CHIS 2011-2012
Child Questionnaire
Version 12.5
March 19, 2013

(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 2011 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.
SECTION A – DEMOGRAPHICS PART I, HEALTH CONDITIONS

PROGRAMMING NOTE QC11_A1:
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = MKA AND GENDER OF CHILD IS KNOWN, SKIP TO QC11_A2;
ELSE CONTINUE WITH QC11_A1

QC11_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

QC11_A2
What is {his/her} date of birth?

CA2MON
_____ MONTH [HR: 1-12]
1. JANUARY 7. JULY
2. FEBRUARY 8. AUGUST
3. MARCH 9. SEPTEMBER
4. APRIL 10. OCTOBER
5. MAY 11. NOVEMBER
6. JUNE 12. DECEMBER

CA2DAY
_____ DAY [HR: 1-31]

CA2YR

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

PROGRAMMING NOTE QC11_A3:
IF QC11_A2 = -7 OR -8 (REFUSED/DON'T KNOW) CONTINUE WITH QC11_A3;
ELSE SKIP TO QC11_A4

QC11_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
How much did {he/she} weigh at birth?

_____ POUNDS _____ OUNCES

_____ KILOGRAMS ___GRAMS

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

About how tall is (CHILD) now without shoes?

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

_____ FEET  _____ INCHES

_____ METERS  _____ CENTIMETERS

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

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

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

_____ POUNDS

_____ KILOGRAMS

POUNDS ..............................................................1
KILOGRAMS ..........................................................2
REFUSED ............................................................-7
DON’T KNOW ..................................................-8
PROGRAMMING NOTE QC11_A7:
IF CAGE < 5 YEARS GO TO QC11_A9;
ELSE CONTINUE WITH QC11_A7 AND IF CAGE = 5 YRS DISPLAY “Not including pre-school or nursery school,”

QC11_A7  {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

CA42

YES ...........................................................................1 [GO TO QC11_A9]
NO .............................................................................2
ON VACATION .........................................................3 [GO TO QC11_A9]
HOME SCHOoled ..................................................4
REFUSED ............................................................... -7
DON’T KNOW ..........................................................-8

PROGRAMMING NOTE QC11_A8:
IF CAGE = 5 YRS DISPLAY “Not including pre-school or nursery school,”

QC11_A8  {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?

CA43

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

QC11_A9  In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?

CA6

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

QC11_A10  Has a doctor ever told you that (CHILD) has asthma?

CA12

YES ...........................................................................1 [GO TO QC11_A26]
NO .............................................................................2 [GO TO QC11_A26]
REFUSED ............................................................... -7 [GO TO QC11_A26]
DON’T KNOW ..........................................................-8 [GO TO QC11_A26]
QC11_A11  Does {he/she} still have asthma?

CA31

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

QC11_A12 During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?

CA32

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

PROGRAMMING NOTE QC11_A13:
IF QC11_A11 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND QC11_A12 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) GO TO QC11_A17;
ELSE CONTINUE WITH QC11_A13

QC11_A13 During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:

CA12B

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

QC11_A14 During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

CA33

YES ...........................................................................1
NO .............................................................................2 [GO TO QC11_A16]
REFUSED ...............................................................-7 [GO TO QC11_A16]
DON'T KNOW .........................................................-8 [GO TO QC11_A16]

QC11_A15 Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

CA48

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

YES ...........................................................................1
NO .............................................................................2
DOESN'T HAVE DOCTOR .........................................3
REFUSED ...............................................................-7
DON'T KNOW .........................................................-8
QC11_A16  During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?

CA44

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

QC11_A17  Is (CHILD) now taking a daily medication to control {his/her} asthma that was prescribed or given to you by a doctor?

CA12A

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

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

PROGRAMMING NOTE QC11_A18:
IF QC11_A11 = 1 (YES, STILL HAS ASTHMA) OR QC11_A12 = 1 (YES, EPISODE IN LAST 12 MOS),
GO TO QC11_A22;
ELSE CONTINUE WITH QC11_A18

QC11_A18  During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:

CA40

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

QC11_A19  During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

CA41

YES ................................................................. 1  
NO ........................................................................... 2  
[GO TO QC11_A21]  
REFUSED .......................................................... -7  
[GO TO QC11_A21]  
DON'T KNOW ............................................... -8  
[GO TO QC11_A21]

QC11_A20  Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

CA49

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

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

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

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

________ NUMBER OF DAYS

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

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

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

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

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

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

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

VERY CONFIDENT .................................................. 1
SOMEWHAJT CONFIDENT ....................................... 2
NOT TOO CONFIDENT ........................................... 3
NOT AT ALL CONFIDENT ....................................... 4
REFUSED ........................................................... -7
DON’T KNOW ................................................... -8
QC11_A26  Does (CHILD) currently have any physical, behavioral, or mental conditions that limit or prevent {him/her} from doing childhood activities usual for {his/her} age?

CA7  
YES .................................................................1  
NO ...............................................................2  [GO TO QC11_B1]  
REFUSED ....................................................-7  [GO TO QC11_B1]  
DON'T KNOW ..............................................-8  [GO TO QC11_B1]

QC11_A27  What condition does (CHILD) have?

CA10A  [CODE ALL THAT APPLY ]

[PROBE: “Any others?”]

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

PROGRAMMING NOTE QC11_A28:  
IF QC11_A27 = 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 91,  
CONTINUE WITH QC11_A28;  
ELSE IF QC11_A27 = 1 OR 2 OR 3 ONLY, SKIP TO QC11_A31

QC11_A28  During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} (INSERT CONDITION(S) 4-91 FROM QC11_A27)?

CA52  
YES ...................................................................................1  
NO ......................................................................................2  [GO TO QC11_A30]  
REFUSED ...............................................................-7  [GO TO QC11_A30]  
DON’T KNOW .............................................................-8  [GO TO QC11_A30]
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QC11_A29  Did you take (CHILD) to a hospital emergency room for {his/her} (INSERT CONDITION(S) 4-91 FROM QC11_A27) because you were unable to see {his/her} doctor?

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

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

QC11_A30  During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} (INSERT CONDITION(S) 4-91 FROM QC11_A27)?

CA54

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

QC11_A31  Have (CHILD’s) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} (INSERT CONDITION(S) FROM QC11_A27)?

CA55

YES .................................................................1
NO .................................................................2
[GO TO QC11_A33]
REFUSED .........................................................-7
[GO TO QC11_A33]
DON’T KNOW ..................................................-8
[GO TO QC11_A33]

QC11_A32  Do you have a written or printed copy of this plan?

