CHIS 2003 Child Questionnaire

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

Version 6 February, 2004

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- California Department of Health Services
- Public Health Institute

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NOTE: the numbering system used in this questionnaire version is subject to change. Question wording reflects the administration of the CHIS 2003 Child interview. Skip instructions are generally accurate; please consult the CHIS 2003 Data Dictionary Public Use File: Child Survey for more information on the population universe answering a specific question.

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Section A – Demographic Information Part I, Health Status and Conditions

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.

QC03_1 Is (CHILD) male or female?
[CA1]
MALE .......................................................................................................... 1
FEMALE ..................................................................................................... 2
REFUSED ................................................................................................. -7

QC03_2 What is {his/her} date of birth?
[CA2]
_____ MONTH     _____ DAY                    _____ YEAR
[GO TO QC03_4]
REFUSED ................................................................................................. -7
DON’T KNOW ........................................................................................... -8

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

QC03_3 How old is {he/she}?
[CA3]
_____ YEARS
   ____ MONTHS
REFUSED ................................................................................................. -7
DON’T KNOW ........................................................................................... -8

QC03_4 How much did {he/she} weigh at birth?
[CA13]
_____ POUNDS     _____ OUNCES
_____ KILOGRAMS
REFUSED ................................................................................................. -7
DON’T KNOW ........................................................................................... -8

PROGRAMMING NOTE QC03_5:
IF CAGE > 3 YEARS, GO TO QC03_8
ELSE CONTINUE WITH QC03_5

QC03_5 Was (CHILD) ever breastfed or fed breast milk?
[CA14]
YES ............................................................................................................. 1
NO............................................................................................................... 2
REFUSED ................................................................................................... -7
DON’T KNOW ............................................................................................. -8

[GO TO QC03_7]
**QC03_6** How old was (CHILD) when {you /(CHILD)'s mother} stopped breastfeeding altogether?

[CA15]

- _______ DAYS
- _______ WEEKS
- _______ MONTHS
- _______ YEARS

STILL BREASTFEEDING............................................................................. -1
REFUSED ................................................................................................... -7
DON'T KNOW .......................................................................................... -8

**QC03_7** How old was (CHILD) when you began giving {him/her} baby food or other solid foods? When I say solid foods I mean anything other than milk, formula, juice, water, herbs or teas.

[CA16]

- _______ MONTHS

NOT SOLID FOOD YET ........................................................................... 0
REFUSED ................................................................................................... -7
DON'T KNOW .......................................................................................... -8

**QC03_8** About how tall is (CHILD) now without shoes?

[CA4]

- _______ FEET      _______ INCHES
- _______ METERS    _______ CENTIMETERS

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

**QC03_9** About how much does (CHILD) weigh now without shoes?

[CA5]

- _______ POUNDS
- _______ KILOGRAMS

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

**QC03_10** 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

**QC03_11** Does (CHILD) currently need or use medicine prescribed by a doctor, other than vitamins?

[IF NEEDED, SAY: "This only applies to medications prescribed by a doctor. Over-the-counter medications such as cold or headache medication, or other vitamins, minerals, or supplements purchased without a prescription are not included."]

[CA17]

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

[GO TO QC03_14]
QC03_12  Is (his/her) need for prescription medicine because of any medical, behavioral, or other health condition?

[CA18]  
YES .............................................................................................................1  
NO............................................................................................................... 2  
REFUSED ...................................................................................................-7  
DON'T KNOW .............................................................................................-8  

[GO TO QC03_14]

QC03_13  Is this a condition that has lasted or is expected to last for 12 months or longer?

[CA19]  
YES .............................................................................................................1  
NO............................................................................................................... 2  
REFUSED ...................................................................................................-7  
DON'T KNOW .............................................................................................-8

QC03_14  Does (CHILD) need or use more medical care, (mental health, or educational services) than is usual for most children (his/her) age?

[CA20]  
YES .............................................................................................................1  
NO............................................................................................................... 2  
REFUSED ...................................................................................................-7  
DON'T KNOW .............................................................................................-8

[GO TO QC03_17]

QC03_15  Is (his / her) need for medical care, mental health or educational services because of any medical, behavioral, or other health condition?

[CA21]  
YES .............................................................................................................1  
NO............................................................................................................... 2  
REFUSED ...................................................................................................-7  
DON'T KNOW .............................................................................................-8

[GO TO QC03_17]

QC03_16  Is this a condition that has lasted or is expected to last for 12 months or longer?

[CA22]  
YES .............................................................................................................1  
NO............................................................................................................... 2  
REFUSED ...................................................................................................-7  
DON'T KNOW .............................................................................................-8

QC03_17  Does (CHILD) need or get special therapy, such as physical, occupational or speech therapy?

[CA23]  
YES .............................................................................................................1  
NO............................................................................................................... 2  
REFUSED ...................................................................................................-7  
DON'T KNOW .............................................................................................-8

[GO TO QC03_20]

QC03_18  Is (his / her) need for special therapy because of any medical, behavioral, or other health condition?

[CA24]  
YES .............................................................................................................1  
NO............................................................................................................... 2  
REFUSED ...................................................................................................-7  
DON'T KNOW .............................................................................................-8

[GO TO QC03_20]

QC03_19  Is this a condition that has lasted or is expected to last for 12 months or longer?

[CA25]  
YES .............................................................................................................1  
NO............................................................................................................... 2  
REFUSED ...................................................................................................-7  
DON'T KNOW .............................................................................................-8
**QC03_20** Is (CHILD) limited or prevented in any way in {his/her} ability to do the things most children the same age can do?

[IF NEEDED, SAY: "A child is limited or prevented when there are things that {he/she} can't do as much or can't do at all that most children the same age can."]

<table>
<thead>
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<th>YES</th>
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</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
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</tbody>
</table>

[GO TO QC03_23]

**QC03_21** Is {his / her} limitation in abilities because of a medical, behavioral or other health condition?

<table>
<thead>
<tr>
<th>YES</th>
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</thead>
<tbody>
<tr>
<td>NO</td>
<td>2</td>
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[GO TO QC03_23]

**QC03_22** Is this a condition that has lasted or is expected to last for 12 months or longer?

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

**QC03_23** Does (CHILD) have any kind of emotional, developmental, or behavioral problem for which {he/she} needs treatment or counseling?

[IF NEEDED, SAY:  "Treatment or Counseling include medication, therapy, or help a child may get for his/her emotional, developmental, or behavioral problem. Examples of emotional problems are depression or schizophrenia. Developmental problems include being slower to do new things or stunted growth. Behavioral problems include aggressive behavior or Attention Deficit Disorder."]

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

**PROGRAMMING NOTE QC03_24:**
IF CAGE < 36 MONTHS, GO TO QC03_26 INTRO
ELSE IF CAGE ≥ 36 MONTHS, CONTINUE WITH QC03_24

**QC03_24** Has (CHILD)'s emotional, developmental or behavioral problem lasted, or is it expected to last, for 12 months or longer?

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

**PROGRAMMING NOTE QC03_25:**
IF CAGE < 36 MONTHS, GO TO QC03_26 INTRO
ELSE IF CAGE ≥ 36 MONTHS, CONTINUE WITH QC03_25

**QC03_25** Has a doctor or psychologist ever told you that (CHILD) has attention deficit disorder, ADD or ADHD?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<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>

C-4
**QC03_26 INTRO** These next questions are specifically about asthma.

