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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2009 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.
Section A – Demographics Part I, Health Conditions

PROGRAMMING NOTE QC09_A1:
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = MKA AND GENDER OF CHILD IS KNOWN, SKIP TO QC09_A2;
ELSE CONTINUE WITH QC09_A1

QC09_A1 Some of the questions are based on (CHILD's) personal traits, like his or her age. So I will first ask you a few brief background questions.

Is (CHILD) male or female?

CA1

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

QC09_A2 What is {his/her} date of birth?

CA2MON

_____ MONTH [HR: 1-12]

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

CA2DAY

_____ DAY [HR: 1-31]

CA2YR


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

PROGRAMMING NOTE QC09_A3:
IF QC09_A2 = -7 or -8 (REFUSED/DON'T KNOW) CONTINUE WITH QC09_A3;
ELSE SKIP TO QC09_A4

QC09_A3 How old is {he/she}?

CA3

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

______________ YEARS
______________ MONTHS

REFUSED ..................................................... -7
DON'T KNOW ............................................... -8
QC09_A4  How much did {he/she} weigh at birth?

CA13P/CA13O  
_____ POUNDS _____ OUNCES

CA13K/CA13G  
_____ KILOGRAMS ___GRAMS

CAFMT

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

QC09_A5  About how tall is (CHILD) now without shoes?

[IF NEEDED, SAY: “Your best guess is fine.”]

CA4F/CA4I  
_____ FEET  _____ INCHES

CA4M/CA4C  
_____ METERS  _____ CENTIMETERS

CA4FMT

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

QC09_A6  About how much does (CHILD) weigh now without shoes?

[IF NEEDED, SAY: “Your best guess is fine.”]

CA5P  
_____ POUNDS

CA5K  
_____ KILOGRAMS

CA5FMT

POUNDS ............................................................. 1
KILOGRAMS .......................................................... 2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QC09_A7:
IF CAGE < 5 YEARS GO TO QC09_A9;
ELSE CONTINUE WITH QC09_A7 AND IF CAGE = 5 YRS DISPLAY “Not including pre-school or nursery school,”

QC09_A7  {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

CA42

YES ................................................................. 1  [GO TO QC09_A9]
NO ................................................................. 2
ON VACATION ................................................. 3  [GO TO QC09_A9]
HOME SCHOOLED ........................................... 4
REFUSED ........................................................ 7
DON'T KNOW ................................................... 8

PROGRAMMING NOTE QC09_A8:
IF CAGE = 5 YRS DISPLAY “Not including pre-school or nursery school,”

QC09_A8  {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?

CA43

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

QC09_A9  In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?

CA6

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

QC09_A10  Has a doctor ever told you that (CHILD) has asthma?

CA12

YES ................................................................. 1  [GO TO QC09_A26]
NO ................................................................. 2  [GO TO QC09_A26]
REFUSED ........................................................ 7  [GO TO QC09_A26]
DON'T KNOW ................................................... 8  [GO TO QC09_A26]
QC09_A11  Does {he/she} still have asthma?

CA31

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

QC09_A12  During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?

CA32

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

PROGRAMMING NOTE QC09_A13:
IF QC09_A11 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND
QC09_A12 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) GO TO QC09_A17;
ELSE CONTINUE WITH QC09_A13

QC09_A13  During the past 12 months, how often has (CHILD) had asthma symptoms such as
coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:

CA12B

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

QC09_A14  During the past 12 months, has (CHILD) had to visit an emergency room because of
{his/her} asthma?

CA33

YES ................................................................. 1
NO ................................................................. 2 [GO TO QC09_A16]
REFUSED .........................................................-7 [GO TO QC09_A16]
DON'T KNOW ...................................................-8 [GO TO QC09_A16]

QC09_A15  Did you take (CHILD) to an emergency room for {his/her} asthma because you were
unable to see {his/her} doctor?

CA48

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

YES ................................................................. 1
NO ................................................................. 2
DOESN'T HAVE DOCTOR ..................................... 3
REFUSED ...........................................................-7
DON'T KNOW .....................................................-8
QC09_A16  During the past 12 months, was he/she admitted to the hospital overnight or longer for his/her asthma?

CA44

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

QC09_A17  Is (CHILD) now taking a daily medication to control his/her asthma that was prescribed or given to you by a doctor?

CA12A

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

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

PROGRAMMING NOTE QC09_A18:
IF QC09_A11 = 1 (YES, STILL HAS ASTHMA) OR QC09_A12 = 1 (YES, EPISODE IN LAST 12 MOS),
GO TO QC09_A22;
ELSE CONTINUE WITH QC09_A18

QC09_A18  During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:

CA40

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

QC09_A19  During the past 12 months, has (CHILD) had to visit an emergency room because of his/her asthma?

CA41

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

QC09_A20  Did you take (CHILD) to an emergency room for his/her asthma because you were unable to see his/her doctor?

CA49

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

YES ................................................................. 1
NO ................................................................. 2
DOESN’T HAVE DOCTOR .................................. 3
REFUSED ....................................................... -7
DON’T KNOW .................................................. 8
QC09_A21  During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?

CA45

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

QC09_A22  During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?

CA34

________ NUMBER OF DAYS

CHILD NOT IN DAYCARE OR SCHOOL .............. 93
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

QC09_A23  Have (CHILD’S) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} asthma?

CA35

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

QC09_A24  Do you have a written or printed copy of this plan?

CA50

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

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

QC09_A25  How confident are you that you can control and manage (CHILD’s) asthma? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

CA51

VERY CONFIDENT .................................................. 1
SOMEWHEAT CONFIDENT .................................... 2
NOT TOO CONFIDENT ........................................ 3
NOT AT ALL CONFIDENT ...................................... 4
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
**QC09_A26** Does (CHILD) currently have any physical, behavioral, or mental conditions that limit or prevent {him/her} from doing childhood activities usual for {his/her} age?

- CA7
  - YES ................................................................. 1
  - NO ........................................................................ 2 [GO TO QC09_B1]
  - REFUSED .......................................................... -7 [GO TO QC09_B1]
  - DON'T KNOW ..................................................... -8 [GO TO QC09_B1]

**QC09_A27** What condition does (CHILD) have?

- CA10A
  - [CODE ALL THAT APPLY ]
  - [PROBE: “Any others?”]
    - ADD/ADHD ............................................................... 1
    - ASPERGER'S SYNDROME .......................................... 2
    - AUTISM ..................................................................... 3
    - CEREBRAL PALSY ...................................................... 4
    - CONGENITAL HEART DISEASE ................................... 5
    - CYSTIC FIBROSIS ...................................................... 6
    - DIABETES .................................................................... 7
    - DOWN'S SYNDROME .................................................. 8
    - EPILEPSY ..................................................................... 9
    - DEAFNESS OR OTHER HEARING PROBLEM .............. 10
    - MENTAL RETARDATION, OTHER THAN DOWN'S .......... 11
    - MUSCULAR DYSTROPHY .............................................. 12
    - NEUROMUSCULAR DISORDER ..................................... 13
    - ORTHOPEDIC PROBLEM (BONES OR JOINTS) ............. 14
    - SICKLE CELL ANEMIA ............................................... 15
    - BLINDNESS OR OTHER VISION PROBLEM ................. 16
    - OTHER (SPECIFY: ________________) .......................... 91
    - REFUSED ..................................................................... -7
    - DON'T KNOW .......................................................... -8

**PROGRAMMING NOTE QC09_A28:**
- IF QC09_A27 = 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 91, CONTINUE WITH QC09_A28;
- ELSE IF QC09_A27 = 1 OR 2 OR 3 ONLY, SKIP TO QC09_A31

**QC09_A28** During the past 12 months, has (CHILD) had to visit an emergency room because of {his/her} (INSERT CONDITION(S) 4-91 FROM QC09_A27)?