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

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

QC11_A33  How confident are you that you can control and manage (CHILD’s) (INSERT CONDITION(S) FROM QC11_A27)? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

CA57

VERY CONFIDENT .............................................1
SOMewhat CONFIDENT ....................................2
NOT TOO CONFIDENT .....................................3
NOT AT ALL CONFIDENT .................................4
REFUSED .........................................................-7
DON’T KNOW ..................................................-8
## SECTION B – DENTAL HEALTH

**PROGRAMMING NOTE QC11_B1:**
IF CAGE < 1 YEAR, GO TO SECTION C;
IF CAGE > 2 YEARS, GO TO QC11_B2 AND DISPLAY “Now I’m going to ask about (CHILD)’s dental health”;
ELSE CONTINUE WITH QC11_B1

<table>
<thead>
<tr>
<th>QC11_B1</th>
<th>These questions are about (CHILD)’s dental health. Does (CHILD) have any teeth yet?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC1</td>
<td>YES ...........................................................................1</td>
</tr>
<tr>
<td></td>
<td>NO .............................................................................2 [GO TO SECTION C]</td>
</tr>
<tr>
<td></td>
<td>REFUSED ......................................................................-7 [GO TO SECTION C]</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW ..................................................................-8 [GO TO SECTION C]</td>
</tr>
</tbody>
</table>

**QC11_B2**
{Now I’m going to ask 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 |
|         | 6 MONTHS AGO OR LESS .............................................1 [GO TO QC11_C1] |
|         | MORE THAN 6 MONTHS UP TO 1 YEAR AGO .........................2 [GO TO QC11_C1] |
|         | MORE THAN 1 YEAR UP TO 2 YEARS AGO ..............................3 |
|         | MORE THAN 2 YEARS UP TO 5 YEARS AGO ..............................4 |
|         | MORE THAN 5 YEARS AGO ...............................................5 |
|         | REFUSED ......................................................................-7 |
|         | DON’T KNOW ..................................................................-8 |

**PROGRAMMING NOTE QC11_B3:**
IF QC11_B2 = 0 (HAS NEVER VISITED), DISPLAY “never”;
ELSE IF QC11_B2 ≥ 3 DISPLAY “not” AND “in the past year”

<table>
<thead>
<tr>
<th>QC11_B3</th>
<th>What is the main reason your child has {never/not} visited a dentist {in the past year}?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CB23</td>
<td>NO REASON TO GO/NO PROBLEMS .................................................1</td>
</tr>
<tr>
<td></td>
<td>NOT OLD ENOUGH ....................................................................2</td>
</tr>
<tr>
<td></td>
<td>COULD NOT AFFORD IT/TOO EXPENSIVE/NO INSURANCE .....................................3</td>
</tr>
<tr>
<td></td>
<td>FEAR, DISLIKES GOING ..................................................................4</td>
</tr>
<tr>
<td></td>
<td>DO NOT HAVE/KNOW A DENTIST .......................................................5</td>
</tr>
<tr>
<td></td>
<td>CANNOT GET TO THE OFFICE/CLINIC ................................................6</td>
</tr>
<tr>
<td></td>
<td>NO DENTIST AVAILABLE/NO APPOINTMENTS AVAILABLE ..................................7</td>
</tr>
<tr>
<td></td>
<td>DIDN’T KNOW WHERE TO GO ...........................................................8</td>
</tr>
<tr>
<td></td>
<td>HOURS NOT CONVENIENT ..................................................................9</td>
</tr>
<tr>
<td></td>
<td>SPEAK A DIFFERENT LANGUAGE ................................................................10</td>
</tr>
<tr>
<td></td>
<td>OTHER .......................................................................................91</td>
</tr>
<tr>
<td></td>
<td>REFUSED ...................................................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW .............................................................................-8</td>
</tr>
</tbody>
</table>
SECTION C – DIET, PHYSICAL ACTIVITY, PARK USE

PROGRAMMING NOTE QC11_C1:
IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE QC11_C19;
ELSE CONTINUE WITH QC11_C1

QC11_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) drink?

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

QC11_C2 Yesterday, how many servings of fruit, such as an apple or a banana, did (he/she) eat?

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

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

QC11_C3 Yesterday, how many servings of French fries, home fries, or hash browns did (CHILD)
eat?

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

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

PROGRAMMING NOTE QC11_C4:
IF QC11_C3 > 0, DISPLAY “Do not include friend potatoes.”;
ELSE DO NOT DISPLAY

QC11_C4 Yesterday, how many servings of other vegetables like green salad, green beans, or
potatoes did (he/she) have? (Do not include fried potatoes).

_____ SERVINGS [HR: 0-20; SR 0-4]
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8
Yesterday, how many glasses or cans of soda, such as Coke, or other sweetened drinks, such as fruit punch or sports drinks did {he/she} drink? Do not count diet drinks.

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

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

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

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.

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

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

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

Does (CHILD)’s school usually serve students fast food made by restaurants like McDonald’s, Burger King, Taco Bell, or Pizza Hut?

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

{During a typical week, how many times does/During the past week, how many times did} (CHILD) eat the lunch served in the school cafeteria?

_____ TIMES [SR: 0-5; HR: 0-7]

REFUSED ...................................................................................... -7
DON'T KNOW ................................................................................ -8
QC11_C9  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
ON THE WAY TO SCHOOL ................................... 4
DOES NOT EAT BREAKFAST ............................... 5
SOMEWHERE ELSE ............................................ 91
REFUSED .......................................................... -7
DON’T KNOW .................................................... -8

QC11_C10  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
SOMEWHERE ELSE ............................................ 91
REFUSED .......................................................... -7
DON’T KNOW .................................................... -8

PROGRAMMING NOTE QC11_C11:
IF QC11_A7 = 4 (HOME SCHOOLED LAST WEEK) OR IF QC11_A8= 3 (HOME SCHOOLED LAST YEAR), GO TO PROGRAMMING NOTE QC11_C15;
ELSE IF QC11_A7 = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH QC11_C7 AND DISPLAY “How many days in the past week”;
IF QC11_A8 = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH QC11_C7 AND DISPLAY “During the school year, on how many days during a typical week”; ELSE GO TO PROGRAMMING NOTE QC11_C18

Now I’m going to ask you about physical activity.

QC11_C11  {How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) walk home from school?

[INTERVIEWER NOTE: IF R SAYS CHILD BIKES OR SKATEBOARDS HOME, SAY, “I’ll ask about those next.”]
[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 QC11_C12:
IF QC11_C11 = 0 (DAYS), -7, OR -8, GO TO QC11_C14;
ELSE IF QC11_C11 > 0 (DAYS) CONTINUE WITH QC11_C12;
IF QC11_A7 = 1 (ATTENDED SCHOOL LAST WEEK) DISPLAY “does”;
IF QC11_A8 = 1 (ATTENDED SCHOOL LAST YEAR) DISPLAY “did”

QC11_C12  About how many minutes {did/does} it take {him/her} without any stops?

CC41   ______ MINUTES  [GO TO QC11_C14]

REFUSED.........................................................-7  [GO TO QC11_C14]
DON’T KNOW..................................................-8  [GO TO QC11_C14]

QC11_C13  Could {he/she} walk home from school in 30 minutes or less?