**QC03_26** Has a doctor ever told you that (CHILD) has asthma?

[CA12]
- YES .............................................................................................................1
- NO ...............................................................................................................2
- REFUSED ...................................................................................................-7
- DON’T KNOW ...........................................................................................-8

[GO TO CA35]

**QC03_27** How old was (CHILD) when you were first told by a doctor that (he/she) had asthma?

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

[CA30]
- ______ AGE IN YEARS
- REFUSED ...................................................................................................-7
- DON’T KNOW ...........................................................................................-8

**QC03_28** Does (CHILD) still have asthma?

[CA31]
- YES .............................................................................................................1
- NO ...............................................................................................................2
- REFUSED ...................................................................................................-7
- DON’T KNOW ...........................................................................................-8

**QC03_29** 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 QC03_30:**

IF QC03_28 =2, -7, or –8 AND CA29=2, -7, or –8 GO TO QC03_34
ELSE CONTINUE WITH QC03_30

**QC03_30** 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? ................................................................................................4
- REFUSED ...................................................................................................-7
- DON’T KNOW ...........................................................................................-8
QC03_31  During the past 12 months, has (CHILD) had to visit a hospital emergency room or urgent care clinic because of [his/her] asthma?

[CA33]  YES ..............................................................................................1
NO .................................................................................................2
REFUSED .......................................................................................-7
DON'T KNOW ...............................................................................-8

QC03_32  Is (CHILD) now taking a daily medication to control [his/her] asthma that was prescribed or given to you by a doctor?

[CA12A]  YES ..............................................................................................1
NO .................................................................................................2
REFUSED .......................................................................................-7
DON'T KNOW ...............................................................................-8

QC03_33  During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?

[CA34]  NUMBER OF DAYS
NOT APPLICABLE (CHILD NOT IN DAYCARE OR SCHOOL) ..................93
REFUSED .......................................................................................-7
DON'T KNOW ...............................................................................-8

QC03_34  Has a doctor or other health professional ever given you an asthma management plan for (CHILD)?

[IF NEEDED, SAY “An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room”]

[INCLUDE NURSES AND ASTHMA EDUCATORS]

[CA35]  YES ..............................................................................................1
NO .................................................................................................2
REFUSED .......................................................................................-7
DON'T KNOW ...............................................................................-8

QC03_35  During the past 12 months, has (CHILD) had a wheezing or whistling sound in [his/her] chest?

[CA36]  YES ..............................................................................................1
NO .................................................................................................2
REFUSED .......................................................................................-7
DON'T KNOW ...............................................................................-8

QC03_36  During the past 12 months, how many attacks of wheezing or whistling has [he/she] had in [his/her] chest?

[CA37]  ATTACKS
REFUSED .......................................................................................-7
DON'T KNOW ...............................................................................-8

QC03_37  During the past 12 months, how many times have you sought any medical help for this breathing problem?

[CA38]  NEVER ..........................................................................................0
ATTACKS [HR: 1-365]
REFUSED .......................................................................................-7
DON'T KNOW ...............................................................................-8
QC03_38  During the past 12 months, how many days of day care or school did (he/she) miss due to this breathing problem?

[CA39]  SPACE NUMBER OF DAYS
NOT APPLICABLE (CHILD NOT IN DAYCARE OR SCHOOL).................... 93
REFUSED ............................................................................................. -7
DON'T KNOW ....................................................................................... -8
Section B – Injuries and Injury Prevention

**QC03_39**  
Turning to injuries, during the past 12 months, was (CHILD) injured seriously enough that {he/she} got medical advice or treatment?

[CB1]  
YES ............................................................................................................. 1  
NO ............................................................................................................... 2  
REFUSED ................................................................................................. -7  
DON’T KNOW ......................................................................................... -8

**QC03_40**  
How many times did that happen during the past 12 months? That (CHILD AGE/NAME/SEX) was injured seriously enough that {he/she/he or she} got medical advice or treatment?

[CB2]  
____________ TIMES

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

**PROGRAMMING NOTE QC03_41:** IF QC03_40 = 0, SKIP TO QC03_43; ELSE CONTINUE WITH QC03_41; IF QC03_40 = 1, DO NOT DISPLAY “most serious”;

**QC03_41**  
What was the cause of the (most serious) injury?

[CB3]  
MOTOR VEHICLE - OCCUPANT............................................................... 1  
MOTOR VEHICLE-PEDESTRIAN............................................................... 2  
BICYCLE-RELATED .................................................................................. 3  
ACCIDENTAL FALL ................................................................................... 4  
HIT OR CUT BY FLYING OBJECT ............................................................ 5  
SWIMMING, BOATING, OTHER NEAR DROWNING............................... 6  
FIRE/BURN/SCALD .................................................................................. 7  
ACCIDENTAL POISONING ..................................................................... 8  
SPORTS-RELATED ................................................................................... 9  
OTHER...................................................................................................... 91  
REFUSED ................................................................................................. -7  
DON’T KNOW ........................................................................................... -8

**QC03_42**  
Did (CHILD) reduce {his/her/his or her} physical activity for some period of time because of this injury?

[CB5]  
YES ............................................................................................................. 1  
NO ............................................................................................................... 2  
REFUSED ................................................................................................. -7  
DON’T KNOW ........................................................................................... -8

**PROGRAMMING NOTE QC03_43**  
IF CAGE <4 YEARS, GO TO QC03_45 INTRO; ELSE IF CAGE >= 4 YEARS, CONTINUE WITH QC03_43

**QC03_43**  
Has (CHILD) ridden a bike in the past year?

[CB6]  
YES ............................................................................................................. 1  
NO ............................................................................................................... 2  
REFUSED ................................................................................................. -7  
DON’T KNOW ........................................................................................... -8

[GO TO PN QC03_43]
QC03_44  How often does (he/she) wear a helmet when riding a bicycle? Would you say...

[CB7] always ................................................................. 1
usually ................................................................. 2
sometimes or ....................................................... 3
never? ................................................................. 4
REFUSED ................................................................. -7
DON'T KNOW ............................................................. -8

QC03_45 INTRO  I am going to read a list of things parents sometimes do to make their home safer for infants and young children.  Have you ever...

QC03_45  Put up baby gates for stairs or doors, window guards or other barriers?

[CB10] YES ................................................................. 1
NO ................................................................. 2
REFUSED ................................................................. -7
DON'T KNOW ............................................................. -8

QC03_46  Put locks or safety latches on cabinets where things like cleaning supplies are kept?

[CB11] YES ................................................................. 1
NO ................................................................. 2
REFUSED ................................................................. -7
DON'T KNOW ............................................................. -8

QC03_47  Put padding around sharp edges such as coffee tables or fireplaces?

[CB12] YES ................................................................. 1
NO ................................................................. 2
REFUSED ................................................................. -7
DON'T KNOW ............................................................. -8

QC03_48  Covered electrical outlets so your child could not insert (his/her) fingers or other things?

[CB13] YES ................................................................. 1
NO ................................................................. 2
REFUSED ................................................................. -7
DON'T KNOW ............................................................. -8

QC03_49  Turned down the temperature of the hot water heater?

[CB14] YES ................................................................. 1
NO ................................................................. 2
REFUSED ................................................................. -7
DON'T KNOW ............................................................. -8
Section C – Dental Health and Health Behaviors

PROGRAMMING NOTE QC03_50:
IF CAGE > 2 YEARS, GO TO QC03_51
ELSE CONTINUE WITH QC03_50

QC03_50 These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

[CC1]
YES .............................................................................................................1
NO...............................................................................................................2
REFUSED ...................................................................................................-7
DON'T KNOW .............................................................................................-8

QC03_51 These next questions are about (CHILD)'s dental health. About how long has it been since your child last visited a dentist or a dental clinic? Include dental hygienists and all types of dental specialists.

