CHIS 2005
Child Questionnaire
Version 7.3
October 10, 2006

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

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2005 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.
Section A – Demographics Part I, Health Conditions

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.

QC05_A1 Is (CHILD) male or female?

[CA1]

MALE ............................................................................................. 1
FEMALE ......................................................................................... 2
REFUSED ......................................................................................-7
DON’T KNOW ................................................................................-8

QC05_A2 What is {his/her} date of birth?

[CA2]

MONTH DAY YEAR [GO TO QC05_A4]

[HR: 1-12] [HR: 1-31] [SR: 1993-2005]

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

QC05_A3 How old is {he/she}?

[CA3]

YEARS MONTHS

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

QC05_A4 How much did {he/she} weigh at birth?

[CA13]

POUNDS OUNCES KILOGRAMS

REFUSED ......................................................................................-7
DON’T KNOW ................................................................................-8
PROGRAMMING NOTE QC05_A5
IF CAGE > 3 YEARS GO TO QC05_A8
ELSE CONTINUE WITH QC05_A5

QC05_A5  Was (CHILD) ever breastfed or fed breast milk?

CA14

YES .............................................................................................................. 1
NO .............................................................................................................. 2 [GO TO QC05_A7]
REFUSED ............................................................................................-7 [GO TO QC05_A7]
DON'T KNOW ..................................................................................-8 [GO TO QC05_A7]

QC05_A6  How old was (CHILD) when {you/(CHILD)'s mother} stopped breastfeeding altogether?

CA15

__________ DAYS
__________ WEEKS
__________ MONTHS
__________ YEARS

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

QC05_A7  How old was (CHILD) when you began giving {him/her} baby food or other solid foods?

CA16

[IF NEEDED SAY, “Solid food is anything other than milk, formula, juice, water, herbs or teas”]

__________ MONTHS

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

QC05_A8  About how tall is (CHILD) now without shoes?

CA4

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

_____ FEET  _____ INCHES
______ METERS  _______ CENTIMETERS

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

QC05_A9  About how much does (CHILD) weigh now without shoes?

CA5

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

_____ POUNDS
______ KILOGRAMS

REFUSED ...............................................................................................-7
DON'T KNOW ..................................................................................-8
QC05_A10  In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?

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

QC05_A11  Does (CHILD) currently have any physical, behavioral or mental conditions that limit or prevent [him / her] from doing childhood activities usual for (his/her) age?

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

PROGRAMMING NOTE QC05_A12
IF CAGE < 5 YEARS GO TO PROGRAMMING NOTE QC05_A14
ELSE CONTINUE WITH QC05_A12

QC05_A12A  Did (CHILD) attend school last week?

   | YES ................................................................. 1 [GO TO QC05_A12]
   | NO .................................................................. 2
   | ON VACATION .................................................. 3 [GO TO QC05_A12]
   | HOME SCHOOLED .................................................. 4 [GO TO QC05_A12]
   | REFUSED .................................................................. 7 [GO TO QC05_A12]
   | DON'T KNOW .......................................................... 8 [GO TO QC05_A12]

QC05_A12B  Did (CHILD) attend school during the last school year?

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

QC05_A12  Does (CHILD) currently have any conditions that limit or prevent [him / her] from attending school regularly?

   | YES ................................................................. 1
   | NO .................................................................. 2
   | REFUSED .................................................................. 7
   | DON'T KNOW .......................................................... 8
QC05_A13  Does {he/she} currently have any conditions that limit or prevent {him/her} from doing regular schoolwork?

CA9

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

PROGRAMMING NOTE QC05_A14

IF QC05_A11 = 1 OR QC05_A12 = 1 OR QC05_A13 = 1 CONTINUE WITH QC05_A14
ELSE GO TO PROGRAMMING NOTE QC05_A16.

QC05_A14  Is (CHILD)'s condition physical, behavioral or mental?

CA10

PHYSICAL .................................................................1
BEHAVIORAL/MENTAL .................................................2
BOTH .................................................................3
OTHER (SPECIFY): ___________________________ 91
REFUSED .............................................................................-7
DON'T KNOW .............................................................................-8

QC05_A15  What condition does (CHILD) have?

CA10A

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

[PROBE: “Any others?”]

ASTHMA .................................................................1
ADD/ADHD .............................................................2
AUTISM .................................................................3
CEREBRAL PALSY ..................................................4
CONGENITAL HEART DISEASE .........................5
CYSTIC FIBROSIS ..................................................6
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OTHER (SPECIFY): ___________________________ 91
REFUSED .............................................................................-7
DON'T KNOW .............................................................................-8
PROGRAMMING NOTE QC05_A16
IF CAGE < 36 MONTHS GO TO QC05_A17
ELSE IF CAGE ≥ 36 MONTHS CONTINUE WITH QC05_A16

QC05_A16  Did a doctor or psychologist {ever} tell you (CHILD) has attention deficit disorder, ADD or ADHD?

CA11
YES ...........................................................................................................1
NO .............................................................................................................2
REFUSED ............................................................................................-7
DON'T KNOW ...........................................................................................-8

QC05_A17  Has a doctor {ever} told you that (CHILD) has asthma?

CA12
YES ...........................................................................................................1
NO .............................................................................................................2 [GO TO PN QC05_A27]
REFUSED ............................................................................................-7 [GO TO PN QC05_A27]
DON'T KNOW ...........................................................................................-8 [GO TO PN QC05_A27]

QC05_A18  Does (CHILD) still have asthma?

CA31
YES ...........................................................................................................1
NO .............................................................................................................2
REFUSED ............................................................................................-7
DON'T KNOW ...........................................................................................-8

QC05_A19  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 QC05_A20
IF QC05_A18 = 2, -7 or -8 (NO, REFUSED, DON'T KNOW) AND QC05_A19 = 2, -7 or -8 (NO, REFUSED, DON'T KNOW) GO TO QC05_A22
ELSE CONTINUE WITH QC05_A20

QC05_A20  During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness of phlegm? Would you say:

CA12B
Not at all ....................................................................................................1
Less than every month .............................................................................2
Every month ...........................................................................................3
Every week, or ......................................................................................4
Every day? ............................................................................................5
REFUSED ..............................................................................................-7
DON'T KNOW ...........................................................................................-8
QC05_A21  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

QC05_A22  Is (CHILD) now taking a daily medication to control {his/her} asthma that was prescribed or given to you by a doctor?

CA12A
[IF NEEDED, SAY: “This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.”

