cause of the (most serious) injury?

MOTOR VEHICLE - OCCUPANT INJURY.....................................1
MOTOR VEHICLE - PEDESTRIAN ............................................. 2
BICYCLE-RELATED .............................................................. 3
ACCIDENTAL FALL ............................................................ 4
HIT OR CUT BY FLYING OBJECT ......................................... 5
SWIMMING, BOATING, OTHER NEAR DROWNING .............. 6
FIRE/BURN/SCALD ............................................................. 7
ACCIDENTAL POISONING ..................................................... 8
SPORTS RELATED ............................................................ 9
OTHER ................................................................................ 91
REFUSED .......................................................................... -7
DON'T KNOW ..................................................................... -8

CB3A
Was this injury caused by another person?

YES ................................................................................. 1
NO................................................................................... 2 [SKIP TO CB4]
REFUSED ........................................................................... -7 [SKIP TO CB4]
DON'T KNOW ...................................................................... -8 [SKIP TO CB4]

CB3B
Was it an accident, or did the person mean to do it?

ACCIDENT ................................................................. 1
ON PURPOSE ............................................................... 2
REFUSED ........................................................................... -7
DON'T KNOW ...................................................................... -8
CHIS 2001 CHILD SURVEY

Section B

CB4
Where was (he/she/he or she) when the injury happened --

at home, ................................................................. 1
at school, ................................................................ 2 [SKIP TO CB5]
at child care, ............................................................ 3 [SKIP TO CB5]
in a street or parking lot ........................................... 4 [SKIP TO CB5]
in a recreational area like a park or gym ....................... 5 [SKIP TO CB5]
in a place of business like a mall or restaurant, or ......... 6 [SKIP TO CB5]
somewhere else? .................................................. 91 [SKIP TO CB5]
REFUSED ............................................................. -7 [SKIP TO CB5]
DON'T KNOW .................................................... -8 [SKIP TO CB5]

CB4A
Was it inside or outside at home?

INSIDE ................................................................. 1
OUTSIDE .............................................................. 2
REFUSED .............................................................. -7
DON'T KNOW .................................................... -8

CB5
Did (he/she/he or she) reduce (his/her/his or her) physical activity because of this injury?

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

PROGRAMMING NOTE CB6:
IF CAGE < 6, SKIP TO CB9;
ELSE IF CAGE >= 6, CONTINUE WITH CB6

CB6
Has (CHILD NAME /AGE/SEX) ridden a bike in the past year?

YES ................................................................. 1
NO ................................................................. 2 [SKIP TO CB8]
REFUSED ............................................................ -7 [SKIP TO CB8]
DON'T KNOW .................................................... -8 [SKIP TO CB8]

CB7
How often does (CHILD NAME /AGE/SEX) wear a helmet when riding a bicycle? Would you say...

Always ................................................................. 1
Usually ............................................................... 2
Sometimes, or ...................................................... 3
Never ................................................................. 4
REFUSED ............................................................ -7
DON'T KNOW .................................................... -8
CB8
Over the past month, has {CHILD NAME /AGE/SEX} taken any vitamin, mineral, herbal, botanical, or other dietary supplements or pills?

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

CB9
When {CHILD NAME /AGE/SEX} goes outside on a very sunny day for more than one hour, how often do you use sunscreen of SPF 15 or greater on {CHILD NAME /AGE/SEX}’s skin? Would you say, always, sometimes or never?

ALWAYS ................................................................. 1
SOMETIMES ......................................................... 2
NEVER ................................................................... 3
NEVER GO OUT IN THE SUN FOR MORE THAN 1 HOUR ................. 4
REFUSED ............................................................. -7
DON’T KNOW ........................................................ -8
Section C

PROGRAMMING NOTE CC1:
IF CAGE > 2, SKIP TO CC2;
ELSE CONTINUE WITH CC1

CC1
These questions are about {CHILD NAME /AGE/SEX}’s dental health. Does {CHILD NAME /AGE/SEX} have any teeth yet?

YES .................................................................................. 1
NO ................................................................................... 2 [SKIP TO CC8]
REFUSED ........................................................................ -7 [SKIP TO CC8]
DON’T KNOW .................................................................... -8 [SKIP TO CC8]

PROGRAMMING NOTE CC2:
IF CAGE > 2, DISPLAY “These questions are about {CHILD NAME /AGE/SEX}’s dental health.”

CC2
{These questions are about {CHILD NAME /AGE/SEX}’s dental health.} Does {CHILD NAME /AGE/SEX} use toothpaste when brushing {his/her/his or her} teeth?

YES .................................................................................. 1
NO ................................................................................... 2 [SKIP TO CC4]
DOES NOT BRUSH TEETH .................................................. 3 [SKIP TO CC4]
REFUSED ........................................................................ -7 [SKIP TO CC4]
DON’T KNOW ................................................................. -8 [SKIP TO CC4]

CC3
Does the toothpaste contain fluoride?

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

CC4
Does {CHILD NAME /AGE/SEX} now take prescription vitamins with fluoride or other kind of fluoride tablets, drops or mouthwash either at home or at school or day care?

YES .................................................................................. 1
NO ................................................................................... 2
REFUSED ........................................................................ -7
DON’T KNOW ................................................................. -8
CHIS 2001 CHILD SURVEY
Section C

PROGRAMMING NOTE CC5:
IF CAGE < 2, SKIP TO CC8;
ELSE CONTINUE WITH CC5

CC5
About how long has it been since (CHILD NAME / AGE/SEX) last visited a dentist, dental hygienist or orthodontist?

LESS THAN 6 MONTHS AGO .............................................................. 1
6 MONTHS UP TO 1 YEAR AGO ..................................................... 2
1 YEAR UP TO 2 YEARS AGO ...................................................... 3
2 YEARS UP TO 5 YEARS AGO ..................................................... 4 [SKIP TO CC7A]
MORE THAN 5 YEARS AGO ......................................................... 5 [SKIP TO CC7A]
HAS NEVER VISITED .................................................................. 0 [SKIP TO CC7A]
REFUSED .................................................................................. -7 [SKIP TO CC7A]
DON'T KNOW ............................................................................... -8 [SKIP TO CC7A]

CC6
Did (CHILD NAME / AGE/SEX) go for a routine check-up or cleaning or was it for a specific problem?

ROUTINE CHECK-UP OR CLEANING ............................................. 1
HAD A DENTAL PROBLEM ......................................................... 2
BOTH ....................................................................................... 3
OTHER ........................................................................................ 91
REFUSED .................................................................................. -7
DON'T KNOW ............................................................................... -8

CC7A
Do you have any kind of dental insurance for (CHILD NAME / AGE/SEX)?

YES .......................................................................................... 1 [SKIP TO PROGRAMMING NOTE CC8]
NO ............................................................................................ 2
REFUSED .................................................................................. -7
DON'T KNOW ............................................................................... -8

CC7B
Do you use any free community or public dental programs for (CHILD NAME / AGE/SEX)’s dental care?

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

PROGRAMMING NOTE CC8:
IF CAGE => 6, SKIP TO CC10;
ELSE CONTINUE WITH CC8

CC8
When (CHILD NAME / AGE/SEX) goes to sleep or takes a nap, does (he/she/he or she) sleep with something in (his/her/his or her) mouth, like a thumb, bottle or pacifier?

YES .......................................................................................... 1
NO .............................................................................................. 2 [SKIP TO CC10]
REFUSED .................................................................................. -7 [SKIP TO CC10]
DON'T KNOW ............................................................................... -8 [SKIP TO CC10]
CHIS 2001 CHILD SURVEY

Section C

CC9A
What does (he/she/he or she) sleep with?

NURSING AT MOTHER’S BREAST ............................................ 1  [SKIP TO CC10]
BOTTLE ............................................................................ 2
PACIFIER .......................................................................... 3  [SKIP TO CC10]
THUMB/FINGER .................................................................. 4  [SKIP TO CC10]
OTHER ............................................................................. 91[SKIP TO CC10]
REFUSED .......................................................................... 6  [SKIP TO CC10]
DON'T KNOW ................................................................. 7 [SKIP TO CC10]

CC9B
What is in the bottle? (for example, milk, water, juice)

MILK ................................................................................ 1
JUICE OR OTHER SUGARY DRINK ........................................... 2 [SKIP TO PROGRAMMING NOTE CC10]
WATER ............................................................................. 3 [SKIP TO PROGRAMMING NOTE CC10]
OTHER ............................................................................ 91 [SKIP TO PROGRAMMING NOTE CC10]
REFUSED ......................................................................... -7 [SKIP TO PROGRAMMING NOTE CC10]
DON'T KNOW ................................................................. -8 [SKIP TO PROGRAMMING NOTE CC10]

CC9C
Is it usually plain milk, chocolate milk, or milk with sugar added?

PLAIN MILK........................................................................ 1
CHOCOLATE MILK/MILK WITH SUGAR ADDED ............................2
OTHER ............................................................................ 91
REFUSED ......................................................................... -7
DON'T KNOW ................................................................. -8

PROGRAMMING NOTE CC10:
IF CAGE < 2, SKIP TO CD1; ELSE CONTINUE WITH CC10

CC10
Not counting the time (CHILD NAME /AGE/SEX) was in school or day care, please tell me about
the following foods (CHILD NAME /AGE/SEX) ate yesterday. How many glasses of real, 100%
fruit juice did (he/she/he or she) drink yesterday?

[CODE ANY PART OF A GLASS AS ONE GLASS]

_____ GLASSES          [HR: 0-20; SR: 0-9]
REFUSED ......................................................................... -7
DON'T KNOW ................................................................. -8

CC11
How many glasses of milk did (he/she/he or she) drink yesterday?

[CODE ANY PART OF A GLASS AS ONE GLASS]

_____ GLASSES          [HR: 0-20; SR: 0-9]
REFUSED ......................................................................... -7
DON'T KNOW ................................................................. -8
CC12
And how many glasses or cans of soda like Coke or 7-Up (did he/she/he or she) drink yesterday)?

[CODE ANY PART OF A GLASS OR PART OF A CAN OF SODA AS ONE GLASS OR CAN]

_____ GLASSES OR CANS  [HR: 0-20; SR: 0-9]
REFUSED ................................................................. -7
DON’T KNOW ............................................................. -8

CC13
How many servings of fruit, such as an apple or a banana (did he/she/he or she) have yesterday)?

_____ SERVINGS  [HR: 0-20; SR: 0-9]
REFUSED ................................................................. -7
DON’T KNOW ............................................................. -8

CC14
How many servings of potatoes or french fries (did he/she/he or she) have yesterday)?

_____ SERVINGS  [HR: 0-20; SR: 0-5]
REFUSED ................................................................. -7
DON’T KNOW ............................................................. -8

CC15
How many servings of vegetables like corn, green beans, lettuce or other vegetables (did he/she/he or she) have yesterday)?

_____ SERVINGS  [HR: 0-20; SR: 0-4]
REFUSED ................................................................. -7
DON’T KNOW ............................................................. -8
Section D

CD1

The next questions are about where {CHILD NAME /AGE/SEX} goes for health care. Is there a place you USUALLY take {him/her/him or her} to when {he/she/he or she} is sick or you need advice about {his/her/his or her} health?

YES ................................................................................. 1 [SKIP TO PROGRAMMING NOTE CD3]
NO................................................................................... 2
DOCTOR/ HIS/HER DOCTOR .................................................. 3 [SKIP TO PROGRAMMING NOTE CD3]
KAISER............................................................................. 4 [SKIP TO PROGRAMMING NOTE CD3]
MORE THAN ONE PLACE ...................................................... 5 [SKIP TO PROGRAMMING NOTE CD3]
REFUSED......................................................................... -7 [SKIP TO PROGRAMMING NOTE CD3]
DON'T KNOW .................................................................... -8 [SKIP TO PROGRAMMING NOTE CD3]

CD2

What is the ONE main reason {CHILD NAME /AGE/SEX} does NOT have a usual source of health care?

SELDOM OR NEVER GETS SICK ............................................. 1 [SKIP TO CD6]
RECENTLY MOVED INTO THE AREA ........................................2 [SKIP TO CD6]
DON'T KNOW WHERE TO GO FOR CARE...................................3 [SKIP TO CD6]
USUAL PLACE IN THIS AREA NO LONGER AVAILABLE ..................4 [SKIP TO CD6]
CAN'T FIND PROVIDER WHO SPEAKS MY LANGUAGE .................5 [SKIP TO CD6]
LIKES DIFFERENT PLACES FOR HEALTH CARE NEEDS ............6 [SKIP TO CD6]
NO INSURANCE OR LOST INSURANCE .....................................7 [SKIP TO CD6]
DON'T USE DOCTORS/TREAT CHILD MYSELF .........................8 [SKIP TO CD6]
COST OF MEDICAL CARE...................................................... 9 [SKIP TO CD6]
OTHER REASON ………………………………………………………. 91 [SKIP TO CD6]
REFUSED......................................................................... -7 [SKIP TO CD6]
DON'T KNOW..................................................................... -8 [SKIP TO CD6]

PROGRAMMING NOTE CD3:
IF CD1 = (1, 5, -7 OR -8), DISPLAY "What kind of place do you take {him/her/him or her} to most often -- a medical doctor's office";
ELSE IF CD1 = 3, DISPLAY "Is {his/her/his or her} doctor in a private doctor's office";
ELSE IF CD1 = 4, FILL CD3 = 1 AND SKIP TO CD6
ELSE CD1 = -7 OR -8, DISPLAY "What kind of place do you take {him/her/him or her} to most often -- a medical doctor's office";

CD3

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

DOCTOR'S OFFICE/KAISER/OTHER HMO .............................. 1 [SKIP TO CD6]
CLINIC/HEALTH CENTER/HOSPITAL CLINIC ......................... 2
EMERGENCY ROOM ................................................................ 3 [SKIP TO CD6]
SOME OTHER PLACE (SPECIFY): ......................................... 91 [SKIP TO CD6]
NO ONE PLACE .................................................................... 94 [SKIP TO CD6]
REFUSED ........................................................................... -7 [SKIP TO CD6]
DON'T KNOW ...................................................................... -8 [SKIP TO CD6]
CD3B Is it an HMO clinic, a county or government clinic, a community clinic, a hospital clinic or emergency room, a chiropractic clinic, or some other kind of clinic or office?