[CC5]
HAS NEVER VISITED .................................................................................0
LESS THAN 6 MONTHS AGO .................................................................1
6 MONTHS UP TO 1 YEAR AGO ..........................................................2
1 YEAR UP TO 2 YEARS AGO .............................................................3
2 YEARS UP TO 5 YEARS AGO ...............................................................4
MORE THAN 5 YEARS AGO ...................................................................5
REFUSED ...................................................................................................-7
DON'T KNOW .............................................................................................-8

QC03_52 Is there a particular dentist or place you usually go to for (CHILD)'s dental care?

[CC16]
YES .............................................................................................................1
NO...............................................................................................................2
REFUSED ...................................................................................................-7
DON'T KNOW .............................................................................................-8

QC03_53 During the past 12 months, was there any time your child needed dental care, but you could not afford it?

[CC17]
YES .............................................................................................................1
NO...............................................................................................................2
REFUSED ...................................................................................................-7
DON'T KNOW .............................................................................................-8

QC03_54 Did (he/she) need a check-up, or did (he/she) have a dental problem?

[CC6]
CHECKUP ..................................................................................................1
PROBLEM .................................................................................................2
BOTH ...........................................................................................................3
REFUSED ...................................................................................................-7
DON'T KNOW .............................................................................................-8

PROGRAMMING NOTE QC03_55:
IF CAGE<5 YEARS, GO TO QC03_57
ELSE IF CAGE ≥5 YEARS, CONTINUE WITH QC03_55

QC03_55 During the past 12 months, did (he/she) miss any time from school because of a dental problem? Do not count time missed for cleaning or a check-up.

[CC18]
YES .............................................................................................................1
NO...............................................................................................................2
REFUSED ...................................................................................................-7
DON'T KNOW .............................................................................................-8
**QC03_56**  How many days of school did (CHILD) miss because of dental problems?

[CC19]

<table>
<thead>
<tr>
<th>Days</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN A DAY</td>
<td>-1</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>

**QC03_57**  Do you now have any type of insurance that pays for part or all of (CHILD)'s dental care?  

[IF NEEDED, PROBE: "Your insurance may be dental insurance, prepaid dental plans such as HMOs, or government programs such as Medi-cal or Healthy Families. Do not include free programs."]

[CC7A]

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

**QC03_58**  Who pays for this dental insurance, not counting co-pays or deductibles you may have?

- SELF OR FAMILY ................................................................. 1
- RESPONDENT'S CURRENT OR FORMER EMPLOYER OR UNION ....... 2
- SPOUSE'S CURRENT OR FORMER EMPLOYER OR UNION .......... 3
- SOMEONE OUTSIDE HOUSEHOLD .............................................. 4
- MEDICARE ............................................................................... 5
- MEDI-CAL (MEDICAID) DENTI-CAL ........................................ 6
- HEALTHY FAMILIES PROGRAM ............................................. 7
- OTHER GOVERNMENT DENTAL PROGRAM (E.G., HEALTHY KIDS IN SANTA CLARA AND SF COUNTIES, HEALTHY SMILES IN ALAMEDA COUNTY)8
- INDIAN HEALTH SERVICE .................................................... 9
- OTHER ................................................................................... 91
- REFUSED ............................................................................... -7
- DON'T KNOW ......................................................................... -8

**PROGRAMMING NOTE QC03_59:**  
ASK QC03_59 ONLY AS CONFIRMATORY QUESTION FOR THOSE WHO SAID THEIR CHILD HAD NO DENTAL INSURANCE BUT SAID THEY HAD MEDI-CAL FOR HEALTH INSURANCE  
ELSE GO TO PROGRAMMING NOTE QC03_60

**QC03_59**  Earlier we learned that (CHILD) is covered by Medi-Cal. Does Medi-Cal cover dental care for {him/her}?

[CC21]

<table>
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<tr>
<th>Response</th>
<th>Value</th>
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<tbody>
<tr>
<td>YES</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>

**PROGRAMMING NOTE QC03_60:**  
ASK QC03_60 ONLY AS CONFIRMATORY QUESTION FOR THOSE WHO SAID THEY/THEIR CHILD HAD NO DENTAL INSURANCE BUT SAID THEY HAD "HEALTHY FAMILIES" FOR HEALTH INSURANCE  
ELSE GO TO QC03_61 PROGRAMMING NOTE

**QC03_60**  Earlier we learned that (CHILD) is covered by the Healthy Families Program. Does Healthy Families cover dental care for {him/her}?

[CC22]

<table>
<thead>
<tr>
<th>Response</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Now I'm going to ask you some questions about the foods your child ate yesterday, including both meals and snacks. Yesterday, how many glasses or small cartons of milk did (he/she) drink?

[CC11]  
_____ GLASSES  
REFUSED ................................................................. -7  
DON'T KNOW ............................................................. -8  

Yesterday, how many glasses or cans of soda (such as Coke) or other sweetened drinks (such as fruit punch or Sunny Delight) did (he/she) drink? Do not count diet and sugar-free drinks.

[CC12]  
_____ GLASSES, CANS OR BOTTLES  
REFUSED ................................................................. -7  
DON'T KNOW ............................................................. -8  

Yesterday, how many glasses or small cartons of 100% juice (such as orange or apple juice) did (he/she) drink? Do not count the drinks you counted before.

[CC10]  
_____ GLASSES  
REFUSED ................................................................. -7  
DON'T KNOW ............................................................. -8  

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

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

[CC13]  
_____ SERVINGS  [HR: 0-20; SR: 0-9]  
REFUSED ................................................................. -7  
DON'T KNOW ............................................................. -8  

Yesterday, how many servings of French fries or other fried potato did (he/she) have, not including potato chips?

[CC14]  
_____ SERVINGS  
REFUSED ................................................................. -7  
DON'T KNOW ............................................................. -8  

Yesterday, how many servings of vegetables like corn, green beans, green salad, or other vegetables did (he/she) have?

[CC15]  
_____ SERVINGS  [HR: 0-20; SR: 0-4]  
REFUSED ................................................................. -7  
DON'T KNOW ............................................................. -8  

Yesterday, how many times did (he/she) eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout or drive thru.

[IF NEEDED, SAY: “Such as food you get at McDonald's, Burger King, or Taco Bell.”]

[CC23]  
_____ TIMES  [HR: 0-20; SR: 0-4]  
REFUSED ................................................................. -7  
DON'T KNOW ............................................................. -8
**QC03_68**  
Yesterday, how many servings of high sugar foods such as cookies, candy, doughnuts, pastries, cake or popsicles did {he/she} have?

<table>
<thead>
<tr>
<th>[CC24]</th>
<th>_____ SERVINGS</th>
<th>[HR: 0-20; SR: 0-4]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QC03_69:**
IF CAGE ≤ 4, GO TO QC03_71
ELSE CONTINUE WITH QC03_69

**QC03_69**  
About how physically active is (CHILD) compared to other children {his/her} age. Would you say…

<table>
<thead>
<tr>
<th>[CC25]</th>
<th>about the same</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a lot less</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>a little less</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>a little more physically active or</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>a lot more</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QC03_70**  
In the past week, how many days did {he/she} play actively enough to make {him/her} breathe hard, or make {his/her} heart beat fast?