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

PROGRAMMING NOTE QA05_A23:
IF QC05_A18 = 1 (YES, STILL HAS ASTHMA) OR QC05_A19 = 1 (YES, EPISODE IN LAST 12 MOS),
GO TO QC05_A25
ELSE CONTINUE WITH QC05_A23

QC05_A23  During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness or phlegm? Would you say …

CA40

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

QC05_A24  During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of (CHILD's) asthma?

CA41

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

QC05_A25  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
QC05_A26  Has a doctor or other health professional ever given you an asthma management plan for (CHILD)?

CA35  [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”]

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

PROGRAMMING NOTE QC05_A27
IF QA05_A17 = 1 (HAS ASTHMA), GO TO QC05_B1
ELSE CONTINUE WITH QC05_A27

QC05_A27  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

QC05_A28  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
Section B – Dental Health, Nutrition, Food Environment

PROGRAMMING NOTE QC05_B1
IF CAGE > 2 YEARS, GO TO QC05_B2
ELSE CONTINUE WITH QC05_B1

QC05_B1
These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

CC1
YES ................................................................................................1
NO ..............................................................................................2 [GO TO PN QC05_B4]
REFUSED ....................................................................................-7 [GO TO PN QC05_B4]
DON'T KNOW .......................................................................-8 [GO TO PN QC05_B4]

QC05_B2
{These questions are about (CHILD)'s dental health.} About how long has it been since your child last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.

CC5
HAS NEVER VISITED .................................................................0 [GO TO PN QC05_B4]
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

QC05_B3
Do you now have any type of insurance that pays for part or all of (CHILD)'s dental care?

CC7A
[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.”]

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

PROGRAMMING NOTE QC05_B4
IF CAGE< 2 YEARS, GO TO QC05_B15
ELSE CONTINUE WITH QC05_B4

QC05_B4
Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

CC13
[IF NEEDED, SAY: “Servings” are self-defined.
A serving is the child’s regular portion of this food. Do not include juices.]

____________ SERVINGS  [HR: 0-20; SR 0-9]
REFUSED .....................................................................................-7
DON'T KNOW ...........................................................................-8
QC05_B5  Yesterday, how many servings of French fries, home fries or hash browns did (CHILD) eat?

CC14  

[IF NEEDED, SAY: “Do not include potato chips.”]

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

QC05_B6  Yesterday, how many servings of other white potatoes did {he/she} eat?

CB15  

[IF NEEDED, SAY: “Do not include yams or sweet potatoes.  
Include red, yellow, purple or brown-skinned potatoes.”]  
[FOR VIETNAMESE TRANSLATION, IF NEEDED, ALSO SAY: “Include Western potatoes.”]  
[DO NOT READ: FOR INTERVIEWER INFO ONLY. THIS QUESTION INCLUDES DIFFERENT COLORED POTATOES AS LONG AS THE INSIDE OF THE POTATO IS WHITE. THIS INCLUDES POTATOES PREPARED IN ANY Fashion SUCH AS MASHED, BAKED OR BOILED. IT INCLUDES POTATOES PREPARED IN OTHER DISHES, SUCH AS POTATO SALAD.]  

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

QC05_B7  Yesterday, how many servings of other 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

QC05_B8  Yesterday, how many glasses or small cartons of milk did {he/she} drink?

CC11  

[IF NECESSARY, SAY: “Include milk on cereal.”]  

____________ GLASSES  
REFUSED .......................................................... -7  
DON’T KNOW .......................................................... -8
PROGRAMMING NOTE QC05_B9
IF QC05_B8 = 0 (DID NOT DRINK MILK), GO TO QC05_B10
ELSE IF QC05_B8 > 0, CONTINUE WITH QC05_B9

QC05_B9:  What type of milk was it? Was it...

CB16

[IF RESPONDENT CANNOT CHOOSE ONE, CODE ALL THAT APPLY]

whole milk... ................................................................. 1
lowfat 2%................................................................. 2
lowfat 1%................................................................. 3
nonfat milk or........................................................ 4
another type? .......................................................... 93
REFUSED ................................................................. -7
DON'T KNOW ........................................................... -8

[NOTE: NONFAT MILK CAN BE LIQUID OR DRY MILK. IF R SAYS "LOWFAT" BUT DOES NOT SPECIFY % FAT, CODE AS 2%. SOYMILK, RICE MILK and CHOCOLATE MILK SHOULD BE CODED AS "ANOTHER TYPE"]

QC05_B10  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 drinks.

CC12

[DO NOT READ. FOR INTERVIEWER INFO ONLY. THIS ALSO INCLUDES DRINKS SUCH AS TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, GATORADE AND OTHER SPORTS DRINKS WITH ADDED SUGAR.]

[NOTE: CHINESE TRANSLATORS MAY WISH TO INCLUDE CHINESE-NAMED FRUIT-FLAVORED DRINKS.]

___________ GLASSES, CANS or BOTTLES

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

QC05_B11  How many glasses or boxes of 100% fruit juice, such as orange or apple juice, did (CHILD) drink?

CC10

[IF NEEDED, SAY “Only include 100% fruit juices.” ]

[NOTE: PART OF A GLASS COUNTS AS 1 GLASS, ASK R TO ESTIMATE NUMBER OF GLASSES IF DRINKING FROM A BOTTLE, CAN OR CARTON.]

______ GLASSES

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

C-10
Yesterday, how many servings of high sugar foods such as cookies, candy, doughnuts, pastries, cake or popsicles did {he/she} have?

[IF NECESSARY, SAY:"Do not include sugar-free kinds but include low-fat kinds."]

______ SERVINGS
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, Panda Express or Taco Bell."]
[IF STRONGLY NEEDED, SAY "Foods from American-style fast food restaurants."]

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

How satisfied are you with the quality of supermarkets or food stores in your neighborhood…would you say very satisfied, somewhat satisfied or not at all satisfied?

[IF NEEDED, SAY:  “By food stores, we mean markets, grocery stores, supermarkets, farmers’ markets, and fruit and vegetable markets.  By neighborhood, we mean the area around where you live and do things like shopping, going to the park, or visiting with neighbors.”]

VERY SATISFIED ......................................................1
SOMewhat SATISFIED ..................................................2
NOT SATISFIED ..........................................................3
NO SUPERMARKET/FOOD STORE IN NEIGHBORHOOD ……….4
REFUSED .................................................................-7
DON'T KNOW ............................................................-8

During the school year, where does (CHILD) usually eat breakfast - at home, at school, at a restaurant or somewhere else?