[IF “SOME OTHER KIND OF CLINIC,” PROBE FOR TYPE.]
- HMO CLINIC/KAISER/PRIVATE DOCTOR'S OFFICE ....................... 1
- COUNTY OR GOVERNMENT CLINIC/COMMUNITY/
  NEIGHBORHOOD CLINIC OR HEALTH CENTER ....................... 2
- HOSPITAL/MEDICAL CENTER OR CLINIC/
  OUTPATIENT DEPARTMENT ............................................... 3
- VA/VETERANS HOSPITAL/MILITARY HOSPITAL OR CLINIC ............ 4
- EMERGENCY ROOM ............................................................ 5
- URGENT CARE CLINIC .......................................................... 6
- CHIROPRACTIC CLINIC OR OFFICE ......................................... 7
- INDIAN HEALTH SERVICE (IHS), TRIBAL
  OR URBAN INDIAN CLINIC ................................................. 8
- SCHOOL CLINIC ................................................................ 9
- OTHER CLINIC OR OFFICE .................................................... 91
- REFUSED ......................................................................... -7
- DON'T KNOW .................................................................... -8

CD6 During the past 12 months, that is since (12 MONTH REF. DATE), how many times has (CHILD NAME /AGE/SEX) seen a medical doctor?

____ TIMES          [HR: 0-365; SR: 0-12]
- REFUSED ......................................................................... -7
- DON'T KNOW .................................................................... -8

PROGRAMMING NOTE CD7:
IF CD6 = (0, -7, -8) (NONE, REF/DK), CONTINUE WITH CD7;
ELSE IF CD6 > 0, SKIP TO CD8

CD7 About how long has it been since (he/she/he or she) last saw a medical doctor?

ONE 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

CD8 Have you received reminders from the doctor or clinic about when it is time for (CHILD NAME /AGE/SEX) to get (his/her/his or her) shots?

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

Page C-14
CHIS 2001 CHILD SURVEY
Section D

CD9
Do you have at your home (CHILD NAME /AGE/SEX)’s official immunization record, the “yellow card”?

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

CD10
Have you ever had difficulties getting shots for (CHILD NAME /AGE/SEX)?

YES ................................................................................. 1
NO ................................................................................... 2 [SKIP TO CD12]
REFUSED .......................................................................... -7 [SKIP TO CD12]
DON’T KNOW ..................................................................... -8 [SKIP TO CD12]

CD11
What difficulties have you experienced getting {his/her/his or her} shots?

[CODE ALL THAT APPLY. CTRL-P TO EXIT]

[PROBE: Any other difficulties?]

CD11_A - H

CD11_1 CHILD CARE .............................................................. 1
CD11_2 GETTING AN APPOINTMENT ...................................... 2
CD11_3 COST ....................................................................... 3
CD11_4 TRANSPORTATION .................................................... 4
CD11_5 KNOWING WHEN THE SHOTS ARE DUE .................... 5
CD11_6 KNOWING WHERE TO GO ........................................... 6
CD11_7 TIME OFF WORK ....................................................... 7
CD11_8 OTHER ...................................................................... 91
REFUSED .......................................................................... -7
DON’T KNOW .................................................................... -8

CD12
During the past 12 months, did (CHILD NAME /AGE/SEX) visit a hospital emergency room?

YES ................................................................................. 1
NO ................................................................................... 2 [SKIP TO CD14]
REFUSED .......................................................................... -7 [SKIP TO CD14]
DON’T KNOW ..................................................................... -8 [SKIP TO CD14]

PROGRAMMING NOTE CD13:
IF ANY CA10A_A THROUGH CA10A_H = 1 (ASTHMA) OR CA12 = 1 (YES), CONTINUE WITH CD13;
ELSE SKIP TO PROGRAMMING NOTE CD13A

CD13
Were any of the visits because of {his/her/his or her} asthma?

YES ................................................................................. 1
NO ................................................................................... 2
REFUSED .......................................................................... -7
DON’T KNOW .................................................................... -8
### CHIS 2001 CHILD SURVEY

**Section D**

**PROGRAMMING NOTE CD13A:**

IF ANY CA10A_A THROUGH CA10A_H = 2 (CEREBRAL PALSY), CONTINUE WITH CD13A;
ELSE SKIP TO PROGRAMMING NOTE CD13B

<table>
<thead>
<tr>
<th>CD13A</th>
<th>(Were any of the visits) ... because of (his/her/his or her) cerebral palsy?</th>
<th>CD13CER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES ............................................................................................... 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO ............................................................................................... 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>REFUSED ................................................................................... -7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ............................................................................. -8</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE CD13B:**

IF ANY CA10A_A THROUGH CA10A_H = 3 (EPILEPSY), CONTINUE WITH CD13B;
ELSE SKIP TO PROGRAMMING NOTE CD13C

<table>
<thead>
<tr>
<th>CD13B</th>
<th>(Were any of the visits) ... because of (his/her/his or her) epilepsy?</th>
<th>CD13EPI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES ............................................................................................... 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO ............................................................................................... 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>REFUSED ................................................................................... -7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ............................................................................. -8</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE CD13C:**

IF ANY CA10A_A THROUGH CA10A_H = 4 (HEARING PROBLEM), CONTINUE WITH CD13C;
ELSE SKIP TO PROGRAMMING NOTE CD13D

<table>
<thead>
<tr>
<th>CD13C</th>
<th>(Were any of the visits) ... because of (his/her/his or her) hearing problem?</th>
<th>CD13HEA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES ............................................................................................... 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO ............................................................................................... 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>REFUSED ................................................................................... -7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ............................................................................. -8</td>
<td></td>
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</tbody>
</table>

**PROGRAMMING NOTE CD13D:**

IF ANY CA10A_A THROUGH CA10A_H = 5 (NEUROMUSCULAR DISORDER), CONTINUE WITH CD13D;
ELSE SKIP TO PROGRAMMING NOTE CD13E

<table>
<thead>
<tr>
<th>CD13D</th>
<th>(Were any of the visits) ... because of (his/her/his or her) neuromuscular disorder?</th>
<th>CD13NEU</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES ............................................................................................... 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO ............................................................................................... 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>REFUSED ................................................................................... -7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ............................................................................. -8</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE CD13E:**

IF ANY CA10A_A THROUGH CA10A_H = 6 (ORTHOPEDIC PROBLEM), CONTINUE WITH CD13E;
ELSE SKIP TO PROGRAMMING NOTE CD13F

<table>
<thead>
<tr>
<th>CD13E</th>
<th>(Were any of the visits) ... because of (his/her/his or her) orthopedic problem?</th>
<th>CD13ORT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES ............................................................................................... 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO ............................................................................................... 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>REFUSED ................................................................................... -7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ............................................................................. -8</td>
<td></td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE CD13F:
IF ANY CA10A_A THROUGH CA10A_H = 7 (VISION PROBLEM), CONTINUE WITH CD13F;
ELSE SKIP TO PROGRAMMING NOTE CD13G

CD13F
(Were any of the visits) ... because of (his/her/his or her) vision problem?

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

PROGRAMMING NOTE CD13G:
IF ANY CA10A_A THROUGH CA10A_H = 8 (OTHER SPECIFY PHYSICAL CONDITION), CONTINUE WITH CD13G;
ELSE SKIP TO PROGRAMMING NOTE CD13M

CD13G
(Were any of the visits) ... because of (his/her/his or her) (OTHER SPECIFY PHYSICAL CONDITION)?

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

PROGRAMMING NOTE CD13M:
IF CB1 = 1 (YES, SERIOUS INJURY), CONTINUE WITH CD13M;
ELSE SKIP TO PROGRAMMING NOTE CD13N

CD13M
(Were any of the visits) ... because of (his/her/his or her) injury that we talked about before?

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

PROGRAMMING NOTE CD13N:
IF [CA10 = 1 (YES, PHYSICAL CONDITION) OR 3 (YES, BOTH)] AND CA10A_A = -7 OR -8 (REF/DK), CONTINUE WITH CD13N;
ELSE SKIP TO PROGRAMMING NOTE CD13Q

CD13N
(Were any of the visits) ... because of (his/her/his or her) physical condition that we talked about before?

YES .................................................................1
NO .................................................................2
REFUSED ..........................................................-7
DON'T KNOW ...................................................-8
**PROGRAMMING NOTE CD13Q:**
IF CA10 = 91 (OTHER SPECIFY), CONTINUE WITH CD13Q;
ELSE SKIP TO CD14

<table>
<thead>
<tr>
<th><strong>CD13Q</strong></th>
<th>(Were any of the visits) ... because of (his/her/his or her) (OTHER SPECIFY CONDITION FROM CA10)?</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>

**CD14**
During the past 12 months, was (CHILD NAME /AGE/SEX) a patient in a hospital overnight or longer?

<table>
<thead>
<tr>
<th><strong>CD14</strong></th>
<th>.................................................................................................. 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>.................................................................................................................. 1</td>
</tr>
<tr>
<td>NO</td>
<td>.................................................................................................................. 2 [SKIP TO CD16]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>.................................................................................................................. -7 [SKIP TO CD16]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>........................................................................................................... -8 [SKIP TO CD16]</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE CD15:**
IF ANY CA10A_A THROUGH CA10A_H = 1 (ASTHMA) OR CA12 = 1 (YES), CONTINUE WITH CD15;
ELSE SKIP TO PROGRAMMING NOTE CD15A

<table>
<thead>
<tr>
<th><strong>CD15</strong></th>
<th>Was (he/she/he or she) hospitalized because of (his/her/his or her) asthma?</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>

**PROGRAMMING NOTE CD15A:**
IF ANY CA10A_A THROUGH CA10A_H = 2 (CEREBRAL PALSY), CONTINUE WITH CD15A;
ELSE SKIP TO PROGRAMMING NOTE CD15B

<table>
<thead>
<tr>
<th><strong>CD15A</strong></th>
<th>(Was (he/she/he or she) hospitalized) ... because of (his/her/his or her) cerebral palsy?</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>

**PROGRAMMING NOTE CD15B:**
IF ANY CA10A_A THROUGH CA10A_H = 3 (EPILEPSY), CONTINUE WITH CD15B;
ELSE SKIP TO PROGRAMMING NOTE CD15C

<table>
<thead>
<tr>
<th><strong>CD15B</strong></th>
<th>(Was (he/she/he or she) hospitalized) ... because of (his/her/his or her) epilepsy?</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>
CHIS 2001 CHILD SURVEY

Section D

PROGRAMMING NOTE CD15C:
IF ANY CA10A_A THROUGH CA10A_H = 4 (HEARING PROBLEM), CONTINUE WITH CD15C;
ELSE SKIP TO PROGRAMMING NOTE CD15D

CD15C
CD15C (Was (he/she/he or she) hospitalized) ... because of (his/her/his or her) hearing problem? CD15HEA

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

PROGRAMMING NOTE CD15D:
IF ANY CA10A_A THROUGH CA10A_H = 5 (NEUROMUSCULAR DISORDER), CONTINUE WITH CD15D;
ELSE SKIP TO PROGRAMMING NOTE CD15E

CD15D
CD15D (Was (he/she/he or she) hospitalized) ... because of (his/her/his or her) neuromuscular CD15NEU

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

PROGRAMMING NOTE CD15E:
IF ANY CA10A_A THROUGH CA10A_H = 6 (ORTHOPEDIC PROBLEM), CONTINUE WITH CD15E;
ELSE SKIP TO PROGRAMMING NOTE CD15F

CD15E
CD15E (Was (he/she/he or she) hospitalized) ... because of (his/her/his or her) orthopedic problem? CD15ORT

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

PROGRAMMING NOTE CD15F:
IF ANY CA10A_A THROUGH CA10A_H = 7 (VISION PROBLEM), CONTINUE WITH CD15F;
ELSE SKIP TO PROGRAMMING NOTE CD15G

CD15F
CD15F (Was (he/she/he or she) hospitalized) ... because of (his/her/his or her) vision problem? CD15VIS

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

PROGRAMMING NOTE CD15G:
IF ANY CA10A_A THROUGH CA10A_H = 8 (OTHER SPECIFY PHYSICAL CONDITION), CONTINUE WITH CD15G;
ELSE SKIP TO PROGRAMMING NOTE CD15M

CD15G
CD15G (Was (he/she/he or she) hospitalized) ... because of (his/her/his or her) {OTHER SPECIFY PHYSICAL CONDITION}? CD15PHS

YES ................................................................................. 1
NO................................................................................... 2
REFUSED......................................................................... -7
DON’T KNOW ................................................................. -8
PROGRAMMING NOTE CD15M:
IF CB1 = 1 (YES, SERIOUS INJURY), CONTINUE WITH CD15M;
ELSE SKIP TO PROGRAMMING NOTE CD15N

CD15M
CD15M (Was (he/she/he or she) hospitalized) ... because of (his/her/his or her) injury that we talked about before?

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

PROGRAMMING NOTE CD15N:
IF [CA10 = 1 (YES, PHYSICAL CONDITION) OR 3 (YES, BOTH)] AND CA10A_A = -7 OR -8 (REF/DK), CONTINUE WITH CD15N;
ELSE SKIP TO PROGRAMMING NOTE CD15Q

CD15N
CD15N (Was (he/she/he or she) hospitalized) ... because of (his/her/his or her) physical condition that we talked about before?

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

PROGRAMMING NOTE CD15Q:
IF CA10 = 91 (OTHER SPECIFY), CONTINUE WITH CD15Q;
ELSE SKIP TO CD16

CD15Q
CD15Q (Was (he/she/he or she) hospitalized) ... because of (his/her/his or her) (OTHER SPECIFY CONDITION FROM CA10)?

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

CD16
CD16 During the past 12 months, did you take (CHILD NAME /AGE/SEX) to another country, such as Mexico or any other country, for either medical or dental care?

YES ................................................................................. 1
NO ................................................................................... 2 [SKIP TO CD18C]
REFUSED ......................................................................... -7 [SKIP TO CD18C]
DON'T KNOW ................................................................. -8 [SKIP TO CD18C]

CD17
CD17 Was this for medical care, or dental care, or both?