- CA52
  - YES ........................................................................ 1
  - NO ......................................................................... 2 [GO TO QC09_A30]
  - REFUSED .............................................................. -7 [GO TO QC09_A30]
  - DON'T KNOW ........................................................ -8 [GO TO QC09_A30]
QC09_A29 Did you take (CHILD) to an emergency room for {his/her} (INSERT CONDITION(S) 4-91 FROM QC09_A27) because you were unable to see {his/her} doctor?

CA53 [ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]

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

QC09_A30 During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} (INSERT CONDITION(S) 4-91 FROM QC09_A27)?

CA54  
YES ................................................................. 1  
NO ......................................................... 2  
REFUSED .................................................. -7  
DON'T KNOW ............................................... -8

QC09_A31 Have (CHILD’s) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} (INSERT CONDITION(S) FROM QC09_A27)?

CA55  
YES ................................................................. 1  
NO ......................................................... 2  
REFUSED .................................................. -7  
DON'T KNOW ............................................... -8  
[GO TO QC09_A33]

QC09_A32 Do you have a written or printed copy of this plan?

CA56  
[IF NEEDED, SAY: “This can be an electronic or hard copy.”]

YES ................................................................. 1  
NO ......................................................... 2  
REFUSED .................................................. -7  
DON'T KNOW ............................................... -8  
[GO TO QC09_A33]

QC09_A33 How confident are you that you can control and manage (CHILD’s) (INSERT CONDITION(S) FROM QC09_A27)? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

CA57  
VERY CONFIDENT ........................................ 1  
SOMEWHAT CONFIDENT ............................. 2  
NOT TOO CONFIDENT ............................... 3  
NOT AT ALL CONFIDENT .......................... 4  
REFUSED .................................................. -7  
DON'T KNOW ............................................... -8
### Section B – Dental Health

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>QC09_B1</td>
<td>These questions are about (CHILD)’s dental health. Does (CHILD) have any teeth yet?</td>
</tr>
<tr>
<td>CC1</td>
<td>YES: 1, NO: 2, REFUSED: -7, DON’T KNOW: -8</td>
</tr>
</tbody>
</table>

| QC09_B2  | About how long has it been since your child last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists. |
| CC5      | HAS NEVER VISITED: 0, 6 MONTHS AGO OR LESS: 1, MORE THAN 6 MONTHS UP TO 1 YEAR AGO: 2, MORE THAN 1 YEAR UP TO 2 YEARS AGO: 3, MORE THAN 2 YEARS UP TO 5 YEARS AGO: 4, MORE THAN 5 YEARS AGO: 5, REFUSED: -7, DON’T KNOW: -8 |

| QC09_B3  | What is the main reason your child has {never/not} visited a dentist {in the past year}? |
| CB23     | NO REASON TO GO/NO PROBLEMS: 1, NOT OLD ENOUGH: 2, COULD NOT AFFORD IT/TOO EXPENSIVE/NO INSURANCE: 3, FEAR, DISLIKES GOING: 4, DO NOT HAVE/KNOW A DENTIST: 5, CANNOT GET TO THE OFFICE/CLINIC: 6, NO DENTIST AVAILABLE/NO APPOINTMENTS AVAILABLE: 7, DIDN’T KNOW WHERE TO GO: 8, HOURS NOT CONVENIENT: 9, SPEAK A DIFFERENT LANGUAGE: 10, OTHER: 91, REFUSED: -7, DON’T KNOW: -8 |
Section C – Diet, Physical Activity, Park Use

PROGRAMMING NOTE QC09_C1:
IF CAGE < 2 YEARS, GO TO QC09_C13;
ELSE CONTINUE WITH QC09_C1

<table>
<thead>
<tr>
<th>QC09_C1</th>
<th>Now I’m going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many glasses or boxes of 100% fruit juice, such as orange or apple juice, did (CHILD) drink?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[IF NEEDED, SAY: “Only include 100% fruit juices.”]</td>
</tr>
<tr>
<td></td>
<td>[PART OF A GLASS COUNTS AS 1 GLASS. ASK R TO ESTIMATE NUMBER OF GLASSES IF DRINKING FROM A BOTTLE, CAN, OR CARTON.]</td>
</tr>
<tr>
<td>CC10</td>
<td>____ GLASSES [HR: 0-20; SR 0-9]</td>
</tr>
<tr>
<td></td>
<td>REFUSED..................................................................................................................................................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW.............................................................................................................................................................................-8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QC09_C2</th>
<th>Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[IF NEEDED, SAY: “Servings are self-defined. A serving is the child’s regular portion of this food.”]</td>
</tr>
<tr>
<td></td>
<td>____ SERVINGS [HR: 0-20; SR 0-9]</td>
</tr>
<tr>
<td></td>
<td>REFUSED..................................................................................................................................................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW.............................................................................................................................................................................-8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QC09_C3</th>
<th>Yesterday, how many servings of French fries, home fries, or hash browns did (CHILD) eat?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[IF RESPONDENT ASKS, SAY: “Do not include potato chips.”]</td>
</tr>
<tr>
<td></td>
<td>____ SERVINGS [HR: 0-20; SR 0-9]</td>
</tr>
<tr>
<td></td>
<td>REFUSED..................................................................................................................................................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW.............................................................................................................................................................................-8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QC09_C4</th>
<th>Yesterday, how many servings of other vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>____ SERVINGS [HR: 0-20; SR 0-4]</td>
</tr>
<tr>
<td></td>
<td>REFUSED..................................................................................................................................................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW.............................................................................................................................................................................-8</td>
</tr>
</tbody>
</table>
QC09_C5  Yesterday, how many glasses or cans of soda, such as Coke, or other sweetened drinks, such as fruit punch or sports drinks did {he/she} drink? Do not count diet drinks.

CC12  [THIS ALSO INCLUDES ANY DRINKS WITH ADDED SUGAR, SUCH AS SUNNY DELIGHT, ICED TEA DRINKS, TAMPOCO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, GATORADE, SWEETENED WATER DRINKS, AND ENERGY DRINKS.]

______ GLASSES, CANS, OR BOTTLES  [HR: 0-20; SR 0-9]

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

QC09_C6  Yesterday, how many servings of sweets such as cookies, candy, doughnuts, pastries, cake, or popsicles did {he/she} have?

CC24  [IF NEEDED, SAY: “Include pies and ice cream. Do not include sugar-free kinds but include low-fat kinds.”]

______ SERVINGS  [HR: 0-20; SR 0-9]

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

QC09_C7  Now think about the past week. In the past 7 days, how many times did {he/she} eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout, or drive thru.

CC32  [IF NEEDED, SAY: “Such as food you get at McDonald’s, KFC, Panda Express or Taco Bell.”]

______ TIMES  [HR: 0-20; SR 0-4]

REFUSED ...................................................... -7
DON'T KNOW ......................................................... -8
Now I’m going to ask you about physical activity.

**QC09_C8**

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

**CC29**

[INTERVIEWER NOTE: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES, ROLLERSHOES OR NON-MOTORIZED SCOOTERS HOME FROM SCHOOL.]

