CHIS 2007
Child Questionnaire
Version 5.1
November 2008

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

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Section A – Demographics Part I, Health Conditions

PROGRAMMING NOTE QC07_A1:
IF AR = MKA AND GENDER OF CHILD IS KNOWN, SKIP TO QC07_A2;
ELSE CONTINUE WITH QC07_A1;

QC07_A1    Some of the questions are based on (CHILD’s) personal traits, like his or her age. So I will first ask you a few brief background questions.

Is (CHILD) male or female?

CA1

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

QC07_A2    What is {his/her} date of birth?

CA2MON

_____ MONTH

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

CA2DAY

_____ DAY

CA2YR

_____ YEAR

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

PROGRAMMING NOTE QC07_A3:
IF QC07_A2 = -7 or -8 (REFUSED/DON’T KNOW) CONTINUE WITH QC07_A3;
ELSE SKIP TO QC07_A4;

QC07_A3    How old is {he/she}?  

CA3

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

_____ YEARS
_____ MONTHS

REFUSED ..................................................................... -7
DON’T KNOW .............................................................. -8
**QC07_A4**  How much did {he/she} weigh at birth?

| CA13P/CA13O | _____ POUNDS       _____ OUNCES |
| CA13K/CA13G | _____ KILOGRAMS    _____ GRAMS  |

**CAFMT**

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

**QC07_A5**  About how tall is (CHILD) now without shoes?

*INTERVIEWER NOTE: IF NEEDED, SAY: “Your best guess is fine.”*

| CA4F/CA4I | _____ FEET       _____ INCHES |
| CA4M/CA4C | _____ METERS    _____ CENTIMETERS |

**CA4FMT**

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

**QC07_A6**  About how much does (CHILD) weigh now without shoes?

*INTERVIEWER NOTE: IF NEEDED, SAY: “Your best guess is fine.”*

| CA5P | _____ POUNDS |
| CA5K | _____ KILOGRAMS |

**CA5FMT**

POUNDS ............................................................... 1  
KILOGRAMS .......................................................... 2  
REFUSED ............................................................... -7  
DON'T KNOW ............................................................. -8
PROGRAMMING NOTE QC07_A6A:
IF CAGE < 5 YEARS GO TO PROGRAMMING NOTE QC07_A7; ELSE CONTINUE WITH QC07_A6A
AND IF CAGE = 5 YRS DISPLAY “NOT INCLUDING PRE-SCHOOL OR NURSERY SCHOOL”.

QC07_A6A  {Not including pre-school or nursery school} Did (CHILD) attend school last week?

CA42

YES .............................................................. 1  [GO TO QC07_A7]
NO ............................................................... 2
ON VACATION ............................................. 3
HOME SCHOOLED ........................................ 4
REFUSED .................................................... -7
DON'T KNOW ............................................. -8

PROGRAMMING NOTE QC07_A6B:
IF CAGE = 5 YRS DISPLAY “NOT INCLUDING PRE-SCHOOL OR NURSERY SCHOOL”.

QC07_A6B  {Not including pre-school or nursery school} Did (CHILD) attend school during the last school year?

CA43

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

QC07_A7  In general, would you say (CHILD)’s health is excellent, very good, good, fair or poor?

CA6

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

QC07_A8  Has a doctor ever told you that (CHILD) has asthma?

CA12

YES .............................................................. 1  [GO TO QC07_A20]
NO ............................................................... 2  [GO TO QC07_A20]
REFUSED .................................................... -7  [GO TO QC07_A20]
DON'T KNOW ............................................. -8

QC07_A9  Does (he/she) still have asthma?

CA31

YES .............................................................. 1
NO ............................................................... 2
REFUSED .................................................... -7
DON'T KNOW ............................................. -8
QC07_A10  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 QC07_A11:
IF QC07_A9 = 2, -7 or -8 (NO, REFUSED, DON'T KNOW) AND QC07_A10 = 2, -7 or -8 (NO, REFUSED, DON'T KNOW) GO TO QC07_A14;
ELSE CONTINUE WITH QC07_A11;

QC07_A11  During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:

CA12B

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

QC07_A12  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

QC07_A13  During the past 12 months, was {he/she} admitted to a hospital overnight or longer for {his/her} asthma?

CA44

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

QC07_A14  Is (CHILD) now taking a daily medication to control {his/her} asthma that was prescribed or given to you by a doctor?

CA12A

[INTERVIEWER NOTE: 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 QC07_A15:
IF QC07_A9 = 1 (YES, STILL HAS ASTHMA) OR QC07_A10 = 1 (YES, EPISODE IN LAST 12 MOS),
GO TO QC07_A18 ELSE CONTINUE WITH QC07_A15

QC07_A15  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:

<table>
<thead>
<tr>
<th>CA40</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not at all</td>
</tr>
<tr>
<td>2</td>
<td>Less than every month</td>
</tr>
<tr>
<td>3</td>
<td>Every month</td>
</tr>
<tr>
<td>4</td>
<td>Every week, or</td>
</tr>
<tr>
<td>5</td>
<td>Every day?</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

QC07_A16  During the past 12 months, has (CHILD) had to visit a hospital emergency room or urgent
care clinic because of asthma?

<table>
<thead>
<tr>
<th>CA41</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

QC07_A17  During the past 12 months, was {he/she} admitted to a hospital overnight or longer for
{his/her} asthma?

<table>
<thead>
<tr>
<th>CA45</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

QC07_A18  During the past 12 months, how many days of day care or school did (CHILD) miss due
to asthma?

<table>
<thead>
<tr>
<th>CA34</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>NUMBER OF DAYS</td>
</tr>
<tr>
<td>93</td>
<td>CHILD NOT IN DAYCARE OR SCHOOL</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

QC07_A19  Has a doctor or other health professional ever given you an asthma management plan for
(CHILD)?

<table>
<thead>
<tr>
<th>CA35</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

[INTERVIEWER NOTE: 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.”]
**PROGRAMMING NOTE QC07_A20:**
If CAGE < 1, SKIP TO QC07_A22; ELSE CONTINUE WITH QC07_A20;

**QC07_A20**  Did a doctor or psychologist ever tell you that (CHILD) has ADD or ADHD?

**CA11**

[Interviewer Note: IF NEEDED SAY, “ADD is attention deficit disorder; ADHD is attention deficit hyperactivity disorder.”]