CC42

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

QC11_C14  {How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) bike or skateboard home from school?

CC43  [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 QC11_C15:
IF QC11_C14 = 0 (DAYS), -7 OR -8, GO TO PROGRAMMING NOTE QC11_C16;
ELSE IF QC11_C14 > 0 DAYS, CONTINUE WITH QC11_C15;
IF QC11_A7 = 1, DISPLAY “does”;
ELSE IF QC11_A8 = 1, DISPLAY “did”

QC11_C15  About how many minutes {did/does} it take {him/her} without any stops?

CC44  [IF NEEDED, SAY: “To bicycle or skateboard home from school.”]

______ MINUTES  [GO TO PN QC11_C17]

REFUSED.............................................................-7  [GO TO PN QC11_C17]
DON’T KNOW......................................................-8  [GO TO PN QC11_C17]
PROGRAMMING NOTE QC11_C16:
IF QC11_C23 \leq 30 MINUTES OR QC_C13 = 1 THEN GO TO PROGRAMMING NOTE QC11_C17;
ELSE CONTINUE WITH QC11_C16

QC11_C16  Could (he/she) bike or skateboard home from school in 30 minutes or less?

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

PROGRAMMING NOTE QC11_C17:
IF QC11_A7 = 1 (ATTENDED SCHOOL LAST WEEK) OR QC11_A8 = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH QC11_C17;
ELSE SKIP TO PROGRAMMING NOTE QC11_C18

QC11_C17  What is the name of the school (CHILD) goes to or last attended?

<table>
<thead>
<tr>
<th>CB22</th>
</tr>
</thead>
</table>

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

__________________________ NAME OF SCHOOL

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

PROGRAMMING NOTE QC11_C18:
IF CAGE < 5, SKIP TO QC11_C19;
ELSE CONTINUE WITH QC11_C18

QC11_C18  Not including school PE, on how many days of the past 7 days was (CHILD) physically active for at least 60 minutes total?

<table>
<thead>
<tr>
<th>CC35</th>
</tr>
</thead>
</table>

______ DAYS [HR: 0-7]

REFUSED ....................................... -7
DON'T KNOW ................................... -8
PROGRAMMING NOTE QC11_C19:
IF CAGE < 1 GO TO QC11_D1;
ELSE CONTINUE WITH QC11_C19

QC11_C19 Has (CHILD) been to a park in the past 30 days?

CC37

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

QC11_C20 Is there a park, playground, or open space within 30 minutes walking distance of your home?

CC36

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

QC11_C21 Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

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

CC39

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

QC11_C22 The park or playground closest to where I live is safe at night.

CC46

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

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8
SECTION D – HEALTH CARE ACCESS AND UTILIZATION

QC11_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 QC11_D3]
DOCTOR/(HIS/HER) DOCTOR .........................3
KAISER ................................................................4
MORE THAN ONE PLACE ..............................5
REFUSED ................................................................7
DON'T KNOW ..................................................8

PROGRAMMING NOTE QC11_D2:
IF QC11_D1 = 1, 5, -7, OR -8, DISPLAY “What kind of place do you take {him/her} to most often—a medical”;
ELSE IF QC11_D1 = 3 DISPLAY “Is {his/her} doctor in a private”;
ELSE IF QC11_D1 = 4, FILL QC11_D2 = 1 AND GO TO PN QC11_D3

QC11_D2
What kind of place do you take (him/her) to most often—a medical/Is (his/her) doctor a private doctor’s office, a clinic or hospital clinic, an emergency room, or some other place?

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

PROGRAMMING NOTE QC11_D3:
IF QC11_A14 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC11_A19 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC11_A28 = 1 (YES WENT TO ER PAST 12 MONTHS FOR OTHER CONDITION), MARK YES ON QC11_D3 AND GO TO QC11_D4;
ELSE CONTINUE WITH QC11_D3

QC11_D3
During the past 12 months, did (CHILD) visit a hospital emergency room?

CD12
YES ....................................................................1
NO ....................................................................2
REFUSED .....................................................7
DON'T KNOW ..............................................8
QC11_D4  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 QC11_D5:
IF QC11_D4 > 0, GO TO PROGRAMMING NOTE QC11_D6;
ELSE IF QC11_D4 = 0, -7, OR -8, CONTINUE WITH QC11_D5

QC11_D5  About how long has it been since {he/she} last saw a medical doctor?

CD7  ONE YEAR AGO OR LESS ................................................. 1
MORE THAN 1 YEAR UP TO 2 YEARS AGO .......... 2
MORE THAN 2 YEARS UP TO 3 YEARS AGO ...... 3
MORE THAN 3 YEARS AGO .............................. 4
NEVER ..................................................................... 5
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QC11_D6:
IF QC11_D1 = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH QC11_D6;
ELSE SKIP TO PROGRAMMING NOTE QC11_D7

QC11_D6  Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

CD33  [IF NEEDED, SAY: “This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.”] 

YES ................................................................. 1
NO ................................................................. 2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QC11_D7:
IF QC11_D6 = 1 (HAS A PERSONAL DOCTOR) OR [QC11_D4 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QC11_D5 = 1 (SAW DOCTOR LESS THAN A YEAR AGO)], CONTINUE WITH QC11_D7;
ELSE SKIP TO PROGRAMMING NOTE QC11_D9

QC11_D7  During the past 12 months, did you phone or e-mail the doctor's office with a medical question about (CHILD)?

CD34

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7 [GO TO PN QC11_D9]
DON'T KNOW ........................................................... -8 [GO TO PN QC11_D9]

QC11_D8  How often did you get an answer as soon as you needed it? Would you say...

CD35

Never,........................................................................1
Sometimes, ...............................................................2
Usually, or .................................................................3
Always? .....................................................................4
REFUSED ............................................................... -7 [GO TO PN QC11_D9]
DON'T KNOW ........................................................... -8 [GO TO PN QC11_D9]

PROGRAMMING NOTE QC11_D9:
IF QC11_D6 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QC11_D9;
ELSE SKIP TO QC11_D11

QC11_D9  How often does (CHILD)'s doctor or medical provider listen carefully to you? Would you say...

CD43

Never, ........................................................................1
Sometimes, ...............................................................2
Usually, or .................................................................3
Always? .....................................................................4
REFUSED ............................................................... -7 [GO TO PN QC11_D9]
DON'T KNOW ........................................................... -8 [GO TO PN QC11_D9]

QC11_D10 How often does (CHILD’s) doctor or medical provider explain clearly what you need to do to take care of (CHILD)'s health? Would you say...