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

______ DAYS

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

**PROGRAMMING NOTE QC09_C9:**
IF QC09_C8 = 0 (DAYS), -7, OR -8, GO TO QC09_C10;
ELSE IF QC09_C8 > 0 (DAYS) CONTINUE WITH QC09_C9;
IF QC09_A7 = 1 (ATTENDED SCHOOL LAST WEEK) DISPLAY “does”;
IF QC09_A8 = 1 (ATTENDED SCHOOL LAST YEAR) DISPLAY “did”

**QC09_C9**

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

**CC30**

______ MINUTES [GO TO QC09_C11]

REFUSED ............................................................... -7 [GO TO QC09_C11]
DON’T KNOW ......................................................... -8 [GO TO QC09_C11]

**QC09_C10**

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

**CC33**

YES ................................................................. 1
NO ................................................................. 2
REFUSED ............................................................. -7
DON’T KNOW ......................................................... -8
**NAME OF SCHOOL**

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

__________________________________NAME OF SCHOOL

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

**PROGRAMMING NOTE QC09_C12:**
**IF CAGE < 5, SKIP TO QC09_C13;**
**ELSE CONTINUE WITH QC09_C12**

**QC09_C12**  Not including school PE, on how many days of the past 7 days was (CHILD) physically active for at least 60 minutes total?

______ DAYS [HR: 0-7]

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

**PROGRAMMING NOTE QC09_C13:**
**IF CAGE < 1 GO TO QC09_D1;**
**ELSE CONTINUE WITH QC09_C13**

**QC09_C13**  Has (CHILD) been to a park in the past 30 days?

YES......................................................... 1
NO......................................................... 2
REFUSED.................................................. -7
DON’T KNOW.......................................... -8
QC09_C14  Is there a park, playground, or open space within walking distance of your home?

CC36

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

QC09_C15  Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

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

CC39

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

PROGRAMMING NOTE QC09_C16:
IF CAGE ≤ 1 YEAR GO TO QC09_D1;
ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC09_C16

QC09_C16  Thinking just about SATURDAYs AND SUNDAYs, about how many hours does (CHILD) usually watch TV or play video games (such as Playstation)?

CG10

[IF > 1 HOUR, VERIFY: “That's {xx} hours PER DAY?”]

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

______ HOURS

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

PROGRAMMING NOTE QC09_C17:
IF CAGE < 3 YEARS, GO TO QC09_D1;
ELSE IF CAGE ≥ 3 YEARS CONTINUE WITH QC09_C17

QC09_C17  About how many hours per day on a typical SATURDAY OR SUNDAY does (CHILD) use a computer for fun, not schoolwork?

CG11

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

______ HOURS

DOESN'T HAVE ACCESS TO A PC .................... 93
MORE THAN ZERO, LESS THAN 1 HOUR ....... 94
REFUSED .......................................................... -7
DON'T KNOW ..................................................... -8
Section D – Health Care Access and Utilization

QC09_D1  The next questions are about where (CHILD) goes for health care.

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

CD1

YES ................................................................. 1
NO ................................................................. 2
DOCTOR/(HIS/HER) DOCTOR ......................... 3
KAISER .......................................................... 4
MORE THAN ONE PLACE ......................... 5
REFUSED .....................................................-7
DON'T KNOW .............................................-8

[GO TO QC09_D3]

PROGRAMMING NOTE QC09_D2:
IF QC09_D1 = 1, 5, -7, OR -8, DISPLAY “What kind of place do you take {him/her} to most often—a medical”;
ELSE IF QC09_D1 = 3 DISPLAY “Is {his/her} doctor in a private”;
ELSE IF QC09_D1 = 4, FILL QC09_D2 = 1 AND GO TO PN QC09_D3

QC09_D2  {What kind of place do you take {him/her} to most often—a medical/Is {his/her} doctor a private} doctor’s office, a clinic or hospital clinic, an emergency room, or some other place?

CD3

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

PROGRAMMING NOTE QC09_D3:
IF QC09_A14 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC09_A19 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC09_A28 = 1 (YES WENT TO ER PAST 12 MONTHS FOR OTHER CONDITION), MARK YES ON QC09_D3 AND GO TO QC09_D4;
ELSE CONTINUE WITH QC09_D3

QC09_D3  During the past 12 months, did (CHILD) visit a hospital emergency room?

CD12

YES ................................................................. 1
NO ................................................................. 2
REFUSED .....................................................-7
DON'T KNOW .............................................-8
QC09_D4  During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

______________ TIMES

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

PROGRAMMING NOTE QC09_D5:
IF QC09_D4 > 0, GO TO PROGRAMMING NOTE QC09_D6;
ELSE IF QC09_D4 = 0, -7, OR -8, CONTINUE WITH QC09_D5

QC09_D5  About how long has it been since {he/she} last saw a medical doctor?

CD7

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

PROGRAMMING NOTE QC09_D6:
IF QC09_D1 = 1 OR 3 OR 4 OR 5 AND [QC09_A11 = 1 (STILL HAS ASTHMA) OR QC09_A12 = 1 (EPISODE OF ASTHMA IN PAST 12 MONTHS) OR QC09_A26 = 1 (HAS OTHER CONDITION)], CONTINUE WITH QC09_D6;
ELSE SKIP TO PN QC09_D7

QC09_D6  Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

CD33

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

YES ................................................................. 1
NO ................................................................. 2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PATIENT-CENTERED CARE: INFORMATION

PROGRAMMING NOTE QC09_D7:
IF QC09_A11 = 1 (STILL HAS ASTHMA) OR QC09_A12 = 1 (EPISODE OF ASTHMA IN PAST 12 MONTHS) OR QC09_A26 = 1 AND [QC09_D4 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QC09_D5 = 1 (SAW DOCTOR LESS THAN A YEAR AGO)], CONTINUE WITH QC09_D7; ELSE SKIP TO QC09_D9

QC09_D7  During the past 12 months, did you phone or e-mail the doctor’s office with a medical question about (CHILD)?

CD34

YES ................................................................. 1
NO ................................................................. 2 [GO TO QC09_D9]
REFUSED .....................................................-7 [GO TO QC09_D9]
DON’T KNOW .............................................-8 [GO TO QC09_D9]

QC09_D8  How often did you get an answer as soon as you needed it? Would you say...

CD35

Never ................................................................ 1
Sometimes, ..................................................... 2
Usually, or ..................................................... 3
Always? ......................................................... 4
REFUSED .....................................................-7 [GO TO QC09_D9]
DON’T KNOW ..................................................-8 [GO TO QC09_D9]

PROGRAMMING NOTE QC09_D9:
IF QC09_D1 = 1, 3, 4, OR 5 AND QC09_D6 = 1 AND QC09_A11 = 1 OR QC09_A12 = 1 OR QC09_A26 = 1, CONTINUE WITH QC09_D9; ELSE SKIP TO QC09_D10

QC09_D9  Is there anyone at (CHILD’s) doctor’s office or clinic who helps coordinate {his/her} care with other doctors or services such as tests or treatments?

CD36

YES ................................................................. 1
NO ................................................................. 2 [GO TO QC09_D14]
REFUSED .....................................................-7 [GO TO QC09_D14]
DON’T KNOW ..................................................-8 [GO TO QC09_D14]

QC09_D10  During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for (CHILD)?

CE1

YES ................................................................. 1
NO ................................................................. 2 [GO TO QC09_D14]
REFUSED .....................................................-7 [GO TO QC09_D14]
DON’T KNOW ..................................................-8 [GO TO QC09_D14]
**QC09_D11**  Was cost or lack of insurance a reason why you delayed or did not get the prescription?