<table>
<thead>
<tr>
<th>[CC26]</th>
<th>________ DAYS</th>
<th>[RANGE: 0-7]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Section D – Access and Utilization

**QC03_71** 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 [GO TO PN QC03_72] NO .............................................................................................................. 2 [GO TO QC03_74] DOCTOR/HIS/HER DOCTOR ................................................................. 3 KAISER ........................................................................................................... 4 MORE THAN ONE PLACE ...................................................................... 5 REFUSED ........................................................................................................ 7 DON’T KNOW ............................................................................................. 8

**PROGRAMMING NOTE QC03_72:** IF QC03_71 = (1, 5, -7 OR -8), SAY ”What kind of place do you take {him/her/him or her} to most often—a medical doctor's office”;
ELSE IF QC03_71 = 3 DISPLAY “Is his {his/her/his or her} doctor in a private doctor’s office”;
ELSE IF QC03_71 = 4, FILL QC03_73=1 AND SKIP TO QC03_76;

**QC03_72** {Is {his/her} doctor in a private / What kind of place do you take {him/her} to most often -- a medical} doctor’s office, a clinic or hospital clinic, an emergency room, or some other place?

[CD3] DOCTOR’S OFFICE/KAISER/OTHER HMO............................................. 1 [GO TO QC03_74] CLINIC/HEALTH CENTER/HOSPITAL CLINIC ....................................... 2 EMERGENCY ROOM .................................................................................. 3 SOME OTHER PLACE (SPECIFY): ____________________ ..................... 91 NO ONE PLACE ......................................................................................... 94 REFUSED ...................................................................................................... 7 DON’T KNOW ............................................................................................. 8

**QC03_73** A personal doctor or nurse is a health professional who knows your child well and is familiar with your child’s history. Is there one person you think of as your child’s personal doctor or nurse?

[CD24] YES ............................................................................................................. 1 NO .................................................................................................................. 2 REFUSED ...................................................................................................... 7 DON’T KNOW ............................................................................................. 8

**QC03_74** During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

[CD6] TIMES REFUSED ....................................................................................... 7 DON’T KNOW ............................................................................................. 8

**PROGRAMMING NOTE QC03_75:** IF QC03_74 = (0, -7, -8) (NONE, REF/DK), CONTINUE WITH QC03_75;
ELSE IF QC03_74 > 0, GO TO QC03_76

**QC03_75** 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 QC03_76:**
IF QC03_75 = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QC03_76; ELSE GO TO QC03_80

QC03_76  The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?
[CD25]
YES ............................................................................................................1
NO ..............................................................................................................2
NEVER ACCOMPANIED CHILD TO THE DOCTOR ..................................-6
REFUSED .................................................................................................-7
DON'T KNOW ..........................................................................................-8 [GO TO QC03_80]

QC03_77  Was this because you and the doctor spoke different languages?
[CD26]
YES ............................................................................................................1
NO ..............................................................................................................2
REFUSED .................................................................................................-7
DON'T KNOW ..........................................................................................-8

QC03_78  Did you need someone else to help you understand the doctor?
[CD27]
YES ............................................................................................................1
NO ..............................................................................................................2
REFUSED .................................................................................................-7
DON'T KNOW ..........................................................................................-8 [GO TO QC03_80]

QC03_79  Who was this person who helped you understand the doctor?
[CD28]
MINOR CHILD (UNDER AGE 18) ..............................................................1
AN ADULT FAMILY MEMBER OR FRIEND...............................................2
DOCTOR, NURSE OR OTHER MEDICAL STAFF ....................................4
OTHER OFFICE STAFF ............................................................................3
PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE). ......................................................5
OTHER (PATIENTS, SOMEONE ELSE) ....................................................6
DID NOT HAVE SOMEONE TO HELP ....................................................7
REFUSED .................................................................................................-7
DON'T KNOW ..........................................................................................-8

QC03_80  Have you received reminders from a doctor or clinic about when it is time for (CHILD) to get (his/her) shots?
[CD8]
YES ...........................................................................................................  1
NO .............................................................................................................  2
DON'T HAVE DOCTOR/CLINIC ................................................................  3
REFUSED .................................................................................................-7
DON'T KNOW ..........................................................................................-8

**PROGRAMMING NOTE QC03_81**
IF QC03_31 = 1, GO TO QC03_82; ELSE CONTINUE WITH QC03_81

QC03_81  During the past 12 months, did (CHILD) visit a hospital emergency room?
[CD12]
YES .............................................................................................................1
NO .............................................................................................................  2
REFUSED .................................................................................................-7
DON'T KNOW ..........................................................................................-8
Section E – Delays in Care, Public Program Participation

QC03_82  During the past 12 months, did you delay or not get a medicine that a doctor prescribed for (CHILD)?

[CE1]  
YES........................................................................................................... 1
NO........................................................................................................... 2
REFUSED ................................................................................................. -7
DON’T KNOW ........................................................................................... -8

[GO TO QC03_85]

QC03_83  Was cost or lack of insurance a reason why you delayed or did not get a medicine that a doctor prescribed for (CHILD)?

[CE12]  
YES ........................................................................................................... 1
NO........................................................................................................... 2
REFUSED ................................................................................................. -7
DON’T KNOW ........................................................................................... -8

QC03_84  Was the prescription related to (CHILD)’s asthma?

[CE2]  
YES ........................................................................................................... 1
NO........................................................................................................... 2
REFUSED ................................................................................................. -7
DON’T KNOW ........................................................................................... -8

QC03_85  During the past 12 months, did you delay or not get any other medical care that you felt (he/she) needed—such as seeing a doctor, a specialist or other health professional?

[CE7]  
YES ........................................................................................................... 1
NO........................................................................................................... 2
REFUSED ................................................................................................. -7
DON’T KNOW ........................................................................................... -8

[GO TO QC03_88]

QC03_86  Was cost or lack of insurance a reason why you delayed or did not get any other medical care for (CHILD)?

[CE13]  
YES ........................................................................................................... 1
NO........................................................................................................... 2
REFUSED ................................................................................................. -7
DON’T KNOW ........................................................................................... -8

[GO TO QC03_88]

QC03_87  Was this care related to (CHILD)’s asthma?

[CE8]  
YES ........................................................................................................... 1
NO........................................................................................................... 2
REFUSED ................................................................................................. -7
DON’T KNOW ........................................................................................... -8

PROGRAMMING NOTE QC03_84:
IF QC03_26 = 1 (ASTHMA=YES), CONTINUE WITH QC03_84;
ELSE GO TO QC03_85

PROGRAMMING NOTE QC03_87:
IF QC03_26 = 1 (ASTHMA=YES), CONTINUE WITH QC03_87
ELSE GO TO QC03_88
**QC03_88** Is (CHILD) now on TANF or CalWORKS?

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

[CE11]

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

**QC03_89** Is (CHILD) receiving Food Stamp benefits?

*IF NEEDED, SAY "You may receive benefits as stamps or through an EBT card."
"The EBT card is orange and blue with a picture of the Ocean."
"EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card. It is used by some counties in the state."

[CE11A]

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

**PROGRAMMING NOTE QC03_90**

IF CAGE > 6, GO TO QC03_91;  
ELSE CONTINUE WITH QC03_90

**QC03_90** Is (CHILD) on WIC now?

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

[CE11C]

YES ........................................................................................................... 1  
NO ............................................................................................................. 2  
REFUSED ................................................................................................. -7  
DON'T KNOW ........................................................................................... -8
Section F – Childcare, Parenting Activities, Developmental Concerns, and Neighborhood Context

PROGRAMMING NOTE QC03_91:
IF CAGE >7, DO NOT READ LAST SENTENCE OF FIRST PARAGRAPH

QC03_91  These next questions are about childcare. By childcare we mean any arrangement where someone other than the parents, legal guardian, or stepparents takes care of (CHILD). (This includes preschool and nursery school, but not kindergarten.)