[INCLUDE RELATIVE’S, GRANDPARENTS’ HOMES AS “HOME”]

HOME .................................................................1
SCHOOL .................................................................2
RESTAURANT ..........................................................3
SOMewhere ELSE ......................................................4
REFUSED .................................................................-7
DON'T KNOW ............................................................-8
QC05_B16  During the school year, where does (CHILD) usually eat lunch - at home, at school, at a restaurant or somewhere else?

[INCLUDE RELATIVE'S, GRANDPARENTS' HOMES AS “HOME”]

HOME .............................................................. 1
SCHOOL ............................................................... 2
RESTAURANT ....................................................... 3
SOMEBWHERE ELSE ............................................ 4
REFUSED .................................................................. -7
DON'T KNOW ....................................................... -8

QC05_B17  During the school year, about how many times a week does (CHILD) usually bring (his/her) own lunch to school from home?

_________ # times per week

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

QC05_B18  What is the name of the school (CHILD) goes to or last attended?

[RECORD VERBATIM, ASK FOR SPELLING IF NECESSARY]

_____________________________ NAME OF SCHOOL

CHILD NOT IN SCHOOL ........................................... 1
REFUSED .............................................................. -7
DON'T KNOW ....................................................... -8
Section C – Physical Activity, Sedentary Time

PROGRAMMING NOTE QC05_C1
IF QC05_12a = 1 CONTINUE and DISPLAY “A”
IF QC05_12b = 1 CONTINUE and DISPLAY “B”
ELSE GO TO QC05_C5

QC05_C1
Now I’m going to ask you about physical activity.
A) How many days in the past week did (CHILD) walk, bicycle, or skateboard to school?

B) During the school year, on how many days during a typical week does (CHILD) walk, bicycle, or skateboard to school?

[NOTE FOR INTERVIEWER: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES, ROLLERSHOES OR NON-MOTORIZED SCOOTERS TO SCHOOL]

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

PROGRAMMING NOTE QC05_C2
IF QC05_C1 = 0 (DAYS), -7 OR –8, GO TO QC05_C3
ELSE IF QC05_C1 > 0 (DAYS) CONTINUE WITH QC05_C2 AND
    IF QC05_12a = 1 (AT SCHOOL LAST WEEK) DISPLAY “A”
    IF QC05_12b = 1 (AT SCHOOL LAST YEAR) DISPLAY “B”

QC05_C2
A) About how many minutes did it take {him/her} to walk, bicycle, or skateboard to school?

B) About how many minutes does it usually take (him/her) to walk, bicycle, or skateboard to school?

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

[NOTE FOR INTERVIEWER: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES, ROLLERSHOES OR NON-MOTORIZED SCOOTERS TO SCHOOL]
CHIS 2005 Child Questionnaire  Version 7.3  October 10, 2006

PROGRAMMING NOTE QC05_C3
IF QC0512a = 1 (AT SCHOOL LAST WEEK) DISPLAY “A”
IF QA0512b = 1 (AT SCHOOL LAST YEAR) DISPLAY “B”

QC05_C3  A) How many days in the past week did (CHILD) walk, bicycle, or skateboard home from school?

CC29  B) During the school year, on how many days during a typical week does (CHILD) walk, bicycle, or skateboard home from school?

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

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

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

PROGRAMMING NOTE QC05_C4
IF QC05_C3 = 0 (DAYS), -7, OR –8, GO TO QC05_C5
ELSE IF QC05_C3 > 0 DAYS CONTINUE WITH QC05_C4 AND
   IF A12a = 1 (SCHOOL LAST WEEK) DISPLAY “A”
   IF A12b = 1 (SCHOOL LAST YEAR) DISPLAY “B”

QC05_C4  A) About how many minutes did it take {him/her} to walk, bicycle, or skateboard home from school?

CC30  B) About how many minutes does it usually take (him/her/) to walk, bicycle, or skateboard home from school?

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

[NOTE FOR INTERVIEWER: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES, ROLLERSHOES OR NON-MOTORIZED SCOOTERS HOME FROM SCHOOL.]
PROGRAMMING NOTE QC05_C5
IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE C7
ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC05_C5

QC05_C5
Thinking about (CHILD)'s free time on MONDAY THROUGH FRIDAY, on a typical day about how many hours does (he/she) usually watch TV or play video games (such as Playstation)?

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

____________ HOURS

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

QC05_C6
Now, thinking about SATURDAY AND SUNDAY weekend days, on a typical weekend day, about how many hours does (CHILD) usually watch TV or play video games (such as Playstation)?

[IF > 1 HOUR, VERIFY: “That’s (xx) hours PER DAY?”]
[IF > 0, BUT <1, ENTER 94]

____________ HOURS

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

PROGRAMMING NOTE QC05_C7
IF CAGE ≤ 3 YEARS, GO TO QC05_D1
ELSE IF CAGE > 3 YEARS CONTINUE WITH QC05_C7

QC05_C7
And about how many hours on MONDAY THROUGH FRIDAY does (CHILD), on a typical day, use a computer for fun, not schoolwork?

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

____________ HOURS

DOESN'T HAVE ACCES TO A PC .......................................... 93
MORE THAN ZERO, LESS THAN 1 HOUR .......................... 94
REFUSED ........................................................................ -7
DON'T KNOW ..................................................................... -8
QC05_C8  About how many hours on a typical SATURDAY OR SUNDAY does (CHILD) use a computer for fun, not schoolwork?

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

____________ HOURS

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

QC05_D1  The next questions are about where (CHILD) goes for health care. Is there a place you USUALLY take {him/her} to when {he/she} is sick or you need advice about {his/her} health?

CD1

YES ................................................................................................................................. 1
NO ................................................................................................................................. 2 [GO TO QC05_D3]
DOCTOR/HIS/HER DOCTOR ....................................................................................... 3
KAISER .......................................................................................................................... 4
MORE THAN ONE PLACE ........................................................................................... 5
REFUSED ..................................................................................................................... -7
DON'T KNOW ............................................................................................................. -8

PROGRAMMING NOTE QC05_D2
IF QC05_D1 = (1, 5, -7, or -8), DISPLAY “What kind of place do you take {him/her} to most often — a medical doctor’s office”;
ELSE IF QC05_D1=3 DISPLAY “Is {his/her} doctor in a private”
ELSE IF QC05_D1=4, FILL QC05_D2=1 GO TO QC05_D3 (note skip different from 2003)

QC05_D2  {Is {his/her} doctor in a private/What kind of place do you take {him/her} to most often—a medical / Is your doctor a private} doctor’s office, a clinic or hospital clinic, an emergency room, or some other place?