- **CE12**
  - YES ................................................................. 1
  - NO ............................................................... 2 [GO TO QC09_D14]
  - REFUSED .................................................. -7 [GO TO QC09_D14]
  - DON'T KNOW ............................................. -8 [GO TO QC09_D14]

**PROGRAMMING NOTE QC09_D12:**
IF QC09_A11 = 1 (STILL HAS ASTHMA) OR QC09_A12 = 1 (EPISODE OF ASTHMA PAST 12 MONTHS), CONTINUE WITH QC09_D12; ELSE SKIP TO QC09_D13

**QC09_D12**  Was this prescription for {his/her} asthma?

- **CD37**
  - YES ................................................................. 1
  - NO ............................................................... 2
  - REFUSED .................................................. -7
  - DON'T KNOW ............................................. -8

**PROGRAMMING NOTE QC09_D13:**
IF QC09_A26 = 1 (HAS OTHER CONDITION), CONTINUE WITH QC09_D13; ELSE SKIP TO QC09_D14

**QC09_D13**  Was this prescription for {his/her} (INSERT CONDITION(S) FROM QC09_A27)?

- **CD38**
  - YES ................................................................. 1
  - NO ............................................................... 2
  - REFUSED .................................................. -7
  - DON'T KNOW ............................................. -8

**QC09_D14**  During the past 12 months, did you delay or not get any other medical care you felt (CHILD) needed—such as seeing a doctor, a specialist, or other health professional?

- **CE7**
  - YES ................................................................. 1
  - NO ............................................................... 2 [GO TO QT09_D18]
  - REFUSED .................................................. -7 [GO TO QT09_D18]
  - DON'T KNOW ............................................. -8 [GO TO QT09_D18]
QC09_D15  Was cost or lack of insurance a reason why you delayed or did not get the medical care you felt (he/she) needed?

CE13

YES .......................................................................... 1
NO ............................................................................ 2 [GO TO QT09_D18]
REFUSED ............................................................... -7 [GO TO QT09_D18]
DON'T KNOW ......................................................... -8 [GO TO QT09_D18]

PROGRAMMING NOTE QC09_D16:
IF QC09_A11 = 1 (STILL HAS ASTHMA) OR QC09_A12 = 1 (EPISODE OF ASTHMA PAST 12 MONTHS), CONTINUE WITH QC09_D16;
ELSE SKIP TO QC09_D17

QC09_D16  Was this medical care for {his/her} asthma?

CD39

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

PROGRAMMING NOTE QC09_D17:
IF QC09_A26 = 1 (HAS OTHER CONDITION), CONTINUE WITH QC09_D17;
ELSE SKIP TO QC09_D18

QC09_D17  Was this medical care for {his/her} (INSERT CONDITION(S) FROM QC09_A27) ?

CD40

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

QC09_D18  When (CHILD) had {his/her} last routine physical exam, did you and a doctor talk about {his/her} nutrition or healthy eating?

CD32

YES .......................................................................... 1
NO ............................................................................ 2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
C-23

PROGRAMMING NOTE QC09C_D19:
IF CAGE < 6 MONTHS, GO TO QC09_E1;
ELSE IF CAGE ≥ 6 MONTHS, CONTINUE WITH QC09_D19

QC09_D19  During the past 12 months, did (CHILD) get a flu shot or the nasal flu vaccine, called "Flumist"?

CD30

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

YES ......................................................... 1  [GO TO QC09_E1]
NO ......................................................... 2  [GO TO QC09_E1]
REFUSED ............................................... -7  [GO TO QC09_E1]
DON'T KNOW ......................................... -8  [GO TO QC09_E1]

QC09_D20  Did (he/she) have the flu shot or the nasal flu vaccine?

CD41

FLU SHOT .................................................. 1
NASAL/FLUMIST ....................................... 2
BOTH ...................................................... 3
REFUSED ............................................... -7
DON'T KNOW .......................................... -8

PROGRAMMING NOTE QC09_D21:
IF QC09_D20 = 1 DISPLAY “flu shot”;
IF QC09_D20 = 2 DISPLAY “nasal flu vaccine”;
ELSE DISPLAY “vaccine”

QC09_D21  At what kind of place did (he/she) get (his/her) last (flu shot/nasal flu vaccine/vaccine)?

CD42

DOCTOR’S OFFICE, KAISER, OR HMO .............. 1
COMMUNITY HEALTH CENTER, HEALTH DEPT., HEALTH DEPT CLINIC,
OR OTHER TYPE OF CLINIC .......................... 2
A STORE .................................................. 3
PARENT’S WORKPLACE ................................ 4
A SENIOR, RECREATION,
OR COMMUNITY CENTER ............................ 5
HOSPITAL OR EMERGENCY ROOM ............... 6
PLACE OF WORSHIP ............................... 7
SCHOOL .................................................. 8
DON’T KNOW ......................................... -7
REFUSED ............................................... -8
Section E – Public Programs

PROGRAMMING NOTE SECTION E:
IF POVERTY = 1, 2, 3, OR 5 (INCOME LESS THAN OR EQUAL TO 300% OF POVERTY LEVEL),
CONTINUE WITH QC09_E1;
ELSE SKIP TO QC09_F1

QC09_E1  Is (CHILD) now on TANF or CalWORKS?

CE11  
[IF NEEDED, SAY: “TANF means ‘Temporary Assistance to Needy Families,’” and
CalWORKS means ‘California Work Opportunities and Responsibilities to Kids.’
Both replaced AFDC, California’s old welfare entitlement program.”]

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

QC09_E2  Is (CHILD) receiving Food Stamps?

CE11A  
[IF NEEDED, SAY: “You may receive benefits as stamps or through an EBT card.
EBT stands for Electronic Benefit Transfer card and is also known as the Golden
State Advantage Card.”]

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

PROGRAMMING NOTE QC09_E3:
IF CAGE > 6, GO TO QC09_F1;
ELSE CONTINUE WITH QC09_E3

QC09_E3  Is (CHILD) on WIC now?

CE11C  
[IF NEEDED, SAY: “WIC means ‘Supplemental Food Program for Women, Infants
and Children.’”]

YES ................................................................. 1
NO ................................................................. 2
REFUSED .......................................................... -7
DON’T KNOW ................................................... -8
Section F – Parental Involvement, Concerns, Mental Health

PROGRAMMING NOTE QC09_F1:
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE QC09_F4 INTRO;
ELSE CONTINUE WITH QC09_F1

QC09_F1  In a usual week, about how many days do you or any other family members read stories or look at picture books with (CHILD)?

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<th>Frequency</th>
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<tr>
<td>EVERY DAY</td>
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QC09_F2  [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

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QC09_F3  [In a usual week, about how many days do you or any other family member] take (CHILD) out somewhere, for example, to the park, store, or playground?

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PROGRAMMING NOTE QC09_F4 INTRO:
IF CAGE < 4 MONTHS, GO TO QC09_F25;
IF CAGE ≥ 6 YEARS, GO TO QC09_F10;
ELSE IF CAGE ≥ 4 MONTHS AND < 6 YEARS, CONTINUE WITH QC09_F4 INTRO

QUESTIONS QC09_F4-QC09_F14 ARE DRAWN FROM THE SURVEY EDITION OF PARENTS' EVALUATION OF DEVELOPMENTAL STATUS (PEDS) AND DO NOT HAVE AN IMMEDIATE CLINICAL APPLICATION. THESE ITEMS ARE COPYRIGHTED AND MAY NOT BE USED WITHOUT EXPRESS PERMISSION FROM THE AUTHOR (FRANCES P. GLASGOW@VANDERBILT.EDU).

QC09_F4 INTRO  The next questions are about concerns you may have about your child. After each one, tell me if you are concerned a lot, a little, or not at all.
PROGRAMMING NOTE QC09_F4:
IF CAGE > 9 MONTHS GO TO QC09_F5;
ELSE IF CAGE ≤ 9 MONTHS CONTINUE WITH QC09_F4

QC09_F4  How your child makes speech sounds?  [Are you concerned a lot, a little, or not at all?]

