



california
health
interview
survey

CHIS 2015 Child Questionnaire Version 2.73

DECEMBER 2, 2016

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

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Table of Contents

SECTION A – DEMOGRAPHICS PART I, HEALTH CONDITIONS4

Gender 4

Age 4

Height and Weight 5

Breastfeeding 5

School Attendance 6

General Health 7

Asthma 7

Other Conditions 10

SECTION B – DENTAL HEALTH12

Coverage over Past 12 Months (Dental) 13

Delays in Care (Dental) 13

Emergency Room/Urgent Care (Dental) 14

SECTION C – DIET, PHYSICAL ACTIVITY, PARK USE16

Dietary Intake 16

Fast Food 17

Commute from School to Home 17

Name of School 19

Physical Activity 19

Sedentary Time 20

Park Use 20

SECTION D – HEALTH CARE ACCESS AND UTILIZATION22

Usual Source of Care 22

Emergency Room Visit 22

Visits to Medical Doctor 23

Personal Doctor 23

Patient-Centered Care 23

Developmental Screening 24

Timely Appointments 26

Communication Problems with a Doctor 26

Delays in Care 28

Flu Shot 30

Internet Use 30

SECTION E – PUBLIC PROGRAMS33

TANF/CalWORKs 33

Food Stamps 33

WIC 33

SECTION F – PARENTAL INVOLVEMENT34

First 5 California: “Talk, Read, Sing Program” 34

SECTION G – CHILD CARE AND SOCIAL COHESION36

Child Care 36

Social Cohesion 39

Safety 40

SECTION H – DEMOGRAPHICS, PART II41

Race/Ethnicity 41

Country of Birth 45

Citizenship, Immigration Status, Years in the US..... 46
 Country of Birth (Mother) 47
 Citizenship, Immigration Status, Years in the US (Mother)..... 48
 Country of Birth (Father)..... 49
 Citizenship, Immigration Status, Years in the US (Father)..... 50
 Languages Spoken At Home..... 51
 Education of Primary Caretaker 52
SECTION H – DEMOGRAPHICS, PART III.....53
 Follow-up and Close..... 53

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 2015 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 QC15_A1:
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = SKA AND GENDER OF CHILD IS KNOWN, SKIP TO QC15_A2;
ELSE CONTINUE WITH QC15_A1

QC15_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

MALE1
 FEMALE2
 REFUSED -7

QC15_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

_____ YEAR [HR: 2004-2015]

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_A3:
IF QC15_A2 = -7 OR -8 (REFUSED/DON'T KNOW) CONTINUE WITH QC15_A3;
ELSE SKIP TO QC15_A4

QC15_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

QC15_A4 About how tall is (CHILD) now without shoes?

CA4F/CA4I

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

_____ FEET _____ INCHES

CA4M/CA4C

_____ METERS _____ CENTIMETERS

CA4FMT

FEET/INCHES1
 METERS/CENTIMETERS2
 REFUSED-7
 DON'T KNOW-8

QC15_A5 About how much does (CHILD) weigh now without shoes?

CA5P

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

_____ POUNDS

CA5K

_____ KILOGRAMS

CA5FMT

POUNDS1
 KILOGRAMS2
 REFUSED-7
 DON'T KNOW-8

**PROGRAMMING NOTE QC15_A5A:
 IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE QC15_A6;
 ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH QC15_A5A**

QC15_A5A Was (CHILD) ever breastfed or fed breast milk?

CA14

YES1
 NO2 **[GO TO QC15_A8]**
 REFUSED-7 **[GO TO QC15_A8]**
 DON'T KNOW-8 **[GO TO QC15_A8]**

QC15_A5B How old was (CHILD) when {he/she} stopped breastfeeding altogether?

CA15

_____ DAYS
 _____ WEEKS
 _____ MONTHS
 _____ YEARS

STILL BREASTFEEDING 93
 REFUSED -7
 DON'T KNOW -8

QC15_A5C How old was (CHILD) when you began giving {him/her} baby food or other solid foods?

CA16

[IF NEEDED SAY: "Solid food is anything other than milk, formula, juice, water, herbs or teas."]

_____ MONTHS

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

PROGRAMMING NOTE QC15_A6:
IF CAGE < 5 YEARS GO TO QC15_A8;
ELSE CONTINUE WITH QC15_A6 AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

QC15_A6 {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

CA42

YES1 **[GO TO QC15_A8]**
 NO2
 ON VACATION3
 HOME SCHOOLED4 **[GO TO QC15_A8]**
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_A7:
IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

QC15_A7 {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?