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

[CG1]
YES ............................................................................................................. 1
NO ........................................................................................................... 2
REFUSED ..............................................................................................-7
DON’T KNOW ......................................................................................-8

[GO TO QC03_100]

QC03_92  Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

[CG2]
_____ HOURS
REFUSED ..............................................................................................-7 [GO TO QC03_100]
DON’T KNOW ......................................................................................-8

PROGRAMMING NOTE QC03_93:
IF QC03_92 < 10 (HOURS IN CHILDCARE), GO TO QC03_100;
ELSE CONTINUE WITH QC03_93INTRO

QC03_93INTRO  I’m going to ask about (CHILD)’s childcare during a typical week. Does (CHILD) receive childcare from...

QC03_93  a grandparent or other family member?

[CG3A]
YES ........................................................................................................... 1
NO ........................................................................................................... 2
REFUSED ..............................................................................................-7
DON’T KNOW ......................................................................................-8

PROGRAMMING NOTE QC03_94
IF CAGE >6, GO TO QC03_96;
ELSE CONTINUE WITH CF3INTRO

QC03_94  a Head Start or state preschool program?

[CG3B]
YES ........................................................................................................... 1
NO ........................................................................................................... 2
REFUSED ..............................................................................................-7
DON’T KNOW ......................................................................................-8

QC03_95  some other preschool or nursery school?

[CG3C]
YES ........................................................................................................... 1
NO ........................................................................................................... 2
REFUSED ..............................................................................................-7
DON’T KNOW ......................................................................................-8
C-19

QC03_96  a childcare center that is not in someone's home?

[CG3D]
YES ........................................................................................................... 1
NO ............................................................................................................. 2
REFUSED ................................................................................................. -7
DON'T KNOW ........................................................................................... -8

QC03_97  a non-family member who cares for (CHILD) in your home?

[CG3E]
YES ........................................................................................................... 1
NO ............................................................................................................. 2
REFUSED ................................................................................................. -7
DON'T KNOW ........................................................................................... -8

QC03_98  a non-family member who cares for (CHILD) in his or her home?

[CG3F]
YES ........................................................................................................... 1
NO ............................................................................................................. 2
REFUSED ................................................................................................. -7
DON'T KNOW ........................................................................................... -8

PROGRAMMING NOTE QC03_99:
IF QC03_93 OR QC03_97 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD’S HOME), GO TO QC03_100;
ELSE IF QC03_94 ≠ 1 AND QC03_95 ≠ 1 AND QC03_96 ≠ 1 AND QC03_98 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME), GO TO CF10;
ELSE IF ONLY ONE OF QC03_94, QC03_95, QC03_96, OR QC03_97 = 1, CONTINUE WITH QC03_99 AND SAY “Is this” AND “provider”;
ELSE CONTINUE WITH QC03_99 AND SAY “Are all of these” AND “providers”

QC03_99  {Is this/Are some or 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

QC03_100  In the past 12 months, was there a time when you could not find childcare for (CHILD) for a week or longer when you needed it?

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

[GO TO PN QC03_102]

QC03_101  What is the main reason you were unable to find childcare for (CHILD) at that time?

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

[CG6]
COULDN'T AFFORD ANY CHILD CARE .................................................. 1
COULDN'T FIND A PROVIDER WITH A SPACE ..................................... 2
THE HOURS AND LOCATION DIDN'T FIT MY NEEDS .............................. 3
COULDN'T AFFORD THE QUALITY OF CHILDCARE I WANTED .............. 4
COULDN'T FIND THE QUALITY OF CHILDCARE I WANTED ................. 5
OTHER REASON .................................................................................... 6
REFUSED ................................................................................................. -7
DON'T KNOW ........................................................................................... -8
PROGRAMMING NOTE QC03_102:
IF CAGE ≥ 4 YEARS, GO TO PROGRAMMING NOTE QC03_105 INTRO;
ELSE CONTINUE WITH QC03_102

QC03_102  In a usual week, about how many days did you or any other family member read stories or look at picture books with (CHILD)?

[CG14]  EVERY DAY .................................................................  1
         3-6 DAYS .................................................................  2
         1-2 DAYS ...............................................................  3
         NEVER .................................................................  4
         REFUSED .................................................................. -7
         DON'T KNOW ......................................................... -8

QC03_103  (In a usual week, about how many days did you or any other family member) play music or sing songs with (CHILD).

[CG15]  EVERY DAY .................................................................  1
         3-6 DAYS .................................................................  2
         1-2 DAYS ...............................................................  3
         NEVER .................................................................  4
         REFUSED .................................................................. -7
         DON'T KNOW ......................................................... -8

QC03_104  (In a usual week, about how many days did you or any other family member) take (CHILD) out somewhere, for example, to the park, grocery store, a playground or a place of worship.

[CG16]  EVERY DAY .................................................................  1
         3-6 DAYS .................................................................  2
         1-2 DAYS ...............................................................  3
         NEVER .................................................................  4
         REFUSED .................................................................. -7
         DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QC03_105 INTRO:
IF CAGE ≤ 9 MONTHS, GO TO QC03_106
ELSE IF CAGE > 9 MONTHS GO TO QC03_108

QC03_105 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 QC03_105:
ASK QC03_105 IF CAGE ≤ 9 MONTHS
ELSE IF CAGE > 9 MONTHS GO TO QC03_106

QC03_106  How your child makes speech sounds? Are you concerned …

[CG17]  a lot.................................................................  1
        a little, or...........................................................  2
        not at all............................................................  3
        REFUSED .......................................................... -7
        DON'T KNOW .................................................. -8

QC03_107  How your child talks and makes words? Are you concerned …

[CG17A]  a lot.................................................................  1
         a little, or...........................................................  2
         not at all............................................................  3
         REFUSED .......................................................... -7
         DON'T KNOW .................................................. -8
### QC03_108
How well your child understands what you say?

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

### QC03_109
How your child uses (his/her) hands and fingers to do things?

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

### QC03_110
How well your child uses (his/her) arms and legs?

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

### QC03_111
How well your child can see or hear?

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

### QC03_112
How your child gets along with others?

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

### QC03_113
Your child’s feelings and moods?

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

### QC03_114
How your child behaves?

- **A LOT** ................................................................. 1  
- **A LITTLE** ............................................................. 2  
- **NOT AT ALL** .......................................................... 3  
- **REFUSED** ............................................................. -7  
- **DON'T KNOW** ....................................................... -8
**QC03_115** How your child is learning to do things for {himself/herself}?