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

**QC07_A21**  Has a doctor ever told you that (CHILD) has Asperger’s syndrome or autism?

**CA46**

YES, Asperger’s .............................................. 1
YES, autism .................................................. 2
NO ................................................................. 3
REFUSED ...................................................... -7
DON’T KNOW ............................................... -8

**PROGRAMMING NOTE QC07_A22:**
If CAGE > 1 AND [QC07_A20 = 1 OR QC07_A21 = 1 (ASPERGER’S) OR 2 (AUTISM)] DISPLAY “ANOTHER”; ELSE CATI HIGHLIGHT “A”;

**QC07_A22**  Has a doctor ever told you that (CHILD) has {a/another} developmental disorder?

**CA47**

YES, SPECIFY: ______________________________ 1
NO ................................................................. 2
REFUSED ...................................................... -7
DON’T KNOW ............................................... -8

**PROGRAMMING NOTE QC07_A23:**
If CAGE > 1 AND [QC07_A20 = 1 (YES, ADD OR ADHD) OR QC07_A21 = 1 (ASPERGER’S) OR 2 (AUTISM) OR QC07_A22 = 1 (OTHER DEVELOPMENTAL DISORDER)] DISPLAY “OTHER”;

**QC07_A23**  Does (CHILD) currently have any {other} physical, behavioral or mental conditions that limit or prevent [him/her] from doing childhood activities usual for {his/her} age?

**CA7**

YES ................................................................. 1
GO TO QC07_B1
NO ................................................................. 2
GO TO QC07_B1
REFUSED ...................................................... -7
GO TO QC07_B1
DON’T KNOW ............................................... -8
GO TO QC07_B1
What condition does (CHILD) have?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEREBRAL PALSY</td>
<td>4</td>
</tr>
<tr>
<td>CONGENITAL HEART DISEASE</td>
<td>5</td>
</tr>
<tr>
<td>CYSTIC FIBROSIS</td>
<td>6</td>
</tr>
<tr>
<td>DIABETES</td>
<td>7</td>
</tr>
<tr>
<td>DOWN'S SYNDROME</td>
<td>8</td>
</tr>
<tr>
<td>EPILEPSY</td>
<td>9</td>
</tr>
<tr>
<td>DEAFNESS OR OTHER HEARING PROBLEM</td>
<td>10</td>
</tr>
<tr>
<td>MENTAL RETARDATION, OTHER THAN DOWN'S</td>
<td>11</td>
</tr>
<tr>
<td>MUSCULAR DYSTROPHY</td>
<td>12</td>
</tr>
<tr>
<td>NEUROMUSCULAR DISORDER</td>
<td>13</td>
</tr>
<tr>
<td>ORTHOPEDIC PROBLEM (BONES OR JOINTS)</td>
<td>14</td>
</tr>
<tr>
<td>SICKLE CELL ANEMIA</td>
<td>15</td>
</tr>
<tr>
<td>BLINDNESS OR OTHER VISION PROBLEM</td>
<td>16</td>
</tr>
<tr>
<td>OTHER (SPECIFY): ____________________________</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Section B – Dental Health

PROGRAMMING NOTE QC07_B1:
IF CAGE < 1 YEAR, GO TO SECTION C;
IF CAGE > 2 YEARS, GO TO QC07_B2;
ELSE CONTINUE WITH QC07_B1;

QC07_B1  These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

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

[GO TO SECTION C]

QC07_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.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAS NEVER VISITED</td>
<td>0</td>
</tr>
<tr>
<td>LESS THAN 6 MONTHS AGO</td>
<td>1</td>
</tr>
<tr>
<td>6 MONTHS UP TO 1 YEAR AGO</td>
<td>2</td>
</tr>
<tr>
<td>1 YEAR UP TO 2 YEARS AGO</td>
<td>3</td>
</tr>
<tr>
<td>2 YEARS UP TO 5 YEARS AGO</td>
<td>4</td>
</tr>
<tr>
<td>MORE THAN 5 YEARS AGO</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO QC07_B5]

QC07_B3  Was it for a routine checkup or cleaning, or was it for a specific problem?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE CHECKUP OR CLEANING</td>
<td>1</td>
</tr>
<tr>
<td>SPECIFIC PROBLEM</td>
<td>2</td>
</tr>
<tr>
<td>BOTH</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>

QC07_B4  Is there a particular dentist or place YOU USUALLY go to for (CHILD’s) dental care?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN ONE PLACE</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>

[GO TO QC07_B6]
PROGRAMMING NOTE QC07_B5:
IF QC07_B2 = 1 (HAS NEVER VISITED), DISPLAY "NEVER";
ELSE DISPLAY "NOT" AND "IN THE PAST YEAR";

QC07_B5  What is the main reason your child has {never/not} visited a dentist {in the past year}?

CB23

NO REASON TO GO/NO PROBLEMS ................. 1
NOT OLD ENOUGH ........................................ 2
COULD NOT AFFORD IT/TOO EXPENSIVE/ ......... 3  [GO TO QC07_B7]
NO INSURANCE........................................... 3
FEAR, DISLIKES GOING ................................. 4
DO NOT HAVE/KNOW A DENTIST ................. 5
CANNOT GET TO THE OFFICE/CLINIC ............. 6
NO DENTIST AVAILABLE/ ......................... 6
NO APPOINTMENTS AVAILABLE .................. 7
DIDN'T KNOW WHERE TO GO ..................... 8
HOURS NOT CONVENIENT ....................... 9
SPEAK A DIFFERENT LANGUAGE ............. 10
OTHER................................................. 91
REFUSED............................................. 7
DON'T KNOW........................................ 8

QC07_B6  During the past 12 months, was there any time when (CHILD) needed dental care but
you could not afford it?

CB24

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

QC07_B7  Do you currently have any type of insurance that pays for part or all of (CHILD's) dental care?

CC7A

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

PROGRAMMING NOTE QC07_B8:
IF CAGE < 5 GO TO SECTION C; ELSE CONTINUE WITH QC07_B8;

QC07_B8  During the past 12 months, did (he/she) miss any time from school because of a dental problem? Do not count time missed for cleaning or a check-up.

CC18

YES ................................................................. 1
NO ............................................................... 2  [GO TO QC07_C1]
REFUSED..................................................... 7  [GO TO QC07_C1]
DON'T KNOW............................................... 8  [GO TO QC07_C1]
How many days of school did (he/she) miss because of dental problems?

_____ DAYS

- LESS THAN ONE DAY ........................................... 1
- NO ........................................................................... 2
- REFUSED .............................................................-7
- DON'T KNOW ....................................................-8
Section C – Diet, Physical Activity, Park Use

PROGRAMMING NOTE QC07_C1:
IF CAGE < 2 YEARS, GO TO QC07_C17, ELSE CONTINUE WITH QC07_C1;

QC07_C1 Now I’m going to ask you about the foods your child ate yesterday, including meals and
snacks. Yesterday, how many glasses or boxes of 100% fruit juice, such as orange or
apple juice, did {CHILD NAME} drink?

CC10

[INTERVIEWER NOTE: IF NEEDED SAY, “Only include 100% fruit juices.” 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

QC07_C2 Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

CC13

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

______ SERVINGS

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

QC07_C3 Yesterday, how many servings of French fries, home fries, or hash browns did {CHILD
NAME} eat?

CC14

[INTERVIEWER NOTE: IF RESPONDENT ASKS, SAY: “Do not include potato chips.”]