CA43

YES1
 NO2
 HOMESCHOOLED3
 REFUSED -7
 DON'T KNOW -8

QC15_A8 In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?

CA6

- EXCELLENT1
- VERY GOOD2
- GOOD3
- FAIR4
- POOR.....5
- REFUSED -7
- DON'T KNOW -8

QC15_A9 Has a doctor ever told you that (CHILD) has asthma?

CA12

- YES1
- NO.....2 **[GO TO QC15_A25]**
- REFUSED -7 **[GO TO QC15_A25]**
- DON'T KNOW -8 **[GO TO QC15_A25]**

QC15_A10 Does {he/she} still have asthma?

CA31

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

QC15_A11 During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?

CA32

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_A12:
IF QC15_A10 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND QC15_A11 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) GO TO QC15_A16;
ELSE CONTINUE WITH QC15_A12

QC15_A12 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, or4
- Every day?5
- REFUSED -7
- DON'T KNOW -8

QC15_A13 During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

CA33

- YES1
- NO.....2 **[GO TO QC15_A15]**
- REFUSED-7 **[GO TO QC15_A15]**
- DON'T KNOW-8 **[GO TO QC15_A15]**

QC15_A14 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.]

- YES1
- NO.....2
- DOESN'T HAVE DOCTOR.....3
- REFUSED-7
- DON'T KNOW-8

QC15_A15 During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?

CA44

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

QC15_A16 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."]

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QC15_A17:
IF QC15_A10 = 1 (YES, STILL HAS ASTHMA) OR QC15_A11 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO QC15_A21;
ELSE CONTINUE WITH QC15_A17

QC15_A17 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, or4
- Every day?5
- REFUSED-7
- DON'T KNOW-8

QC15_A18 During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

CA41

- YES1
- NO2 **[GO TO QC15_A20]**
- REFUSED-7 **[GO TO QC15_A20]**
- DON'T KNOW-8 **[GO TO QC15_A20]**

QC15_A19 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.]

- YES1
- NO2
- DOESN'T HAVE DOCTOR3
- REFUSED-7
- DON'T KNOW-8

QC15_A20 During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?

CA45

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

QC15_A21 During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?

CA34

- _____ NUMBER OF DAYS
- CHILD NOT IN DAYCARE OR SCHOOL 93
 - REFUSED-7
 - DON'T KNOW-8

QC15_A22 Have (CHILD'S) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} asthma?

CA35

- YES1
- NO2 **[GO TO QC15_A24]**
- REFUSED-7 **[GO TO QC15_A24]**
- DON'T KNOW-8 **[GO TO QC15_A24]**

QC15_A23 Do you have a written or printed copy of this plan?

CA50

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

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

QC15_A24 How confident are you that you can control and manage (CHILD's) asthma? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

CA51

- VERY CONFIDENT1
- SOMEWHAT CONFIDENT.....2
- NOT TOO CONFIDENT.....3
- NOT AT ALL CONFIDENT4
- REFUSED..... -7
- DON'T KNOW -8

QC15_A25 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

- YES1
- NO.....2 **[GO TO QC15_B1]**
- REFUSED.....-7 **[GO TO QC15_B1]**
- DON'T KNOW-8 **[GO TO QC15_B1]**

QC15_A26 What condition does (CHILD) have?

CA10A

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]

- ADD/ADHD1
- ASPERGER'S SYNDROME2
- AUTISM.....3
- CEREBRAL PALSY4
- CONGENITAL HEART DISEASE.....5
- CYSTIC FIBROSIS6
- DIABETES7
- DOWN'S SYNDROME.....8
- EPILEPSY9
- 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

QC15_A27 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 QC15_A26)?

CA55

- YES1
- NO.....2 **[GO TO QC15_A29]**
- REFUSED.....-7 **[GO TO QC15_A29]**
- DON'T KNOW-8 **[GO TO QC15_A29]**

QC15_A28 Do you have a written or printed copy of this plan?

CA56

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

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

QC15_A29 How confident are you that you can control and manage (CHILD's) (INSERT CONDITION(S) FROM QC15_A26)? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

CA57

- VERY CONFIDENT1
- SOMEWHAT CONFIDENT2
- NOT TOO CONFIDENT3
- NOT AT ALL CONFIDENT4
- REFUSED -7
- DON'T KNOW -8

SECTION B – DENTAL HEALTH

PROGRAMMING NOTE QC15_B1:
IF CAGE > 2 YEARS, GO TO QC15_B2 AND DISPLAY “Now I’m going to ask about (CHILD)’s dental health”;
ELSE CONTINUE WITH QC15_B1

QC15_B1 These questions are about (CHILD)’s dental health. Does (CHILD) have any teeth yet?