CD3

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

QC05_D3  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 QC05_D4
IF QC05_D3 > 0, GO TO PROGRAMMING NOTE QC05_D5
ELSE IF QC05_D3 = (0, -7, -8), CONTINUE WITH QC05_D4

QC05_D4  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 QC05_D5

IF QC05_D3 (PAST 12 MONTH VISIT TO DOCTOR) = (0,-7,-8) OR QC05_D4 = (3,4,5,-7,-8) (SEEN DOCTOR MORE THAN 3 YRS AGO) GO TO QC05_D9.
ELSE IF QC05_D3 > 0 (HAD PAST 12 MONTH VISIT TO DR) OR QC05_D4 = 1 OR 2 (SEEN DR IN LAST 12 MONTHS OR 1-2 YEARS AGO) CONTINUE WITH QC05_D5

<table>
<thead>
<tr>
<th>QC05_D5</th>
<th>The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>.................................................................................................................................1</td>
</tr>
<tr>
<td>NO</td>
<td>.................................................................................................................................2</td>
</tr>
<tr>
<td>NEVER ACCOMPANIED CHILD TO DOCTOR</td>
<td>.....................................................................................................................-6</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>QC05_D6</th>
<th>Was this because you and the doctor spoke different languages?</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>

<table>
<thead>
<tr>
<th>QC05_D7</th>
<th>Did you need someone else to help you understand the doctor?</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>

<table>
<thead>
<tr>
<th>QC05_D8</th>
<th>Who was this person who helped you understand the doctor?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MINOR CHILD (UNDER AGE 18)</td>
<td>.................................................................................................................................1</td>
</tr>
<tr>
<td>AN ADULT FAMILY MEMBER OR FRIEND</td>
<td>.................................................................................................................................2</td>
</tr>
<tr>
<td>DOCTOR, NURSE OR OTHER MEDICAL STAFF</td>
<td>.................................................................................................................................3</td>
</tr>
<tr>
<td>OTHER OFFICE STAFF</td>
<td>.................................................................................................................................4</td>
</tr>
<tr>
<td>PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE PHONE)</td>
<td>.................................................................................................................................5</td>
</tr>
<tr>
<td>OTHER (PATIENTS, SOMEONE ELSE)</td>
<td>.................................................................................................................................6</td>
</tr>
<tr>
<td>DID NOT HAVE SOMEONE TO HELP</td>
<td>.................................................................................................................................7</td>
</tr>
<tr>
<td>REFUSED</td>
<td>.................................................................................................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>.............................................................................................................................-8</td>
</tr>
</tbody>
</table>

### PROGRAMMING NOTE QC05_D9

IF QC05_A21 =1, GO TO QC05_D10, ELSE CONTINUE WITH QC05_D9

<table>
<thead>
<tr>
<th>QC05_D9</th>
<th>During the past 12 months, did (CHILD) visit a hospital emergency room?</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>
QC05_D10  During the past 12 months, did you delay or not get a medicine that a doctor prescribed for (CHILD)?

**CE1**

YES ................................................................................................1
NO..................................................................................................2 [GO TO QC05_D12]
REFUSED ......................................................................................-7 [GO TO QC05_D12]
DON'T KNOW ................................................................................-8 [GO TO QC05_D12]

QC05_D11  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

QC05_D12  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 [GO TO PN QC05_D14]
REFUSED ......................................................................................-7 [GO TO PN QC05_D14]
DON'T KNOW ................................................................................-8 [GO TO PN QC05_D14]

QC05_D13  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

**PROGRAMMING NOTE QC05C_D14**

IF QC05_D3='0' (CHILD HAS NOT SEEN MD IN LAST 12 MOS), GO TO PROGRAMMING NOTE QC05_D15
ELSE CONTINUE WITH QC05C_D14

QC05C_D14  During the past 12 months, did (CHILD) get a physical exam or general check-up when (he/she) was not sick or hurt?

**CD29**

YES ................................................................................................1
NO..................................................................................................2
REFUSED ......................................................................................-7
DON'T KNOW ................................................................................-8
PROGRAMMING NOTE QC05C_D15
IF CAGE < 6 MONTHS, GO TO QC05_E1
ELSE IF CAGE ≥ 6 MONTHS, CONTINUE WITH QC05C_D15

QC05_D15 During the past 12 months, has (CHILD) had a flu shot?

CD30

[IF R REPORTS RECEIVING FLUMIST, CODE AS YES]

YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DON'T KNOW ..................................................-8
Section E – Public Program Eligibility

QC05_E1 Is (CHILD) now on TANF or CalWORKS?

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

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

QC05_E2 Is (CHILD) receiving Food Stamp benefits?

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

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

PROGRAMMING NOTE QC05_E3
If CAGE >6, GO TO QC05_F1
ELSE CONTINUE WITH QC05_E3

QC05_E3 Is (CHILD) on WIC now?

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

YES .......................................................... .......................................................... 1
NO ....................................................................................................................... 2
REFUSED ............................................................................................................ 7
DON’T KNOW .................................................................................................... 8
Section F – Parental Involvement / Concerns, Mental Health, First 5, Childcare

**PROGRAMMING NOTE QC05_F1**

IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE QC05_F4 INTRO
ELSE CONTINUE WITH QC05_F1

**QC05_F1**  
In a usual week, about how many days do you or any other family members read stories or look at picture books with (CHILD)?

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

**QC05_F2**  
{In a usual week, about how many days do you or any other family member} play music or sing songs with (CHILD)?

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

**QC05_F3**  
{In a usual week, about how many days do you or any other family member} take (CHILD) out somewhere, for example, to the park, store, or playground?

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

**PROGRAMMING NOTE QC05_F4 INTRO**

IF CAGE < 4 MONTHS, GO TO QC05_F23  
OR IF CAGE ≥ 6 YEARS, GO TO QC05_F10  
ELSE IF CAGE ≥ 4 MONTHS AND < 6 YEARS, CONTINUE WITH QC05_F4 INTRO

**QC05_F4 INTRO**  
The next questions are about concerns you may have about your child. After each one, tell me if you are concerned a lot, a little, or not at all.
PROGRAMMING NOTE QC05_F4
IF CAGE > 9 MONTHS GO TO QC05_F5
ELSE IF CAGE ≤ 9 MONTHS CONTINUE WITH QC05_F4

QC05_F4 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

[GO TO PN QC05_F6]

QC05_F5 How your child talks and makes words? Are you concerned ...