______ SERVINGS

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

QC07_C4 Yesterday, how many servings of other vegetables like green salad, green beans, or
potatoes did {he/she} have? Do not include fried potatoes.

CC31

______ SERVINGS

REFUSED ................................................................. -7
DON’T KNOW .......................................................... -8
**QC07_C5**  Yesterday, how many glasses or small cartons of milk did {he/she} drink?

[**INTERVIEWER NOTE:** IF NEEDED SAY, “Include milk on cereal.”]

______ GLASSES

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

**PROGRAMMING NOTE QC07_C6:**
IF QC07_C5 = 0 (DID NOT DRINK MILK), GO TO QC07_C7;
ELSE IF QC07_C5 > 0, CONTINUE WITH QC07_C6;

**QC07_C6**  What type of milk was it?  Was it…

[**INTERVIEWER NOTE:** IF RESPONDENT CANNOT CHOOSE ONE, CODE ALL THAT APPLY. NONFAT MILK CAN BE LIQUID OR DRY MILK. SOY MILK, RICE MILK, AND CHOCOLATE MILK SHOULD BE CODED AS “ANOTHER TYPE”.

Whole milk................................................................ 1
Lowfat milk ............................................................... 2
Nonfat milk ............................................................... 3
Another type of milk ................................................. 93
REFUSED ................................................................ -7
DON’T KNOW .......................................................... -8

**QC07_C7**  Yesterday, how many glasses or cans of soda, such as Coke, or other sweetened drinks, such as fruit punch or sports drinks did {he/she} drink?  Do not count diet drinks.

[**INTERVIEWER NOTE:** THIS ALSO INCLUDES ANY DRINKS WITH ADDED SUGAR, SUCH AS SUNNY DELIGHT, ICED TEA DRINKS, TAMPIO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, GATORADE, SWEETENED WATER DRINKS, AND ENERGY DRINKS. CHINESE TRANSLATORS MAY WISH TO INCLUDE CHINESE-NAMED FRUIT-FLAVORED]

______ GLASSES, CANS OR BOTTLES

REFUSED ................................................................. -7
DON’T KNOW .......................................................... -8
QC07_C8  Yesterday, how many servings of sweets such as cookies, candy, doughnuts, pastries, cake, or popsicles did {he/she} have?

CC24  

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

______ SERVINGS

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

QC07_C9  Now think about the past week. In the past 7 days, how many times did {he/she} eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout or drive thru.

CC32  

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

______ SERVINGS

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

PROGRAMMING NOTE QC07_C10:
IF QC07_A6A = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH QC07_C10 AND DISPLAY “HOW MANY DAYS IN THE PAST WEEK”;
IF QC07_A6B = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH QC07_C10 AND DISPLAY “DURING THE SCHOOL YEAR, ON HOW MANY DAYS DURING A TYPICAL WEEK”;
ELSE GO TO QC07_C14;

QC07_C10  Now I’m going to ask you about physical activity. {How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) walk, bicycle, or skateboard to school?

CC27  

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

______ DAYS

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

PROGRAMMING NOTE QC07_C11:
IF QC07_C10 = 0 (DAYS), -7, OR -8, GO TO QC07_C12;
ELSE IF QC07_C10 > 0 (DAYS) CONTINUE WITH QC07_C11;

QC07_C11  About how many minutes {did/does} it take {him/her} without any stops?

CC28  

______ MINUTES

REFUSED ............................................................ -7
DON’T KNOW ..................................................... -8
PROGRAMMING NOTE QC07_C12
IF QC07_A6A = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH QC07_C10 AND DISPLAY "HOW MANY DAYS IN THE PAST WEEK";
IF QC07_A6B = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH QC07_C10 AND DISPLAY "DURING THE SCHOOL YEAR, ON HOW MANY DAYS DURING A TYPICAL WEEK";

QC07_C12 {How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) walk, bicycle, or skateboard home from school?

CC29
[INTERVIEWER NOTE: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES, ROLLERSHOES, OR NON-MOTORIZED SCOOTERS HOME FROM SCHOOL. IF CHILD DOES NOT GO DIRECTLY HOME FROM SCHOOL, INCLUDE # OF DAYS WALKED, ETC. TO CHILDCARE, RELATIVE'S HOME, AFTER-SCHOOL PROGRAM, ETC.]

______ DAYS

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

PROGRAMMING NOTE QC07_C13:
IF QC07_C12 = 0 (DAYS), -7, OR -8, GO TO QC07_C14;
ELSE IF QC07_C12 > 0 (DAYS) CONTINUE WITH QC07_C13;

QC07_C13 About how many minutes {did/does} it take {him/her} without any stops?

CC30

______ MINUTES....................................................
[GO TO QC07_C15]

REFUSED...............................................................-7
[GO TO QC07_C15]
DON'T KNOW.........................................................-8
[GO TO QC07_C15]

QC07_C14 Could {he/she} walk or bike home from school in 30 minutes or less?

CC33

YES ........................................................................ 1
NO ......................................................................... 2
REFUSED...............................................................-7
DON'T KNOW.........................................................-8
PROGRAMMING NOTE QC07_C15:
IF QC07_A6A = 1 (ATTENDED SCHOOL LAST WEEK) OR QC07_A6B = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH QC07_C15;
ELSE SKIP TO QC07_C16;

QC07_C15  What is the name of the school (CHILD) goes to or last attended?

______________ NAME OF SCHOOL

CHILD NOT IN SCHOOL............................................. 1
REFUSED.................................................................. -7
DON'T KNOW......................................................... -8

NOTE FOR QC07_C16:
IF CAGE < 3, SKIP TO QC07_C19;
ELSE CONTINUE WITH QC07_C16;

QC07_C16  During the past 12 months, was he/she a member of any sports team such as soccer, baseball, or basketball?

[INTERVIEWER NOTE: IF RESPONDENT ASKS, OTHER TEAMS SUCH AS SWIM, VOLLEYBALL, OR HOCKEY CAN ALSO BE INCLUDED.]

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

PROGRAMMING NOTE FOR QC07_C17:
IF CAGE < 5, SKIP TO QC07_C19;
ELSE CONTINUE WITH QC07_C17;

QC07_C17  Not including school PE, on how many days of the past 7 days was (CHILD) physically active for at least 60 minutes total?

______ DAYS

REFUSED .................................................................. -7
DON'T KNOW......................................................... -8
PROGRAMMING NOTE QC07_C19:
IF CAGE < 1 GO TO QC07_D1;
ELSE CONTINUE WITH QC07_C19;

QC07_C19  Has (CHILD) been to the park in the past 30 days?

CC37

YES ................................................................. 1
NO ................................................................. 2 [GO TO QC07_C18]
REFUSED ..........................................................-7 [GO TO QC07_C18]
DON'T KNOW .....................................................-8 [GO TO QC07_C18]

QC07_C20  How many days in the past 30 days did (CHILD) go to the park?