CG17

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QC09_F5  How your child talks and makes words?  [Are you concerned a lot, a little, or not at all?]

CG17A

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PROGRAMMING NOTE QC09_F6:
IF CAGE < 18 MONTHS, GO TO QC09_F7;  
ELSE IF CAGE ≥ 18 MONTHS CONTINUE WITH QC09_F6

QC09_F6  How well your child understands what you say?  [Are you concerned a lot, a little, or not at all?]

CG18

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QC09_F7  How your child uses [his/her] hands and fingers to do things?  [Are you concerned a lot, a little, or not at all?]

CG19

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**QC09_F8**  How well your child uses {his/her} arms and legs? [Are you concerned a lot, a little, or not at all?]

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**QC09_F9**  How well your child can see or hear? [Are you concerned a lot, a little, or not at all?]

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**PROGRAMMING NOTE QC09_F10:**
IF CAGE IS ≤ 9 MONTHS, GO TO QC09_F25;
IF CAGE > 6 YEARS, GO TO QC09_F15;
ELSE IF CAGE = 10 MONTHS TO 6 YEARS, CONTINUE WITH QC09_F10

**QC09_F10**  How your child gets along with others? [Are you concerned a lot, a little, or not at all?]

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**QC09_F11**  Your child’s feelings and moods? [Are you concerned a lot, a little, or not at all?]

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**QC09_F12**  How your child behaves? [Are you concerned a lot, a little, or not at all?]

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QC09_F13  How your child is learning to do things for {himself/herself}? [Are you concerned a lot, a little, or not at all?]

CG25

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

QC09_F14  Whether your child can do what other children {his/her} age can do? [Are you concerned a lot, a little, or not at all?]

CG26

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

QC09_F15  Did a doctor or other professional ever refer {him/her} to a specialist regarding his development?

CF46

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

QC09_F16  Did they ever refer {him/her} for speech, language or hearing testing?

CF47

YES ................................................................. 1  
NO ................................................................. 2  
REFUSED ........................................................... 7  
DON’T KNOW ...................................................... 8
THE NEXT 7 ITEMS (QC09_F17-QC07_F23) ARE INCLUDED IN THIS SURVEY WITH PERMISSION AS INDICATED:

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PROGRAMMING NOTE QC09_F17:
IF CAGE < 4 YEARS, GO TO QC09_F25;
ELSE CONTINUE WITH QC09_F17

I am going to read a list of items that describe children. For each item, please tell me if it has been not true, somewhat true, or certainly true of (CHILD) during the past six months.

QC09_F17  {He/She} is generally well behaved, usually does what adults request [...during the past 6 months].

CG28

NOT TRUE ............................................................... 1
SOMETHAT TRUE .................................................. 2
CERTAINLY TRUE ................................................ 3
REFUSED ............................................................. -7
DON’T KNOW ....................................................... -8

QC09_F18  {He/She} has many worries or often seems worried [...during the past 6 months].

CG29

NOT TRUE ............................................................... 1
SOMETHAT TRUE .................................................. 2
CERTAINLY TRUE ................................................ 3
REFUSED ............................................................. -7
DON’T KNOW ....................................................... -8

QC09_F19  {He/She} is often unhappy, depressed or tearful [...during the past 6 months].

CG30

NOT TRUE ............................................................... 1
SOMETHAT TRUE .................................................. 2
CERTAINLY TRUE ................................................ 3
REFUSED ............................................................. -7
DON’T KNOW ....................................................... -8

QC09_F20  {He/She} gets along better with adults than with other children [...during the past 6 months].

CG31

NOT TRUE ............................................................... 1
SOMETHAT TRUE .................................................. 2
CERTAINLY TRUE ................................................ 3
REFUSED ............................................................. -7
DON’T KNOW ....................................................... -8
QC09_F21  {He/She} has good attention span, sees chores or homework through to the end.

CG32

NOT TRUE................................................................. 1
SOMewhat TRUE ........................................................... 2
CERTAINLY TRUE ......................................................... 3
REFUSED ...................................................................... -7
DON'T KNOW ............................................................. -8

QC09_F22  Overall, do you think your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

CF30

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

QC09_F23  Are these difficulties minor, definite, or severe?

CF31

MINOR ..................................................................... 1
DEFINITE ................................................................... 2
SEVERE ...................................................................... 3
REFUSED ...................................................................... -7
DON'T KNOW ............................................................. -8

QC09_F24  During the past 12 months, did (CHILD) receive any psychological or emotional counseling?

CF32

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

PROGRAMMING NOTE QC09_F25:
IF QC09_C16 = 93 (DOESN'T HAVE TV) OR CAGE < 1 YEAR, GO TO QC09_F29;
ELSE CONTINUE WITH QC09_F25

QC09_F25  The next questions are about television programming your child might watch.

Have you heard about the PBS TV show “Sid the Science Kid”?

CF60

YES .......................................................................... 1
NO ............................................................................ 2
REFUSED ............................................................... -7
DON'T KNOW ............................................................. -8
QC09_F26  Has (CHILD) seen the PBS TV show “Sid the Science Kid”?

CF61

YES ................................................................. 1
NO ................................................................. 2  [GO TO QC09_F29]
DOESN’T WATCH TV ............................................. 3  [GO TO QC09_F29]
REFUSED ........................................................... -7  [GO TO QC09_F29]
DON’T KNOW ....................................................... -8  [GO TO QC09_F29]

QC09_F27  Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

CF62

(CHILD) is learning science from Sid.

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

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

QC09_F28  “Sid the Science Kid” increases preschoolers’ interest in science.

CF63

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

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

QC09_F29  Do you know that First 5 California, a state agency, provides a free Parent Kit to parents of young children?

CF35

YES ................................................................. 1
NO ................................................................. 2  [GO TO QC09_G1]
REFUSED ........................................................... -7  [GO TO QC09_G1]
DON’T KNOW ....................................................... -8  [GO TO QC09_G1]

QC09_F30  Have you ever received this Parent Kit?

CF36

YES ................................................................. 1
NO ................................................................. 2  [GO TO QC09_G1]
REFUSED ........................................................... -7  [GO TO QC09_G1]
DON’T KNOW ....................................................... -8  [GO TO QC09_G1]
QC09_F31 Did you use any of the materials from this Parent Kit?

**YES** .............................................................................................................. 1  
**NO** ............................................................................................................... 2  [GO TO QC09_G1]  
**REFUSED** ................................................................................................... -7  [GO TO QC09_G1]  
**DON'T KNOW** ............................................................................................ -8  [GO TO QC09_G1]

QC09_F32 On a scale of 1-10, with 10 being most useful and 1 the least, how useful was the Parent Kit?

__________RESPONDENT’S NUMBER FROM 1 (WORST) TO 10 (BEST)

**REFUSED** ................................................................................................... -7  
**DON'T KNOW** ............................................................................................ -8
Section G – Child Care, Neighborhood Cohesion

PROGRAMMING NOTE QC09_G1:
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

QC09_G1  These next questions are about childcare. By childcare we mean any arrangement
where someone other than the parents, legal guardian, or stepparents takes care of
(CHILD). {This includes preschool and nursery school, but not kindergarten.}

CG1  Do you currently have any kind of regular childcare arrangements for (CHILD) for 10
hours or more per week?