MEDICAL ................................................................. 1
DENTAL ................................................................. 2 [SKIP TO CD18B
BOTH ................................................................. 3
REFUSED ................................................................. -7 [SKIP TO CD18C]
DON'T KNOW ................................................................. -8 [SKIP TO CD18C]
CHIS 2001 CHILD SURVEY  
Section D

CD18A  
And what country did you take {him/her/him or her} to for medical care?  
MEXICO ................................................................. 1  
ANOTHER COUNTRY .............................................. 2  
BOTH MEXICO AND ANOTHER COUNTRY ..................... 3  
REFUSED .................................................................. -7  
DON'T KNOW .......................................................... -8  

PROGRAMMING NOTE CD18B:  
IF CD17 <> 2 (DENTAL) OR 3 (BOTH), SKIP TO CD18C;  
ELSE CONTINUE WITH CD18B

CD18B  
And what country did you take {him/her/him or her} to for dental care?  
MEXICO ................................................................. 1  
ANOTHER COUNTRY .............................................. 2  
BOTH MEXICO AND ANOTHER COUNTRY ..................... 3  
REFUSED .................................................................. -7  
DON'T KNOW .......................................................... -8

CD18C  
And during the past 12 months, did you or anyone else go to another country, such as Mexico or any other country, to buy any prescription medicine for {him/her/him or her}?  
YES .............................................................................. 1  
NO.............................................................................. 2  [SKIP TO PROGRAMMING NOTE CD19]  
REFUSED .................................................................. -7  [SKIP TO PROGRAMMING NOTE CD19]  
DON'T KNOW .......................................................... -8  [SKIP TO PROGRAMMING NOTE CD19]

CD18D  
And what country was that?  
MEXICO ................................................................. 1  
ANOTHER COUNTRY .............................................. 2  
BOTH MEXICO AND ANOTHER COUNTRY ..................... 3  
REFUSED .................................................................. -7  
DON'T KNOW .......................................................... -8  

PROGRAMMING NOTE CD19:  
IF CD7 = 5 (NEVER), SKIP TO CD22;  
ELSE CONTINUE WITH CD19

CD19  
The LAST time {CHILD NAME /AGE/SEX} visited a doctor, what kind of a place was it--a MEDICAL doctor's office, a clinic or hospital clinic, an emergency room, or some other place?  
[IF R GIVES SPECIFIC NAME OF PLACE, PROBE ONCE FOR CATEGORIES; IF R CONTINUES TO GIVE SPECIFIC NAME, CODE AS "SOME OTHER PLACE (SPECIFY)." ]  
DOCTOR'S OFFICE/KAISER/OTHER HMO ................................. 1  [SKIP TO CD22]  
CLINIC/HEALTH CENTER/HOSPITAL CLINIC ............................ 2  
EMERGENCY ROOM .................................................... 3  [SKIP TO CD22]  
SOME OTHER PLACE (SPECIFY): ______________________________ 91 [SKIP TO CD22]  
REFUSED .................................................................. -7 [SKIP TO CD22]  
DON'T KNOW .......................................................... -8 [SKIP TO CD22]
On Dec. 20, 2000, the end of the question text for CD20 was changed from "some other kind of place" to "some other clinic or office."

CD20

Was it an HMO clinic, a county or government clinic, a community clinic, a hospital clinic or emergency room, a chiropractic clinic, or some other clinic or office?

[IF “SOME OTHER KIND OF PLACE”, PROBE FOR TYPE; READ LIST ONLY IF NECESSARY]

- HMO CLINIC/KAISER/PRIVATE DOCTOR’S OFFICE ....................... 1
- COUNTY OR GOVERNMENT CLINIC/COMMUNITY/
  NEIGHBORHOOD CLINIC OR HEALTH CENTER ....................... 2
- HOSPITAL/MEDICAL CENTER OR CLINIC/
  OUTPATIENT DEPARTMENT............................................... 3
- VA/VETERANS HOSPITAL/MILITARY HOSPITAL OR CLINIC ............ 4
- EMERGENCY ROOM ............................................................ 5
- URGENT CARE CLINIC........................................................ 6
- CHIROPRACTIC CLINIC OR OFFICE ......................................... 7
- INDIAN HEALTH SERVICE (IHS), TRIBAL
  OR URBAN INDIAN CLINIC ................................................. 8
- SCHOOL CLINIC.................................................................. 9
- OTHER CLINIC OR OFFICE .................................................... 91
- REFUSED.......................................................................... -7
- DON’T KNOW ..................................................................... -8

On Dec. 20, 2000, the question text for CD22 was changed from "talk to" to "see or talk to."

CD22

Other than a medical doctor, did you see or talk to any OTHER kind of health person about {CHILD NAME /AGE/SEX} during the PAST 12 MONTHS?

[IF NEEDED, SAY: "A health person such as an acupuncturist, a nurse practitioner, a physician assistant, a chiropractor, an herbalist, a pharmacist, a healer, a botanica or some other type?"]

- YES ................................................................................. 1
- NO................................................................................... 2 [SKIP TO CE1]
- REFUSED.......................................................................... -7 [SKIP TO CE1]
- DON’T KNOW ..................................................................... -8 [SKIP TO CE1]
**CD23**  
**What OTHER kinds of health persons did you see or talk to about (him/her/him or her)?**

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: “Any others?”]

[IF NEEDED, PROBE FOR TYPE OF PERSON OR PROFESSIONAL.]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ACUPUNCTURIST</td>
</tr>
<tr>
<td>2</td>
<td>CHIROPRACTOR</td>
</tr>
<tr>
<td>3</td>
<td>HERBALIST, HERBAL HEALER, BOTANICA</td>
</tr>
<tr>
<td>4</td>
<td>NATUROPATH, HOMEOPATH</td>
</tr>
<tr>
<td>5</td>
<td>SPIRITUALIST</td>
</tr>
<tr>
<td>6</td>
<td>NURSE, NURSE PRACTITIONER, NURSE MIDWIFE</td>
</tr>
<tr>
<td>7</td>
<td>MIDWIFE NON-NURSE</td>
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</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>
On Dec. 20, 2000, the word "medicine" was replaced with "prescription" in CE1

CE1

During the past 12 months, did you delay or not get a prescription that a doctor ordered for [CHILD NAME /AGE/SEX]?

YES ................................................................. 1 [IF NO CONDITION OR INJURY, SKIP TO CE3]

NO................................................................. 2 [SKIP TO CE4]

REFUSED .......................................................... -7 [SKIP TO CE4]

DON'T KNOW .................................................. -8 [SKIP TO CE4]

On Dec. 20, 2000, the word "medicine" was deleted from the question text for CE2.

PROGRAMMING NOTE CE2:
IF ANY CA10A_A THROUGH CA10A_H = 1 (ASTHMA) OR CA12 = 1 (YES), CONTINUE WITH CE2; ELSE SKIP TO PROGRAMMING NOTE CE2A

CE2

When that happened, was the prescription related to [CHILD NAME /AGE/SEX]'s asthma?

YES ................................................................. 1

NO................................................................. 2

REFUSED .......................................................... -7

DON'T KNOW .................................................. -8

PROGRAMMING NOTE CE2A:
IF ANY CA10A_A THROUGH CA10A_H = 2 (CEREBRAL PALSY), CONTINUE WITH CE2A; ELSE SKIP TO PROGRAMMING NOTE CE2B

CE2A

(When that happened, was the prescription medicine related to) ... [CHILD NAME /AGE/SEX]'s cerebral palsy?

YES ................................................................. 1

NO................................................................. 2

REFUSED .......................................................... -7

DON'T KNOW .................................................. -8

PROGRAMMING NOTE CE2B:
IF ANY CA10A_A THROUGH CA10A_H = 3 (EPILEPSY), CONTINUE WITH CE2B; ELSE SKIP TO PROGRAMMING NOTE CE2C

CE2B

(When that happened, was the prescription medicine related to) ... [CHILD NAME /AGE/SEX]'s epilepsy?

YES ................................................................. 1

NO................................................................. 2

REFUSED .......................................................... -7

DON'T KNOW .................................................. -8
PROGRAMMING NOTE CE2C:
IF ANY CA10A_A THROUGH CA10A_H = 4 (HEARING PROBLEM), CONTINUE WITH CE2C;
ELSE SKIP TO PROGRAMMING NOTE CE2D

CE2C

CE2C (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s hearing problem?

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

PROGRAMMING NOTE CE2D:
IF ANY CA10A_A THROUGH CA10A_H = 5 (NEUROMUSCULAR DISORDER), CONTINUE WITH CE2D;
ELSE SKIP TO PROGRAMMING NOTE CE2E

CE2D

CE2D (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s neuromuscular disorder?

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

PROGRAMMING NOTE CE2E:
IF ANY CA10A_A THROUGH CA10A_H = 6 (ORTHOPEDIC PROBLEM), CONTINUE WITH CE2E;
ELSE SKIP TO PROGRAMMING NOTE CE2F

CE2E

CE2E (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s orthopedic problem?

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

PROGRAMMING NOTE CE2F:
IF ANY CA10A_A THROUGH CA10A_H = 7 (VISION PROBLEM), CONTINUE WITH CE2F;
ELSE SKIP TO PROGRAMMING NOTE CE2G

CE2F

CE2F (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s vision problem?

YES ................................................................................. 1
NO................................................................................... 2
REFUSED .......................................................................... -7
DON'T KNOW ................................................................. -8
PROGRAMMING NOTE CE2G:
IF ANY CA10A_A THROUGH CA10A_H = 8 (OTHER SPECIFY PHYSICAL CONDITION), CONTINUE WITH CE2G;
ELSE SKIP TO PROGRAMMING NOTE CE2H

CE2G
(When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s
(OTHER SPECIFY PHYSICAL CONDITION)?

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

PROGRAMMING NOTE CE2H:
IF CA10B = 1 (AUTISM), CONTINUE WITH CE2H;
ELSE SKIP TO PROGRAMMING NOTE CE2I

CE2H
(When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s
autism?

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

PROGRAMMING NOTE CE2I:
IF CA10B = 2 (ADD/ADHD) OR CA11 = 1 (YES), CONTINUE WITH CE2I;
ELSE SKIP TO PROGRAMMING NOTE CE2J

CE2I
(When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s
attention deficit disorder?

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

PROGRAMMING NOTE CE2J:
IF CA10B = 3 (LEARNING DISABILITY), CONTINUE WITH CE2J;
ELSE SKIP TO PROGRAMMING NOTE CE2K

CE2J
(When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s
learning disability?

YES .................................................................1
NO ..................................................................2
REFUSED .....................................................-7
DON'T KNOW ...............................................-8
**CHIS 2001 CHILD SURVEY**

**Section E**

**PROGRAMMING NOTE CE2K:**
IF CA10B = 4 (MENTAL RETARDATION), CONTINUE WITH CE2K;
ELSE SKIP TO PROGRAMMING NOTE CE2L

<table>
<thead>
<tr>
<th>CE2K</th>
<th>(When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s mental retardation?</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>

**PROGRAMMING NOTE CE2L:**
IF CA10B = 5 (OTHER SPECIFY BEHAVIORAL/MENTAL CONDITION), CONTINUE WITH CE2L;
ELSE SKIP TO PROGRAMMING NOTE CE2M

<table>
<thead>
<tr>
<th>CE2L</th>
<th>(When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s {OTHER SPECIFY BEHAVIORAL OR MENTAL CONDITION}?</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>

**PROGRAMMING NOTE CE2M:**
IF CB1 = 1 (YES, SERIOUS INJURY), CONTINUE WITH CE2M;
ELSE SKIP TO PROGRAMMING NOTE CE2N

<table>
<thead>
<tr>
<th>CE2M</th>
<th>(When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s injury that we talked about before?</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>

**PROGRAMMING NOTE CE2N:**
IF [CA10 = 1 (YES, PHYSICAL CONDITION) OR 3 (YES, BOTH)] AND CA10A_A = -7 OR -8 (REF/DK), CONTINUE WITH CE2N;
ELSE SKIP TO PROGRAMMING NOTE CE2O

<table>
<thead>
<tr>
<th>CE2N</th>
<th>(When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s physical condition that we talked about before?</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>
CHIS 2001 CHILD SURVEY

Section E

PROGRAMMING NOTE CE2O:
IF [CA10 = 2 (YES, BEHAVIORAL/MENTAL CONDITION) OR 3 (YES, BOTH)] AND CA10B = -7 OR –8 (REF/DK), CONTINUE WITH CE2O; ELSE SKIP TO PROGRAMMING NOTE CE2Q

CE2O

CE2O (When that happened, was the prescription medicine related to) … {CHILD NAME / AGE / SEX}’s behavioral or mental condition that we talked about before?

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

PROGRAMMING NOTE CE2Q:
IF CA10 = 91 (OTHER SPECIFY), CONTINUE WITH CE2Q; ELSE SKIP TO CE3

CE2Q

CE2Q (When that happened, was the prescription medicine related to) … {CHILD NAME / AGE / SEX}’s {OTHER SPECIFY CONDITION FROM CA10}?

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

CE3

CE3 Why did you delay or not get the prescription for {him/her/him or her}? [CODE ALL THAT APPLY. CTRL-P TO EXIT.] [PROBE: “Any other reasons?”]

CE3_1 COULDN’T AFFORD/COST TOO MUCH .............................................. 1
CE3_2 NO INSURANCE ................................................................. 2
CE3_3 PHARMACY WOULDN’T TAKE/ACCEPT MY INSURANCE .......... 3
CE3_4 INSURANCE WOULDN’T APPROVE, COVER, PAY FOR CARE .... 4
CE3_5 TOOK A FRIEND/FAMILY’S MEDICINE WE ALREADY HAD ....... 5
CE3_6 LANGUAGE PROBLEMS .................................................... 6
CE3_7 TRANSPORTATION PROBLEMS ....................................... 7
CE3_8 HOURS NOT CONVENIENT .............................................. 8
CE3_9 NO CHILD CARE FOR CHILDREN AT HOME ....................... 9
CE3_10 PROCRASTINATION/LAZY ............................................. 10
CE3_11 FORGOT/LOST PRESCRIPTION .................................. 11
CE3_12 OTHER ........................................................................ 91
REFUSED ........................................................................ -7
DON’T KNOW ................................................................. -8

CE4

CE4 During the past 12 months, did you delay or not get a test or treatment that a doctor ordered for {CHILD NAME / AGE / SEX}?

YES ................................................................................. 1 [IF NO CONDITION OR INJURY, SKIP TO CE6]
NO................................................................................... 2 [SKIP TO CE7]
REFUSED ........................................................................ -7 [SKIP TO CE7]
DON’T KNOW ................................................................. -8 [SKIP TO CE7]
**CHIS 2001 CHILD SURVEY**

**Section E**

**PROGRAMMING NOTE CE5:**
IF ANY CA10A_A THROUGH CA10A_H = 1 (ASTHMA) OR CA12 = 1 (YES), CONTINUE WITH CE5;
ELSE SKIP TO PROGRAMMING NOTE CE5A

**CE5**

<table>
<thead>
<tr>
<th>CE5AST</th>
<th>When that happened, was the test or treatment related to (CHILD NAME /AGE/SEX)’s asthma?</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>

**PROGRAMMING NOTE CE5A:**
IF ANY CA10A_A THROUGH CA10A_H = 2 (CEREBRAL PALSY), CONTINUE WITH CE5A;
ELSE SKIP TO PROGRAMMING NOTE CE5B

**CE5A**

<table>
<thead>
<tr>
<th>CE5CER</th>
<th>(When that happened, was the test or treatment related to) ... (CHILD NAME /AGE/SEX)’s cerebral palsy?</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>

**PROGRAMMING NOTE CE5B:**
IF ANY CA10A_A THROUGH CA10A_H = 3 (EPILEPSY), CONTINUE WITH CE5B;
ELSE SKIP TO PROGRAMMING NOTE CE5C

**CE5B**

<table>
<thead>
<tr>
<th>CE5EPI</th>
<th>(When that happened, was the test or treatment related to) ... (CHILD NAME /AGE/SEX)’s epilepsy?</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>

**PROGRAMMING NOTE CE5C:**
IF ANY CA10A_A THROUGH CA10A_H = 4 (HEARING PROBLEM), CONTINUE WITH CE5C;
ELSE SKIP TO PROGRAMMING NOTE CE5D

**CE5C**

<table>
<thead>
<tr>
<th>CE5HEA</th>
<th>(When that happened, was the test or treatment related to) ... (CHILD NAME /AGE/SEX)’s hearing problem?</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>

**PROGRAMMING NOTE CE5D:**
IF ANY CA10A_A THROUGH CA10A_H = 5 (NEUROMUSCULAR DISORDER), CONTINUE WITH CE5D;
ELSE SKIP TO PROGRAMMING NOTE CE5E

**CE5D**

<table>
<thead>
<tr>
<th>CE5NEU</th>
<th>(When that happened, was the test or treatment related to) ... (CHILD NAME /AGE/SEX)’s neuromuscular disorder?</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>
CHIS 2001 CHILD SURVEY
Section E

PROGRAMMING NOTE CE5E:
IF ANY CA10A_A THROUGH CA10A_H = 6 (ORTHOPEGIC PROBLEM), CONTINUE WITH CE5E;
ELSE SKIP TO PROGRAMMING NOTE CE5F

CE5E

(When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}’s orthopedic problem?