CC1

- YES1
- NO2 **[GO TO SECTION C]**
- REFUSED -7 **[GO TO SECTION C]**
- DON’T KNOW -8 **[GO TO SECTION C]**

QC15_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 VISITED0
- 6 MONTHS AGO OR LESS1
- MORE THAN 6 MONTHS UP TO 1YEAR AGO2
- MORE THAN 1 YEAR UP TO 2 YEARS AGO3
- MORE THAN 2 YEARS UP TO 5 YEARS AGO4
- MORE THAN 5 YEARS AGO5
- REFUSED -7
- DON’T KNOW -8

PROGRAMMING NOTE QC15_B3:
IF QC15_B2 = 0 (HAD NEVER VISITED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH QC15_B3;
ELSE SKIP TO QC15_B4;

IF QC15_B2 = 0 (HAS NEVER VISITED), DISPLAY “never”;
ELSE IF QC15_B2 ≥ 3 DISPLAY “not” AND “in the past year”

QC15_B3 What is the main reason your child has {never/not} visited a dentist {in the past year}?

CB23

- NO REASON TO GO/NO PROBLEMS1
- NOT OLD ENOUGH2
- COULD NOT AFFORD IT/TOO EXPENSIVE/
NO INSURANCE.....3
- FEAR, DISLIKES GOING4
- DO NOT HAVE/KNOW A DENTIST5
- CANNOT GET TO THE OFFICE/CLINIC6
- NO DENTIST AVAILABLE/NO APPOINTMENTS
AVAILABLE7
- DIDN’T KNOW WHERE TO GO8
- HOURS NOT CONVENIENT.....9
- SPEAK A DIFFERENT LANGUAGE 10
- OTHER..... 91
- REFUSED -7
- DON’T KNOW -8

QC15_B4 Do you now have any type of insurance that pays for part or all of your child's dental care?

CC7A

[IF NEEDED, SAY: "Include dental insurance, prepaid dental plans such as HMOs, or government plans such as Medi-Cal or Healthy Families"]

- YES1
- NO2 **[GO TO QC15_B6]**
- REFUSED -7
- DON'T KNOW -8

QC15_B5 During the past 12 months, was there any time when {he/she} had no dental insurance at all?

CB25

- YES1
- NO2 **[GO TO QC15_B7]**
- REFUSED -7 **[GO TO QC15_B7]**
- DON'T KNOW -8 **[GO TO QC15_B7]**

PROGRAMMING NOTE QC15_B6:
IF QC15_B4=2 (NO CURRENT DENTAL INSURANCE) OR QC15_B5 = 1 (HAD NO DENTAL INSURANCE AT SOME TIME IN THE PAST 12 MONTHS) CONTINUE WITH QC15_B6;
ELSE GO TO QC15_B7

QC15_B6 What is the ONE MAIN reason (CHILD) {does not have any insurance/did not have any dental insurance during the time {he/she} wasn't covered}?

CB26

- CAN'T AFFORD/TOO EXPENSIVE1
- NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB2
- NOT ELIGIBLE DUE TO HEALTH OR OTHER
PROBLEMS3
- NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS4
- FAMILY SITUATION CHANGED5
- DON'T BELIEVE IN INSURANCE6
- SWITCHED INSURANCE COMPANIES, DELAY
BETWEEN7
- CAN GET HEALTH CARE FOR FREE/PAY FOR
OWN CARE8
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

QC15_B7 During the past 12 months, was there any time when (CHILD) needed dental care, including checkups, but didn't get it?

CB27

- YES1
- NO2 **[GO TO QC15_B9]**
- REFUSED -7 **[GO TO QC15_B9]**
- DON'T KNOW -8 **[GO TO QC15_B9]**

QC15_B8 What is the ONE MAIN reason {he/she} didn't get the dental care?

CB28

- COULDN'T GET APPOINTMENT1
- MY INSURANCE NOT ACCEPTED2
- INSURANCE DID NOT COVER3
- LANGUAGE PROBLEMS4
- TRANSPORTATION PROBLEMS.....5
- HOURS NOT CONVENIENT6
- NO CHILD CARE FOR CHILDREN AT HOME7
- FORGOT OR LOST REFERRAL.....8
- I DIDN'T HAVE TIME9
- COULDN'T AFFORD/COST TOO MUCH 10
- NO INSURANCE..... 11
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

QC15_B9 During the past 12 months, did (CHILD) have to visit a hospital emergency because of a dental problem?