CC38

______ DAYS

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

QC07_C18  Is there a park, playground or open space within walking distance of your home?

CC36

YES ................................................................. 1
NO ................................................................. 2
REFUSED ..........................................................-7
DON'T KNOW .....................................................-8
Section D – Access and Utilization of Health Care

**QC07_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?

<table>
<thead>
<tr>
<th>CD1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>DOCTOR/(HIS/HER) DOCTOR</td>
<td>3</td>
</tr>
<tr>
<td>KAISER</td>
<td>4</td>
</tr>
<tr>
<td>MORE THAN ONE PLACE</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO QC07_D3]

**PROGRAMMING NOTE QC07_D2**
IF QC07_D1 = (1, 5, -7, or -8), DISPLAY “WHAT KIND OF PLACE DO YOU TAKE {HIM/HER} TO MOST OFTEN—A MEDICAL... ”;
ELSE IF QC07_D1 = 3 DISPLAY “IS {HIS/HER} DOCTOR IN A PRIVATE... ”;
ELSE IF QC07_D1 = 4, FILL QC07_D2 = 1 AND TO QC07_D3;

**QC07_D2**
{What kind of place do you take him/her to most often—a medical/is his/her doctor a private} doctor’s office, a clinic or hospital clinic, an emergency room, or some other place?

<table>
<thead>
<tr>
<th>CD3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DOCTOR’S OFFICE/KAISER/OTHER HMO</td>
<td>1</td>
</tr>
<tr>
<td>CLINIC/HEALTH CENTER/HOSPITAL CLINIC</td>
<td>2</td>
</tr>
<tr>
<td>EMERGENCY ROOM</td>
<td>3</td>
</tr>
<tr>
<td>OTHER PLACE (SPECIFY):__________</td>
<td>91</td>
</tr>
<tr>
<td>NO ONE PLACE</td>
<td>94</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QC07_D3**
During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

<table>
<thead>
<tr>
<th>CD6</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>_______ TIMES</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 QC07_D4**
IF QC07_D3 > 0, GO TO PROGRAMMING NOTE QC07_D5;
ELSE IF QC07_D3 = (0, -7, -8), CONTINUE WITH QC07_D4;

**QC07_D4**
About how long has it been since he/she last saw a medical doctor?

<table>
<thead>
<tr>
<th>CD7</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE YEAR AGO OR LESS</td>
<td>1</td>
</tr>
<tr>
<td>MORE THAN 1 YEAR UP TO 2 YEARS AGO</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN 2 YEARS UP TO 3 YEARS AGO</td>
<td>3</td>
</tr>
<tr>
<td>MORE THAN 3 YEARS AGO</td>
<td>4</td>
</tr>
<tr>
<td>NEVER</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QC07_D5:
IF QC07_D3 > 0 OR QC07_D4 = 1 or 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QC07_D5; ELSE GO TO QC07_D10;

QC07_D5  The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

CD25

YES ................................................................. 1  [GO TO QC07_D7]
NO ...................................................................... 2
NEVER ACCOMPANIED CHILD TO DOCTOR ...... 3
REFUSED ......................................................... -7
DON'T KNOW ................................................... -8

PROGRAMMING NOTE QC07_D6:
IF QC07_D5 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA07_G4 > 1 (ADULT R SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)] CONTINUE WITH QC07_D6; ELSE SKIP TO QC07_D10;

QC07_D6  In what language does your doctor speak to you?

CD31

ENGLISH ............................................................. 1  [GO TO QC07_D8]
SPANISH ............................................................ 2  [GO TO QC07_D10]
CANTONESE ....................................................... 3  [GO TO QC07_D10]
VIETNAMESE ....................................................... 4  [GO TO QC07_D10]
TAGALOG ................................................................ 5  [GO TO QC07_D10]
MANDARIN ............................................................ 6  [GO TO QC07_D10]
KOREAN .................................................................. 7  [GO TO QC07_D10]
ASIAN INDIAN LANGUAGES .................................. 8  [GO TO QC07_D10]
RUSSIAN ............................................................. 9  [GO TO QC07_D10]
OTHER (SPECIFY):_________________________ 91  [GO TO QC07_D10]
REFUSED ............................................................. -7  [GO TO QC07_D10]
DON'T KNOW ..................................................... -8  [GO TO QC07_D10]

PROGRAMMING NOTE QC07_D7:
IF QC07_D5 = 1 CONTINUE WITH QC07_D7; ELSE SKIP TO QC07_D10;

QC07_D7  Was this because you and the doctor spoke different languages?

CD26

YES ................................................................. 1
NO ...................................................................... 2
REFUSED ......................................................... -7
DON'T KNOW ................................................... -8
QC07_D8    Did you need someone to help you understand the doctor?

CD27  
YES ........................................................................ 1
NO .......................................................................... 2 [GO TO QC07_D10]
REFUSED ............................................................... -7 [GO TO QC07_D10]
DON'T KNOW ......................................................... -8 [GO TO QC07_D10]

QC07_D9    Who was this person who helped you understand the doctor?

CD28  
MINOR CHILD (UNDER AGE 18) ................................ 1
AN ADULT FAMILY MEMBER OR FRIEND OF MINE ................. 2
NON-MEDICAL OFFICE STAFF ........................................... 3
MEDICAL STAFF INCLUDING NURSES AND DOCTORS .............. 4
PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE) .......... 5
OTHER (PATIENTS, SOMEONE ELSE) .................................. 6
DID NOT HAVE SOMEONE TO HELP ................................... 7
REFUSED ..................................................................... -7
DON'T KNOW ............................................................ -8

QC07_D10    When (CHILD) had {his/her} last routine physical exam, did you and a doctor talk about {his/her} nutrition or healthy eating?

CD32  
YES ........................................................................ 1
NO .......................................................................... 2
REFUSED ............................................................... -7
DON'T KNOW ........................................................... -8

QC07_D11    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 QC07_D13]
REFUSED ............................................................... -7 [GO TO QC07_D13]
DON'T KNOW ........................................................... -8 [GO TO QC07_D13]

QC07_D12    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
QC07_D13  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?

<p>| | |</p>
<table>
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<tr>
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<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>
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</tbody>
</table>

QC07_D14  Was cost or lack of insurance a reason why you delayed or did not get any other medical care for (CHILD)?

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<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>
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</tbody>
</table>

PROGRAMMING NOTE QC07C_D15

IF CAGE < 6 MONTHS, GO TO QC07_D16;
ELSE IF CAGE ≥ 6 MONTHS, CONTINUE WITH QC07_D15;

QC07_D15  During the past 12 months, has (CHILD) had a flu shot?

<p>| | |</p>
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<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>
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</tbody>
</table>

PROGRAMMING NOTE QC07D_D16;

IF QC07_A12 = 1 OR QC07_A16 = 1 (VISIT ER FOR ASTHMA) GO TO QC07_E1;
ELSE CONTINUE WITH QC07_D16;

QC07_D16  During the past 12 months, did (CHILD) visit a hospital emergency room?