YES .......................................................................... 1
NO ............................................................................ 2 [GO TO QC09_G10]
REFUSED ............................................................... -7 [GO TO QC09_G10]
DON'T KNOW ........................................................... -8 [GO TO QC09_G10]

QC09_G2  Altogether, how many hours is (CHILD) in childcare during a typical week? Include all
combinations of care arrangements.

CG2  _____ HOURS [SR: 10-168 HRS]

REFUSED ............................................................... -7 [GO TO QC09_G10]
DON'T KNOW ........................................................... -8 [GO TO QC09_G10]

PROGRAMMING NOTE QC09_G3:
IF QC09_G2 < 10 (HOURS IN CHILDCARE), GO TO QC09_G10;
ELSE CONTINUE WITH QC09_G3

QC09_G3  During a typical week does (CHILD) receive childcare from...a grandparent or other
family member?

CG3A  YES .......................................................................... 1
NO ............................................................................ 2
REFUSED ............................................................... -7
DON'T KNOW ........................................................... -8
PROGRAMMING NOTE QC09_G4:
IF CAGE ≥ 7 YEARS, GO TO QC09_G6;
ELSE CONTINUE WITH QC09_G4

QC09_G4  [Does (CHILD) receive childcare from]...a Head Start or state preschool program?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
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<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>

QC09_G5  [Does (CHILD) receive childcare from]...some other preschool or nursery school?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
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</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QC09_G6  [Does (CHILD) receive childcare from]...a childcare center that is not in someone's home?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
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<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>

QC09_G7  [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in your home?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
</tr>
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<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>

QC09_G8  [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in his or her home?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
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<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 QC09_G9:
IF [QC09_G3 OR QC09_G7 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-
FAMILY MEMBER IN CHILD'S HOME)] OR IF [QC09_G4 ≠ 1 AND QC09_G5 ≠ 1 AND QC09_G6 ≠ 1
AND QC09_G8 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY
MEMBER HOME)], GO TO QC09_G10;
ELSE CONTINUE WITH QC09_G9;
IF ONLY ONE OF QC09_G4, QC09_G5, QC09_G6, OR QC09_G8 = 1, DISPLAY "Is this" AND
"provider";
ELSE DISPLAY, "Are all of these" AND "providers"

QC09_G9  {Is this/Are all of these} child care provider{s} licensed by the state of California?

CG3G

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

QC09_G10 In the past 12 months, was there a time when you could not find childcare when you
needed it for (CHILD) for a week or longer?

CG5

YES .......................................................................... 1
NO ............................................................................ 2  [GO TO QC09_G12]
REFUSED ............................................................... -7  [GO TO QC09_G12]
DON'T KNOW ......................................................... -8  [GO TO QC09_G12]

QC09_G11 What is the main reason you were unable to find childcare for (CHILD) at that time?

CG6

[IF NEEDED, SAY: “Main reason is the most important reason.”]

COULDN'T AFFORD ANY CHILD CARE.................................1
COULDN'T FIND A PROVIDER WITH A SPACE .......................2
THE HOURS AND LOCATION DIDN'T FIT MY NEEDS.............. 3
COULDN'T AFFORD THE QUALITY OF CHILDCARE I WANTED.......4
COULDN'T FIND THE QUALITY OF CHILDCARE I WANTED......... 5
OTHER REASON.......................................................... 91
REFUSED ...................................................................... -7
DON'T KNOW ............................................................. -8
PROGRAMMING NOTE QC09_G12:
IF CHILD-FIRST INTERVIEW AND NO AR OR IF QC09_G12 THROUGH QC09_G16 NOT ANSWERED IN ADULT INTERVIEW, CONTINUE WITH QC09_G12;
ELSE SKIP TO QC09_G17

QC09_G12  These next questions are about your neighborhood.

CG39  Tell me if you strongly agree, agree, disagree or strongly disagree with the following statements:

People in my neighborhood are willing to help each other.

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

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

QC09_G13  People in my neighborhood do not get along with each other.

CG40  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

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

QC09_G14  People in this neighborhood can be trusted.

CG41  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE................................................ 1
AGREE................................................................. 2
DISAGREE............................................................ 3
STRONGLY DISAGREE.......................................... 4
REFUSED............................................................ -7
DON’T KNOW....................................................... -8
**QC09_G15** You can count on adults in this neighborhood to watch out that children are safe and don’t get into trouble.

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

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

**QC09_G16** Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?

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

**PROGRAMMING NOTE QC09_G17:**  
IF NOT ANSWERED IN ADULT (AM36) CONTINUE WITH QC09_G17; ELSE GO TO SECTION H

**QC09_G17** In the past 12 months, have you done any volunteer work or community service that you have not been paid for?

YES................................................................. 1  
NO........................................................................ 2  
REFUSED............................................................ -7  
DON’T KNOW....................................................... -8
Section H – Demographics, Part II

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

QC09_H1 Is (CHILD) Latino or Hispanic?

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

YES ................................. 1
NO ........................................... 2  [GO TO QC09_H3]
REFUSED ................................. -7  [GO TO QC09_H3]
DON’T KNOW ........................... -8  [GO TO QC09_H3]

QC09_H2 And what is {his/her} Latino or Hispanic ancestry or origin? – such as Mexican, Salvadorian, Cuban, Honduran – and if {he/she} has more than one, tell me all of them.

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

MEXICAN/MEXICAN AMERICAN/CHICANO .... 1
SALVADORAN ........................................ 4
GUATEMALAN ....................................... 5
COSTA RICAN ....................................... 6
HONDURAN ......................................... 7
NICARAGUAN ....................................... 8
PANAMANIAN ...................................... 9
PUERTO RICAN .................................... 10
CUBAN ............................................. 11
SPANISH-AMERICAN (FROM SPAIN) ......... 12
OTHER LATINO (SPECIFY: ______________) ... 91
REFUSED .......................................... -7
DON’T KNOW ..................................... -8
PROGRAMMING NOTE QC09_H3:
IF QC09_H1 = 1 (YES-CHILD IS LATINO), DISPLAY, “You said your child is Latino or Hispanic. Also,”
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QC09_H3, CONTINUE
WITH PROGRAMMING NOTE QC09_H4;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QC09_H3
{You said your child is Latino or Hispanic. Also,} Please tell me which one or more of the following you would use to describe (CHILD): Would you describe {him/her} as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS] [CODE ALL THAT APPLY]

WHITE................................................................. 1 [GO TO QC09_H10]  
BLACK OR AFRICAN AMERICAN ......................... 2 [GO TO QC09_H10] IF
ASIAN .............................................................. 3 [GO TO QC09_H8] ONLY
AMERICAN INDIAN, ALASKA NATIVE .................. 4 [GO TO QC09_H4] ONE
OTHER PACIFIC ISLANDER ............................... 5 [GO TO QC09_H9] RACE
NATIVE HAWAIIAN ............................................ 6 [GO TO QC09_H10]
OTHER (SPECIFY: ______________) .................. 91 [GO TO QC09_H9] RACE
REFUSED ................................................................ 7 [GO TO QC09_H10]
DON’T KNOW ................................................. -8 [GO TO QC09_H10]

PROGRAMMING NOTE QC09_H4:
IF QC09_H3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QC09_H4;
ELSE GO TO PROGRAMMING NOTE QC09_H8

QC09_H4
You said American Indian/Alaska Native, and what is (CHILD)’s tribal heritage? If 
{he/she} has more than one tribe, tell me all of them.