CB29

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_B10 During the past 12 months, did (CHILD) have to visit an urgent care clinic because of a dental problem?

CB30

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_B11:
IF CAGE ≥ 6, SKIP TO SECTION C;
ELSE CONTINUE WITH QC15_B11

QC15_B11 When (CHILD NAME/AGE/SEX) goes to sleep or takes a nap, does {he/she} sleep with a bottle in {his/her} mouth?

CB31

- YES1
 - NO2
 - REFUSED -7
 - DON'T KNOW -8
- [SKIP TO SECTION C]**
[SKIP TO SECTION C]
[SKIP TO SECTION C]

QC15_B12 What is usually in the bottle; for example, mother's milk, regular milk, chocolate milk, water, juice, or another drink with sugar in it?

CB32

- MOTHER'S MILK1
- REGULAR MILK2
- CHOCOLATE MILK, JUICE, OR
SUGARY DRINK.....3
- WATER4
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

SECTION C – DIET, PHYSICAL ACTIVITY, PARK USE

**PROGRAMMING NOTE QC15_C1:
IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE QC15_C15;
ELSE CONTINUE WITH QC15_C1**

QC15_C1 Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

CC13

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

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

REFUSED -7
DON'T KNOW -8

QC15_C2 Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.

CC31

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

REFUSED -7
DON'T KNOW -8

QC15_C3 [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did your child drink? Do not include diet soda.

CC49

[IF NEEDED, SAY: "Do not include canned or bottled juices or teas."]

_____ GLASSES, CANS OR BOTTLES

REFUSED -7
DON'T KNOW -8

QC15_C4 [Yesterday,] how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

CC50

[IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: FRUIT JUICES OR DRINKS YOU MADE AT HOME AND ADDED SUGAR TO, KOOL-AID, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, AND VITAMIN WATER. DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER, OR FRUIT-FLAVORED TEAS.]

_____ GLASSES, CANS, OR BOTTLES

REFUSED -7

DON'T KNOW -8

QC15_C5 Now think about the *past week*. In the past 7 days, how many times did {he/she} eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout, or drive thru.

CC32

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

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

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QC15_C6:

IF QC15_A6 = 4 (HOME SCHOOLED LAST WEEK) OR IF QC15_A7= 3 (HOME SCHOOLED LAST YEAR), GO TO PROGRAMMING NOTE QC15_C13;

ELSE IF QC15_A6 = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH QC15_C6 AND DISPLAY "How many days in the past week";

IF QC15_A7 = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH QC15_C6 AND DISPLAY "During the school year, on how many days during a typical week";

ELSE GO TO PROGRAMMING NOTE QC15_C13

QC15_C6 Now I'm going to ask you about physical activity.

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

CC40

[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 QC15_C7:
 IF QC15_C6= 0 (DAYS), -7, OR -8, GO TO QC15_C8;
 ELSE IF QC15_C6 > 0 (DAYS) CONTINUE WITH QC15_C7;
 IF QC15_A6 = 1 (ATTENDED SCHOOL LAST WEEK) DISPLAY “does”;
 IF QC15_A7 = 1 (ATTENDED SCHOOL LAST YEAR) DISPLAY “did”

QC15_C7 About how many minutes {did/does} it take {him/her} without any stops?

CC41

_____ MINUTES [GO TO QC15_C9]

REFUSED -7 [GO TO QC15_C9]
 DON'T KNOW -8 [GO TO QC15_C9]

QC15_C8 Could {he/she} walk home from school in 30 minutes or less?

CC42

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QC15_C9 {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 QC15_C10:
 IF QC15_C9 = 0 (DAYS), -7 OR -8, GO TO PROGRAMMING NOTE QC15_C11;
 ELSE IF QC15_C9 > 0 DAYS, CONTINUE WITH QC15_C10;
 IF QC15_A6 = 1, DISPLAY “does”;
 ELSE IF QC15_A7 = 1, DISPLAY “did”

QC15_C10 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 QC15_C12]

REFUSED -7 [GO TO PN QC15_C12]
 DON'T KNOW -8 [GO TO PN QC15_C12]

PROGRAMMING NOTE QC15_C11:
IF QC15_C7 ≤ 30 MINUTES OR QC15_C8 = 1 THEN GO TO PROGRAMMING NOTE QC15_C12;
ELSE CONTINUE WITH QC15_C11

QC15_C11 Could {he/she} bike or skateboard home from school in 30 minutes or less?