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

PROGRAMMING NOTE CE5F:
IF ANY CA10A_A THROUGH CA10A_H = 7 (VISION PROBLEM), CONTINUE WITH CE5F;
ELSE SKIP TO PROGRAMMING NOTE CE5G

CE5F

(When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}’s vision problem?

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

PROGRAMMING NOTE CE5G:
IF ANY CA10A_A THROUGH CA10A_H = 8 (OTHER SPECIFY PHYSICAL CONDITION), CONTINUE WITH CE5G;
ELSE SKIP TO PROGRAMMING NOTE CE5H

CE5G

(When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}’s {OTHER SPECIFY PHYSICAL CONDITION}?

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

PROGRAMMING NOTE CE5H:
IF CA10B = 1 (AUTISM), CONTINUE WITH CE5H;
ELSE SKIP TO PROGRAMMING NOTE CE5I

CE5H

(When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}’s autism?

YES ................................................................. 1
NO ........................................................................... 2
REFUSED ............................................................... -7
DON’T KNOW ....................................................... -8
CE5I

(When that happened, was the test or treatment related to) ... (CHILD NAME /AGE/SEX)’s attention deficit disorder?

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

CE5J

(When that happened, was the test or treatment related to) ... (CHILD NAME /AGE/SEX)’s learning disability?

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

CE5K

(When that happened, was the test or treatment related to) ... (CHILD NAME /AGE/SEX)’s mental retardation?

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

CE5L

(When that happened, was the test or treatment related to) ... (CHILD NAME /AGE/SEX)’s (OTHER SPECIFY BEHAVIORAL OR MENTAL CONDITION)?

YES ................................................................................. 1
NO................................................................................... 2
REFUSED......................................................................... -7
DON’T KNOW ...................................................................... -8
PROGRAMMING NOTE CE5M:
IF CB1 = 1 (YES, SERIOUS INJURY), CONTINUE WITH CE5M;
ELSE SKIP TO PROGRAMMING NOTE CE5N

CE5M
(When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s injury
CE5INJ

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

PROGRAMMING NOTE CE5N:
IF [CA10 = 1 (YES, PHYSICAL CONDITION) OR 3 (YES, BOTH)] AND CA10A_A = -7 OR -8 (REF/DK), CONTINUE
WITH CE5N;
ELSE SKIP TO PROGRAMMING NOTE CE5O

CE5N
(When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s
physical condition that we talked about before?
CE5PHY

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

PROGRAMMING NOTE CE5O:
IF [CA10 = 2 (YES, BEHAVIORAL/MENTAL CONDITION) OR 3 (YES, BOTH)] AND CA10B = -7 OR -8 (REF/DK),
CONTINUE WITH CE5O;
ELSE SKIP TO PROGRAMMING NOTE CE5Q

CE5O
(When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s
behavioral or mental condition that we talked about before?
CE5MEN

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

PROGRAMMING NOTE CE5Q:
IF CA10 = 91 (OTHER SPECIFY), CONTINUE WITH CE5Q;
ELSE SKIP TO CE6

CE5Q
(When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s
OTHER SPECIFY CONDITION FROM CA10?
CE5OTH

YES ................................................................................. 1
NO................................................................................... 2
REFUSED ...................................................................... -7
DON'T KNOW ................................................................. -8
### CE6

**Why did you delay or not get the test or treatment?**

**[CODE ALL THAT APPLY. CTRL-P TO EXIT.]**

**[PROBE: "Any other reasons?"]**

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>COULDN'T AFFORD/COST TOO MUCH</td>
</tr>
<tr>
<td>2</td>
<td>NO INSURANCE</td>
</tr>
<tr>
<td>3</td>
<td>THEY WOULDN'T TAKE/ACCEPT MY INSURANCE</td>
</tr>
<tr>
<td>4</td>
<td>INSURANCE WOULDN'T APPROVE, COVER, PAY FOR CARE</td>
</tr>
<tr>
<td>5</td>
<td>LANGUAGE PROBLEMS</td>
</tr>
<tr>
<td>6</td>
<td>TRANSPORTATION PROBLEMS</td>
</tr>
<tr>
<td>7</td>
<td>HOURS NOT CONVENIENT</td>
</tr>
<tr>
<td>8</td>
<td>NO CHILD CARE FOR CHILDREN AT HOME</td>
</tr>
<tr>
<td>9</td>
<td>PROCRASTINATION/LAZY</td>
</tr>
<tr>
<td>10</td>
<td>FORGOT/LOST REFERRAL</td>
</tr>
<tr>
<td>11</td>
<td>OTHER</td>
</tr>
</tbody>
</table>

*Refused*

*Don't know*

### CE7

**During the past 12 months, did you delay or not get any other medical care that you felt (he/she/he or she) needed—such as seeing a doctor, a specialist or other health professional?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Programming Note CE8:**

*If any CA10A_A through CA10A_H = 1 (Asthma) or CA12 = 1 (Yes), continue with CE8; else skip to Programming Note CE8A*

### CE8

**When this happened, was this care related to (CHILD NAME /AGE/SEX)’s asthma?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Programming Note CE8A:**

*If any CA10A_A through CA10A_H = 2 (Cerebral Palsy), continue with CE8A; else skip to Programming Note CE8B*

### CE8A

**When this happened, was this care related to (CHILD NAME /AGE/SEX)’s cerebral palsy?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE CE8B:
IF ANY CA10A_A THROUGH CA10A_H = 3 (EPILEPSY), CONTINUE WITH CE8B; ELSE SKIP TO PROGRAMMING NOTE CE8C

CE8B
(When this happened, was this care related to) ... (CHILD NAME /AGE/SEX)'s epilepsy?  
YES ................................................................. 1  
NO ........................................................................ 2  
REFUSED .............................................................. -7  
DON'T KNOW ....................................................... -8

PROGRAMMING NOTE CE8C:
IF ANY CA10A_A THROUGH CA10A_H = 4 (HEARING PROBLEM), CONTINUE WITH CE8C; ELSE SKIP TO PROGRAMMING NOTE CE8D

CE8C
(When this happened, was this care related to) ... (CHILD NAME /AGE/SEX)'s hearing problem?  
YES ................................................................. 1  
NO ........................................................................ 2  
REFUSED .............................................................. -7  
DON'T KNOW ....................................................... -8

PROGRAMMING NOTE CE8D:
IF ANY CA10A_A THROUGH CA10A_H = 5 (NEUROMUSCULAR DISORDER), CONTINUE WITH CE8D; ELSE SKIP TO PROGRAMMING NOTE CE8E

CE8D
(When this happened, was this care related to) ... (CHILD NAME /AGE/SEX)'s neuromuscular disorder?  
YES ................................................................. 1  
NO ........................................................................ 2  
REFUSED .............................................................. -7  
DON'T KNOW ....................................................... -8

PROGRAMMING NOTE CE8E:
IF ANY CA10A_A THROUGH CA10A_H = 6 (ORTHOPEDIC PROBLEM), CONTINUE WITH CE8E; ELSE SKIP TO PROGRAMMING NOTE CE8F

CE8E
(When this happened, was this care related to) ... (CHILD NAME /AGE/SEX)'s orthopedic problem?  
YES ................................................................. 1  
NO ........................................................................ 2  
REFUSED .............................................................. -7  
DON'T KNOW ....................................................... -8

PROGRAMMING NOTE CE8F:
IF ANY CA10A_A THROUGH CA10A_H = 7 (VISION PROBLEM), CONTINUE WITH CE8F; ELSE SKIP TO PROGRAMMING NOTE CE8G

CE8F
(When this happened, was this care related to) ... (CHILD NAME /AGE/SEX)'s vision problem?  
YES ................................................................. 1  
NO ........................................................................ 2  
REFUSED .............................................................. -7  
DON'T KNOW ....................................................... -8
PROGRAMMING NOTE CE8G:
IF ANY CA10A_A THROUGH CA10A_H = 8 (OTHER SPECIFY PHYSICAL CONDITION), CONTINUE WITH CE8G;
ELSE SKIP TO PROGRAMMING NOTE CE8H

CE8G
CE8G (When this happened, was this care related to) ... (CHILD NAME /AGE/SEX)’s (OTHER SPECIFY PHYSICAL CONDITION)?

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

PROGRAMMING NOTE CE8H:
IF CA10B = 1 (AUTISM), CONTINUE WITH CE8H;
ELSE SKIP TO PROGRAMMING NOTE CE8I

CE8H
CE8H (When this happened, was this care related to) ... (CHILD NAME /AGE/SEX)’s autism?

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

PROGRAMMING NOTE CE8I:
IF CA10B = 2 (ADD/ADHD) OR CA11 = 1 (YES), CONTINUE WITH CE8I;
ELSE SKIP TO PROGRAMMING NOTE CE8J

CE8I
CE8I (When this happened, was this care related to) ... (CHILD NAME /AGE/SEX)’s attention deficit disorder?

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

PROGRAMMING NOTE CE8J:
IF CA10B = 3 (LEARNING DISABILITY), CONTINUE WITH CE8J;
ELSE SKIP TO PROGRAMMING NOTE CE8K

CE8J
CE8J (When this happened, was this care related to) ... (CHILD NAME /AGE/SEX)’s learning disability?

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

PROGRAMMING NOTE CE8K:
IF CA10B = 4 (MENTAL RETARDATION), CONTINUE WITH CE8K;
ELSE SKIP TO PROGRAMMING NOTE CE8

CE8K
CE8K (When this happened, was this care related to) ... (CHILD NAME /AGE/SEX)’s mental retardation?

YES ................................................................................. 1
NO. .................................................................................... 2
REFUSED ......................................................................... -7
DON’T KNOW ...................................................................... -8
### PROGRAMMING NOTE CE8L:

**IF CA10B = 5 (OTHER SPECIFY BEHAVIORAL/MENTAL CONDITION), CONTINUE WITH CE8L;**

**ELSE SKIP TO PROGRAMMING NOTE CE8M**

#### CE8L

**(When this happened, was this care related to) ... (CHILD NAME /AGE/SEX)'s (OTHER SPECIFY BEHAVIORAL OR MENTAL CONDITION)?**

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<th>Code</th>
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<tr>
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### PROGRAMMING NOTE CE8M:

**IF CB1 = 1 (YES, SERIOUS INJURY), CONTINUE WITH CE8M;**

**ELSE SKIP TO PROGRAMMING NOTE CE8N**

#### CE8M

**(When this happened, was this care related to) ... (CHILD NAME /AGE/SEX)'s injury that we talked about before?**

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</table>

### PROGRAMMING NOTE CE8N:

**IF [CA10 = 1 (YES, PHYSICAL CONDITION) OR 3 (YES, BOTH)] AND CA10A_A = -7 OR -8 (REF/DK), CONTINUE WITH CE8N;**

**ELSE SKIP TO PROGRAMMING NOTE CE8O**

#### CE8N

**(When this happened, was this care related to) ... (CHILD NAME /AGE/SEX)'s physical condition that we talked about before?**

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<th>Code</th>
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</thead>
<tbody>
<tr>
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<td>1</td>
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<td>REFUSED</td>
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<tr>
<td>DON'T KNOW</td>
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</tbody>
</table>

### PROGRAMMING NOTE CE8O:

**IF [CA10 = 2 (YES, BEHAVIORAL/MENTAL CONDITION) OR 3 (YES, BOTH)] AND CA10B = -7 OR -8 (REF/DK), CONTINUE WITH CE8O;**

**ELSE SKIP TO PROGRAMMING NOTE CE8Q**

#### CE8O

**(When this happened, was this care related to) ... (CHILD NAME /AGE/SEX)'s behavioral or mental condition that we talked about before?**

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<tr>
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<th>Code</th>
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<tr>
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</table>
PROGRAMMING NOTE CE8Q: 
IF CA10 = 91 (OTHER SPECIFY), CONTINUE WITH CE8Q; 
ELSE SKIP TO CE9

CE8Q

(When this happened, was this care related to) … (CHILD NAME /AGE/SEX)’s (OTHER SPECIFY CONDITION FROM CA10)?

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

CE9

Why did you delay or not get the care you felt (CHILD NAME /AGE/SEX) needed? 

[CODE ALL THAT APPLY. CTRL-P TO EXIT.] 
[PROBE: “Any other reasons?”]

CE9_1  COULDN’T AFFORD/COST TOO MUCH .................. 1
CE9_2  NO INSURANCE ................................................ 2
CE9_3  THEY WOULDN’T TAKE/ACCEPT MY INSURANCE ........ 3
CE9_4  INSURANCE WOULDN’T APPROVE, COVER, PAY FOR CARE .... 4
CE9_5  LANGUAGE PROBLEMS ..................................... 5
CE9_6  TRANSPORTATION PROBLEMS ............................. 6
CE9_7  HOURS NOT CONVENIENT ................................ 7
CE9_8  NO CHILD CARE FOR CHILDREN AT HOME ............. 8
CE9_9  PROCRASTINATION/LAZY .................................. 9
CE9_10 FORGOT/LOST REFERRAL ................................. 10
CE9_11 OTHER .......................................................... 91
REFUSED .................................................................. -7
DON’T KNOW ...................................................... -8

CE10

Thinking of your experiences with receiving health care in the past 12 months for (CHILD NAME /AGE/SEX), have you felt that you were discriminated against for any reason?

YES ................................................................. 1
NO..................................................................... 2 [SKIP TO CE11]
REFUSED ............................................................ -7 [SKIP TO CE11]
DON’T KNOW ...................................................... -8 [SKIP TO CE11]
CHIS 2001 CHILD SURVEY
Section E

CE10A
What do you think was the reason you were discriminated against?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.
PROBE: "Any others?"]