[CG25]  
A LOT ................................................................. 1
A LITTLE ............................................................. 2
NOT AT ALL ....................................................... 3
REFUSED ............................................................ 7
DON'T KNOW ...................................................... 8

**QC03_116** Whether your child can do what other children {his / her} age can do?

[CG26]  
A LOT ................................................................. 1
A LITTLE ............................................................. 2
NOT AT ALL ....................................................... 3
REFUSED ............................................................ 7
DON'T KNOW ...................................................... 8

**PROGRAMMING NOTE QC03_117:**
IF CAGE <18 MONTHS, GO TO QC03_123
ELSE IF CAGE >18 MONTHS CONTINUE WITH QC03_117

**QC03_117** How your child is learning preschool or school skills?

[CG27]  
A LOT .................................................................1
A LITTLE ............................................................. 2
NOT AT ALL ....................................................... 3
REFUSED ............................................................ 7
DON'T KNOW ...................................................... 8

**PROGRAMMING NOTE QC03_118**
IF CHILD'S AGE < 6 YEARS, GO TO QC03_123
ELSE CONTINUE TO QC03_118 INTRO

**QC03_118 INTRO** 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.

**QC03_118** Is generally obedient, usually does what adults request

[CG28]  
NOT TRUE ............................................................ 1
SOMEWHA T TRUE .................................................. 2
CERTAINLY TRUE .................................................. 3
REFUSED ............................................................ 7
DON'T KNOW ...................................................... 8

**QC03_119** Has many worries or often seems worried

[CG29]  
NOT TRUE ............................................................ 1
SOMEWHA T TRUE .................................................. 2
CERTAINLY TRUE .................................................. 3
REFUSED ............................................................ 7
DON'T KNOW ...................................................... 8

**QC03_120** Is often unhappy, depressed or tearful

[CG30]  
NOT TRUE ............................................................ 1
SOMEWHA T TRUE .................................................. 2
CERTAINLY TRUE .................................................. 3
REFUSED ............................................................ 7
DON'T KNOW ...................................................... 8
QC03_121  Gets along better with adults than with other children

[CG31]  
NOT TRUE..................................................................................................1
SOMETHAT TRUE ....................................................................................2
CERTAINLY TRUE ....................................................................................3
REFUSED ...................................................................................................-7
DON'T KNOW .............................................................................................-8

QC03_122  Has good attention span, sees chores or homework through to the end.

[CG32]  
NOT TRUE..................................................................................................1
SOMETHAT TRUE ....................................................................................2
CERTAINLY TRUE ....................................................................................3
REFUSED ...................................................................................................-7
DON'T KNOW .............................................................................................-8

For each of the following statements, would you say you strongly agree, agree, disagree, or strongly disagree?

QC03_123  There are adults in your neighborhood that children admire or look up to.

[IF NEEDED, SAY: "Would you say you strongly agree, agree, disagree, or strongly disagree?"]

[CG33]  
STRONGLY AGREE ................................................................................... 1
AGREE ........................................................................................................ 2
DISAGREE.................................................................................................. 3
STRONGLY DISAGREE ............................................................................. 4
REFUSED ...................................................................................................-7
DON'T KNOW .............................................................................................-8

QC03_124  You can count on adults in your neighborhood to watch out for children, to see that they are safe and don't get in trouble. Would you say you strongly agree, agree, disagree, or strongly disagree?

[CG34]  
STRONGLY AGREE ................................................................................... 1
AGREE ........................................................................................................ 2
DISAGREE.................................................................................................. 3
STRONGLY DISAGREE ............................................................................. 4
REFUSED ...................................................................................................-7
DON'T KNOW .............................................................................................-8

QC03_125  Adults in your neighborhood know who the local children are.

[CG35]  
STRONGLY AGREE ................................................................................... 1
AGREE ........................................................................................................ 2
DISAGREE.................................................................................................. 3
STRONGLY DISAGREE ............................................................................. 4
REFUSED ...................................................................................................-7
DON'T KNOW .............................................................................................-8

QC03_126  Tell me how often you and other people in your neighborhood visit with each other? Would you say often, sometimes, rarely or never?

[CG36]  
OFTHEN............................................................................................... 1
SOMETIMES ........................................................................................... 2
RARELY .................................................................................................... 3
NEVER................................................................................................. 4
REFUSED ...................................................................................................-7
DON'T KNOW .............................................................................................-8
Section G – Demographic Information Part II

QC03_127 So we can be sure we have included children of all races and ethnic groups in California, I need to ask a final few questions about (CHILD)'s background.

Is (CHILD) Latino or Hispanic?

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

[CH1]
YES ............................................................................................................. 1
NO ............................................................................................................... 2
REFUSED ...................................................................................................-7
DON’T KNOW .............................................................................................-8

[GO TO QC03_129]

QC03_128 And what is (his/her) Latino or Hispanic ancestry or origin? – such as Mexican, Salvadorian, Cuban, Honduran – and if (he/she) has more than one, tell me all of them.

[CH2]
MEXICAN/MEXICANO ................................................................. 1
MEXICAN AMERICAN ................................................................. 2
CHICANO ......................................................................................... 3
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 QC03_129:
IF CG1=1 (YES-CHILD IS LATINO), SAY “You said your child is Latino or Hispanic. Also…”
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QC03_129, CONTINUE WITH
PROGRAMMING NOTE QC03_130;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QC03_129  {You said your child is Latino or Hispanic. Also}, please tell me which one or more of the following you
would use to describe (CHILD):  Would you describe {him/her} as Native Hawaiian, Other Pacific Islander,
American Indian, Alaska Native, Asian, Black, African American, or White?

[CH3]

WHITE .......................................................................................................1
[GO TO QC03_136 IF ONLY ONE RACE]

BLACK OR AFRICAN AMERICAN.............................................................2
[GO TO QC03_136 IF ONLY ONE RACE]

ASIAN.........................................................................................................3
[GO TO QC03_136 IF ONLY ONE RACE]

AMERICAN INDIAN, ALASKA NATIVE.......................................................4
[GO TO QC03_136 IF ONLY ONE RACE]

OTHER PACIFIC ISLANDER.....................................................................5
[GO TO QC03_136 IF ONLY ONE RACE]

NATIVE HAWAIIAN....................................................................................6
[GO TO QC03_136 IF ONLY ONE RACE]

OTHER (SPECIFY):_________________________ ................................91
[GO TO QC03_136 IF ONLY ONE RACE]

REFUSED ................................................................................................. -7 [GO TO QC03_136]
DON'T KNOW ...........................................................................................-8 [GO TO QC03_136]

PROGRAMMING NOTE QC03_130:
IF QC03_129 = 4 (AMERICAN INDIAN, ALASKA NATIVE) AND [6 (NATIVE HAWAIIAN) OR 5 (OTHER PACIFIC
ISLANDER) OR 3 (ASIAN) OR 2 (BLACK OR AFRICAN AMERICAN) OR 1 (WHITE) OR 91 (OTHER (Specify))],
CONTINUE WITH QC03_130;
ELSE GO TO PROGRAMMING NOTE QC03_133

QC03_130  You said American Indian/Alaska Native, and what is (CHILD)’s tribal heritage?  If {he/she} has more than
one tribe, tell me all of them.