CG17A
A LOT.................................................................1
A LITTLE............................................................2
NOT AT ALL......................................................3
REFUSED ..........................................................7
DON'T KNOW ..................................................8

PROGRAMMING NOTE QC05_F6
IF CAGE < 18 MONTHS, GO TO QC05_F7
ELSE IF CAGE ≥ 18 MONTHS CONTINUE WITH QC05_F6

QC05_F6 How well your child understands what you say?

CG18
A LOT.................................................................1
A LITTLE............................................................2
NOT AT ALL......................................................3
REFUSED ..........................................................7
DON'T KNOW ..................................................8

QC05_F7 How your child uses {his/her} hands and fingers to do things?

CG19
A LOT.................................................................1
A LITTLE............................................................2
NOT AT ALL......................................................3
REFUSED ..........................................................7
DON'T KNOW ..................................................8
QC05_F8  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

QC05_F9  How well your child can see or hear?

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

PROGRAMMING NOTE QC05_F10
IF CAGE IS ≤ 9 MONTHS, GO TO QC05_F23
IF CAGE > 6 YEARS, GO TO QC05_F15INTRO
IF CAGE = 10 MONTHS TO 6 YEARS, CONTINUE WITH QC05_F10

QC05_F10  How your child gets along with others?

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

QC05_F11  Your child’s feelings and moods?

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

QC05_F12  How your child behaves?

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

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

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

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

THE NEXT 7 ITEMS (QC05F15-QC05F22) ARE INCLUDED IN THIS SURVEY WITH PERMISSION AS INDICATED:

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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.

Is generally well behaved, usually does what adults request

NOT TRUE ......................................................... 1
SOMewhat TRUE ............................................. 2
CERTAINLY TRUE .......................................... 3
REFUSED ....................................................... -7
DON'T KNOW .................................................. -8
Has many worries or often seems worried

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not true</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat true</td>
<td>2</td>
</tr>
<tr>
<td>Certainly true</td>
<td>3</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>

Is often unhappy, depressed or tearful

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not true</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat true</td>
<td>2</td>
</tr>
<tr>
<td>Certainly true</td>
<td>3</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>

Gets along better with adults than with other children

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not true</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat true</td>
<td>2</td>
</tr>
<tr>
<td>Certainly true</td>
<td>3</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not true</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat true</td>
<td>2</td>
</tr>
<tr>
<td>Certainly true</td>
<td>3</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QC05_F21
IF QC05_F20 = 2 (NO) OR -7 OR -8, GO TO QC05_F22
ELSE CONTINUE WITH QC05_F21

QC05_F21  Are these difficulties minor, definite, or severe?

CF31
MINOR ...........................................................................................1
DEFINITE .......................................................................................2
SEVERE ........................................................................................3
REFUSED ......................................................................................-7
DON'T KNOW .............................................................................-8

QC05_F22  During the past 12 months, did (CHILD) receive any psychological or emotional counseling?

CF32
YES ................................................................................................1
NO ...............................................................................................2
REFUSED ......................................................................................-7
DON'T KNOW .............................................................................-8

PROGRAMMING NOTE QC05_F22B
IF QC05_A12a =1 OR QC05_12b = 1 (ATTENDED SCHOOL LAST WEEK OR YEAR)  CONTINUE WITH QC05_F22B;
ELSE, GO TO QC05_F23

QC05_F22B  Would you describe (CHILD’S) school work as…

CF38
Excellent, ........................................................................................1
Above average, ..............................................................................2
Average, .......................................................................................3
Below average, or .........................................................................4
Failing? ......................................................................................5
REFUSED ......................................................................................-7
DON'T KNOW .............................................................................-8

QC05_F23  Please tell me if you strongly agree, agree, disagree or strongly disagree with the following statement: Preschool is important in preparing young children to learn better in school and become more productive adults.

CF33
STRONGLY AGREE .................................................................1
AGREE .......................................................................................2
DISAGREE .................................................................................3
STRONGLY DISAGREE ............................................................4
REFUSED ......................................................................................-7
DON'T KNOW .............................................................................-8
QC05_F24 In the past 12 months, have you seen or heard a radio or TV ad about preschool that says, "When kids go to preschool, they're not the only ones who benefit. We all do"?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CF34

QC05_F25 Did you know that First 5 California, a state agency, provides a free Parent Kit to parents of young children?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CF35

QC05_F26 Have you ever received this Parent Kit?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CF36

QC05_F26B Did you use any of the materials from the Parent Kit?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CF39

QC05_F27 On a scale of 1-10 with 10 being the most useful and 1 the least, how useful was the Parent Kit?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

CF37

QC05_F28 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.)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CG1

QC05_F28 Do you currently have any kind of regular childcare arrangements for (CHILD) for 10 or more hours per week?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CG1 [GO TO QC05_F37]
QC05_F29  Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

CG2

_____ HOURS  [SR: 10-168 HRS]
REFUSED .............................................................. -7  [GO TO QC05_F37]
DON'T KNOW ...................................................... -8  [GO TO QC05_F37]

PROGRAMMING NOTE QC05_F30
IF QC05_F29 < 10 (HOURS IN CHILDCARE), GO TO QC05_F37
ELSE CONTINUE WITH QC05_F30 INTRO

QC05_F30  During a typical week does (CHILD) receive childcare from…

a grandparent or other family member?

CG3A

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

PROGRAMMING NOTE QC05_F30
IF CAGE ≥ 7 YEARS, GO TO QC05_F33
ELSE CONTINUE WITH QC05_F31

QC05_F31  a Head Start or state preschool program?

CG3B

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

QC05_F32  some other preschool or nursery school?

CG3C

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

QC05_F33  a childcare center that is not in someone's home?

CG3D

YES .............................................................. 1
NO .............................................................. 2
REFUSED ........................................................... -7
DON'T KNOW ................................................... -8
QC05_F34  a non-family member who cares for (CHILD) in your home?

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

QC05_F35  a non-family member who cares for (CHILD) in his or her home?

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

**PROGRAMMING NOTE QC05_F36:**

IF QC05_F30 OR QC05_F34 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD’S HOME), GO TO QC05_F37;
ELSE IF QC05_F31 ≠ 1 AND QC05_F32 ≠ 1 AND QC05_F33 ≠ 1 AND QC05_F35 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME), GO TO QC05_F37;
ELSE IF ONLY ONE OF QC05_F31, QC05_F32, QC05_F33, OR QC05_F35 = 1, CONTINUE WITH QC05_F36 AND SAY "Is this" AND "provider";
ELSE CONTINUE WITH QC05_F36 AND SAY "Are all of these" AND "providers"

QC05_F36  (Is this/Are some or all of these) child care provider(s) licensed by the state of California?