CE10A_1 AGE ............................................................ 1
CE10A_2 RACE OR ETHNIC GROUP .................................. 2
CE10A_3 LANGUAGE/ACCENT ...................................... 3
CE10A_4 HEALTH OR DISABILITY .................................. 4
CE10A_5 BODY WEIGHT ................................................ 5
CE10A_6 INSURANCE TYPE (MEDI-CAL, OTHER) ............... 6
CE10A_7 INCOME LEVEL ............................................. 7
CE10A_8 RELIGION ....................................................... 8
CE10A_9 SEXUAL ORIENTATION ...................................... 9
CE10A_10 GENDER/SEX ............................................... 10
CE10A_11CE10AOS SOME OTHER REASON (SPECIFY): ________________ ................. 91
REFUSED .................................................................... -7
DON'T KNOW .............................................................. -8

CE11
Is (CHILD NAME /AGE/SEX) currently on TANF or CalWORKS?

[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

CE11A
Is (CHILD NAME /AGE/SEX) currently receiving Food Stamps?

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

PROGRAMMING NOTE E11C:
IF CAGE > 6, SKIP TO CF1;
ELSE CONTINUE WITH E11C

CE11C
Is (CHILD NAME /AGE/SEX) currently on WIC?

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

YES ................................................................. 1
NO............................................................................ 2
REFUSED .............................................................. -7
DON'T KNOW .............................................................. -8
On Dec. 20, 2000, the word "traditional" was replaced with "original" in CF1

CF1

These next questions are about health insurance (CHILD NAME /AGE/SEX) may have. Is he/she/he or she covered by Medi-CAL? [IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

[NOTE: INCLUDE HMO OR MANAGED CARE PLANS, AS WELL AS ORIGINAL MEDI-CAL.]

YES ................................................................................. 1 [SKIP TO CF3]
NO................................................................................... 2
REFUSED........................................................................... 7 [SKIP TO CF2]
DON'T KNOW .................................................................... 8 [SKIP TO CF2]

PROGRAMMING NOTE CF1A:

IF [POVERTY = 1 (<= 100% FPL) OR 2 (> 100% BUT <= 200% FPL) OR 3 (> 200% BUT <= 300% FPL) OR 5 (UNKNOWN)] AND CF1 = 2 (NO), CONTINUE WITH CF1A;
ELSE IF POVERTY = 4 (> 300% FPL), SKIP TO CF3;
ELSE CONTINUE WITH CF1A

CF1A

What is the ONE main reason why (CHILD NAME /AGE/SEX) is not enrolled in the Medi-CAL program?

PAPERWORK TOO DIFFICULT ................................................ 1
DIDN'T KNOW IF ELIGIBLE .................................................... 2
INCOME TOO HIGH, NOT ELIGIBLE .................................... 3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ... 4
OTHER NOT ELIGIBLE .......................................................... 5
DON'T BELIEVE IN HEALTH INSURANCE .............................. 6
DON'T NEED IT BECAUSE HEALTHY .................................... 7
ALREADY HAVE INSURANCE ................................................ 8
DIDN'T KNOW IT EXISTED ................................................... 9
DON'T LIKE/WANT WELFARE............................................. 10
OTHER ............................................................................ 91
REFUSED ........................................................................... 7
DON'T KNOW .................................................................... 8

CF2

Is (CHILD NAME /AGE/SEX) covered by the Healthy Families Program? [IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]

YES ................................................................................. 1 [SKIP TO PROGRAMMING NOTE CF3]
NO................................................................................... 2
REFUSED........................................................................... 7 [SKIP TO PROGRAMMING NOTE CF3]
DON'T KNOW .................................................................... 8 [SKIP TO PROGRAMMING NOTE CF3]
CHIS 2001 CHILD SURVEY

Section F

CF2A

What is the ONE main reason why {CHILD NAME /AGE/SEX} is not enrolled in the Healthy Families Program?

PAPERWORK TOO DIFFICULT ................................................ 1
DIDN'T KNOW IF ELIGIBLE .................................................. 2
INCOME TOO HIGH, NOT ELIGIBLE ...................................... 3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS .... 4
OTHER NOT ELIGIBLE ......................................................... 5
DON'T BELIEVE IN HEALTH INSURANCE .............................. 6
DON'T NEED IT BECAUSE HEALTHY ..................................... 7
ALREADY HAVE INSURANCE .............................................. 8
DIDN'T KNOW IT EXISTED ................................................. 9
DON'T LIKE/WANT WELFARE .......................................... 10
OTHER ............................................................................ 91
REFUSED ......................................................................... -7
DON'T KNOW ................................................................. -8

PROGRAMMING NOTE CF3:
IF CF1 = 1 (YES) OR CF2 = 1 (YES), SKIP TO PROGRAMMING NOTE CF10;
ELSE CONTINUE WITH CF3

CF3

Is {CHILD NAME /AGE/SEX} covered by a health insurance plan or HMO through your own or someone else's employment or union?

YES ................................................................................. 1 [SKIP TO CF5]
NO................................................................................... 2
REFUSED......................................................................... -7
DON'T KNOW ................................................................. -8

CF4

Is {CHILD NAME /AGE/SEX} covered by a health insurance plan that you purchased directly from an insurance company or HMO? Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you “extra cash” if you are in a hospital?

YES ................................................................................. 1
NO................................................................................... 2 [SKIP TO PROGRAMMING NOTE CF6]
REFUSED......................................................................... -7 [SKIP TO PROGRAMMING NOTE CF6]
DON'T KNOW ................................................................. -8 [SKIP TO PROGRAMMING NOTE CF6]
CHIS 2001 CHILD SURVEY
Section F

On Jan. 8, 2001, the definition of "copay" in question CF5 was changed to read "while someone else pays" instead of "while a health plan pays."

CF5
Who pays the monthly premium cost for this health plan, not counting any co-pays or deductibles you may have?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any other person or program?"]

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."

"A deductible is the amount you pay for medical care before the health plan starts paying."

"Premium is the monthly charge for the cost of your health insurance plan."

[IF R SAYS GOVERNMENT, PROBE: "Is this Medi-CAL, Healthy Families, or some other government program, or is it a benefit of being a government employee?"

IF GOVERNMENT IS EMPLOYER, ENTER: "EMPLOYER OR UNION"

CF5_1 FAMILY IN THIS HOUSEHOLD ................................................. 1
CF5_2 EMPLOYER OR UNION ..................................................... 2
CF5_3 SOMEONE OUTSIDE HOUSEHOLD.................................... 3
CF5_4 MEDI-CAL (MEDICAID) ................................................ 4
CF5_5 HEALTHY FAMILIES PROGRAM .................................... 5
CF5_6 OTHER ............................................................................ 91
CF5_7 REFUSED .................................................................... -7
CF5_8 DON'T KNOW ............................................................... -8

On Dec. 20, 2000, the word "VA" was added to the list of military care types in the question in CF6.

PROGRAMMING NOTE CF6:
IF CF1 = 1 OR CF2 = 1 OR CF3 = 1 OR CF4 = 1 (COVERAGE BY MEDI-CAL, HEALTHY FAMILIES, OR HEALTH INSURANCE THROUGH EMPLOYER, UNION, OR DIRECT PURCHASE), SKIP TO PROGRAMMING NOTE CF10; ELSE CONTINUE WITH CF6

CF6
Is (he/she/he or she) covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

YES .................................................................................. 1 [SKIP TO PROGRAMMING NOTE CF10]

NO .................................................................................. 2
CF6_3 REFUSED .................................................................... -7
CF6_4 DON'T KNOW ............................................................... -8
CHIS 2001 CHILD SURVEY
Section F

CF7
CF7 Is (he/she/he or she) covered by some other government health plan such as AIM, "Mister MIP", or something else?

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program"]

AIM.................................................................................. 1
"MISTER MIP"/MRMIP ........................................................... 2
NO OTHER PLAN..................................................................... 3
SOMETHING ELSE (SPECIFY): .................................. 91
REFUSED ........................................................................... -7
DON'T KNOW ..................................................................... -8

CF7OS

CF8
CF8 Does (he/she/he or she) have any health insurance coverage through a plan that I missed?

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

On Dec. 20, 2000, the word "VA" was added to response category 7 for CF9.

PROGRAMMING NOTE CF9:
IF "4" SELECTED, DISPLAY "Just to verify, you said that {CHILD NAME /AGE/SEX} gets health insurance through MEDICARE?"

CF9
CF9 What type of health insurance does (he/she/he or she) have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any others?"]

CF9_1 THROUGH CURRENT OR FORMER EMPLOYER/UNION .............. 1
CF9_2 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE
GROUP OR OTHER ORGANIZATION .................................. 2
CF9_3 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE) .......... 3
CF9_4 MEDICARE ...................................................................... 4
CF9_5 MEDI-CAL ...................................................................... 5
CF9_6 HEALTHY FAMILIES ................................................. 6
CF9_7 CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE ......... 7
CF9_8 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM,
URBAN INDIAN CLINIC ............................................. 8
CF9_9 OTHER GOVERNMENT HEALTH PLAN ...................... 91
CF9_10 OTHER NON-GOVERNMENT HEALTH PLAN ............. 92
REFUSED ........................................................................... -7
DON'T KNOW ..................................................................... -8
PROGRAMMING NOTE CF10:
If CF1 = 1 or CF2 = 1 or CF3 = 1 or CF4 = 1 or CF6 = 1 or CF7 = [1, 2, 91] or CF8 = 1 or CF9 = [1-7, 91, or 92] (any coverage by Medi-Cal, Healthy Families, Employer, Union, Direct Purchase, Military, other government programs or any other type), continue with Programming Note CF10A; else skip to CF18.

CF10

PROGRAMMING NOTE CF10A:
If AR is Parent of Child and AR is Insured (AI1 = 1 or AI6 = 1 or AI7 = 1 or AI8 = 1 or AI11 = 1 or AI16 = 1 or AI17 = 1 or AI19 = [1-7, 91, or 92]) and AR = MKA, continue with CF10A and display, "you";
If AR is Parent of Child and AR is Insured (AI1 = 1 or AI6 = 1 or AI7 = 1 or AI8 = 1 or AI11 = 1 or AI16 = 1 or AI17 = 1 or AI19 = [1-7, 91, or 92]) and AR <> MKA, continue with CF10A and display, "Adult Respondent Name";
else skip to CF11.

CF10A
Does [CHILD NAME /AGE/SEX] have the same insurance as [you/ADULT RESPONDENT NAME]?

YES .......................................................... 1 [SKIP TO CF14]
NO ............................................................... 2
REFUSED ................................................... -7
DON'T KNOW .......................................... -8

CF11
Thinking of [CHILD NAME /AGE/SEX]'s main health plan, did you have to sign [him/her/him or her] up with a primary care doctor, a group of doctors, or a clinic that you must take [him/her/him or her] to for routine care?

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

CF12
In this plan, do you have to get approval or a referral for [CHILD NAME /AGE/SEX] to see a specialist such as a skin doctor?

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

CF13
Will this plan pay for any of the costs of visits to doctors who are NOT part of the plan, excluding emergencies and referrals?

YES .......................................................... 1
NO ............................................................... 2
REFUSED ................................................... -7
DON'T KNOW .......................................... -8
CF14

CF14 Is (CHILD NAME /AGE/SEX) covered for prescription drugs?

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

CF15

CF15 Is (he/she/he or she) covered for eye exams?

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

CF16

CF16 Is (he/she/he or she) covered for glasses?

YES ................................................................. 1 [SKIP TO PROGRAMMING NOTE CF24]
NO................................................................. 2 [SKIP TO PROGRAMMING NOTE CF24]
REFUSED ......................................................... -7 [SKIP TO PROGRAMMING NOTE CF24]
DON'T KNOW .................................................. -8 [SKIP TO PROGRAMMING NOTE CF24]

CF18

CF18 What is the ONE MAIN reason (CHILD NAME /AGE/SEX) does not have any health insurance?

CHANGED EMPLOYER/LOST JOB .............................. 1
EMPLOYER DOES NOT OFFER ................................. 2
NOT ELIGIBLE DUE TO WORKING STATUS ................. 3
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS.. 4
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS 5
CAN'T AFFORD/TOO EXPENSIVE ............................... 6
FAMILY SITUATION CHANGED .................................. 7
LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.) .... 8
DON'T BELIEVE IN INSURANCE .................................. 9
HEALTHY -- NO NEED ........................................... 10
PAYS FOR OWN CARE -- NO NEED ............................ 11
GETS HEALTH CARE FREE -- NO NEED ..................... 12
HAD INSURANCE ALL 12 MONTHS, JUST NOW LOST ......... 13
DENIED COVERAGE, NOT SPECIFIED/DOESN'T QUALIFY .... 14
NOT SPECIFIED
DO HAVE COVERAGE, BUT DON'T KNOW TYPE .............. 15
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN ...... 16
DIDN'T LIKE INSURANCE OFFERED/DIDN'T WANT IT ....... 17
OTHER (SPECIFY) ................................................ 91
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8

CF18OS

CF18OS

CF20

CF20 Was (CHILD NAME /AGE/SEX) covered by health insurance at any time during the past 12 months?

YES ................................................................................. 1 [SKIP TO CF22]
NO................................................................................... 2
REFUSED......................................................................... -7
DON'T KNOW ..................................................................... -8
CHIS 2001 CHILD SURVEY
Section F

CF21  How long has it been since {CHILD NAME /AGE/SEX} last had health insurance?

MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO......1 [SKIP TO CG1]
MORE THAN 3 YEARS AGO.................................................2 [SKIP TO CG1]
NEVER HAD HEALTH INSURANCE COVERAGE .......................3 [SKIP TO CG1]
REFUSED..........................................................................7 [SKIP TO CG1]
DON'T KNOW/NOT SURE..................................................8 [SKIP TO CG1]

CF22  For how many of the last 12 months did {he/she/he or she} have health insurance?

[NOTE: IF LESS THAN ONE MONTH, ENTER 1]

_____ MONTHS          [HR: 0-12]
REFUSED..........................................................................7
DON'T KNOW.....................................................................8

On Dec. 20, 2000, the phrase "some other type of coverage" was replaced with "some other plan" in CF23.

CF23  During those months when {CHILD NAME /AGE/SEX} had health insurance, was {his/her/his or her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any others?"]

CF23_1 MEDI-CAL..................................................................1 [SKIP TO CG1]
CF23_2 HEALTHY FAMILIES...............................................2 [SKIP TO CG1]
CF23_3 THROUGH CURRENT OR FORMER EMPLOYER/UNION ....3 [SKIP TO CG1]
CF23_4 OTHER HEALTH PLAN.............................................91 [SKIP TO CG1]
REFUSED..........................................................................7 [SKIP TO CG1]
DON'T KNOW.....................................................................8 [SKIP TO CG1]

PROGRAMMING NOTE CF24:
IF CF1 = 1 OR CF2 = 1 OR CF3 =1 OR CF4 =1 OR CF6 =1 OR CF7 = [1, 2, 91] OR CF8 = 1 (ANY COVERAGE BY MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, UNION, DIRECT PURCHASE, MILITARY, OTHER GOVERNMENT PROGRAMS OR ANY OTHER TYPE), CONTINUE WITH CF24;
ELSE SKIP TO CG1

CF24  Thinking about {his/her/his or her} current health insurance, did {CHILD NAME /AGE/SEX} have this same insurance for ALL of the past 12 months?