CD44

Never, ........................................................................1
Sometimes, ...............................................................2
Usually, or .................................................................3
Always? .....................................................................4
REFUSED ............................................................... -7 [GO TO PN QC11_D9]
DON'T KNOW ........................................................... -8 [GO TO PN QC11_D9]
**PROGRAMMING NOTE QC11_D11:**
IF CHINSURE ≠ 2 (INSURED OR INSURANCE STATUS UNKNOWN) OR QC11_D1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH QA11_D11; ELSE GO TO PROGRAMMING NOTE QT11_D14

**QC11_D11**  In the past 12 months, did you try to get an appointment to see (CHILD)’s doctor or medical provider within two days because (CHILD) was sick or injured?

CD55  [IF NEEDED, SAY: “Do not include emergencies.”]

YES ...........................................................................1  [GO TO QC11_D13]
NO .............................................................................2  [GO TO QC11_D13]
REFUSED ............................................................... -7  [GO TO QC11_D13]
DON’T KNOW ......................................................... -8  [GO TO QC11_D13]

**QC11_D12**  How often were you able to get an appointment within two days? Would you say...

CD45

Never, ........................................................................1  [GO TO PN QC11_D14]
Sometimes, ...............................................................2  [GO TO PN QC11_D14]
Usually, or .................................................................3  [GO TO PN QC11_D14]
Always? .....................................................................4  [GO TO PN QC11_D14]
REFUSED ............................................................... -7  [GO TO PN QC11_D14]
DON’T KNOW ......................................................... -8  [GO TO PN QC11_D14]

**QC11_D13**  Could you get an appointment to see (CHILD)’s doctor or medical provider if you needed to?

CD56

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

**PROGRAMMING NOTE QC11_D14:**
IF QC11_D1 = 1, 3, 4, OR 5 AND QC11_D6 = 1 AND QC11_A11 = 1 OR QC11_A12 = 1 OR QC11_A26 = 1, CONTINUE WITH QC11_D14; ELSE SKIP TO PROGRAMMING NOTE QC11_D15

**QC11_D14**  Is there anyone at (CHILD’s) doctor’s office or clinic who helps coordinate {his/her} care with other doctors or services such as tests or treatments?

CD36

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
### PROGRAMMING NOTE QC11_D15:
IF [QC11_D4 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QC11_D5 = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH QC11_D15; ELSE GO TO QC11_D20

#### QC11_D15
The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

<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>NEVER ACCOMPANIED CHILD TO DOCTOR</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>

#### PROGRAMMING NOTE QC11_D16:
IF QC11_D15 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA11_G4 > 1 (ADULT R SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QC11_D16; ELSE SKIP TO QC11_D17

#### QC11_D16
In what language does (CHILD)'s doctor speak to you?

<table>
<thead>
<tr>
<th>Language</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
<td>1</td>
</tr>
<tr>
<td>SPANISH</td>
<td>2</td>
</tr>
<tr>
<td>CANTONESE</td>
<td>3</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>4</td>
</tr>
<tr>
<td>TAGALOG</td>
<td>5</td>
</tr>
<tr>
<td>MANDARIN</td>
<td>6</td>
</tr>
<tr>
<td>KOREAN</td>
<td>7</td>
</tr>
<tr>
<td>ASIAN INDIAN LANGUAGES</td>
<td>8</td>
</tr>
<tr>
<td>RUSSIAN</td>
<td>9</td>
</tr>
<tr>
<td>OTHER1 (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 QC11_D17:
IF QC11_D15 = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH QC11_D17; ELSE SKIP TO QC11_D20

#### QC11_D17
Was this because you and the doctor spoke different languages?

<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>
QC11_D18  Did you need someone to help you understand the doctor?

CD27

YES ................................................................. 1
NO ............................................................... 2 [GO TO QC11_D20]
REFUSED ..................................................... -7 [GO TO QC11_D20]
DON'T KNOW ............................................... -8 [GO TO QC11_D20]

QC11_D19  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 [GO TO QC11_D20]
DON'T KNOW ................................................ -8 [GO TO QC11_D20]

QC11_D20  During the past 12 months, did you either delay or not get a medicine that a doctor
prescribed for (CHILD)?

CE1

YES ................................................................. 1
NO ............................................................... 2 [GO TO QC11_D24]
REFUSED ..................................................... -7 [GO TO QC11_D24]
DON'T KNOW ............................................... -8 [GO TO QC11_D24]

QC11_D21  Was cost or lack of insurance a reason why you delayed or did not get the prescription?

CE12

YES ................................................................. 1
NO ............................................................... 2 [GO TO QC11_D24]
REFUSED ..................................................... -7 [GO TO QC11_D24]
DON'T KNOW ............................................... -8 [GO TO QC11_D24]

PROGRAMMING NOTE QC11_D22:
IF QC11_A11 = 1 (STILL HAS ASTHMA) OR QC11_A12 = 1 (EPISODE OF ASTHMA PAST 12
MONTHS), CONTINUE WITH QC11_D22;
ELSE SKIP TO PROGRAMMING NOTE QC11_D23

QC11_D22  Was this prescription for {his/her} asthma?

CD37

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

C-24
QC11_D23  Was this prescription for {his/her} (INSERT CONDITION(S) FROM QC11_A27)?

CD38

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

QC11_D24  During the past 12 months, did you delay or not get any other medical care you felt (CHILD) needed—such as seeing a doctor, a specialist, or other health professional?

CE7

YES ...........................................................................1
NO .............................................................................2
[GO TO PN QC11_D28]
REFUSED ......................................................................-7
[GO TO PN QC11_D28]
DON'T KNOW ...............................................................-8
[GO TO PN QC11_D28]

QC11_D25  Was cost or lack of insurance a reason why you delayed or did not get the medical care you felt (he/she) needed?

CE13

YES ...........................................................................1
NO .............................................................................2
[GO TO PN QC11_D28]
REFUSED ......................................................................-7
[GO TO PN QC11_D28]
DON'T KNOW ...............................................................-8
[GO TO PN QC11_D28]

QC11_D26  Was this medical care for {his/her} asthma?

CD39

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

QC11_D27  Was this medical care for {his/her} (INSERT CONDITION(S) FROM QC11_A27)?

CD40

YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7
DON'T KNOW ...............................................................-8
PROGRAMMING NOTE QC11C_D28:
IF CAGE < 6 MONTHS, GO TO QC11_D31;
ELSE IF CAGE ≥ 6 MONTHS, CONTINUE WITH QC11_D28

QC11_D28  During the past 12 months, did (CHILD) get a flu shot or the nasal flu vaccine, called “Flumist”?

CD30

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

YES .................................................................1
NO .................................................................2 [GO TO QC11_D31]
REFUSED .........................................................-7 [GO TO QC11_D31]
DON'T KNOW ...................................................-8 [GO TO QC11_D31]

QC11_D29  Did (he/she) have the flu shot or the nasal flu vaccine?