[CH4]

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
<table>
<thead>
<tr>
<th>QC03_131</th>
<th>Is (CHILD) an enrolled member in a federally or state recognized tribe?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[CH5] YES</td>
<td>.............................................................................................................1</td>
</tr>
<tr>
<td>NO</td>
<td>...............................................................................................................2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>...........................................................................................................-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>...........................................................................................................-8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QC03_132</th>
<th>In which Tribe is (CHILD) enrolled?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[CH6] APACHE</td>
<td>MESCALERO APACHE, NM....................1</td>
</tr>
<tr>
<td>APACHE (NOT SPECIFIED)</td>
<td>........................................2</td>
</tr>
<tr>
<td>OTHER APACHE [Ask for spelling] (SPECIFY):</td>
<td>........................................3</td>
</tr>
<tr>
<td>BLACKFEET/BLACKFOOT</td>
<td>BLACKFEET/BLACKFOOT........................4</td>
</tr>
<tr>
<td>CHEROKEE</td>
<td>WESTERN CHEROKEE..........................5</td>
</tr>
<tr>
<td>CHEROKEE (NOT SPECIFIED)</td>
<td>........................................6</td>
</tr>
<tr>
<td>OTHER CHEROKEE [Ask for spelling] (SPECIFY):</td>
<td>........................................7</td>
</tr>
<tr>
<td>CHOCTAW</td>
<td>CHOCTAW OKLAHOMA.......................8</td>
</tr>
<tr>
<td>CHOCTAW (NOT SPECIFIED)</td>
<td>........................................9</td>
</tr>
<tr>
<td>OTHER CHOCTAW [Ask for spelling] (SPECIFY):</td>
<td>........................................10</td>
</tr>
<tr>
<td>NAVAJO</td>
<td>NAVAJO (NOT SPECIFIED)...................11</td>
</tr>
<tr>
<td>POMO</td>
<td>HOPLAND BAND, HOPLAND RANCHERIA.........................12</td>
</tr>
<tr>
<td>SHERWOOD VALLEY RANCHERIA</td>
<td>........................................13</td>
</tr>
<tr>
<td>POMO (NOT SPECIFIED)</td>
<td>........................................14</td>
</tr>
<tr>
<td>OTHER POMO [Ask for spelling] (SPECIFY):</td>
<td>........................................15</td>
</tr>
<tr>
<td>PUEBLO</td>
<td>HOPI..............................................16</td>
</tr>
<tr>
<td>YSLETA DEL SUR PUEBLO OF TEXAS</td>
<td>........................................17</td>
</tr>
<tr>
<td>PUEBLO (NOT SPECIFIED)</td>
<td>........................................18</td>
</tr>
<tr>
<td>OTHER PUEBLO [Ask for spelling] (SPECIFY):</td>
<td>........................................19</td>
</tr>
<tr>
<td>SIOUX</td>
<td>OGLALA/PINE RIDGE SIOUX ................20</td>
</tr>
<tr>
<td>SIOUX (NOT SPECIFIED)</td>
<td>........................................21</td>
</tr>
<tr>
<td>OTHER SIOUX [Ask for spelling] (SPECIFY):</td>
<td>........................................22</td>
</tr>
<tr>
<td>YAQUI</td>
<td>PASCUA YAQUI TRIBE OF ARIZONA........23</td>
</tr>
<tr>
<td>YAQUI (NOT SPECIFIED)</td>
<td>........................................24</td>
</tr>
<tr>
<td>OTHER YAQUI [Ask for spelling] (SPECIFY):</td>
<td>........................................25</td>
</tr>
<tr>
<td>OTHER</td>
<td>OTHER [Ask for spelling] (SPECIFY): .............................................91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>.................................................-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>.............................................-8</td>
</tr>
</tbody>
</table>
QC03_133  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 QC03_134:
IF QC03_129 = 3 (ASIAN) AND [6 (NATIVE HAWAIIAN) OR 5 (OTHER PACIFIC ISLANDER) OR 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 2 (BLACK OR AFRICAN AMERICAN) OR 1 (WHITE) OR 91 (OTHER (Specify))], CONTINUE WITH QC03_134;
ELSE GO TO PROGRAMMING NOTE QC03_135
** WESTAT PN USES RESPONSES TO QC03_129 + BASE.SURNAME FOR THE OVERSAMPLES, AND SELECTS DIFFERENT TRIOS OF EXAMPLES FROM THE BRACKETED COMBINATIONS IN QC03_134.

QC03_134  You said Asian, and what specific ethnic group is (he/she/he or she), such as {Chinese, Filipino, Vietnamese/Cambodian, Filipino, Vietnamese/Indian, Filipino, Vietnamese/Japanese, Filipino, Vietnamese/Korean, Filipino, Vietnamese/Chinese, Filipino? If (he/she/he or she) is more than one, tell me all of them.

[CH7]  
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 QC03_135:
IF QC03_129 = 5 (PACIFIC ISLANDER) AND [6 (NATIVE HAWAIIAN) OR 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 3 (ASIAN) OR 2 (BLACK OR AFRICAN AMERICAN) OR 1 (WHITE) OR 91 (OTHER (Specify))], CONTINUE WITH QC03_135; ELSE GO TO QC03_136

QC03_135 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]
SAMOAN/AMERICAN SAMOAN................................................................. 1
GUAMANIAN............................................................................................... 2
TONGAN..................................................................................................... 3
FIJIAN ......................................................................................................... 4
OTHER PACIFIC ISLANDER (SPECIFY): _______________________________91
REFUSED ................................................................................................. 7
DON'T KNOW ............................................................................................-8

QC03_136 In what country was (CHILD) born?

[CH8]
UNITED STATES........................................................................................... 1
AMERICAN SAMOA.....................................................................................2
CANADA .......................................................................................................3
CHINA .........................................................................................................4
EL SALVADOR ............................................................................................5
ENGLAND .................................................................................................6
FRANCE ......................................................................................................7
GERMANY ..................................................................................................8
GUAM ........................................................................................................9
GUATEMALA .............................................................................................10
HUNGARY ................................................................................................11
INDIA .........................................................................................................12
IRAN .........................................................................................................13
IRELAND ..................................................................................................14
ITALY ........................................................................................................15
JAPAN .......................................................................................................16
KOREA ......................................................................................................17
MEXICO ...................................................................................................18
PHILIPPINES ...........................................................................................19
POLAND ..................................................................................................20
PORTUGAL ...............................................................................................21
PUERTO RICO ........................................................................................22
RUSSIA ....................................................................................................23
TAIWAN ..................................................................................................24
VIETNAM ................................................................................................25
VIRGIN ISLANDS .....................................................................................26
OTHER (SPECIFY):____________________________________________________91
REFUSED ................................................................................................. 7
DON'T KNOW ............................................................................................-8
PROGRAMMING NOTE QC03_137:
IF QC03_136 = 1, 2, 10, OR 25 (UNITED STATES OR ITS TERRITORIES), GO TO QC03_140;
ELSE CONTINUE WITH QC03_137

QC03_137  Is (CHILD) a citizen of the United States?

[CH8A]
YES ............................................................................................................. 1 [GO TO QC03_139]
NO ........................................................................................................... 2
APPLICATION PENDING ........................................................................... 3
REFUSED ................................................................................................. -7
DON’T KNOW ............................................................................................-8

QC03_138  Is (CHILD) a permanent resident with a green card?

[CH9]
YES ........................................................................................................... 1
NO ........................................................................................................... 2
APPLICATION PENDING ......................................................................... 3
REFUSED ................................................................................................. -7
DON’T KNOW ........................................................................................... -8

QC03_139  About how many years has (CHILD) lived in the United States?

[CH10]
_______(NUMBER OF YEARS)  [RANGE 0-11]
OR
_______ YEAR (FIRST CAME TO LIVE IN U.S.)  [RANGE: 1988-2000]
REFUSED ................................................................................................. -7
DON’T KNOW ............................................................................................-8
PROGRAMMING NOTE QC03_140:
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH CG14 AND SAY "were you";
ELSE, CONTINUE WITH QC03_140 AND SAY "was his mother/was her mother"

QC03_140  In what country {were you/was his mother/was her mother} born?