<p>| | |</p>
<table>
<thead>
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<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>
Section E – Public Programs

PROGRAMMING NOTE FOR QC07_E1:
IF POVERTY = 1, 2, 3, OR 5 (INCOME LESS THAN OR EQUAL TO 300% OF POVERTY LEVEL),
CONTINUE WITH QC07_E1;
ELSE SKIP TO QC07_E4

QC07_E1 Is (CHILD) now on TANF or CalWORKS?

CE11

[INTERVIEWER NOTE: 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

QC07_E2 Is (CHILD) receiving Food Stamps?

CE11A

[INTERVIEWER NOTE: 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 QC07_E3:
IF CAGE > 6, GO TO QC07_E4;
ELSE CONTINUE WITH QC07_E3;

QC07_E3 Is (CHILD) on WIC now?

CE11C

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

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

PROGRAMMING NOTE QC07_E4:
IF ENGLSPAN = 1 OR 2 (INTERVIEW LANGUAGE IS ENGLISH OR SPANISH), CONTINUE WITH QC07_E4;
ELSE SKIP to QC07_E5;

QC07_E4
In the past 12 months, have you seen or heard a radio or TV ad that says, “Sometimes it’s hard to say no to kids, but it’s even harder to see them grow up unhealthy.”?

CE14

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

PROGRAMMING NOTE QC07_E5:
IF CAGE < 2, SKIP TO QC07_E7;
ELSE CONTINUE WITH QC07_E5;

QC07_E5
How much influence do you feel you have over what foods your child eats?

CE15

A LOT .............................................................. 1
SOME ............................................................. 2
VERY LITTLE .................................................. 3
REFUSED ....................................................... -7
DON’T KNOW ................................................ -8

QC07_E6
How much influence do you feel you have over how much exercise your child gets?

CE16

A LOT .............................................................. 1
SOME ............................................................. 2
VERY LITTLE .................................................. 3
REFUSED ....................................................... -7
DON’T KNOW ................................................ -8

PROGRAMMING NOTE QC07_E7:
IF ENGLSPAN = 1 OR 2 (INTERVIEW LANGUAGE IS ENGLISH OR SPANISH), CONTINUE WITH QC07_E7;
ELSE SKIP to QC07_E8;

QC07_E7
In the past 12 months, have you seen a billboard that says, “Obesity in Little Children is a big Problem.”?

CE17

YES ................................................................. 1
NO ................................................................. 2
REFUSED ......................................................... -7
DON’T KNOW ................................................... -8
PROGRAMMING NOTE QC07_E8:
IF ENGLSPAN = 3, 4, 5, 6 (INTERVIEW LANGUAGE IS VIETNAMESE, KOREAN, CANTONESE, OR MANDARIN), CONTINUE WITH QC07_E8;
ELSE SKIP TO SECTION F;

QC07_E8 In the past 12 months, have you seen or heard a radio or TV ad that says, “So for many children of smokers, the question isn’t IF they’ll become smokers…but WHEN.”?

CE18

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

PROGRAMMING NOTE QC07_F1:
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE QC07_F4 INTRO;
ELSE CONTINUE WITH QC07_F1;

QC07_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

QC07_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

QC07_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 QC07_F4 INTRO:
IF CAGE < 4 MONTHS, GO TO QC07_G1;
IF CAGE ≥ 6 YEARS, GO TO QC07_F10;
ELSE IF CAGE ≥ 4 MONTHS AND < 6 YEARS, CONTINUE WITH QC07_F4 INTRO;

QC07_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. (Reference for Questions QC07_F4 through QC07_F14: Glascoe FP. Parents’ Evaluation of Development Status (Peds), Survey Edition. Nashville, Tennessee: Ellsworth and Vandermeer Press, 2008.)

PROGRAMMING NOTE QC07_F4:
IF CAGE > 9 MONTHS GO TO QC07_F5;
ELSE IF CAGE ≤ 9 MONTHS CONTINUE WITH QC07_F4;

QC07_F4 How your child makes speech sounds? [Are you concerned a lot, a little, or not at all?]

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A LOT</td>
<td>1</td>
</tr>
<tr>
<td>A LITTLE</td>
<td>2</td>
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<tr>
<td>NOT AT ALL</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>

QC07_F5 How your child talks and makes words? [Are you concerned a lot, a little, or not at all?]

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A LOT</td>
<td>1</td>
</tr>
<tr>
<td>A LITTLE</td>
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</tr>
<tr>
<td>NOT AT ALL</td>
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<tr>
<td>REFUSED</td>
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<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>

PROGRAMMING NOTE QC07_F6:
IF CAGE < 18 MONTHS, GO TO QC07_F7;
ELSE IF CAGE ≥ 18 MONTHS CONTINUE WITH QC07_F6;

QC07_F6 How well your child understands what you say? [Are you concerned a lot, a little, or not at all?]

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A LOT</td>
<td>1</td>
</tr>
<tr>
<td>A LITTLE</td>
<td>2</td>
</tr>
<tr>
<td>NOT AT ALL</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>
QC07_F7  How your child uses {his/her} hands and fingers to do things? [Are you concerned a lot, a little, or not at all?]

CG19

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

QC07_F8  How well your child uses {his/her} arms and legs? [Are you concerned a lot, a little, or not at all?]

CG20

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

QC07_F9  How well your child can see or hear? [Are you concerned a lot, a little, or not at all?]

CG21

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

PROGRAMMING NOTE QC07_F10:
IF CAGE IS ≤ 9 MONTHS, GO TO QC07_G1;
IF CAGE > 6 YEARS, GO TO PROGRAMMING NOTE QC07_F15;
ELSE IF CAGE = 10 MONTHS TO 6 YEARS, CONTINUE WITH QC07_F10;

QC07_F10  How your child gets along with others? [Are you concerned a lot, a little, or not at all?]

CG22

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

QC07_F11  Your child’s feelings and moods? [Are you concerned a lot, a little, or not at all?]

CG23

A LOT ................................................................. 1
A LITTLE ........................................................... 2
NOT AT ALL ...................................................... 3
REFUSED .......................................................... -7
DON'T KNOW ................................................... -8
QC07_F12  How your child behaves?  [Are you concerned a lot, a little, or not at all?]

CG24

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

QC07_F13  How your child is learning to do things for {himself/herself}?  [Are you concerned a lot, a little, or not at all?]

CG25

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

QC07_F14  Whether your child can do what other children {his/her} age can do?  [Are you concerned a lot, a little, or not at all?]

CG26

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

PROGRAMMING NOTE QC07_F15:
IF CAGE < 1 GO TO QC07_F23; ELSE CONTINUE WITH QC07_F15;

QC07_F15  Many professionals such as health providers, teachers and counselors do developmental screening tests. Tests check how a child is growing, learning, and behaving compared with children of the same age.