CD41

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

PROGRAMMING NOTE QC11_D30:
IF QC11_D29 = 1 DISPLAY “flu shot”;  
IF QC11_D29 = 2 DISPLAY “nasal flu vaccine”;  
ELSE DISPLAY “vaccine”

QC11_D30  At what kind of place did {he/she} get {his/her} last {flu shot/nasal flu vaccine/vaccine}?

CD42

DOCTOR'S OFFICE, KAISER, OR HMO .................1 
COMMUNITY HEALTH CENTER, HEALTH DEPT., 
HEALTH DEPT CLINIC, 
OR OTHER TYPE OF CLINIC ..............................2
A STORE ............................................................3
PARENT’S WORKPLACE ........................................4
A SENIOR, RECREATION, 
OR COMMUNITY CENTER .................................5
HOSPITAL OR EMERGENCY ROOM ..................6
PLACE OF WORSHIP ...........................................7
SCHOOL ..............................................................8
DON'T KNOW .....................................................-7
REFUSED ................................................................-8
The next questions are about using the Internet to get health information.

Do you ever go on-line to use the Internet?

YES .................................................................1
NO .................................................................2 [GO TO QC11_D40]
REFUSED ......................................................-7
DON'T KNOW ................................................-8

In the past 12 months, have you gone on-line to look for information that would help you with...

...(CHILD)’s health?

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

[In the past 12 months, have you gone on-line to look for information that would help you with...]

...how (he/she) is developing physically?

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

[In the past 12 months, have you gone on-line to look for information that would help you with...]

...{his/her} speech?

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

[In the past 12 months, have you gone on-line to look for information that would help you with...]

...how well (he/she) can hear?

YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON'T KNOW ................................................-8
**QC11_D36**  [In the past 12 months, have you gone on-line to look for information that would help you with...]

...{his/her} diet or nutrition?

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

**QC11_D37**  [In the past 12 months, have you gone on-line to look for information that would help you with...]

...{his/her} physical activity?

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

**QC11_D38**  [In the past 12 months, have you gone on-line to look for information that would help you with...]

...{his/her} behavior?

<table>
<thead>
<tr>
<th>Choice</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>
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</tbody>
</table>

**PROGRAMMING NOTE QC11_D39:**

IF QC11_D32 = 2 AND QC11_D33 = 2 AND QC11_D34 = 2 AND QC11_D35 = 2 AND QC11_D36 = 2 AND QC11_D37 = 2 AND QC11_D38 = 2, GO TO PROGRAMMING NOTE QC05_D40; ELSE CONTINUE WITH QC11_D39

**QC11_D39**  In the past 12 months, did you talk to a doctor or other medical provider about child health information you found on-line?

<table>
<thead>
<tr>
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</tbody>
</table>

**QC11_D40**  Did you know that First 5 California, a state agency, provides a free Kit for New Parents to the parents of newborns?

<table>
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<tr>
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<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>
Have you ever received this Kit for New Parents?

**QC11_D41**

YES ................................................................. 1
NO ................................................................. 2 [GO TO QC11_E1]
REFUSED ......................................................-7 [GO TO QC11_E1]
DON'T KNOW ..............................................-8 [GO TO QC11_E1]

Did you receive the Kit for New Parents this year?

**QC11_D42**

[IF NEEDED, SAY: “That is, since January 2011?”]

YES ................................................................. 1
NO ................................................................. 2 [GO TO QC11_E1]
REFUSED ......................................................-7 [GO TO QC11_E1]
DON'T KNOW ..............................................-8 [GO TO QC11_E1]

Did you use any of the materials from the Kit for New Parents?

**QC11_D43**

YES ................................................................. 1
NO ................................................................. 2 [GO TO QC11_E1]
REFUSED ......................................................-7 [GO TO QC11_E1]
DON'T KNOW ..............................................-8 [GO TO QC11_E1]

On a scale of 1-10 with 10 being the most useful and 1 the least, how useful was the Kit for New Parents?

**QC11_D44**

_____________ RESPONDENT’S NUMBER FROM 1 (WORST) TO 10 (BEST)

REFUSED ......................................................-7
DON'T KNOW ..............................................-8
SECTION E – PUBLIC PROGRAMS

PROGRAMMING NOTE SECTION E:
IF POVERTY = 1, 2, 3, OR 5 (INCOME LESS THAN OR EQUAL TO 300% OF POVERTY LEVEL),
CONTINUE WITH QC11_E1;
ELSE SKIP TO QC11_F1

QC11_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

QC11_E2 Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

CE11A

[IF NEEDED, SAY: “You receive benefits 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 QC11_E3:
IF CAGE > 6, GO TO QC11_F1;
ELSE CONTINUE WITH QC11_E3

QC11_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

PROGRAMMING NOTE QC11_F1:
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE QC11_G1;
ELSE CONTINUE WITH QC11_F1

QC11_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)?

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

QC11_F2  [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

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

QC11_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?

- CG16 -
EVERY DAY..............................................................1
3-6 DAYS ..............................................................2
1-2 DAYS ..............................................................3
NEVER.................................................................4
REFUSED .............................................................-7
DON’T KNOW ....................................................-8
SECTION G – CHILD CARE AND SOCIAL COHESION

PROGRAMMING NOTE QC11_G1:
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

QC11_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.)

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

CG1

YES .................................................................1
NO .................................................................2 [GO TO QC11_G14]
REFUSED .......................................................-7 [GO TO QC11_G14]
DON'T KNOW ..................................................-8 [GO TO QC11_G14]

QC11_G2 Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

CG2

_____ HOURS [SR: 10-168 HRS]

REFUSED .......................................................-7 [GO TO QC11_G14]
DON'T KNOW ..................................................-8 [GO TO QC11_G14]

PROGRAMMING NOTE QC11_G3:
IF QC11_G2 < 10 (HOURS IN CHILDCARE), GO TO QC11_G14;
ELSE CONTINUE WITH QC11_G3

QC11_G3 During a typical week does (CHILD) receive childcare from...a grandparent or other family member?

CG3A

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

QC11_G4 [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
QC11_G5  [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

QC11_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

PROGRAMMING NOTE QC11_G7:
IF CAGE ≥ 7 YEARS, GO TO PROGRAMMING NOTE QC11_G13;
ELSE CONTINUE WITH QC11_G7

QC11_G7  [Does (CHILD) receive childcare from]...a Head Start or state preschool program?

CG3B

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

QC11_G8  [Does (CHILD) receive childcare from]...some other preschool or nursery school?

CG3C

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

PROGRAMMING NOTE QC11_G9:
IF QC11_G6 = 1 OR QC11_G7 = 1 OR QC11_G8 = 1, CONTINUE WITH QC11_G9;
ELSE GO TO PROGRAMMING NOTE QC11_G13

QC11_G9  Please tell me if you strongly agree, agree, disagree, strongly disagree, or you’re not sure about the following statements.

Your child’s preschool is a good place for your child to be.