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

QC05_F37  In the past 12 months, was there a time when you could not find childcare when you needed it for (CHILD) for a week or longer?

   YES ................................................................. 1
   NO ................................................................. 2
   REFUSED .......................................................... 7
   DON’T KNOW .................................................. 8
What is the main reason you were unable to find childcare for (CHILD) at that time?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couldn't afford any child care</td>
<td>1</td>
</tr>
<tr>
<td>Couldn't find a provider with a space</td>
<td>2</td>
</tr>
<tr>
<td>The hours and location didn't fit my needs</td>
<td>3</td>
</tr>
<tr>
<td>Couldn't afford the quality of childcare I wanted</td>
<td>4</td>
</tr>
<tr>
<td>Couldn't find the quality of childcare I wanted</td>
<td>5</td>
</tr>
<tr>
<td>Other Reason</td>
<td>91</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don't know</td>
<td>-8</td>
</tr>
</tbody>
</table>
Section G – Demographics Part II

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

**QC05_G1** Is (CHILD) Latino or Hispanic?

**CH1**

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

YES ..........................................................1
NO ........................................................................2 [GO TO QC05_G3]
REFUSED .....................................................-7 [GO TO QC05_G3]
DON'T KNOW ..............................................-8 [GO TO QC05_G3]

**QC05_G2** And what is {his/her} Latino or Hispanic ancestry or origin? – such as Mexican, Salvadorian, Cuban, Honduran – and if {he/she} has more than one, tell me all of them.

**CH2**

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

MEXICAN/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 QC05_G3:**
IF QC05_G1=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 QC05_G3, CONTINUE
WITH PROGRAMMING NOTE QC05_G4;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES
QC05_G3  {You said your child is Latino or Hispanic. Also}, please tell me which one or more of the following you would use to describe (CHILD): Would you describe {him/her} as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

CH3  [IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]  [CODE ALL THAT APPLY]

WHITE ................................................................. 1  [GO TO QC05_G10]  [IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]  [GO TO QC05_G10]
BLACK OR AFRICAN AMERICAN  ......................... 2  [GO TO QC05_G10]  IF ONE RACE
ASIAN ................................................................. 3  [GO TO QC05_G8]  ONLY
AMERICAN INDIAN, ALASKA NATIVE .................... 4  [GO TO QC05_G4]  ONE RACE
OTHER PACIFIC ISLANDER  .................................. 5  [GO TO QC05_G9]  RACE
NATIVE HAWAIIAN ............................................... 6  [GO TO QC05_G10]  RACE
OTHER (SPECIFY): ______________________________ 91  [GO TO QC05_G10]
REFUSED .................................................................. -7  [GO TO QC05_G10]
DON'T KNOW .......................................................... -8  [GO TO QC05_G10]

PROGRAMMING NOTE QC05_G4:
IF QC05_G3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QC05_G4;
ELSE GO TO PROGRAMMING NOTE QC05_G8

QC05_G4  You said American Indian/Alaska Native, and what is (CHILD)'s tribal heritage? If {he/she} has more than one tribe, tell me all of them.

CH4  [CODE ALL THAT APPLY]

APACHE ........................................................................................................................... 1
BLACKFEET ...................................................................................................................... 2
CHEROKEE ........................................................................................................................... 3
CHOCTAW ........................................................................................................................... 4
NAVAJO ................................................................................................................................ 5
POMO ..................................................................................................................................... 6
PUEBLO ................................................................................................................................ 7
SIOUX ................................................................................................................................... 8
YAQUI ................................................................................................................................... 9
OTHER TRIBE [Ask for spelling] (SPECIFY): ______________________________ 91
REFUSED ............................................................................................................................ -7
DON'T KNOW .................................................................................................................... -8

QC05_G5  Is (CHILD) an enrolled member in a federally or state recognized tribe?

CH5  YES ............................................................................................................................. 1  [GO TO PN QC05_G8]
NO .................................................................................................................................... 2
REFUSED ............................................................................................................................ -7
DON'T KNOW .................................................................................................................... -8
**QC05_G6**  In which Tribe is (CHILD) enrolled?

<table>
<thead>
<tr>
<th>Tribe</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>APACHE</td>
<td></td>
</tr>
<tr>
<td>MESCALERO APACHE, NM</td>
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</tr>
<tr>
<td>APACHE (NOT SPECIFIED)</td>
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</tr>
<tr>
<td>OTHER APACHE [Ask for spelling] (SPECIFY)</td>
<td>91</td>
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<tr>
<td>BLACKFEET</td>
<td></td>
</tr>
<tr>
<td>BLACKFOOT / BLACKFEETS</td>
<td>3</td>
</tr>
<tr>
<td>CHEROKEE</td>
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</tr>
<tr>
<td>WESTERN CHEROKEE</td>
<td>4</td>
</tr>
<tr>
<td>CHEROKEE (NOT SPECIFIED)</td>
<td>5</td>
</tr>
<tr>
<td>OTHER CHEROKEE [Ask for spelling] (SPECIFY)</td>
<td>92</td>
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<tr>
<td>CHOCTAW</td>
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</tr>
<tr>
<td>CHOCTAW OKLAHOMA</td>
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</tr>
<tr>
<td>CHOCTAW (NOT SPECIFIED)</td>
<td>7</td>
</tr>
<tr>
<td>OTHER CHOCTAW [Ask for spelling] (SPECIFY)</td>
<td>93</td>
</tr>
<tr>
<td>NAVAJO</td>
<td></td>
</tr>
<tr>
<td>NAVAJO (NOT SPECIFIED)</td>
<td>8</td>
</tr>
<tr>
<td>POMO</td>
<td></td>
</tr>
<tr>
<td>HOPLAND BAND, HOPLAND RANCHERIA</td>
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<tr>
<td>SHERWOOD VALLEY RANCHERIA</td>
<td>10</td>
</tr>
<tr>
<td>POMO (NOT SPECIFIED)</td>
<td>11</td>
</tr>
<tr>
<td>OTHER POMO [Ask for spelling] (SPECIFY)</td>
<td>94</td>
</tr>
<tr>
<td>PUEBLO</td>
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</tr>
<tr>
<td>HOPI</td>
<td>12</td>
</tr>
<tr>
<td>YSLETA DEL SUR PUEBLO OF TEXAS</td>
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<td>PUEBLO (NOT SPECIFIED)</td>
<td>14</td>
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<td>OGLALAPINE RIDGE SIOUX</td>
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<td>SIOUX (NOT SPECIFIED)</td>
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<tr>
<td>OTHER SIOUX [Ask for spelling] (SPECIFY)</td>
<td>96</td>
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<tr>
<td>YAQUI</td>
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<td>PASCUA YAQUI TRIBE OF ARIZONA</td>
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<td>YAQUI (NOT SPECIFIED)</td>
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<td>OTHER YAQUI [Ask for spelling] (SPECIFY)</td>
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<tr>
<td>OTHER</td>
<td></td>
</tr>
<tr>
<td>OTHER [Ask for spelling] (SPECIFY)</td>
<td>98</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QC05_G7**  Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

<table>
<thead>
<tr>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>
QC05_G8

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

CODE ALL THAT APPLY

BANGLADESI ................................................................. 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

QC05_G9

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.