Did (child’s) doctor, other health providers, teachers, or school counselors ever tell you that they were doing an assessment or tests of (child’s) development?

CF40

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

QC07_F16  Did {his/her} doctor, other health providers, teachers, or school counselors ever have (child) rollover, pick up small objects, stack blocks, throw a ball, or recognize different colors?

CF41

YES ................................................................. 1
NO ................................................................. 2
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
Q07_F17 Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?

CF42
YES ................................................................. 1
NO ................................................................. 2
REFUSED .......................................................... -7
DON'T KNOW ................................................... -8

Q07_F18 Did they ever have you fill out a checklist of activities that (child) can do, such as certain physical tasks, whether {her/she} can draw certain objects, or ways {he/she} can communicate with you?

CF43
YES ................................................................. 1
NO ................................................................. 2
REFUSED .......................................................... -7
DON'T KNOW ................................................... -8

Q07_F19 Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

CF44
YES ................................................................. 1
NO ................................................................. 2
REFUSED .......................................................... -7
DON'T KNOW ................................................... -8

PROGRAMMING NOTE QC07_F20:
IF QC07_A20 = 1 (ADD/ADHD) OR QC07_A21 = 1 (ASPERGER’S, AUTISM) OR QC07_A22 = 1 (OTHER DEVELOPMENTAL CONDITION), GO TO QC07_F21
ELSE CONTINUE WITH QC07_F20

Q07_F20 Did a doctor or other professional ever note a concern about (child) that should be monitored carefully?

CF45
YES ................................................................. 1
NO ................................................................. 2
REFUSED .......................................................... -7
DON'T KNOW ................................................... -8

Q07_F21 Did they ever refer {him/her} to a specialist regarding his development?

CF46
YES ................................................................. 1
NO ................................................................. 2
REFUSED .......................................................... -7
DON'T KNOW ................................................... -8
Did they ever refer {him/her} for speech, language, or hearing testing?

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

The next 7 items (QC07_F23-QC07_F28) are included in this survey with permission as indicated:

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**Programming note QC07_F23:**
If CAGE < 4 years, go to QC07_G1;
else continue with QC07_F23;

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.

**QC075_F23**
{He/She} is generally well behaved, usually does what adults request [...during the past 6 months.]

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

**QC07_F24**
{He/She} has many worries or often seems worried [...during the past 6 months.]

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

**QC07_F25**
{He/She} is often unhappy, depressed or tearful [...during the past 6 months.]

**NOT TRUE** ............................................................. 1
**SOMewhat TRUE** .................................................. 2
**CERTAINLY TRUE** ................................................... 3
**REFUSED** .............................................................-7
**DON'T KNOW** ........................................................-8
QC07_F26 {He/She} gets along better with adults than with other children [...] during the past 6 months.

CG31

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

QC07_F27 {He/She} has good attention span, sees chores or homework through to the end.

CG32

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

QC07_F28 Overall, do you think your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

CF30

YES .......................................................................... 1  [GO TO QC07_F30]
NO ............................................................................ 2  [GO TO QC07_F30]
REFUSED............................................................. -7  [GO TO QC07_F30]
DON’T KNOW......................................................... -8  [GO TO QC07_F30]

QC07_F29 Are these difficulties minor, definite, or severe?

CF31

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

QC07_F30 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 QC07_F31:
IF QC07_A6A = 1 OR QC07_A6B = 1 (CHILD ATTENDED SCHOOL LAST WK OR LAST YR),
THEN CONTINUE WITH QC07_F31;
ELSE, GO TO QC07_G1;
Would you describe (CHILD’S) school work as...

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<tr>
<td>BELOW AVERAGE</td>
<td>4</td>
</tr>
<tr>
<td>Failing</td>
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<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
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</tbody>
</table>
Section G – Child Care

**PROGRAMMING NOTE QC07_G1**
IF CAGE ≥ 7, LAST SENTENCE OF FIRST PARAGRAPH DOES NOT APPLY;

**QC07_G1**
These next questions are about childcare. By childcare we mean any arrangement where someone other than the parents, legal guardian, or stepparents takes care of (CHILD). {This includes preschool and nursery school, but not kindergarten.}

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

YES ................................................................. 1
NO ................................................................. 2 [GO TO QC07_G10]
REFUSED .......................................................... -7 [GO TO QC07_G10]
DON’T KNOW .................................................. -8 [GO TO QC07_G10]

**QC07_G2**
Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

CG2

___ HOURS

REFUSED .......................................................... -7 [GO TO QC07_G10]
DON’T KNOW .................................................. -8 [GO TO QC07_G10]

**PROGRAMMING NOTE QC07_G3:**
IF QC07_G2 < 10 (HOURS IN CHILDCARE), GO TO QC07_G10;
ELSE CONTINUE WITH QC07_G3 INTRO;

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

**QC07_G3**
...a grandparent or other family member?

CG3A

YES ................................................................. 1
NO ................................................................. 2
REFUSED .......................................................... -7
DON’T KNOW .................................................. -8
PROGRAMMING NOTE QC07_G4:
IF CAGE ≥ 7 YEARS, GO TO QC07_G6;
ELSE CONTINUE WITH QC07_G4;

QC07_G4  [Does (CHILD) receive childcare from]...a Head Start or state preschool program?

CG3B
YES .............................................................. 1
NO ............................................................... 2
REFUSED ...................................................... -7
DON'T KNOW ............................................. -8

QC07_G5  [Does (CHILD) receive childcare from]...some other preschool or nursery school?

CG3C
YES .............................................................. 1
NO ............................................................... 2
REFUSED ...................................................... -7
DON'T KNOW ............................................. -8

QC07_G6  [Does (CHILD) receive childcare from]...a childcare center that is not in someone's home?

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

QC07_G7  [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in your home?

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

QC07_G8  [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in his or her home?

CG3F
YES .............................................................. 1
NO ............................................................... 2
REFUSED ...................................................... -7
DON'T KNOW ............................................. -8
PROGRAMMING NOTE QC07_G9:
GO TO QC07_G10:
    IF QC07_G3 OR QC07_G7 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD’S HOME) OR
    IF QC07_G4 ≠ 1 AND QC07_G5 ≠ 1 AND QC07_G6 ≠ 1 AND QC07_G8 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME);
ELSE CONTINUE WITH QC07_G9
    IF ONLY ONE OF QC07_G4, QC07_G5, QC07_G6, OR QC07_G8 = 1, SAY "IS THIS" AND "PROVIDER"; ELSE SAY, "ARE ALL OF THESE" AND "PROVIDERS";

QC07_G9  {Is this/Are all of these} child care provider{s} licensed by the state of California?

CG3G

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

QC07_G10 In the past 12 months, was there a time when you could not find childcare when you needed it for (CHILD) for a week or longer?