CG44

STRONGLY AGREE ...........................................1
AGREE ..........................................................2
DISAGREE ......................................................3
STRONGLY DISAGREE ......................................4
NOT SURE .....................................................5
QC11_G10 The staff at your child’s preschool is doing good things for your child.

QC11_G11 You have confidence in the people at your child’s preschool.

QC11_G12 Your child’s preschool is doing a good job at preparing children for their futures.

PROGRAMMING NOTE QC11_G13:
If [QC11_G3 OR QC11_G4 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD’S HOME)] OR IF [QC11_G5 ≠ 1 AND QC11_G6 ≠ 1 AND QC11_G7 ≠ 1 AND QC11_G8 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO QC11_G14;
ELSE CONTINUE WITH QC11_G13;
IF ONLY ONE OF QC11_G5, QC11_G6, QC11_G7, OR QC11_G8 = 1, DISPLAY "Is this" AND "provider";
ELSE DISPLAY, "Are all of these" AND "providers"

QC11_G13 (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
QC11_G14  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  [GO TO QC11_G16]
NO .............................................................................2  [GO TO QC11_G16]
REFUSED ....................................................................-7  [GO TO QC11_G16]
DON’T KNOW ........................................................--8  [GO TO QC11_G16]

QC11_G15  What is the main reason you were unable to find childcare for (CHILD) at that time?

CG6  [IF NEEDED, SAY: “Main reason is the most important reason.”]

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

PROGRAMMING NOTE QC11_G16:
IF CHILD-FIRST INTERVIEW AND NO AR OR IF QC11_G16 THROUGH QC11_G20 NOT ANSWERED
IN ADULT INTERVIEW, CONTINUE WITH QC11_G16;
ELSE SKIP TO QC11_H1

QC11_G16  These next questions are about your neighborhood.

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

People in my neighborhood are willing to help each other.

CG39  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE.................................................................1
AGREE.......................................................................................2
DISAGREE..................................................................................3
STRONGLY DISAGREE............................................................ 4
REFUSED .....................................................................................-7
DON’T KNOW ..............................................................................-8
QC11_G17  People in this neighborhood can be trusted.

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

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

QC11_G18  You can count on adults in this neighborhood to watch out that children are safe and don’t get into trouble.

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

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

QC11_G19  Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?

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

QC11_H1  Is (CHILD) Latino or Hispanic?

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

YES ...........................................................................1
NO .............................................................................2 [GO TO QC11_H3]
REFUSED .....................................................................-7 [GO TO QC11_H3]
DON’T KNOW ................................................................-8 [GO TO QC11_H3]

QC11_H2  And what is {his/her} Latino or Hispanic ancestry or origin? – such as Mexican, Salvadorian, Cuban, Honduran – and if {he/she} has more than one, tell me all of them.

[IF NECESSARY GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

MEXICAN/MEXICAN AMERICAN/CHICANO ........1
SALVADORAN .........................................................4
GUATEMALAN ..........................................................5
COSTA RICAN ..........................................................6
HONDURAN .............................................................7
NICARAGUAN ..........................................................8
PANAMANIAN ..........................................................9
PUERTO RICAN ....................................................10
CUBAN .................................................................11
SPANISH-AMERICAN (FROM SPAIN) .................12
OTHER LATINO (SPECIFY: ______________) ... 91
REFUSED ............................................................... -7
DON’T KNOW ..........................................................-8
PROGRAMMING NOTE QC11_H3:
IF QC11_H1 = 1 (YES-CHILD IS LATINO), DISPLAY, “You said your child is Latino or Hispanic. Also,”
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QC11_H3, CONTINUE
WITH PROGRAMMING NOTE QC11_H4;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QC11_H3  (You said your child is Latino or Hispanic. Also,) Please tell me which one or more of the
following you would use to describe (CHILD): Would you describe {him/her} as Native
Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African
American, or White?

CH3  
[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]

CODE ALL THAT APPLY

WHITE ........................................................... 1  [GO TO QC11_H10]  IF
BLACK OR AFRICAN AMERICAN ............... 2  [GO TO QC11_H10]  ONLY
ASIAN ........................................................... 3  [GO TO QC11_H8]
AMERICAN INDIAN, ALASKA NATIVE .... 4  [GO TO QC11_H4]  ONE
OTHER PACIFIC ISLANDER ............... 5  [GO TO QC11_H9]  RACE
NATIVE HAWAIIAN ...................................... 6  [GO TO QC11_H10]
OTHER (SPECIFY: ______________) ........ 91  [GO TO QC11_H10]
REFUSED ..................................................... -7  [GO TO QC11_H10]
DON'T KNOW ............................................... -8  [GO TO QC11_H10]

PROGRAMMING NOTE QC11_H4:
IF QC11_H3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QC11_H4;
ELSE GO TO PROGRAMMING NOTE QC11_H8

QC11_H4  You said American Indian/Alaska Native, and what is (CHILD)'s tribal heritage? If
{he/she} has more than one tribe, tell me all of them.

CH4  
CODE ALL THAT APPLY

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

C-38
QC11_H5  Is (CHILD) an enrolled member in a federally or state recognized tribe?

CH5

YES ...........................................................................1
NO .............................................................................2 [GO TO QC11_H8]
REFUSED ............................................................... -7 [GO TO QC11_H8]
DON'T KNOW ......................................................... -8 [GO TO QC11_H8]

QC11_H6  In which Tribe is (CHILD) enrolled?

CH6

APACHE
MESCALERO APACHE, NM ................................................ 1
APACHE (NOT SPECIFIED) .............................................. 2
OTHER APACHE (SPECIFY: ________________) ........... 91

BLACKFEET
BLACKFOOT / BLACKFEET .......................................... 3

CHEROKEE
WESTERN CHEROKEE ................................................ 4
CHEROKEE (NOT SPECIFIED) ......................................... 5
OTHER CHEROKEE (SPECIFY: ________________) .. 92

CHOCTAW
CHOCTAW OKLAHOMA .................................................. 6
CHOCTAW (NOT SPECIFIED) ........................................... 7
OTHER CHOCTAW (SPECIFY: ________________) ....... 93

NAVAJO
NAVAJO (NOT SPECIFIED) .............................................. 8

POMO
HOPLAND BAND, HOPLAND RANCHERIA .................. 9
SHERWOOD VALLEY RANCHERIA ................................ 10
POMO (NOT SPECIFIED) .............................................. 11
OTHER POMO (SPECIFY: ________________) ............... 94

PUEBLO
HOPI ................................................................. 12
YSLETA DEL SUR PUEBLO OF TEXAS ......... 13
PUEBLO (NOT SPECIFIED) ........................................... 14
OTHER PUEBLO (SPECIFY: ________________) ........ 95

SIOUX
OGLALA/PINE RIDGE SIOUX .................................... 15
SIOUX (NOT SPECIFIED) .............................................. 16
OTHER SIOUX (SPECIFY: ________________) ............. 96

YAQUI
PASCUA YAQUI TRIBE OF ARIZONA ...................... 17
YAQUI (NOT SPECIFIED) ............................................. 18
OTHER YAQUI (SPECIFY: ________________) ............ 97

OTHER
OTHER (SPECIFY: ________________) .................. 98
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8
QC11_H7  Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

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

PROGRAMMING NOTE QC11_H8:
IF QC11_H3 = 3 (ASIAN) CONTINUE WITH QC11_H8;
ELSE GO TO PROGRAMMING NOTE QC11_H9

QC11_H8  You said Asian, and what specific ethnic group is {he/she}, such as Chinese, Filipino, Vietnamese? If {he/she} is more than one, tell me all of them.