YES .................................................................................1 [SKIP TO CG1]
NO...................................................................................2
REFUSED..........................................................................7
DON'T KNOW.....................................................................8

CF25  When {he/she/he or she} wasn’t covered by {his/her/his or her} current health insurance, did {he/she/he or she} have any other health insurance?

YES .................................................................................1
NO...................................................................................2 [SKIP TO CF28]
REFUSED..........................................................................7 [SKIP TO CF28]
DON'T KNOW.....................................................................8 [SKIP TO CF28]
**CHIS 2001 CHILD SURVEY**

**Section F**

**CF26**
Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?  

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]

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<td>HEALTHY FAMILIES</td>
</tr>
<tr>
<td>3</td>
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<tr>
<td>91</td>
<td>OTHER HEALTH PLAN</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**CF27**
During the past 12 months, was there any time when (he/she/he or she) had no health insurance at all?  

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

**CF28**
For how many of the past 12 months did (he/she/he or she) have no health insurance?  

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>_____ MONTHS</td>
</tr>
<tr>
<td>2</td>
<td>[IF &lt; 1 MONTH, ENTER &quot;1&quot;]</td>
</tr>
<tr>
<td>3</td>
<td>[HR: 1-12]</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**CF29**
What is the ONE MAIN reason (CHILD NAME/AGE/SEX) did not have any health insurance during the time (he/she/he or she) wasn’t covered?  

[IF R SAYS, "No need," PROBE WHY]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CHANGED EMPLOYER/LOST JOB</td>
</tr>
<tr>
<td>2</td>
<td>EMPLOYER DID NOT OFFER</td>
</tr>
<tr>
<td>3</td>
<td>NOT ELIGIBLE DUE TO WORKING STATUS</td>
</tr>
<tr>
<td>4</td>
<td>NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS</td>
</tr>
<tr>
<td>5</td>
<td>NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS</td>
</tr>
<tr>
<td>6</td>
<td>COULDN'T AFFORD TOO EXPENSIVE</td>
</tr>
<tr>
<td>7</td>
<td>FAMILY SITUATION CHANGED</td>
</tr>
<tr>
<td>8</td>
<td>LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.)</td>
</tr>
<tr>
<td>9</td>
<td>DIDN'T BELIEVE IN INSURANCE</td>
</tr>
<tr>
<td>10</td>
<td>HEALTHY -- NO NEED</td>
</tr>
<tr>
<td>11</td>
<td>PAID FOR OWN CARE -- NO NEED</td>
</tr>
<tr>
<td>12</td>
<td>GOT HEALTH CARE FREE -- NO NEED</td>
</tr>
<tr>
<td>13</td>
<td>HAD INSURANCE ALL 12 MONTHS, JUST NOW LOST</td>
</tr>
<tr>
<td>14</td>
<td>DENIED COVERAGE, NOT SPECIFIED/DOESN'T QUALIFY</td>
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<tr>
<td>15</td>
<td>NOT SPECIFIED</td>
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<tr>
<td>16</td>
<td>SWITCHED INSURANCE COMPANIES, DELAY BETWEEN</td>
</tr>
<tr>
<td>17</td>
<td>DIDN'T LIKE INSURANCE OFFERED/DIDN'T WANT IT</td>
</tr>
<tr>
<td>91</td>
<td>OTHER (SPECIFY)</td>
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<td>-7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>
Section G

PROGRAMMING NOTE CG1:
IF CAGE < 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

CG1 These next questions are about childcare. By childcare, we mean any kind of arrangement where someone other than the parents, legal guardian, or step parents takes care of {CHILD NAME /AGE/SEX} for 10 or more hours per week on a regular basis. (This includes preschool and nursery school, but not kindergarten.)

Do you currently have any kind of regular childcare arrangements for {CHILD NAME /AGE/SEX}?

YES ................................................................................. 1
NO................................................................................... 2 [SKIP TO CG5]
REFUSED......................................................................... -7 [SKIP TO CG5]
DON’T KNOW ................................................................. -8 [SKIP TO CG5]

CG2 Altogether, how many hours is {CHILD NAME /AGE/SEX} in childcare during a typical week? Include all combinations of care arrangements.

_____ HOURS          [HR: 1-168; SR: 1-60]
REFUSED......................................................................... -7 [SKIP TO CG5]
DON’T KNOW ................................................................. -8 [SKIP TO CG5]

PROGRAMMING NOTE CG3A:
IF CG2 < 10 (HOURS IN CHILDCARE), SKIP TO CG5;
ELSE CONTINUE WITH CG3A

CG3A Does {CHILD NAME /AGE/SEX} receive childcare from a grandparent or other family member during a typical week?

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

CG3B (Does {CHILD NAME /AGE/SEX} receive childcare) ... from a Head Start or state preschool program (during a typical week)?

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

CG3C (Does {CHILD NAME /AGE/SEX} receive childcare) ... from some other preschool or nursery school (during a typical week)?

YES ................................................................................. 1
NO................................................................................... 2
REFUSED......................................................................... -7
DON’T KNOW ................................................................. -8
CG3D

(Does {CHILD NAME /AGE/SEX} receive childcare) ... from a childcare center that is not in someone's home (during a typical week)?

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

CG3E

(Does {CHILD NAME /AGE/SEX} receive childcare) ... from a non-family member who cares for {CHILD NAME /AGE/SEX} in your home (during a typical week)?

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

CG3F

(Does {CHILD NAME /AGE/SEX} receive childcare) ... from a non-family member who cares for {CHILD NAME /AGE/SEX} in his or her home (during a typical week)?

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

PROGRAMMING NOTE CG3G:
IF CG3A = 1 OR CG3E = 1, SKIP TO CG4;
ELSE IF CG3B <> 1 AND CG3C <> 1 AND CG3D <> 1 AND CG3F <> 1, SKIP TO CG4;
ELSE IF ONLY ONE OF CG3B, CG3C, CG3D, OR CG3F = 1, CONTINUE WITH CG3G AND DISPLAY "Is this" AND "provider";
ELSE CONTINUE WITH CG3G AND DISPLAY "Are all of these" AND "providers"

CG3G

{Is this/Are all of these} child care provider(s) licensed by the state of California?

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

CG4

Overall, how satisfied are you with these childcare arrangements? Would you say very satisfied, somewhat satisfied, or are you not satisfied at all?

VERY SATISFIED .................................................... 1
SOMETHING SATISFIED ........................................... 2
NOT AT ALL SATISFIED ........................................... 3
REFUSED .............................................................. -7
DON'T KNOW ...................................................... -8
CHIS 2001 CHILD SURVEY

Section G

CG5

In the past 12 months, was there a time when you could not find childcare for [CHILD NAME /AGE/SEX] for a week or longer when you needed it?

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

CG6

What is the main reason you were unable to find childcare for [CHILD NAME /AGE/SEX] at that time?

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 ...................................................................6
REFUSED......................................................................... -7
DON'T KNOW ......................................................................-8

PROGRAMMING NOTE CG7:
IF CAGE <= 3, SKIP TO CG12;
ELSE CONTINUE WITH CG7

CG7

Sometimes it is difficult to make arrangements to look after children all the time.

Does [CHILD NAME /AGE/SEX] take care of [himself /herself] for more than one-half hour on a regular basis?

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

On Dec. 22, 2000, "ENTER 1" was changed to "ENTER 94" and a response category was added to CG8.

CG8

Thinking about [CHILD NAME /AGE/SEX]'s free time on MONDAY THROUGH FRIDAY, on a typical day, about how many hours does [he/she/he or she] usually watch TV or play video games (such as Playstation)?

[IF > 0, BUT < 1, ENTER "94"]

HOURS [HR: 0-20, 93, 94; SR: 0-10, 93, 94] 1
DOESN'T HAVE TV..............................................................93
MORE THAN ZERO, LESS THAN 1 HOUR ...............................94
REFUSED......................................................................... -7
DON'T KNOW ......................................................................-8
On Dec. 22, 2000, "ENTER 1" was changed to "ENTER 94" and a response category was added to CG9.

CG9

And about how many hours on MONDAY THROUGH FRIDAY does [CHILD NAME / AGE / SEX], on a typical day, use a computer for fun, not schoolwork?

[IF > 0, BUT < 1, ENTER "94"]

____ HOURS [HR: 0-20, 93, 94; SR: 0-10, 93, 94] 1

DOESN'T HAVE ACCESS TO A PC................................. 93
MORE THAN ZERO, LESS THAN 1 HOUR ....................... 94
REFUSED.................................................................. -7
DON'T KNOW ......................................................... -8

On Dec. 22, 2000, "ENTER 1" was changed to "ENTER 94" and a response category was added to CG10.

PROGRAMMING NOTE CG10:
IF CG8 = 93, SKIP TO PROGRAMMING NOTE CG11;
ELSE CONTINUE WITH CG10

CG10

Now, thinking about SATURDAY AND SUNDAY weekend days, on a typical weekend day, about how many hours does [CHILD NAME / AGE / SEX] usually watch TV or play video games (such as Playstation)?

[IF > 1 HOUR, VERIFY: "That's (xx) hours PER DAY?"]

[IF > 0, BUT < 1, ENTER "94"]

____ HOURS [HR: 0-20, 94; SR: 0-10, 94] 1

MORE THAN ZERO, LESS THAN 1 HOUR ....................... 94
REFUSED.................................................................. -7
DON'T KNOW ......................................................... -8

(1) On Dec. 20, 2000, the question text was changed from "And still thinking about SATURDAY AND SUNDAY, on a typical weekend day, about how many hours... to "About how many hours on a typical SATURDAY OR SUNDAY..."; (2) On Dec. 22, 2000, "ENTER 1" was changed to "ENTER 94" and a response category was added.

PROGRAMMING NOTE CG11:
IF CG9 = 93 (DOESN'T HAVE ACCESS TO A PC), SKIP TO CG12;
ELSE CONTINUE WITH CG11

CG11

About how many hours on a typical SATURDAY OR SUNDAY does [CHILD NAME / AGE / SEX] use a computer for fun, not schoolwork?

[IF > 1 HOUR, VERIFY: "That's (xx) hours PER DAY?"]

[IF > 0, BUT < 1, ENTER "94"]

____ HOURS [HR: 0-20, 94; SR: 0-10, 94] 1

MORE THAN ZERO, LESS THAN 1 HOUR ....................... 94
REFUSED.................................................................. -7
DON'T Know ......................................................... -8
CG12

About how often does (your/CHILD NAME/AGE/SEX's) family get together with friends or relatives?

ONCE A YEAR OR LESS ........................................................ 1
A FEW TIMES A YEAR ........................................................... 2
ABOUT ONCE A MONTH ........................................................ 3
TWO OR THREE TIMES A MONTH, OR ...................................... 4
ABOUT ONCE A WEEK OR MORE ............................................ 5
REFUSED ........................................................................ -7
DON'T KNOW ................................................................. -8

PROGRAMMING NOTE CG13:

IF MKA IS CHILD'S ONLY PARENT IN THE HH (SC17 = [1 OR 2] AND MKA IS ADULT R AND SC14B <> 1), DISPLAY "Do you";
ELSE IF MKA IS CHILD'S MOTHER (SC17 = 1) AND THE FATHER IS IN THE HH (SC14B = 1 OR SC15D = 1), DISPLAY "Do you or (his/her/his or her) father";
ELSE IF MKA IS CHILD'S FATHER (SC17 = 2) AND THE MOTHER IS IN THE HH (SC14B = 1 OR SC15D = 1), DISPLAY "Do you or (his/her/his or her) mother";
ELSE IF MKA IS NOT CHILD'S PARENT (SC17 <> [1 OR 2] AND THE MOTHER ONLY (ADULT R IS FEMALE AND SC14B <> 1) OR FATHER ONLY (ADULT R IS MALE AND SC14B <> 1) OR BOTH (SC14B = 1 OR SC15D = 1) IS IN THE HH, DISPLAY "Does (his/her/his or her) {mother/father/mother or father};
ELSE IF MKA IS ONLY ADULT IN HH AND CHILD DOES NOT HAVE A TEEN MOTHER (SC15B <> 1), DISPLAY "Do you";
ELSE DISPLAY "Do you or anyone else in the household"

THE CONDITION CATEGORIES IN THIS NOTE ARE SET IN A DERIVED VARIABLE NAMED CG13SUB SO THAT ANALYSTS WILL HAVE A NEASIER WAY OF SEEING WHAT DISPLAYS WERE ACTUALLY USED. THE VALUES OF CG12SUB ARE:

1 = MKA IS SOLE PARENT IN HH
2 = MKA IS MOTHER & FATHER IN HH
3 = MKA IS FATHER & MOTHER IN HH
4 = MKA NOT PARENT & MOTHER ONLY IN HH
5 = MKA NOT PARENT & FATHER ONLY IN HH
6 = MKA NOT PARENT & MOTHER & FATHER IN HH
7 = MKA NOT PARENT/SOLE ADULT & NO TEEN MOM
8 = MKA NOT PARENT & TEEN MOM BUT NO DAD
9 = MKA/CHILD RELATION NOT KNOWN, NO PARENT

CG13

About how many times IN A TYPICAL WEEK (do you (or ((his/her/his or her)
(mother/father))/anyone else in the household)) does (his/her/his or her) (mother/father/mother or father) read a book or story to (CHILD NAME /AGE/SEX)?

_____ TIMES          [HR: 0-20]
REFUSED ........................................................................ -7
DON'T KNOW ................................................................. -8
On Dec. 20, 2000, an introductory sentence was added to CH1.

CH1
So we can be sure we have included children of all races and ethnic groups in California, I need to ask a final few questions about (CHILD NAME/AGE/SEX)’s background.

Is (CHILD NAME/AGE/SEX) of Latino or Hispanic origin?

YES ................................................................................. 1
NO ................................................................................... 2 [SKIP TO CH3]
REFUSED .......................................................................... -7 [SKIP TO CH3]
DON’T KNOW ..................................................................... -8 [SKIP TO CH3]

CH2
And what is (his/her/his or her) Latino or Hispanic ancestry or origin? – such as Mexican, Chicano, Salvadoran – and if (he/she/he or she) has more than one, tell me all of them.

[CODE ALL THAT APPLY. CTRL-P TO EXIT]

[IF NEEDED, GIVE MORE EXAMPLES.]