[CH11]
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 QC03_141:
IF QC03_140 = 1, 2, 10 OR 25 (UNITED STATES OR ITS TERRITORIES), GO TO QC03_144;
ELSE IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC03_141 AND QC03_142 (IF APPLICABLE) AND SAY "Are you" IN BOTH QUESTIONS;
ELSE, CONTINUE WITH QC03_141 AND QC03_142 (IF APPLICABLE) AND SAY "Is {his/her/his or her} mother" IN BOTH QUESTIONS

QC03_141  {Are you/Is {his/her/his or her} mother} a citizen of the United States?

[CH11A]
YES ............................................................................................................1
[GO TO PROGRAMMING NOTE CG17]
NO ............................................................................................................2
APPLICATION PENDING .........................................................................3
REFUSED ...............................................................................................-7
DON'T KNOW .........................................................................................-8

QC03_142  {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 QC03_143:
IF RESPONDENT IS PARENT AND FEMALE GO TO PROGRAMMING NOTE QC03_144;
ELSE IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC03_143 AND SAY "have you";
ELSE, CONTINUE WITH QC03_143 AND SAY "has his mother/has her mother"

QC03_143 About how many years (have you/has his mother/has her mother) lived in the United States?

[CH13]  
_____ NUMBER OF YEARS  
OR  
_____ YEAR FIRST CAME TO LIVE IN U.S.  
REFUSED .................................................................................-7  
DON’T KNOW ............................................................................-8

PROGRAMMING NOTE QC03_144:
ELSE IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC03_144 AND SAY "were you";
ELSE, CONTINUE WITH QC03_144 AND SAY "was his father/was her father"

QC03_144 In what country {were you/was his father/was her father} born?

[CH14]  
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 QC03_145:
IF QC03_144 = 1, 2, 10, OR 25 (UNITED STATES OR ITS TERRITORIES), GO TO QC03_148;
ELSE IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC03_145 AND QC03_146 (IF APPLICABLE) AND SAY "Are you" IN BOTH QUESTIONS;
ELSE, CONTINUE WITH QC03_145 AND QC03_146 (IF APPLICABLE) AND SAY "Is {his/her} father" IN BOTH QUESTIONS

QC03_145 {Are you/Is {his/her} father} a citizen of the United States?

[CH14A]
YES 1 [GO TO PN QC03_147]
NO 2
APPLICATION PENDING 3
REFUSED -7
DON'T KNOW -8

QC03_146 {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 QC03_147:
ELSE IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH CG21 AND SAY "have you";
ELSE, CONTINUE WITH QC03_147 AND SAY "has his father/has her father"

QC03_147 About how many years {have you/has his father/has her father} lived in the United States?

[CH16]
_____ NUMBER OF YEARS
OR
_____ YEAR FIRST CAME TO LIVE IN U.S.
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QC03_148:
IF RESPONDENT IS PARENT, GO TO PROGRAMMING NOTE QC03_149;
ELSE IF MKA ≠ ADULT R, CONTINUE WITH QC03_148

QC03_148 In general, what languages are spoken in (CHILD)'s home?

[PROBE: "Any others?"]

[CH17]
ENGLISH 1
SPANISH 2
CANTONESE 3
VIETNAMESE 4
TAGALOG 5
MANDARIN 6
KOREAN 7
ASIAN INDIAN LANGUAGES 8
RUSSIAN 9
OTHER1 (SPECIFY): _______________ 91
OTHER2 (SPECIFY): _______________ 92
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QC03_149:
IF INTERVIEW CONDUCTED IN ENGLISH AND QC03_148 >1 (TWO OR MORE LANGUAGES SPOKEN AT HOME), CONTINUE WITH QC03_149: “Compared to the language spoken in (CHILD)'s home,…”; ELSE IF QC03_148=1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC03_150.

QC03_149 {Compared to other languages spoken in (CHILD)'s home}, would you say you speak English …

[CH18]  
Very well, ....................................................................................................1  
Fairly well, .................................................................2
Not well, or ........................................................................3
Not at all? ..................................................................................4
REFUSED ....................................................................................4
DON’T KNOW ............................................................................8

PROGRAMMING NOTE QC03_150:
IF MKA IS NOT SAMPLED ADULT, ASK QC03_150; ELSE GO TO QC03_152

QC03_150  What is the highest grade of education you have completed and received credit for?

GRADE SCHOOL
[CH22]  
1ST GRADE .................................................................1
2ND GRADE ...............................................................2
3RD GRADE ...............................................................3
4TH GRADE ...............................................................4
5TH GRADE ...............................................................5
6TH GRADE ...............................................................6
7TH GRADE ...............................................................7
8TH GRADE ...............................................................8

HIGH SCHOOL OR EQUIVALENT

9TH GRADE .................................................................9 (Secundaria)
10TH GRADE ..............................................................10
11TH GRADE .............................................................11
12TH GRADE .............................................................12 (Preparatoria)

4-YEAR COLLEGE OR UNIVERSITY

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

GRADUATE OR PROFESSIONAL SCHOOL

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

2-YEAR JUNIOR OR COMMUNITY COLLEGE

1ST YEAR .................................................................22
2ND YEAR (AA/AS) ..................................................23

VOCATIONAL, BUSINESS, OR TRADE SCHOOL

1ST YEAR .................................................................24
2ND YEAR .................................................................25
MORE THAN 2 YEARS ...............................................26
REFUSED ............................................................................4
DON’T KNOW (OUT OF RANGE) ...............................8
Besides yourself (Other than CHILD’s mother and father), is there another adult living in this household who is also responsible for (CHILD)?

[CH24]  
YES .............................................................................................................  1
NO............................................................................................................... 2
REFUSED ...................................................................................................-7
DON’T KNOW .............................................................................................-8  

What is the relationship of that adult to the child?

[CH25]  
MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER)........................................  1
FATHER (BIRTH/ADOPTIVE/STEP/FOSTER)...........................................  2
SISTER (INCLUDING STEP/ADOPTED/FOSTER).................................  3
BROTHER (INCLUDING STEP/ADOPTED/FOSTER)..............................  4
GRANDMOTHER ...................................................................................... 5
GRANDFATHER ......................................................................................... 6
AUNT......................................................................................................... 7
UNCLE ...................................................................................................... 8
COUSIN .................................................................................................... 9
OTHER RELATIVE ....................................................................................10
NONRELATIVE .......................................................................................11
REFUSED ................................................................................................. -7
DON’T KNOW ........................................................................................... -8
What is the highest grade of education that adult has completed or received credit for?

**GRADE SCHOOL**

1ST GRADE ........................................................................................................... 1
2ND GRADE ........................................................................................................... 2
3RD GRADE ........................................................................................................... 3
4TH GRADE ........................................................................................................... 4
5TH GRADE ........................................................................................................... 5
6TH GRADE ........................................................................................................... 6 (Primaria)
7TH GRADE ........................................................................................................... 7
8TH GRADE ........................................................................................................... 8

**HIGH SCHOOL OR EQUIVALENT**

9TH GRADE ........................................................................................................... 9 (Secundaria)
10TH GRADE ......................................................................................................... 10
11TH GRADE ......................................................................................................... 11
12TH GRADE ......................................................................................................... 12 (Preparatoria)

**4-YEAR COLLEGE OR UNIVERSITY**

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

**GRADUATE OR PROFESSIONAL SCHOOL**

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

**2-YEAR JUNIOR OR COMMUNITY COLLEGE**

1ST YEAR ............................................................................................................. 22
2ND YEAR (AA/AS) ............................................................................................. 23

**VOCATIONAL, BUSINESS, OR TRADE SCHOOL**

1ST YEAR ............................................................................................................. 24
2ND YEAR ............................................................................................................. 25
MORE THAN 2 YEARS ......................................................................................... 26

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

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