   [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 QC11_H9:
IF QC11_H3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QC11_H9;
ELSE GO TO QC11_H10

QC11_H9
You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}, such as Samoan, Tongan, or Guamanian? If {he/she} is more than one, tell me all of them.

CH7A
[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QC11_H10:
IF MKA = AR AND AI56C ≠ -1 (THIS QUESTION ALREADY ASKED DURING ADULT SURVEY), SKIP TO QC11_H14;
ELSE CONTINUE WITH QC11_H10

QC11_H10
In what country was (CHILD) born?

CH8

UNITED STATES .................................................................1
AMERICAN SAMOA .............................................................2
CANADA ..............................................................................3
CHINA ..............................................................................4
EL SALVADOR ..................................................................5
ENGLAND ........................................................................6
FRANCE ............................................................................7
GERMANY ..........................................................................8
GUAM ..............................................................................9
GUATEMALA .................................................................10
HUNGARY ........................................................................11
INDIA .................................................................................12
IRAN .................................................................................13
IRELAND ...........................................................................14
ITALY ..................................................................................15
JAPAN ................................................................................16
KOREA ................................................................................17
MEXICO ................................................................................18
PHILIPPINES .................................................................19
POLAND .............................................................................20
PORTUGAL .................................................................21
PUERTO RICO .................................................................22
RUSSIA ................................................................................23
TAIWAN .............................................................................24
VIETNAM ...........................................................................25
VIRGIN ISLANDS .............................................................26
OTHER (SPECIFY:____________________) .........................91
REFUSED ..............................................................................-7
DON'T KNOW ......................................................................-8
PROGRAMMING NOTE QC11_H11:
IF QC11_H10 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING
NOTE QC11_H14;
ELSE CONTINUE WITH QC11_H11

QC11_H11  Is (CHILD) a citizen of the United States?

CH8A

YES .................................................................1  [GO TO QC11_H13]
NO ...............................................................2
APPLICATION PENDING .................................3
REFUSED .......................................................-7
DON'T KNOW .................................................-8

QC11_H12  Is (CHILD) a permanent resident with a green card?

CH9

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

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

QC11_H13  About how many years has (CHILD) lived in the United States?

CH10

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS {OR}

CH10YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH10FMT

NUMBER OF YEARS ...........................................1
YEAR FIRST CAME TO LIVE IN US ....................2
REFUSED .......................................................-7
DON'T KNOW .................................................-8
In what country {were you/was his mother/was her mother} born?

[CH11]

[SELECT FROM MOST LIKELY COUNTRIES]

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

UNITED STATES......................................................1
AMERICAN SAMOA..............................................2
CANADA .........................................................3
CHINA ............................................................4
EL SALVADOR ....................................................5
ENGLAND ..........................................................6
FRANCE ............................................................7
GERMANY ........................................................8
GUAM ...............................................................9
GUATEMALA ....................................................10
HUNGARY ........................................................11
INDIA ..............................................................12
IRAN .................................................................13
IRELAND ........................................................14
ITALY ..............................................................15
JAPAN ..............................................................16
KOREA ............................................................17
MEXICO ...........................................................18
PHILIPPINES .....................................................19
POLAND ..........................................................20
PORTUGAL .......................................................21
PUERTO RICO ...................................................22
RUSSIA ...........................................................23
TAIWAN ..........................................................24
VIETNAM ........................................................25
VIRGIN ISLANDS ................................................26
OTHER (SPECIFY:_____________________) ... 91
REFUSED ..........................................................-7
DON'T KNOW ....................................................-8
**PROGRAMMING NOTE QC11_H15 AND QC11_H16:**
IF QC11_H14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC11_H18;
ELSE CONTINUE WITH QC11_H15 AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY “Are you”;
ELSE DISPLAY “Is {his/her} mother”

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<th>{Are you/is {his/her} mother} a citizen of the United States?</th>
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<tbody>
<tr>
<td>CH11A</td>
<td>[IF R SAYS SHE IS A NATURALIZED CITIZEN, CODE YES]</td>
</tr>
<tr>
<td>YES</td>
<td>...........................................................................1</td>
</tr>
<tr>
<td>NO</td>
<td>...........................................................................2</td>
</tr>
<tr>
<td>APPLICATION PENDING</td>
<td>.....................................................3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>......................................................................-7</td>
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<td>......................................................................-8</td>
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</table>

<table>
<thead>
<tr>
<th>QC11_H16</th>
<th>{Are you/is {his/her} mother} a permanent resident with a green card?</th>
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</thead>
<tbody>
<tr>
<td>CH12</td>
<td>YES ...........................................................................1</td>
</tr>
<tr>
<td>NO</td>
<td>.............................................................................2</td>
</tr>
<tr>
<td>APPLICATION PENDING</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>

**PROGRAMMING NOTE QC11_H17:**
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC11_H17 AND DISPLAY “have you”;
ELSE CONTINUE WITH QC11_H17 AND DISPLAY “has {his/her} mother”

<table>
<thead>
<tr>
<th>QC11_H17</th>
<th>About how many years {have you/has {his/her} mother} lived in the United States?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CH13</td>
<td>_____ NUMBER OF YEARS [HR: 0-AGE] {OR}</td>
</tr>
<tr>
<td>CH13YR</td>
<td>_____ YEAR FIRST CAME TO LIVE IN U.S.</td>
</tr>
</tbody>
</table>

| CH13FMT          | NUMBER OF YEARS ........................................................................1  |
|                 | YEAR FIRST CAME TO LIVE IN US ...........................................................................2  |
|                 | MOTHER DECEASED ............................................................................3  |
|                 | NEVER LIVED IN U.S. ............................................................................4  |
|                 | REFUSED ......................................................................................-7  |
|                 | DON’T KNOW ....................................................................................-8  |
PROGRAMMING NOTE QC11_H18:
IF MKA = FATHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE THEN
SKIP TO QC11_H22;
ELSE CONTINUE WITH QC11_H18 AND DISPLAY, “was {his/her} father”

QC11_H18 In what country {were you/was his father/was her father} born?