CC45

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_C12:
IF QC15_A6 = 1 (ATTENDED SCHOOL LAST WEEK) OR QC15_A7 = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH QC15_C12;
ELSE SKIP TO PROGRAMMING NOTE QC15_C13

QC15_C12 What is the name of the school (CHILD) goes to or last attended?

CB22

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

_____ NAME OF SCHOOL

- CHILD NOT IN SCHOOL0
- PRE-SCHOOL/DAYCARE1
- KINDERGARTEN2
- ELEMENTARY3
- INTERMEDIATE4
- JUNIOR HIGH5
- MIDDLE SCHOOL6
- CHARTER7
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_C13:
IF CAGE < 5, SKIP TO PN QC15_C15;
ELSE CONTINUE WITH QC15_C15

QC15_C13 Not including school PE, on how many days of the past 7 days was (CHILD) physically active for at least 60 minutes total?

CC35

_____ DAYS [HR: 0-7]

- REFUSED -7
- DON'T KNOW -8

QC15_C14 During a typical week, on how many days is (CHILD) physically active for at least 60 minutes total per day? Do not include PE.

CC51

[IF NEEDED, SAY: "Add up the time (he/she) was active for each day of the past 7. Then tell me how many days (he/she) active for at least 60 minutes."]

_____ DAYS [HR: 0-7]

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_C15
IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE QC15_C16
ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC15_C15

QC15_C15 The next questions are about the time {your child/CHILD} spends mostly sitting when {he/she} is not in school or doing homework.

During the weekends, about how much time does {your child/CHILD} spend on a typical or usual weekend day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

CC53

_____ HOURS

_____ MINUTES

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_C16:
IF CAGE ≤ 1 YEAR GO TO PN QC15_C17;
ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC15_C16

QC15_C16 During the weekdays, about how much time does {your child/CHILD} spend on a typical or usual week day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

CC52

_____ HOURS

_____ MINUTES

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_C17:
IF CAGE < 1 GO TO QC15_D1;
ELSE CONTINUE WITH QC15_C

QC15_C17 Has (CHILD) been to a park, playground, or open space in the past 30 days?

CC37

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QC15_C18 Is there a park, playground, or open space within 30 minutes walking distance of your home?

CC36

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_C19 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 AGREE1
- AGREE2
- DISAGREE3
- STRONGLY DISAGREE4
- DON'T KNOW -7
- REFUSED -8

QC15_C20 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 AGREE1
- AGREE2
- DISAGREE3
- STRONGLY DISAGREE4
- REFUSED -7
- DON'T KNOW -8

SECTION D – HEALTH CARE ACCESS AND UTILIZATION

QC15_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

- YES1
- NO2 **[GO TO QC15_D3]**
- DOCTOR/(HIS/HER) DOCTOR.....3
- KAISER4
- MORE THAN ONE PLACE.....5
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D2:
IF QC15_D1 = 1, 5, -7, OR -8, DISPLAY “What kind of place do you take {him/her} to most often—a medical”;
ELSE IF QC15_D1 = 3 DISPLAY “Is {his/her} doctor in a private”;
ELSE IF QC15_D1 = 4, FILL QC15_D2 = 1 AND GO TO PN QC15_D3

QC15_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 HMO1
- CLINIC/HEALTH CENTER/HOSPITAL CLINIC2
- EMERGENCY ROOM.....3
- SOME OTHER PLACE (SPECIFY: _____) ... 91
- NO ONE PLACE 94
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D3:
IF QC15_A13 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC15_A18 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA), MARK YES ON QC15_D3 AND GO TO QC15_D4;
ELSE CONTINUE WITH QC15_D3

QC15_D3 During the past 12 months, did (CHILD) visit a hospital emergency room?

CD12

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_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 QC15_D5:
IF QC15_D4 > 0, GO TO PROGRAMMING NOTE QC15_D6;
ELSE IF QC15_D4 = 0, -7, OR -8, CONTINUE WITH QC15_D5

QC15_D5 About how long has it been since {he/she} last saw a medical doctor?

CD7

ONE YEAR AGO OR LESS1
 MORE THAN 1 YEAR UP TO 2 YEARS AGO2
 MORE THAN 2 YEARS UP TO 3 YEARS AGO3
 MORE THAN 3 YEARS AGO4
 NEVER5
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_D6:
IF QC15_D1 = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH QC15_D6;
ELSE SKIP TO PROGRAMMING NOTE QC15_D7

QC15_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."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_D7:
IF QC15_D6 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QC15_D7;
ELSE SKIP TO QC15_D9A

QC15_D7 How often does (CHILD)'s doctor or medical provider listen carefully to you? Would you say...