[CODE ALL THAT APPLY]

APACHE ............................................................... 1
BLACKFEET .......................................................... 2
CHEROKEE ............................................................ 3
CHOCTAW ............................................................. 4
MEXICAN AMERICAN INDIAN ......................... 5
NAVAJO ................................................................. 6
POMO ................................................................. 7
PUEBLO .............................................................. 8
SIOUX ................................................................... 9
YAQUI ................................................................... 10
OTHER TRIBE [Ask for spelling] (SPECIFY:__________) ... 91
REFUSED ................................................................ 7
DON’T KNOW .................................................... -8
**QC09_H5**  Is (CHILD) an enrolled member in a federally or state recognized tribe?

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

**QC09_H6**  In which Tribe is (CHILD) enrolled?

- APACHE
  - MESCALERO APACHE, NM ............................................. 1
  - APACHE (NOT SPECIFIED) ............................................. 2
  - OTHER APACHE (SPECIFY: ________________) ........... 91
- BLACKFEET
  - BLACKFOOT / BLACKFEET ............................................. 3
- CHEROKEE
  - WESTERN CHEROKEE .................................................. 4
  - CHEROKEE (NOT SPECIFIED) .......................................... 5
  - OTHER CHEROKEE (SPECIFY: ________________) ........... 92
- CHOCTAW
  - CHOCTAW OKLAHOMA .................................................. 6
  - CHOCTAW (NOT SPECIFIED) .......................................... 7
  - OTHER CHOCTAW (SPECIFY: ________________) ........... 93
- NAVAJO
  - NAVAJO (NOT SPECIFIED) ............................................. 8
- POMO
  - HOPLAND BAND, HOPLAND RANCHERIA ......................... 9
  - SHERWOOD VALLEY RANCHERIA .................................. 10
  - POMO (NOT SPECIFIED) ................................................ 11
  - OTHER POMO (SPECIFY: ________________) .................... 94
- PUEBLO
  - HOPI ............................................................................... 12
  - YSLETA DEL SUR PUEBLO OF TEXAS .................. 13
  - PUEBLO (NOT SPECIFIED) ............................................. 14
  - OTHER PUEBLO (SPECIFY: ________________) ............. 95
- SIOUX
  - OGLALA/PINE RIDGE SIOUX ........................................... 15
  - SIOUX (NOT SPECIFIED) ............................................... 16
  - OTHER SIOUX (SPECIFY: ________________) .................. 96
- YAQUI
  - PASCUA YAQUI TRIBE OF ARIZONA ................................ 17
  - YAQUI (NOT SPECIFIED) ............................................... 18
  - OTHER YAQUI (SPECIFY: ________________) .................. 97
- OTHER
  - OTHER (SPECIFY: ________________) ........................... 98
  - REFUSED ............................................................................. -7
  - DON’T KNOW ........................................................................ -8
QC09_H7  Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

CH6A

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

PROGRAMMING NOTE QC09_H8:
IF QC09_H3 = 3 (ASIAN) CONTINUE WITH QC09_H8;
ELSE GO TO PROGRAMMING NOTE QC09_H9

QC09_H8  You said Asian, and what specific ethnic group is {he/she}, such as Chinese, Filipino, Vietnamese? If {he/she} is more than one, tell me all of them.

CH7

[CODE ALL THAT APPLY]

BANGLADESHI....................................................... 1
BURMESE .......................................................... 2
CAMBODIAN ....................................................... 3
CHINESE ............................................................. 4
FILIPINO ............................................................ 5
HMONG ............................................................... 6
INDIAN (INDIA) .................................................... 7
INDONESIAN ....................................................... 8
JAPANESE ........................................................... 9
KOREAN ............................................................. 10
LAOTIAN ............................................................. 11
MALAYSIAN ....................................................... 12
PAKISTANI .......................................................... 13
SRI LANKAN ........................................................ 14
TAIWANESE ........................................................ 15
THAI ................................................................. 16
VIETNAMESE .................................................... 17
OTHER ASIAN (SPECIFY: ________________) .. 91
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8
PROGRAMMING NOTE QC09_H9:
IF QC09_H3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QC09_H9;
ELSE GO TO QC09_H10

QC09_H9
You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}, such as Samoan, Tongan, or Guamanian? If {he/she} is more than one, tell me all of them.

CH7A

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QC09_H10:
IF MKA = AR AND AI56C ≠ -1 (THIS QUESTION ALREADY ASKED DURING ADULT SURVEY), SKIP TO QC09_H14;
ELSE CONTINUE WITH QC09_H10

QC09_H10
In what country was (CHILD) born?

CH8

UNITED STATES ..................................................... 1
AMERICAN SAMOA ................................................ 2
CANADA ................................................................ 3
CHINA .................................................................. 4
EL SALVADOR ........................................................ 5
ENGLAND .............................................................. 6
FRANCE ................................................................ 7
GERMANY ............................................................... 8
GUAM ................................................................. 9
GUATEMALA .......................................................... 10
HUNGARY ................................................................ 11
INDIA ..................................................................... 12
IRAN ....................................................................... 13
IRELAND ................................................................ 14
ITALY ..................................................................... 15
JAPAN .................................................................. 16
KOREA ................................................................... 17
MEXICO ................................................................. 18
PHILIPPINES ......................................................... 19
POLAND ................................................................. 20
PORTUGAL .............................................................. 21
PUERTO RICO .......................................................... 22
RUSSIA ................................................................. 23
TAIWAN ................................................................. 24
VIETNAM ............................................................... 25
VIRGIN ISLANDS .......................................................... 26
OTHER (SPECIFY:_____________________) .... 91
REFUSED ............................................................................. -7
DON'T KNOW ............................................................................. -8
CHIS 2009 Child Questionnaire Version 5.1 September 18, 2010

PROGRAMMING NOTE QC09_H11:
IF QC09_H10 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC09_H14;
ELSE CONTINUE WITH QC09_H11

QC09_H11 Is (CHILD) a citizen of the United States?

CH8A

YES ................................................................. 1 [GO TO QC09_H13]
NO ................................................................. 2
APPLICATION PENDING ..................................... 3
REFUSED ....................................................... -7
DON'T KNOW ............................................... -8

QC09_H12 Is (CHILD) a permanent resident with a green card?

CH9

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

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

QC09_H13 About how many years has (CHILD) lived in the United States?

CH10

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS {OR}

CH10YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH10FMT

NUMBER OF YEARS ....................................... 1
YEAR FIRST CAME TO LIVE IN US .................... 2
REFUSED ....................................................... -7
DON'T KNOW ............................................... -8
PROGRAMMING NOTE QC09_H14:
IF MKA = MOTHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE)
THEN SKIP TO QC09_H18;
ELSE, CONTINUE WITH QC09_H14 AND DISPLAY “was his mother/was her mother”

QC09_H14 In what country {were you/was his mother/was her mother} born?

CH11 [SELECT FROM MOST LIKELY COUNTRIES]

[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

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

PROGRAMMING NOTE QC09_H15 AND QC09_H16:
IF QC09_H14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC09_H18;
ELSE CONTINUE WITH QC09_H15 AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY “Are you”;
ELSE DISPLAY “Is {his/her} mother”

QC09_H15  {Are you/Is {his/her} mother} a citizen of the United States?

CH11A [IF R SAYS SHE IS A NATURALIZED CITIZEN, CODE YES]
YES .......................................................................... 1 [GO TO QC09_H17]
NO ............................................................................ 2
APPLICATION PENDING ........................................ 3
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

QC09_H16  {Are you/Is {his/her} mother} a permanent resident with a green card?

CH12
YES .......................................................................... 1
NO ............................................................................ 2
APPLICATION PENDING ........................................ 3
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

PROGRAMMING NOTE QC09_H17:
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC09_H17 AND DISPLAY “have you”;
ELSE CONTINUE WITH QC09_H17 AND DISPLAY “has {his/her} mother”

QC09_H17  About how many years {have you/has {his/her} mother} lived in the United States?