[SELECT FROM MOST LIKELY COUNTRIES]

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

UNITED STATES ......................................................1
AMERICAN SAMOA .................................................2
CANADA ...................................................................3
CHINA .....................................................................4
EL SALVADOR .........................................................5
ENGLAND ................................................................6
FRANCE ...................................................................7
GERMANY .............................................................8
GUAM .....................................................................9
GUATEMALA ......................................................... 10
HUNGARY ................................................................ 11
INDIA ..................................................................... 12
IRAN ...................................................................... 13
IRELAND ................................................................ 14
ITALY ...................................................................... 15
JAPAN ..................................................................... 16
KOREA ..................................................................... 17
MEXICO ................................................................. 18
PHILIPPINES ......................................................... 19
POLAND .................................................................. 20
PORTUGAL ........................................................... 21
PUERTO RICO ...................................................... 22
RUSSIA .................................................................. 23
TAIWAN ................................................................... 24
VIETNAM ............................................................... 25
VIRGIN ISLANDS .................................................. 26
OTHER (SPECIFY:_____________________) .... 91
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8
PROGRAMMING NOTE QC11_H19 AND QC11_H20:
IF QC11_H18 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC11_H22;
ELSE CONTINUE WITH QC11_H19 AND IF RESPONDENT IS FATHER OF CHILD DISPLAY “Are you”;
ELSE SAY “Is {his/her} father”

QC11_H19 {Are you/Is {his/her} father} a citizen of the United States?

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

YES .................................................................1 [GO TO PN QC11_H21]
NO ....................................................................2
APPLICATION PENDING .................................3
REFUSED ...........................................................7
DON’T KNOW ..................................................8

QC11_H20 {Are you/Is {his/her} father} a permanent resident with a green card?

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

PROGRAMMING NOTE QC11_H21:
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC11_H21 AND DISPLAY “have you”;
ELSE, CONTINUE WITH QC11_H21 AND DISPLAY “has {his/her} father”

QC11_H21 About how many years {have you/has {his/her} father} lived in the United States?

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

_____ YEAR FIRST CAME TO LIVE IN U.S.

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
Languages Spoken At Home

PROGRAMMING NOTE QC11_H22:
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE QC11_H23;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH QC11_H22

QC11_H22  In general, what languages are spoken in (CHILD)'s home?

[PROBE: “Any others?”]


CH17

<table>
<thead>
<tr>
<th>Language</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
<td>1</td>
</tr>
<tr>
<td>SPANISH</td>
<td>2</td>
</tr>
<tr>
<td>CANTONESE</td>
<td>3</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>4</td>
</tr>
<tr>
<td>TAGALOG</td>
<td>5</td>
</tr>
<tr>
<td>MANDARIN</td>
<td>6</td>
</tr>
<tr>
<td>KOREAN</td>
<td>7</td>
</tr>
<tr>
<td>ASIAN INDIAN LANGUAGES</td>
<td>8</td>
</tr>
<tr>
<td>RUSSIAN</td>
<td>9</td>
</tr>
<tr>
<td>OTHER1 (SPECIFY:________)</td>
<td>91</td>
</tr>
<tr>
<td>OTHER2 (SPECIFY:________)</td>
<td>92</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QC11_H23:
IF INTERVIEW CONDUCTED IN ENGLISH AND QC11_H22 > 1 (TWO OR MORE LANGUAGES
SPOKEN AT HOME), CONTINUE WITH QC11_H23 AND DISPLAY “Compared to the language
spoken in (CHILD)'s home,”;
ELSE IF QC11_H22 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC11_H24

QC11_H23  {Compared to other languages spoken in (CHILD)'s home,} would you say you speak
English....

<table>
<thead>
<tr>
<th>English proficiency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
<td>1</td>
</tr>
<tr>
<td>Fairly well</td>
<td>2</td>
</tr>
<tr>
<td>Not well, or</td>
<td>3</td>
</tr>
<tr>
<td>Not at all?</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
**PROGRAMMING NOTE QC11_H24:**

*If respondent is not sampled adult, continue with QC11_H24; else go to programming note QC11_H26*

**QC11_H24**  What is the highest grade of education you have completed and received credit for?

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade School</td>
<td></td>
</tr>
<tr>
<td>1st Grade</td>
<td>1</td>
</tr>
<tr>
<td>2nd Grade</td>
<td>2</td>
</tr>
<tr>
<td>3rd Grade</td>
<td>3</td>
</tr>
<tr>
<td>4th Grade</td>
<td>4</td>
</tr>
<tr>
<td>5th Grade</td>
<td>5</td>
</tr>
<tr>
<td>6th Grade</td>
<td>6</td>
</tr>
<tr>
<td>7th Grade</td>
<td>7</td>
</tr>
<tr>
<td>8th Grade</td>
<td>8</td>
</tr>
<tr>
<td>High School or Equivalent</td>
<td></td>
</tr>
<tr>
<td>9th Grade</td>
<td>9</td>
</tr>
<tr>
<td>10th Grade</td>
<td>10</td>
</tr>
<tr>
<td>11th Grade</td>
<td>11</td>
</tr>
<tr>
<td>12th Grade</td>
<td>12</td>
</tr>
<tr>
<td>4-Year College or University</td>
<td></td>
</tr>
<tr>
<td>1st Year (Freshman)</td>
<td>13</td>
</tr>
<tr>
<td>2nd Year (Sophomore)</td>
<td>14</td>
</tr>
<tr>
<td>3rd Year (Junior)</td>
<td>15</td>
</tr>
<tr>
<td>4th Year (Senior)</td>
<td>16</td>
</tr>
<tr>
<td>5th Year</td>
<td>17</td>
</tr>
<tr>
<td>Graduate or Professional School</td>
<td></td>
</tr>
<tr>
<td>1st Year Grad or Prof School</td>
<td>18</td>
</tr>
<tr>
<td>2nd Year Grad or Prof School (MA/MS)</td>
<td>19</td>
</tr>
<tr>
<td>3rd Year Grad or Prof School</td>
<td>20</td>
</tr>
<tr>
<td>More than 3 Years Grad or Prof School (PhD)</td>
<td>21</td>
</tr>
<tr>
<td>2-Year Junior or Community College</td>
<td></td>
</tr>
<tr>
<td>1st Year</td>
<td>22</td>
</tr>
<tr>
<td>2nd Year</td>
<td>23</td>
</tr>
<tr>
<td>Vocational, Business, or Trade School</td>
<td></td>
</tr>
<tr>
<td>1st Year</td>
<td>24</td>
</tr>
<tr>
<td>2nd Year</td>
<td>25</td>
</tr>
<tr>
<td>More than 2 Years</td>
<td>26</td>
</tr>
<tr>
<td>Had no formal education</td>
<td>30</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don't know</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QC11_H25:
IF RESPONDENT IS NOT SAMPL ED ADULT, CONTINUE WITH QC11_H25;
ELSE GO TO END

QC11_H25 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

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