CODE ALL THAT APPLY

SAMOAN/AMERICAN SAMOAN ...................................... 1
GUAMIAN ............................................................. 2
TONGAN ............................................................. 3
FIJIAN ................................................................. 4
OTHER PACIFIC ISLANDER (SPECIFY): .................... 91
REFUSED .............................................................. -7
DON'T KNOW ........................................................ -8
**QC05_G10** In what country was (CHILD) born?

<table>
<thead>
<tr>
<th>COUNTRY OF BIRTH</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITED STATES</td>
<td>1</td>
</tr>
<tr>
<td>AMERICAN SAMOA</td>
<td>2</td>
</tr>
<tr>
<td>CANADA</td>
<td>3</td>
</tr>
<tr>
<td>CHINA</td>
<td>4</td>
</tr>
<tr>
<td>EL SALVADOR</td>
<td>5</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>6</td>
</tr>
<tr>
<td>FRANCE</td>
<td>7</td>
</tr>
<tr>
<td>GERMANY</td>
<td>8</td>
</tr>
<tr>
<td>GUAM</td>
<td>9</td>
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<td>GUATEMALA</td>
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<td>HUNGARY</td>
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<td>ITALY</td>
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<td>JAPAN</td>
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<td>MEXICO</td>
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<td>RUSSIA</td>
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<td>VIRGIN ISLANDS</td>
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<td>OTHER (SPECIFY):</td>
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<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QC05_G11:**
IF QC05_G10 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC05_G14;
ELSE CONTINUE WITH QC05_G11

**QC05_G11** Is (CHILD) a citizen of the United States?

<table>
<thead>
<tr>
<th>COUNTRY OF BIRTH</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>APPLICATION PENDING</td>
<td>3</td>
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<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO QC05_G13]
**QC05_G12**  Is (CHILD) a permanent resident with a green card?

**CH9**  
[IF NEEDED SAY: “People usually call this a green card but the color can also be pink, blue or white”]

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

**QC05_G13**  About how many years has (CHILD) lived in the United States?

**CH10**  
[FOR LESS THAN A YEAR, ENTER 1 YEAR]

- ____ NUMBER OF YEARS

{OR}

- ____ YEAR FIRST CAME TO LIVE IN U.S.

- REFUSED ......................................................................................-7
- DON’T KNOW ................................................................................-8
PROGRAMMING NOTE QC05_G14;
IF MKA = ADULT RESPONDENT SKIP TO PN QC05_G18
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC05_G14 AND SAY, “were you”; ELSE, CONTINUE WITH QC05_G14 AND SAY “was his mother/was her mother”

**QC05_G14**  In what country {were you/was his mother/was her mother} born?

<table>
<thead>
<tr>
<th>Country</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITED STATES</td>
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<tr>
<td>AMERICAN SAMOA</td>
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<td>CANADA</td>
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<td>CHINA</td>
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<td>EL SALVADOR</td>
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<td>FRANCE</td>
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<td>RUSSIA</td>
<td>23</td>
</tr>
<tr>
<td>TAIWAN</td>
<td>24</td>
</tr>
<tr>
<td>VIETNAM</td>
<td>25</td>
</tr>
<tr>
<td>VIRGIN ISLANDS</td>
<td>26</td>
</tr>
<tr>
<td>OTHER (SPECIFY):</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>
PROGRAMMING NOTE QC05_G15
IF QC05_G14 = 1, 2, 9, 22 OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO
QC05_PROGRAMMING NOTE QC05_G18;
ELSE IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC05_G15 AND QC05_G16 (IF
APPLICABLE) AND SAY “Are you” IN BOTH QUESTIONS;
ELSE CONTINUE WITH QC05_G15 AND QC05_G16 (IF APPLICABLE) AND SAY “Is {his/her}
mother” IN BOTH QUESTIONS

QC05_G15  {Are you/is {his/her} mother} a citizen of the United States?

CH11A  [IF R SAYS SHE IS A NATURALIZED CITIZEN, CODE YES]

YES ................................................................................................1 [GO TO PN QC05_G17]
NO.................................................................2
APPLICATION PENDING.................................................3
REFUSED ..............................................................................-7
DON’T KNOW ......................................................-8

QC05_G16  {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 QC05_G17
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC05_G17 AND SAY, “have you”;
ELSE, CONTINUE WITH QC05_G17 AND SAY “has his mother/has her mother”

QC05_G17  About how many years {have you/has his mother/has her mother} lived in the United
States?

CH13

_____ NUMBER OF YEARS [HR: 0-11]
{OR}

_____ YEAR FIRST CAME TO LIVE IN U.S. HR: 1988-2000]

NEVER LIVED IN U.S.................................................................91
REFUSED ..............................................................................-7
DON’T KNOW ..........................................................................-8
PROGRAMMING NOTE QC05_G18;
IF MKA IS MALE AND MKA = ADULT RESPONDENT, SKIP TO
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC05_G18 AND SAY “were you”;
ELSE, CONTINUE WITH QC05_G18 AND SAY, “was his father/was her father”

QC05_G18  In what country {were you/was his father/was her father} born?