CH2_1 MEXICAN/MEXICANO ........................................................... 1
CH2_2 MEXICAN AMERICAN ........................................................... 2
CH2_3 CHICANO ........................................................................ 3
CH2_4 SALVADORAN ................................................................... 4
CH2_5 GUATEMALAN .................................................................... 5
CH2_6 COSTA RICAN ........................................................................ 6
CH2_7 HONDURAN ........................................................................ 7
CH2_8 NICARAGUAN ..................................................................... 8
CH2_9 PANAMANIAN ...................................................................... 9
CH2_10 PUERTO RICAN ................................................................. 10
CH2_11 CUBAN ............................................................................. 11
CH2_12 SPANISH-AMERICAN (FROM SPAIN)............................... 12
CH2_13 OTHER LATINO (SPECIFY): __________________ ................. 91
REFUSED ............................................................................. -7
DON’T KNOW ......................................................................... -8
PROGRAMMING NOTE CH3:
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR CH3, CONTINUE WITH PROGRAMMING NOTE CH4;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

CH3

CH3 Also, please tell me which one OR MORE of the following you would use to describe (CHILD NAME /AGE/SEX): Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

[IF R GIVES ANOTHER RESPONSE, YOU MUST SPECIFY WHAT IT IS]
[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

CH3_1 NATIVE HAWAIIAN ............................................................... 1 [SKIP TO CH8 IF ONLY ONE RACE]
CH3_2 OTHER PACIFIC ISLANDER.................................................... 2 [SKIP TO CH7A IF ONLY ONE RACE]
CH3_3 AMERICAN INDIAN OR ALASKA NATIVE .............................. 3 [SKIP TO CH 4 IF ONLY ONE RACE]
CH3_4 ASIAN, ............................................................................. 4 [SKIP TO CH7]
CH3_5 BLACK OR AFRICAN AMERICAN.............................................. 5 [SKIP TO CH8 IF ONLY ONE RACE]
CH3_6 WHITE ............................................................................. 6 [SKIP TO CH8 IF ONLY ONE RACE]
CH3_7 CH3OS OTHER (SPECIFY):_________________________ ........... 91 [SKIP TO CH8 IF ONLY ONE RACE]
REFUSED .............................................................................. 9 [SKIP TO CH8]
DON’T KNOW ........................................................................ 8 [SKIP TO CH8]

On Dec. 20, 2000, CH4 was changed from a "single answer" to a "mark all" question and the introductory phrase was added.

PROGRAMMING NOTE CH4:
IF CH3 = 3 (AMERICAN INDIAN OR ALASKA NATIVE) AND [1 (NATIVE HAWAIIAN) OR 2 (OTHER PACIFIC ISLANDER) OR 4 (ASIAN) OR 5 (BLACK OR AFRICAN AMERICAN) OR 6 (WHITE) OR 91 (OTHER (Specify))], CONTINUE WITH CH4;
ELSE SKIP TO PROGRAMMING NOTE CH7

CH4

CH4 You said American Indian or Alaska Native, and what is (CHILD NAME /AGE/SEX)’s tribal heritage? If (he/she/he or she) has more than one tribe, tell me all of them.

CH4_1 APACHE................................................................. 1
CH4_2 BLACKFEET ......................................................... 2
CH4_3 CHEROKEE ............................................................ 3
CH4_4 CHICKASAW ............................................................ 4
CH4_5 CHOCTAW ............................................................... 5
CH4_6 CROW ................................................................. 6
CH4_7 HOPI ................................................................. 7
CH4_8 KIOWA ................................................................. 8
CH4_9 LAKOTA/NAKOTA/DAKOTA/SIoux ................................ 9
CH4_10 NAVAJO......................................................................... 10
CH4_11 OJIBWE/ANISHINABE/CHIPPEWA ................................. 11
CH4_12 CH4OS OTHER TRIBE [Ask for spelling] (SPECIFY): __________ 91
REFUSED .............................................................................. 7
DON’T KNOW ........................................................................ 8

Page C-53
### CH5

Is *(CHILD NAME /AGE/SEX)* an enrolled member in a federally or state recognized tribe?

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

### CH6

In which Tribe is *(CHILD NAME /AGE/SEX)* enrolled?

<table>
<thead>
<tr>
<th>Tribe</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>APACHE</td>
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</tr>
<tr>
<td>JICARILLA APACHE, NM</td>
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<tr>
<td>MESCALERO APACHE, NM</td>
<td>2</td>
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<tr>
<td>SAN CARLOS APACHE TRIBE, AZ</td>
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<tr>
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<tr>
<td>CHEROKEE NATION, OK</td>
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</tr>
<tr>
<td>EASTERN BAND OF CHEROKEE, NC</td>
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</tr>
<tr>
<td>SIOUX</td>
<td></td>
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<tr>
<td>CHEYENNE RIVER SIOUX, SD</td>
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<tr>
<td>CROW CREEK SIOUX, SD</td>
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<tr>
<td>OGLALA/PINE RIDGE SIOUX, SD</td>
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<tr>
<td>ROSEBUD SIOUX TRIBE, SD</td>
<td>9</td>
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<tr>
<td>SISSETON-WAHPETON SIOUX TRIBE, LAKE TRAVERSE, SD</td>
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<tr>
<td>STANDING ROCK SIOUX TRIBE OF ND &amp; SD</td>
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<tr>
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<td>TURTLE MOUNTAIN BAND OF CHIPPEWA, ND</td>
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<tr>
<td>NAVAJO</td>
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</tr>
<tr>
<td>NAVAJO NATION, AZ, NM, &amp; UT</td>
<td>20</td>
</tr>
<tr>
<td>OTHER</td>
<td></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>
CHIS 2001 CHILD SURVEY

Section H

PROGRAMMING NOTE CH6A:
IF (CF7 > 1 AND CF8 > 1) OR (CF7 > 1 AND CF8 = 1 AND CF9_8 <> 8), CONTINUE WITH CH6A;
ELSE SKIP TO PROGRAMMING NOTE CH7

CH6A

CH6A Does (CHILD NAME /AGE/SEX) get any health care services through the Indian Health Service,
a Tribal Health Program, or an Urban Indian clinic?

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

PROGRAMMING NOTE CH7:
IF CH3 = 4 (ASIAN) AND [1 (NATIVE HAWAIIAN) OR 2 (OTHER PACIFIC ISLANDER) OR 3 (AMERICAN INDIAN
OR ALASKA NATIVE) OR 5 (BLACK OR AFRICAN AMERICAN) OR 6 (WHITE) OR 91 (OTHER (Specify))],
CONTINUE WITH CH7;
ELSE SKIP TO PROGRAMMING NOTE CH7A

CH7

CH7 You said Asian, and what specific ethnic group is (he/she/he or she), such as Chinese, Filipino,
Vietnamese? If (he/she/he or she) is more than one, tell me all of them.

[CODE ALL THAT APPLY. CTRL-P TO EXIT]

CH7_1 BANGLADESHI ................................................................. 1
CH7_2 BURMESE ................................................................. 2
CH7_3 CAMBODIAN .............................................................. 3
CH7_4 CHINESE ................................................................. 4
CH7_5 FILIPINO ................................................................. 5
CH7_6 HMONG ................................................................. 6
CH7_7 INDIAN (INDIA) .......................................................... 7
CH7_8 INDONESIAN .......................................................... 8
CH7_9 JAPANESE ............................................................ 9
CH7_10 KOREAN ............................................................... 10
CH7_11 LAOTIAN ............................................................... 11
CH7_12 MALAYSIAN ......................................................... 12
CH7_13 PAKISTANI ............................................................ 13
CH7_14 SRI LANKAN ......................................................... 14
CH7_15 TAIWANESE ......................................................... 15
CH7_16 THAI ................................................................. 16
CH7_17 VIETNAMESE ....................................................... 17
CH7_18 CH7OS OTHER ASIAN (SPECIFY): ____________________________ 91
REFUSED ................................................................. -7
DON'T KNOW ............................................................ -8
CHIS 2001 CHILD SURVEY

Section H

PROGRAMMING NOTE CH7A:
IF CH3 = 2 (PACIFIC ISLANDER) AND [1 (NATIVE HAWAIIAN) OR 3 (AMERICAN INDIAN OR ALASKA NATIVE) OR 4 (ASIAN) OR 5 (BLACK OR AFRICAN AMERICAN) OR 6 (WHITE) OR 91 (OTHER (Specify))], CONTINUE WITH CH7A;
ELSE SKIP TO CH8

### CH7A

<table>
<thead>
<tr>
<th>CH7A</th>
<th>Question</th>
</tr>
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<tbody>
<tr>
<td>CH7A_1</td>
<td>SAMOAN/AMERICAN SAMOAN</td>
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<tr>
<td>CH7A_2</td>
<td>GUAMANIAN</td>
</tr>
<tr>
<td>CH7A_3</td>
<td>TONGAN</td>
</tr>
<tr>
<td>CH7A_4</td>
<td>FIJIAN</td>
</tr>
<tr>
<td>CH7A_5</td>
<td>OTHER PACIFIC ISLANDER (SPECIFY):</td>
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**CH7AOS**

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<tr>
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**CH7A_A - CH7A_E**

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<tr>
<th>CODE</th>
<th>Ethnic Group</th>
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<tbody>
<tr>
<td>1</td>
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</tr>
<tr>
<td>2</td>
<td>GUAMANIAN</td>
</tr>
<tr>
<td>3</td>
<td>TONGAN</td>
</tr>
<tr>
<td>4</td>
<td>FIJIAN</td>
</tr>
<tr>
<td>91</td>
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</table>

**CH8**

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<thead>
<tr>
<th>CH8</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>CH8</td>
<td>In what country was {CHILD NAME /AGE/SEX} born?</td>
</tr>
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</table>

**CH8OS**

<table>
<thead>
<tr>
<th>CH8OS</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OTHER (SPECIFY):</td>
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</tbody>
</table>

REFUSED: -7
DON'T KNOW: -8
PROGRAMMING NOTE CH8A:
IF CH8 = 1, 2, 10, OR 25 (UNITED STATES OR ITS TERRITORIES), SKIP TO CH11;
ELSE CONTINUE WITH CH8A

CH8A
Is {CHILD NAME /AGE/SEX} a citizen of the United States?

YES ................................................................................. 1 [SKIP TO CH10]
NO................................................................................... 2
APPLICATION PENDING ........................................................ 3
REFUSED ............................................................................. -7
DON'T KNOW ........................................................................ -8

CH9
Is {CHILD NAME /AGE/SEX} a permanent resident with a green card?

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

CH10
About how many years has {CHILD NAME /AGE/SEX} lived in the United States?

________(NUMBER OF YEARS) [IF < 1 YEAR, ENTER "1"]
[HR: 0-11]
OR
________YEAR (FIRST CAME TO LIVE IN U.S.)
[HR: 1988-2000]
REFUSED ............................................................................. -7
DON'T KNOW ........................................................................ -8
CH11

CH11 In what country (were you/was his mother/was her mother) born?

CH11OS

CH11OS

UNITED STATES ................................................................. 1
AMERICAN SAMOA .......................................................... 2
CAMBODIA ........................................................................ 3
CANADA ............................................................................ 4
CHINA ............................................................................. 5
CUBA ................................................................................ 6
EL SALVADOR .................................................................... 7
ENGLAND ......................................................................... 8
GERMANY ......................................................................... 9
GUAM ............................................................................... 10
GUATEMALA ...................................................................... 11
HONG KONG ................................................................. 12
INDIA ............................................................................... 13
IRAN ................................................................................ 14
JAPAN .............................................................................. 15
KOREA ............................................................................. 16
MEXICO ............................................................................ 17
NICARAGUA ....................................................................... 18
PAKISTAN ......................................................................... 19
PERU ............................................................................... 20
PHILIPPINES ................................................................. 21
RUSSIA ........................................................................... 22
TAIWAN ........................................................................ 23
VIETNAM .......................................................................... 24
VIRGIN ISLANDS ............................................................. 25
OTHER (SPECIFY):_______________________________________ 91
REFUSED ......................................................................... -7
DON'T KNOW .................................................................... -8
PROGRAMMING NOTE CH11A:
IF CH11 = 1, 2, 10 OR 25 (UNITED STATES OR ITS TERRITORIES), SKIP TO CH14;
ELSE IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS PARENT)
AND AA3 FOR ADULT R = 2 (FEMALE), THEN CH11A = AH39 AND CH12 = AH40 AND SKIP TO
PROGRAMMING NOTE CH13;
ELSE IF MKA <> ADULT R AND MKA IS MOTHER OF CHILD, CONTINUE WITH CH11A AND CH12 (IF
APPLICABLE) AND DISPLAY "Are you" IN BOTH QUESTIONS;
ELSE, CONTINUE WITH CH11A AND CH12 (IF APPLICABLE) AND DISPLAY "Is {his/her/his or her} mother" IN
BOTH QUESTIONS

CH11A
CH11A (Are you/Is {his/her/his or her} mother) a citizen of the United States?

YES ................................................................................................................... 1
[SKIP TO PROGRAMMING NOTE CH13]

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

CH12
CH12 (Are you/Is {his/her/his or her} mother) a permanent resident with a green card?

YES ................................................................................................................... 1

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

PROGRAMMING NOTE CH13:
IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS PARENT) AND
AA3 FOR ADULT R = 2 (FEMALE), THEN CH13 = AH41 AND SKIP TO PROGRAMMING NOTE CH14;
ELSE IF MKA <> ADULT R AND MKA IS MOTHER OF CHILD, CONTINUE WITH CH13 AND DISPLAY "have you";
ELSE, CONTINUE WITH CH13 AND DISPLAY "has his mother/has her mother"

CH13
CH13 About how many years (have you/has his mother/has her mother) lived in the United States?

_____ NUMBER OF YEARS   [IF < 1 YEAR, ENTER "1"]
OR
_____ YEAR TO FIRST COME AND LIVE IN U.S.
MOTHER/FATHER DECEASED ........................................................................... 3
REFUSED ........................................................................................................... 7
DON'T KNOW ................................................................................................. 8
PROGRAMMING NOTE CH14:
IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS PARENT) AND
AA3 FOR ADULT R = 1 (MALE), THEN CH14 = AH33 AND SKIP TO PROGRAMMING NOTE CH14A;
ELSE IF MKA <> ADULT R AND MKA IS FATHER OF CHILD, CONTINUE WITH CH14 AND DISPLAY "were you";
ELSE, CONTINUE WITH CH14 AND DISPLAY "was his father/was her father"

CH14
In what country {were you/was his father/was her father} born?