CG5

YES ................................................................. 1
NO ................................................................. 2  [GO TO QC07_G12]
REFUSED ........................................................... -7  [GO TO QC07_G12]
DON'T KNOW ...................................................... -8  [GO TO QC07_G12]

QC07_G11 What is the main reason you were unable to find childcare for (CHILD) at that time?

CG6

[INTERVIEWER NOTE: IF NEEDED SAY, "Main reason is the most important reason."]

COULDN'T AFFORD ANY CHILD CARE .............. 1
COULDN'T FIND A PROVIDER WITH A SPACE ... 2
THE HOURS AND LOCATION DIDN'T
FIT MY NEEDS .................................................. 3
COULDN'T AFFORD THE QUALITY OF
CHILDCARE I WANTED ........................................ 4
COULDN'T FIND THE QUALITY OF
CHILDCARE I WANTED ........................................ 5
OTHER REASON ................................................ 91
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
QC07_G12

In the past 12 months, have you seen or heard a radio or TV ad that says, “When kids go to preschool, they’re not the only ones who benefit. We all do.”?

CF34

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

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

QC07_H1 Is (CHILD) Latino or Hispanic?

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

YES ................................................................. 1
NO ................................................................. 2 [GO TO QC07_H3]
REFUSED ......................................................... -7 [GO TO QC07_H3]
DON’T KNOW .................................................. -8 [GO TO QC07_H3]

QC07_H2 And what is {his/her} Latino or Hispanic ancestry or origin? – such as Mexican, Salvadorian, Cuban, Honduran – and if {he/she} has more than one, tell me all of them.

[INTERVIEWER NOTE: 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
If QC07_H1 = 1 (YES-CHILD IS LATINO), say, "YOU SAID YOUR CHILD IS LATINO OR HISPANIC. ALSO...";

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?

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

- WHITE................................................................. 1 [GO TO QC07_H10]
- BLACK OR AFRICAN AMERICAN .................. 2 [GO TO QC07_H10]
- AMERICAN INDIAN, ALASKA NATIVE .......... 3 [GO TO QC07_H4]
- OTHER PACIFIC ISLANDER ......................... 4 [GO TO QC07_H9]
- NATIVE HAWAIIAN ............................................ 5 [GO TO QC07_H10]
- OTHER (SPECIFY):________________________ 91 [GO TO QC07_H10]
- REFUSED .......................................................... -7 [GO TO QC07_H10]
- DON'T KNOW ..................................................... -8 [GO TO QC07_H10]

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.

[INTERVIEWER NOTE: CODE ALL THAT APPLY.]

- APACHE.............................................................. 1
- BLACKFEET ......................................................... 2
- CHEROKEE ......................................................... 3
- CHOCTAW............................................................ 4
- MEXICAN AMERICAN INDIAN...................... 5
- NAVAJO ............................................................... 6
- POMO ................................................................. 7
- PUEBLO ............................................................... 8
- SIOUX ............................................................... 9
- YAQUI .............................................................. 10
- OTHER TRIBE (SPECIFY):____________________ 91
- REFUSED .......................................................... -7
- DON'T KNOW ..................................................... -8

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

- YES ................................................................. 1
- NO ................................................................. 2 [GO TO QC07_H8]
- REFUSED .......................................................... -7 [GO TO QC07_H8]
- DON'T KNOW ..................................................... -8 [GO TO QC07_H8]
QC07_H6  In which Tribe is (CHILD) enrolled?

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<tbody>
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<td>APACHE</td>
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<td>Mescalero Apache, NM</td>
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<td>CH6B</td>
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<td>CH6F</td>
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<td>Other Pomo (Specify)</td>
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<td>Ysleta Del Sur Pueblo of Texas</td>
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<tr>
<td>Don't know</td>
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</tbody>
</table>

QC07_H7  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>Response</th>
<th>Code</th>
</tr>
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<tbody>
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<td>No</td>
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<td>Refused</td>
<td>-7</td>
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**PROGRAMMING NOTE QC07_H8:**
IF QC07_H3 = 3 (ASIAN) CONTINUE WITH QC07_H8;
ELSE GO TO PROGRAMMING NOTE QC07_H9;

**QC07_H8**
You said Asian, and what specific ethnic group is {he/she/he or she}, such as {Chinese, Filipino, or Vietnamese}? If {he/she/he or she} is more than one, tell me all of them.

**CH7**

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

- BANGLADESHI.............................................................. 1
- BURMESE.................................................................... 2
- CAMBODIAN.................................................................. 3
- CHINESE........................................................................ 4
- FILIPINO........................................................................ 5
- HMONG ........................................................................ 6
- INDIAN (INDIA)............................................................ 7
- INDONESIAN................................................................. 8
- JAPANESE........................................................................ 9
- KOREAN.......................................................................... 10
- LAOTIAN.......................................................................... 11
- MALAYSIAN................................................................. 12
- PAKISTANI......................................................................... 13
- SRI LANKAN...................................................................... 14
- TAIWANESE.................................................................... 15
- THAI................................................................................ 16
- VIETNAMESE................................................................... 17
- OTHER ASIAN (SPECIFY):_____________________________ 91
- REFUSED.......................................................................... -7
- DON’T KNOW.............................................................. -8

**PROGRAMMING NOTE QC07_H9:**
IF QC07_H3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QC07_H9;
ELSE GO TO QC07_H10;

**QC07_H9**
You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}, such as Samoan, Tongan, or Guamanian? If {he/she} is more than one, tell me all of them.

**CH7A**

[INTERVIEWER NOTE: 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
**PROGRAMMING NOTE QC07_H10:**

IF MKA = AR AND AI56C ≠ 1 (THIS QUESTION ALREADY ASKED DURING ADULT SURVEY),
SKIP TO QC07_H14; ELSE CONTINUE WITH QC07_H10;

**QC07_H10**  In what country was (CHILD) born?

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<td>14</td>
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<td>25</td>
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</tr>
<tr>
<td>26</td>
<td>VIRGIN ISLANDS</td>
</tr>
<tr>
<td>91</td>
<td>OTHER (SPECIFY): _______________________</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QC07_H11:**

IF QC07_H10 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC07_H14; ELSE CONTINUE WITH QC07_H11;

**QC07_H11**  Is (CHILD) a citizen of the United States?

<table>
<thead>
<tr>
<th>CH8A</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>3</td>
<td>APPLICATION PENDING</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

[GO TO QC07_H13]
QC07_H12  Is (CHILD) a permanent resident with a green card?

CH9  

[INTERVIEWER NOTE: 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

QC07_H13  About how many years has (CHILD) lived in the United States?