CH13
_____ NUMBER OF YEARS [HR: 0-AGE] {OR}

CH13YR _____ YEAR FIRST CAME TO LIVE IN U.S.

CH13FMT
NUMBER OF YEARS ...................................................... 1
YEAR FIRST CAME TO LIVE IN US ............................. 2
MOTHER DECEASED .................................................. 3
NEVER LIVED IN U.S. ............................................... 4
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
PROGRAMMING NOTE QC09_H18:
IF MKA = FATHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE THEN SKIP TO QC09_H22;
ELSE CONTINUE WITH QC09_H18 AND DISPLAY, “was {his/her} father”

QC09_H18 In what country {were you/was his father/was her father} born?

CH14

[SELECT FROM MOST LIKELY COUNTRIES]

[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

UNITED STATES................................. 1
AMERICAN SAMOA.............................. 2
CANADA .............................................. 3
CHINA .................................................. 4
EL SALVADOR ...................................... 5
ENGLAND ............................................ 6
FRANCE .............................................. 7
GERMANY ............................................ 8
GUAM .................................................. 9
GUATEMALA ....................................... 10
HUNGARY .......................................... 11
INDIA ............................................... 12
IRAN ................................................... 13
IRELAND ............................................ 14
ITALY ............................................... 15
JAPAN ............................................... 16
KOREA .............................................. 17
MEXICO ............................................ 18
PHILIPPINES .................................... 19
POLAND ............................................ 20
PORTUGAL ........................................ 21
PUERTO RICO .................................... 22
RUSSIA ............................................. 23
TAIWAN ........................................... 24
VIETNAM .......................................... 25
VIRGIN ISLANDS ............................... 26
OTHER (SPECIFY:_____________________) .... 91
REFUSED .......................................... -7
DON'T KNOW ..................................... -8
PROGRAMMING NOTE QC09_H19 AND QC09_H20:
IF QC09_H18 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING
NOTE QC09_H22;
ELSE CONTINUE WITH QC09_H19 AND IF RESPONDENT IS FATHER OF CHILD DISPLAY “Are
you”;
ELSE SAY “Is (his/her) father”

QC09_H19  {Are you/is (his/her) father} a citizen of the United States?

CH14A  [IF R SAYS HE IS A NATURALIZED CITIZEN, CODE YES]

YES ................................................................. 1  [GO TO PN QC09_H21]
NO ................................................................. 2
APPLICATION PENDING .............................. 3
REFUSED ......................................................... -7
DON’T KNOW ............................................... -8

QC09_H20  {Are you/is (his/her) father} a permanent resident with a green card?

CH15

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

PROGRAMMING NOTE QC09_H21:
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC09_H21 AND DISPLAY “have you”;
ELSE, CONTINUE WITH QC09_H21 AND DISPLAY “has (his/her) father”

QC09_H21  About how many years {have you/has (his/her) father} lived in the United States?

CH16

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

CH16YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH16FMT

NUMBER OF YEARS ............................................. 1
YEAR FIRST CAME TO LIVE IN U.S. .................. 2
FATHER DECEASED ............................................ 3
NEVER LIVED IN U.S. ........................................ 4
REFUSED ......................................................... -7
DON’T KNOW ............................................... -8
In general, what languages are spoken in (CHILD)'s home?

[PROBE: "Any others?"]

<table>
<thead>
<tr>
<th>Language</th>
<th>Code</th>
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<tbody>
<tr>
<td>English</td>
<td>1</td>
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<td>Spanish</td>
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<td>Cantonese</td>
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<td>Vietnamese</td>
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<td>Tagalog</td>
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<td>Korean</td>
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</tr>
<tr>
<td>Asian Indian Languages</td>
<td>8</td>
</tr>
<tr>
<td>Russian</td>
<td>9</td>
</tr>
<tr>
<td>Other 1 (Specify: ____________)</td>
<td>91</td>
</tr>
<tr>
<td>Other 2 (Specify: ____________)</td>
<td>92</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>

(Compared to other languages spoken in (CHILD)'s home,) would you say you speak English....

Very well, .......................................................... 1
Fairly well, ....................................................... 2
Not well, or .......................................................... 3
Not at all? ............................................................ 4
Refused ............................................................... -7
Don’t know ............................................................ -8
**EDUCATION OF PRIMARY CARETAKER**

**PROGRAMMING NOTE QC09_H24:**
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC09_H24;
ELSE GO TO PROGRAMMING NOTE QC09_H26

QC09_H24  What is the highest grade of education you have completed and received credit for?

<table>
<thead>
<tr>
<th>GRADE SCHOOL</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1(^{ST}) GRADE</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2(^{ND}) GRADE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3(^{RD}) GRADE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4(^{TH}) GRADE</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5(^{TH}) GRADE</td>
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<td>6(^{TH}) GRADE</td>
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<td>7(^{TH}) GRADE</td>
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<td></td>
</tr>
<tr>
<td>8(^{TH}) GRADE</td>
<td>8</td>
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</table>

<table>
<thead>
<tr>
<th>HIGH SCHOOL OR EQUIVALENT</th>
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<tbody>
<tr>
<td>9(^{TH}) GRADE</td>
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<td>10(^{TH}) GRADE</td>
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<td>11(^{TH}) GRADE</td>
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<tr>
<td>12(^{TH}) GRADE</td>
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<table>
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<tr>
<th>4-YEAR COLLEGE OR UNIVERSITY</th>
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<tr>
<td>1(^{ST}) YEAR (FRESHMAN)</td>
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<td>2(^{ND}) YEAR (SOPHOMORE)</td>
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<tr>
<td>3(^{RD}) YEAR (JUNIOR)</td>
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<td></td>
</tr>
<tr>
<td>4(^{TH}) YEAR (SENIOR)</td>
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<td></td>
</tr>
<tr>
<td>5(^{TH}) YEAR</td>
<td>17</td>
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<table>
<thead>
<tr>
<th>GRADUATE OR PROFESSIONAL SCHOOL</th>
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<tbody>
<tr>
<td>1(^{ST}) YEAR GRAD OR PROF SCHOOL</td>
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</tr>
<tr>
<td>2(^{ND}) YEAR GRAD OR PROF SCHOOL (MA/MS)</td>
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<td></td>
</tr>
<tr>
<td>3(^{RD}) YEAR GRAD OR PROF SCHOOL</td>
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<td></td>
</tr>
<tr>
<td>MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD)</td>
<td>21</td>
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<table>
<thead>
<tr>
<th>2-YEAR JUNIOR OR COMMUNITY COLLEGE</th>
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</thead>
<tbody>
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<td>1(^{ST}) YEAR</td>
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<td></td>
</tr>
<tr>
<td>2(^{ND}) YEAR</td>
<td>23</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VOCATIONAL, BUSINESS, OR TRADE SCHOOL</th>
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</tr>
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<tbody>
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<td>1(^{ST}) YEAR</td>
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<td></td>
</tr>
<tr>
<td>2(^{ND}) YEAR</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>MORE THAN 2 YEARS</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>HAD NO FORMAL EDUCATION</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
<td></td>
</tr>
</tbody>
</table>
Those are my final questions. I appreciate your patience. Finally, do you think you would be willing to do a follow-up to this survey some time in the future?

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

Thank you. You have helped with a very important statewide survey. If you have any questions, you can contact Dr. Brown, the Principal Investigator. Do you want that number? [IF YES, SAY: Dr. Brown can be reached toll-free at 1-866-275-2447. IF NO, SAY: Goodbye.]