UNITED STATES ................................................................. 1
AMERICAN SAMOA .............................................................. 2
CAMBODIA ........................................................................ 3
CANADA ........................................................................... 4
CHINA .............................................................................. 5
CUBA ............................................................................... 6
EL SALVADOR ................................................................. 7
ENGLAND.......................................................................... 8
GERMANY ......................................................................... 9
GUAM............................................................................... 10
GUATEMALA ...................................................................... 11
HONG KONG ................................................................. 12
INDIA ............................................................................... 13
IRAN ................................................................................ 14
JAPAN .............................................................................. 15
KOREA ............................................................................. 16
MEXICO ............................................................................ 17
NICARAGUA ................................................................. 18
PAKISTAN ......................................................................... 19
PERU ............................................................................... 20
PHILIPPINES ...................................................................... 21
RUSSIA, ........................................................................... 22
TAIWAN ............................................................................ 23
VIETNAM ......................................................................... 24
VIRGIN ISLANDS ................................................................. 25
OTHER (SPECIFY): ________________________________ 91
REFUSED ........................................................................... -7
DON'T KNOW ...................................................................... -8
CHIS 2001 CHILD SURVEY

Section H

PROGRAMMING NOTE CH14A:
IF CH14 = 1, 2, 10, OR 25 (UNITED STATES OR ITS TERRITORIES), SKIP TO CH17;
ELSE IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS PARENT)
AND AA3 FOR ADULT R = 1 (MALE), THEN CH14A = AH39 AND CH15 = AH40 AND SKIP TO PROGRAMMING
NOTE CH16;
ELSE IF MKA <> ADULT R AND MKA IS FATHER OF CHILD, CONTINUE WITH CH14A AND CH15 (IF
APPLICABLE) AND DISPLAY "Are you" IN BOTH QUESTIONS;
ELSE, CONTINUE WITH CH14A AND CH15 (IF APPLICABLE) AND DISPLAY "Is {his/her/his or her} father" IN
BOTH QUESTIONS

CH14A
{Are you/Is {his/her/his or her} father} a citizen of the United States?

YES ................................................................................. 1 [SKIP TO PROGRAMMING
NOTE CH16]

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

CH15
{Are you/Is {his/her/his or her} father} a permanent resident with a green card?

YES ................................................................................. 1

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

PROGRAMMING NOTE CH16:
IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS PARENT) AND
AA3 FOR ADULT R = 1 (MALE), THEN CH16 = AH41 AND SKIP TO PROGRAMMING NOTE CH17;
ELSE IF MKA <> ADULT R AND MKA IS FATHER OF CHILD, CONTINUE WITH CH16 AND DISPLAY "have you";
ELSE, CONTINUE WITH CH16 AND DISPLAY "has his father/has her father"

CH16
About how many years {have you/has his father/has her father} lived in the United States?

_____ NUMBER OF YEARS     [IF < 1 YEAR, ENTER "1"]
OR
_____ YEAR TO FIRST COME AND LIVE IN U.S.
MOTHER/FATHER DECEASED ..................................................... 3
REFUSED ............................................................................. 7
DON'T KNOW ..................................................................... 8
PROGRAMMING NOTE CH17:
IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS PARENT),
THEN CH17 = AH36 AND SKIP TO PROGRAMMING NOTE CH18;
ELSE IF MKA <> ADULT R, CONTINUE WITH CH17

CH17
CH17 In general, what languages are spoken in {CHILD NAME /AGE/SEX}'s home? CH17_A - CH17_K

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]

CH17_1 ENGLISH........................................................................... 1
CH17_2 SPANISH........................................................................... 2
CH17_3 CANTONESE ...................................................................... 3
CH17_4 VIETNAMESE ................................................................. 4
CH17_5 TAGALOG .......................................................................... 5
CH17_6 MANDARIN .................................................................... 6
CH17_7 KOREAN ........................................................................... 7
CH17_8 ASIAN INDIAN LANGUAGES ............................................ 8
CH17_9 RUSSIAN........................................................................... 9
CH17_10 CH17OS1 OTHER1 (SPECIFY): ____________________________ 91
CH17_11 CH17OS2 OTHER2 (SPECIFY): ____________________________ 92
CH17_12 REFUSED ...................................................................... -7
CH17_13 DON'T KNOW ............................................................... -8

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

PROGRAMMING NOTE CH18:
IF CH17 = ONLY ENGLISH, SKIP TO CH22;
ELSE IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS PARENT), THEN CH18 = AH37 AND SKIP TO PROGRAMMING NOTE CH19;
ELSE IF MKA <> ADULT R, CONTINUE WITH CH18

CH18
CH18 Would you say you speak English ...

CH18

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

General Note: If interview is conducted in a language other than English, use the following response categories: very well, well, not well, not at all.

PROGRAMMING NOTE CH19:
ELSE IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS PARENT), THEN CH19 = AH38 AND SKIP TO PROGRAMMING NOTE CH22;
ELSE IF MKA <> ADULT R, CONTINUE WITH CH19

CH19
CH19 If you have to speak English on the telephone, would you say you can speak English ...

CH19

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

General Note: If interview is conducted in a language other than English, use the following response categories: very well, well, not well, not at all.
CHIS 2001 CHILD SURVEY

Section H

PROGRAMMING NOTE CH22:
IF MKA IS NOT SAMPLED ADULT, ASK CH22;
ELSE SKIP TO CH24

<table>
<thead>
<tr>
<th>CH22</th>
<th>What is the highest grade of education you have completed and received credit for?</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADE SCHOOL</td>
<td></td>
</tr>
<tr>
<td>1ST GRADE ....................................................................... 1</td>
<td></td>
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<tr>
<td>2ND GRADE ....................................................................... 2</td>
<td></td>
</tr>
<tr>
<td>3RD GRADE ....................................................................... 3</td>
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<td>4TH GRADE ....................................................................... 4</td>
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<td>5TH GRADE ....................................................................... 5</td>
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<td>6TH GRADE ....................................................................... 6</td>
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<td>7TH GRADE ....................................................................... 7</td>
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<td>8TH GRADE ....................................................................... 8</td>
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<tr>
<td>HIGH SCHOOL OR EQUIVALENT</td>
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<td>9TH GRADE ....................................................................... 9</td>
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<td>10TH GRADE ...................................................................... 10</td>
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<td>11TH GRADE .................................................................... 11</td>
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<td>12TH GRADE .................................................................... 12</td>
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<tr>
<td>4-YEAR COLLEGE OR UNIVERSITY</td>
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<tr>
<td>1ST YEAR (FRESHMAN) ....................................................... 13</td>
<td></td>
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<tr>
<td>2ND YEAR (SOPHOMORE) ...................................................... 14</td>
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<tr>
<td>3RD YEAR (JUNIOR) ............................................................ 15</td>
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<tr>
<td>4TH YEAR (SENIOR) (BA/BS) ............................................... 16</td>
<td></td>
</tr>
<tr>
<td>5TH YEAR ........................................................................ 17</td>
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<tr>
<td>GRADUATE OR PROFESSIONAL SCHOOL</td>
<td></td>
</tr>
<tr>
<td>1ST YEAR GRAD OR PROF SCHOOL ....................................... 18</td>
<td></td>
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<tr>
<td>2ND YEAR GRAD OR PROF SCHOOL (MA/MS) ............................. 19</td>
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<tr>
<td>3RD YEAR GRAD OR PROF SCHOOL ....................................... 20</td>
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<tr>
<td>MORE THAN 3 YEARS GRAD OR PROF SCHOOL (Ph.D) ................. 21</td>
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<tr>
<td>2-YEAR JUNIOR OR COMMUNITY COLLEGE</td>
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<tr>
<td>1ST YEAR ......................................................................... 22</td>
<td></td>
</tr>
<tr>
<td>2ND YEAR (AA/AS) ............................................................ 23</td>
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<tr>
<td>VOCATIONAL, BUSINESS, OR TRADE SCHOOL</td>
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</tr>
<tr>
<td>1ST YEAR ......................................................................... 24</td>
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<td>2ND YEAR ....................................................................... 25</td>
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<td>MORE THAN 2 YEARS .......................................................... 26</td>
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<td>HAD NO FORMAL EDUCATION ................................................ 30</td>
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<tr>
<td>REFUSED ........................................................................ 37</td>
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<tr>
<td>DON'T KNOW (OUT OF RANGE) ............................................ 38</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>CH24</th>
<th>Besides yourself, is there another adult living in this household who is also responsible for (CHILD NAME / AGE/SEX)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................................................. 1</td>
<td></td>
</tr>
<tr>
<td>NO. ................................................................................ 2 [SKIP TO END]</td>
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</tr>
<tr>
<td>REFUSED ....................................................................... 7 [SKIP TO END]</td>
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<tr>
<td>DON'T KNOW .................................................................. 8 [SKIP TO END]</td>
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<tr>
<td>Relationship</td>
<td>Code</td>
</tr>
<tr>
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<td>------</td>
</tr>
<tr>
<td>Mother (Birth/Adoptive/Step/Foster)</td>
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</tr>
<tr>
<td>Father (Birth/Adoptive/Step/Foster)</td>
<td>2</td>
</tr>
<tr>
<td>Sister (Including Step/Adopted/Foster)</td>
<td>3</td>
</tr>
<tr>
<td>Brother (Including Step/Adopted/Foster)</td>
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</tr>
<tr>
<td>Grandmother</td>
<td>5</td>
</tr>
<tr>
<td>Grandfather</td>
<td>6</td>
</tr>
<tr>
<td>Aunt</td>
<td>7</td>
</tr>
<tr>
<td>Uncle</td>
<td>8</td>
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<td>Cousin</td>
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<tr>
<td>Other Relative</td>
<td>10</td>
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<td>Nonrelative</td>
<td>11</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>-8</td>
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</tbody>
</table>
What is the highest grade of education that adult has completed or received credit for? 

**GRADE SCHOOL**
- 1ST GRADE ................................................................. 1
- 2ND GRADE ................................................................. 2
- 3RD GRADE ................................................................. 3
- 4TH GRADE ................................................................. 4
- 5TH GRADE ................................................................. 5
- 6TH GRADE ................................................................. 6
- 7TH GRADE ................................................................. 7
- 8TH GRADE ................................................................. 8

**HIGH SCHOOL OR EQUIVALENT**
- 9TH GRADE ................................................................. 9
- 10TH GRADE ............................................................... 10
- 11TH GRADE ............................................................... 11
- 12TH GRADE ............................................................... 12

**4-YEAR COLLEGE OR UNIVERSITY**
- 1ST YEAR (FRESHMAN) .................................................. 13
- 2ND YEAR (SOPHOMORE) ............................................... 14
- 3RD YEAR (JUNIOR) ....................................................... 15
- 4TH YEAR (SENIOR) (BA/BS) .......................................... 16
- 5TH YEAR ................................................................. 17

**GRADUATE OR PROFESSIONAL SCHOOL**
- 1ST YEAR GRAD OR PROF SCHOOL ................................ 18
- 2ND YEAR GRAD OR PROF SCHOOL (MA/MS) ................. 19
- 3RD YEAR GRAD OR PROF SCHOOL ................................ 20
- MORE THAN 3 YEARS GRAD OR PROF SCHOOL (Ph.D) ....... 21

**2-YEAR JUNIOR OR COMMUNITY COLLEGE**
- 1ST YEAR ................................................................. 22
- 2ND YEAR (AA/AS) ...................................................... 23

**VOCATIONAL, BUSINESS, OR TRADE SCHOOL**
- 1ST YEAR ................................................................. 24
- 2ND YEAR ................................................................. 25
- MORE THAN 2 YEARS .................................................. 26

- HAD NO FORMAL EDUCATION ........................................ 30

- REFUSED ...................................................................... -7
- DON'T KNOW (OUT OF RANGE) ..................................... -8

Is there any other adult living in this household who is also responsible for [CHILD NAME /AGE/SEX]? 

- YES .......................................................................... 1
- NO ............................................................................. 2 [SKIP TO END]
- REFUSED ................................................................. -7 [SKIP TO END]
- DON'T KNOW .......................................................... -8 [SKIP TO END]
And what is the relationship of that adult to the child?

[NOTE: IF THERE IS MORE THAN ONE "OTHER ADULT," SELECT THE ADULT WITH THE LOWEST CODE ON THIS LIST (1 = LOWEST, 11 = HIGHEST)]

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>FATHER (BIRTH/ADOPTIVE/STEP/FOSTER)</td>
<td>2</td>
</tr>
<tr>
<td>SISTER (INCLUDING STEP/ADOPTED/FOSTER)</td>
<td>3</td>
</tr>
<tr>
<td>BROTHER (INCLUDING STEP/ADOPTED/FOSTER)</td>
<td>4</td>
</tr>
<tr>
<td>GRANDMOTHER</td>
<td>5</td>
</tr>
<tr>
<td>GRANDFATHER</td>
<td>6</td>
</tr>
<tr>
<td>AUNT</td>
<td>7</td>
</tr>
<tr>
<td>UNCLE</td>
<td>8</td>
</tr>
<tr>
<td>COUSIN</td>
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<td>OTHER RELATIVE</td>
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<td>NONRELATIVE</td>
<td>11</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Finally, what is the highest grade of education that adult has completed or received credit for?

### GRADE SCHOOL
- 1ST GRADE ............................................................ 1
- 2ND GRADE ........................................................... 2
- 3RD GRADE ........................................................... 3
- 4TH GRADE ............................................................ 4
- 5TH GRADE ............................................................ 5
- 6TH GRADE ............................................................ 6
- 7TH GRADE ............................................................ 7
- 8TH GRADE ............................................................ 8

### HIGH SCHOOL OR EQUIVALENT
- 9TH GRADE ............................................................ 9
- 10TH GRADE ........................................................... 10
- 11TH GRADE ........................................................... 11
- 12TH GRADE ........................................................... 12

### 4-YEAR COLLEGE OR UNIVERSITY
- 1ST YEAR (FRESHMAN) ............................................. 13
- 2ND YEAR (SOPHOMORE) ......................................... 14
- 3RD YEAR (JUNIOR) .................................................. 15
- 4TH YEAR (SENIOR) (BA/BS) ...................................... 16
- 5TH YEAR ............................................................... 17

### GRADUATE OR PROFESSIONAL SCHOOL
- 1ST YEAR GRAD OR PROF SCHOOL ............................. 18
- 2ND YEAR GRAD OR PROF SCHOOL (MA/MS) ............... 19
- 3RD YEAR GRAD OR PROF SCHOOL ............................. 20
- MORE THAN 3 YEARS GRAD OR PROF SCHOOL (Ph.D) .... 21

### 2-YEAR JUNIOR OR COMMUNITY COLLEGE
- 1ST YEAR ............................................................... 22
- 2ND YEAR (AA/AS) ................................................... 23

### VOCATIONAL, BUSINESS, OR TRADE SCHOOL
- 1ST YEAR ............................................................... 24
- 2ND YEAR ............................................................... 25
- MORE THAN 2 YEARS ................................................. 26

- HAD NO FORMAL EDUCATION ...................................... 30

- REFUSED .................................................................... -7
- DON'T KNOW (OUT OF RANGE) ................................. -8

---

That was my last question. Thank you very much for taking the time to participate in this statewide survey.