CH10  

[INTERVIEWER NOTE: FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

CH10YR  

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH10FMT  

NUMBER OF YEARS ........................................ 1
YEAR FIRST CAME TO LIVE IN U.S............... 2
REFUSED .................................................. -7
DON’T KNOW ............................................. -8
PROGRAMMING NOTE QC07_H14;
IF MKA = ADULT RESPONDENT SKIP TO QC07_H18;
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC07_H14 AND SAY, “WERE YOU”;
ELSE, CONTINUE WITH QC07_H14 AND SAY “WAS HIS MOTHER/WAS HER MOTHER”;

QC07_H14    In what country {were you/was his mother/was her mother} born?

CH11

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Code</th>
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<tbody>
<tr>
<td>UNITED STATES</td>
<td>1</td>
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<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>
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<td>GUAM</td>
<td>9</td>
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<td>GUATEMALA</td>
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<td>INDIA</td>
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<td>VIETNAM</td>
<td>25</td>
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<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 QC07_H15 AND QC07_H16:
IF QC07_H14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO
QC07_PROGRAMMING NOTE QC07_H18;
ELSE CONTINUE WITH QC07_H15 AND IF RESPONDENT IS MOTHER OF CHILD SAY, “ARE YOU”;
ELSE DISPLAY “IS {HIS/HER/HIS OR HER} MOTHER;

QC07_H15  {Are you/is {his/her} mother} a citizen of the United States?

[INTERVIEWER NOTE: IF R SAYS SHE IS A NATURALIZED CITIZEN, CODE YES]

YES ........................................................................... 1  [GO TO QC07_H17]
NO ............................................................................ 2
APPLICATION PENDING ........................................ 3
REFUSED ............................................................. -7
DON’T KNOW ......................................................... -8

QC07_H16  {Are you/is {his/her} mother} a permanent resident with a green card?

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

PROGRAMMING NOTE QC07_H17
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC07_H17 AND SAY, “HAVE YOU”; ELSE, CONTINUE WITH QC07_H17 AND SAY “HAS HIS MOTHER/HAS HER MOTHER”;

QC07_H17  About how many years {have you/has {his/her} mother} lived in the United States?

_____ NUMBER OF YEARS

CH13

CH13YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH13FMT

NUMBER OF YEARS .................................................. 1
YEAR FIRST CAME TO LIVE IN U.S.............................. 2
MOTHER DECEASED ................................................. 3
NEVER LIVED IN U.S .................................................. 4
REFUSED .....................................................................-7
DON’T KNOW .........................................................-8

C - 45
In what country {were you/was his father/was her father} born?

[INTERVIEWER NOTE: SELECT FROM MOST LIKELY COUNTRIES. FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS.]

- UNITED STATES
- AMERICAN SAMOA
- CANADA
- CHINA
- EL SALVADOR
- ENGLAND
- FRANCE
- GERMANY
- GUAM
- GUATEMALA
- HUNGARY
- INDIA
- IRAN
- IRELAND
- ITALY
- JAPAN
- KOREA
- MEXICO
- PHILIPPINES
- POLAND
- PORTUGAL
- PUERTO RICO
- RUSSIA
- TAIWAN
- VIETNAM
- VIRGIN ISLANDS
- OTHER (SPECIFY)
- REFUSED
- DON'T KNOW
PROGRAMMING NOTE QC07_H19 AND QC07_H20:
IF QC07_H18 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC07_H22;
ELSE CONTINUE WITH QC07_H15 AND IF RESPONDENT IS FATHER OF CHILD SAY, "ARE YOU";
ELSE SAY "IS {HIS/HER} FATHER";

QC07_H19  {Are you/Is {his/her} father} a citizen of the United States?

CH14A

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

YES .......................................................................... 1  [GO TO QC07_H21]
NO .......................................................................... 2
APPLICATION PENDING ........................................ 3
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QC07_H20  {Are you/Is {his/her} father} a permanent resident with a green card?

CH15

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

PROGRAMMING NOTE QC07_H1:
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC07_H21 AND SAY "HAVE YOU";
ELSE, CONTINUE WITH QC07_H21 AND SAY "HAS HIS FATHER/HAS HER FATHER"

QC07_H21  About how many years {have you/has his father/has her father} lived in the United States?

CH16

_____ NUMBER OF YEARS

CH16YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH16FMT

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

[INTERVIEWER NOTE: 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

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

- VERY WELL............................................................. 1
- FAIRLY WELL.......................................................... 2
- NOT WELL .............................................................. 3
- NOT AT ALL............................................................. 4
- REFUSED ................................................................. 7
- DON'T KNOW ............................................................ 8
**PROGRAMMING NOTE QC07_H24**

IF RESPONDENT IS NOT SAMPLED ADULT, ASK QC07_H24;
ELSE GO TO PROGRAMMING NOTE QC07_H26;

**QC07_H24**  What is the highest grade of education you have completed and received credit for?

<table>
<thead>
<tr>
<th>CH22</th>
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</thead>
<tbody>
<tr>
<td>GRADE SCHOOL</td>
</tr>
<tr>
<td>1ST GRADE .................................................................</td>
</tr>
<tr>
<td>2ND GRADE .......................................................................</td>
</tr>
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<td>3RD GRADE .......................................................................</td>
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<td>7TH GRADE .......................................................................</td>
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<td>8TH GRADE .......................................................................</td>
</tr>
<tr>
<td>HIGH SCHOOL OR EQUIVALENT</td>
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<td>12TH GRADE ....................................................................</td>
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<td>4-YEAR COLLEGE OR UNIVERSITY</td>
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<td>1ST YEAR (FRESHMAN) ...................................................</td>
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<td>2ND YEAR (SOPHOMORE) .................................................</td>
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<tr>
<td>3RD YEAR (JUNIOR) ........................................................</td>
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<td>4TH YEAR (SENIOR) ........................................................</td>
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<td>5TH YEAR .......................................................................</td>
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<td>GRADUATE OR PROFESSIONAL SCHOOL</td>
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<td>1ST YEAR GRAD OR PROF SCHOOL ....................................</td>
</tr>
<tr>
<td>2ND YEAR GRAD OR PROF SCHOOL (MA/MS) .......................</td>
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<tr>
<td>3RD YEAR GRAD OR PROF SCHOOL ....................................</td>
</tr>
<tr>
<td>MORE THAN 3 YRS GRAD OR PROF SCHOOL (PhD) ..............</td>
</tr>
<tr>
<td>2-YEAR JUNIOR OR COMMUNITY COLLEGE</td>
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<td>1ST YEAR .......................................................................</td>
</tr>
<tr>
<td>2ND YEAR .......................................................................</td>
</tr>
<tr>
<td>VOCATIONAL, BUSINESS, OR TRADE SCHOOL</td>
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<tr>
<td>1ST YEAR .......................................................................</td>
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<td>2ND YEAR .......................................................................</td>
</tr>
<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>
Are you now in school?

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

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

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

Thank you for your time and cooperation. You have helped with a very important statewide survey. If you have any questions about the study, please contact Dr. E. Richard Brown, the Principal Investigator. Dr. Brown can be reached toll-free at 1-866-275-2447. Goodbye.