<table>
<thead>
<tr>
<th>Country</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITED STATES</td>
<td>1</td>
</tr>
<tr>
<td>AMERICAN SAMOA</td>
<td>2</td>
</tr>
<tr>
<td>CANADA</td>
<td>3</td>
</tr>
<tr>
<td>CHINA</td>
<td>4</td>
</tr>
<tr>
<td>EL SALVADOR</td>
<td>5</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>6</td>
</tr>
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<td>FRANCE</td>
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</tr>
<tr>
<td>GUAM</td>
<td>9</td>
</tr>
<tr>
<td>GUATEMALA</td>
<td>10</td>
</tr>
<tr>
<td>HUNGARY</td>
<td>11</td>
</tr>
<tr>
<td>INDIA</td>
<td>12</td>
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<tr>
<td>IRELAND</td>
<td>14</td>
</tr>
<tr>
<td>ITALY</td>
<td>15</td>
</tr>
<tr>
<td>JAPAN</td>
<td>16</td>
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<td>KOREA</td>
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<td>MEXICO</td>
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<tr>
<td>POLAND</td>
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</tr>
<tr>
<td>PORTUGAL</td>
<td>21</td>
</tr>
<tr>
<td>PUERTO RICO</td>
<td>22</td>
</tr>
<tr>
<td>RUSSIA</td>
<td>23</td>
</tr>
<tr>
<td>TAIWAIN</td>
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<tr>
<td>VIETNAM</td>
<td>25</td>
</tr>
<tr>
<td>VIRGIN ISLANDS</td>
<td>26</td>
</tr>
<tr>
<td>OTHER (SPECIFY):</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QC05_G19
IF QC05_G18 = 1, 2, 9, 22 OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC05_G22;
ELSE IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC05_G19 AND QC05_G20 (IF APPLICABLE) AND SAY “Are you” IN BOTH QUESTIONS;
ELSE CONTINUE WITH QC05_G19 AND QC05_G20 (IF APPLICABLE) AND SAY “Is {his/her} father” IN BOTH QUESTIONS

QC05_G19
{Are you/Is {his/her} father} a citizen of the United States?

CH14A

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

YES .................................................................1 [GO TO PN QC05_G21]
NO ...................................................................................2
APPLICATION PENDING ......................................................3
REFUSED .................................................................................7
DON’T KNOW ...........................................................................8

QC05_G20
{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 QC05_G21
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC05_G21 AND SAY “have you”; ELSE, CONTINUE WITH QC05_G21 AND SAY “has his father/has her father”

QC05_G21
About how many years {have you/has his father/has her father} lived in the United States?

CH16

_____ NUMBER OF YEARS [HR: 0-11]
{OR}

_____ YEAR FIRST CAME TO LIVE IN U.S. [HR: 1988-2000]
NEVER LIVED IN U.S. .................................................................91
REFUSED .................................................................................7
DON’T KNOW ...........................................................................8
PROGRAMMING NOTE QC05_G22:
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE QC05_G23;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH QC05_G22

QC05_G22 In general, what languages are spoken in (CHILD)’s home?

[PROBE: “Any others?”]

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

PROGRAMMING NOTE QC05_G23
IF INTERVIEW CONDUCTED IN ENGLISH AND QC05_G22 > 1 (TWO OR MORE LANGUAGES
SPOKEN AT HOME), CONTINUE WITH QC05_G23: “Compared to the language spoken in
(CHILD)’s home,...”; 
ELSE IF QC05_G22 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC05_G24

QC05_G23 {Compared to other languages spoken in (CHILD)’s home}, would you say you speak
English....

CH18

Very well,........................................................................................1
Fairly well, ......................................................................................2
Not well, or .....................................................................................3
Not at all? ......................................................................................4
REFUSED ......................................................................................-7
DON’T KNOW ................................................................................-8
PROGRAMMING NOTE QC05_G24
IF RESPONDENT IS NOT SAMPLED ADULT, ASK QC05_G24
ELSE GO TO PROGRAMMING NOTE QC05_G26

QC05_G24  What is the highest grade of education you have completed and received credit for?

<table>
<thead>
<tr>
<th>CH22</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GRADE SCHOOL</strong></td>
</tr>
<tr>
<td>1\textsuperscript{ST} Grade</td>
</tr>
<tr>
<td>2\textsuperscript{ND} Grade</td>
</tr>
<tr>
<td>3\textsuperscript{RD} Grade</td>
</tr>
<tr>
<td>4\textsuperscript{TH} Grade</td>
</tr>
<tr>
<td>5\textsuperscript{TH} Grade</td>
</tr>
<tr>
<td>6\textsuperscript{TH} Grade</td>
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<td>7\textsuperscript{TH} Grade</td>
</tr>
<tr>
<td>8\textsuperscript{TH} Grade</td>
</tr>
<tr>
<td><strong>HIGH SCHOOL OR EQUIVALENT</strong></td>
</tr>
<tr>
<td>9\textsuperscript{TH} Grade</td>
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<td>10\textsuperscript{TH} Grade</td>
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<td>11\textsuperscript{TH} Grade</td>
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<tr>
<td>12\textsuperscript{TH} Grade</td>
</tr>
<tr>
<td><strong>4-YEAR COLLEGE OR UNIVERSITY</strong></td>
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<tr>
<td>1\textsuperscript{ST} Year (Freshman)</td>
</tr>
<tr>
<td>2\textsuperscript{ND} Year (Sophomore)</td>
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<tr>
<td>3\textsuperscript{RD} Year (Junior)</td>
</tr>
<tr>
<td>4\textsuperscript{TH} Year (Senior)</td>
</tr>
<tr>
<td>5\textsuperscript{TH} Year</td>
</tr>
<tr>
<td><strong>GRADUATE OR PROFESSIONAL SCHOOL</strong></td>
</tr>
<tr>
<td>1\textsuperscript{ST} Year Grad or Prof School</td>
</tr>
<tr>
<td>2\textsuperscript{ND} Year Grad or Prof School (MA/MS)</td>
</tr>
<tr>
<td>3\textsuperscript{RD} Year Grad or Prof School</td>
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<tr>
<td>More than 3 years Grad or Prof School (PhD)</td>
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<td><strong>2-YEAR JUNIOR OR COMMUNITY COLLEGE</strong></td>
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<tr>
<td>1\textsuperscript{ST} Year</td>
</tr>
<tr>
<td>2\textsuperscript{ND} Year</td>
</tr>
<tr>
<td><strong>VOCATIONAL, BUSINESS, OR TRADE SCHOOL</strong></td>
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<tr>
<td>1\textsuperscript{ST} Year</td>
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<tr>
<td>2\textsuperscript{ND} Year</td>
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<tr>
<td>More than 2 years</td>
</tr>
<tr>
<td>Had no formal education</td>
</tr>
<tr>
<td>Refused</td>
</tr>
<tr>
<td>Don't know</td>
</tr>
</tbody>
</table>
QC05_G25 Are you now in school?

CG37

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

PROGRAMMING NOTE QC05_G26
IF RESPONDENT IS NOT SAMPLED ADULT, ASK QC05_G26
ELSE GO TO END.

QC05_G26 Those are my final questions. I appreciate your patience. Finally, do you think you would be willing to do a follow-up to this survey some time in the future?

CG38

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

END Those are my final questions. Thank you for your time and cooperation. You have helped with a very important statewide survey. Good bye.