CD43

Never,1
 Sometimes,2
 Usually, or3
 Always?4
 REFUSED -7
 DON'T KNOW -8

QC15_D8 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, or3
- Always?4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTEQC15_D9A:
IF CAGE<1, SKIP TO QC15_D10;
ELSE IF CAGE ≥ 1, CONTINUE WITH QC15_D9A

QC15_D9A Many professionals such as health providers, teachers and counselors do developmental screening tests. Tests check how a child is growing, learning and behaving compared with children of the same age.

Did (CHILD)'s doctor, other health providers, teachers or school counselors ever do an assessment or tests of (CHILD)'s development?

CF40

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

QC15_D9B Did {his/her} doctor, other health providers, teachers or school counselors ever have (CHILD) rollover, pick up small objects, stack blocks, throw a ball, or recognize different colors?

CF41

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

QC15_D9C Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?

CF42

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

QC15_D9D Did they ever have you fill out a checklist of activities that (CHILD) can do, such as certain physical tasks, whether {her/she} can draw certain objects, or ways {he/she} can communicate with you?

CF43

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QC15_D9E Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

CF44

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_D9F:
IF QC15_A26 =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETARDATION) GO TO QC15_D9G;
ELSE CONTINUE WITH QC15_D9F

QC15_D9F Did a doctor or other professional ever note a concern about (CHILD) that should be monitored carefully?

CF45

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QC15_D9G Did they ever refer {him/her} to a specialist regarding his development?

CF46

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QC15_D9H Did they ever refer {him/her} for speech, language or hearing testing?

CF47

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_D10:
IF CHINSURE ≠ 2 (INSURED OR INSURANCE STATUS UNKNOWN) OR QC15_D1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH QC15_D10; ELSE GO TO PROGRAMMING NOTE QC15_D12

QC15_D10 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."]

- YES1
- NO2 **[GO TO QC15_D12]**
- REFUSED -7 **[GO TO QC15_D12]**
- DON'T KNOW -8 **[GO TO QC15_D12]**

QC15_D11 How often were you able to get an appointment within two days? Would you say...

CD45

- Never,1
- Sometimes,2
- Usually, or3
- Always?4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D12:
IF [QC15_D4 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QC15_D5 = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH QC15_D12; ELSE GO TO QC15_D17

QC15_D12 The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

CD25

- YES 1 **[GO TO QC15_D14]**
- NO 2
- NEVER ACCOMPANIED CHILD TO DOCTOR 3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D13:
IF QC15_D12 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND
[INTERVIEW NOT CONDUCTED IN ENGLISH OR QA13_G4 > 1 (ADULT R SPEAKS LANGUAGE
OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QC15_D13;
SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QC15_D13 WAS
ASKED;
ELSE SKIP TO QC15_D14;

QC15_D13 In what language does (CHILD)'s doctor speak to you?

CD31

- ENGLISH1 [GO TO QC15_D15]
- SPANISH2 [GO TO QC15_D17]
- CANTONESE.....3 [GO TO QC15_D17]
- VIETNAMESE4 [GO TO QC15_D17]
- TAGALOG.....5 [GO TO QC15_D17]
- MANDARIN6 [GO TO QC15_D17]
- KOREAN7 [GO TO QC15_D17]
- ASIAN INDIAN LANGUAGES.....8 [GO TO QC15_D17]
- RUSSIAN9 [GO TO QC15_D17]
- OTHER1 (SPECIFY: _____)91 [GO TO QC15_D17]
- REFUSED -7 [GO TO QC15_D17]
- DON'T KNOW -8 [GO TO QC15_D17]

PROGRAMMING NOTE QC15_D14:
IF QC15_D12 = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH QC15_D14;
ELSE SKIP TO QC15_D17;

QC15_D14 Was this because you and the doctor spoke different languages?

CD26

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D15 Did you need someone to help you understand the doctor?

CD27

- YES1
- NO2 [GO TO QC15_D17]
- REFUSED -7 [GO TO QC15_D17]
- DON'T KNOW -8 [GO TO QC15_D17]

QC15_D16 Who was this person who helped you understand the doctor?

CD28

- MINOR CHILD (UNDER AGE 18)1
- AN ADULT FAMILY MEMBER OR FRIEND
OF MINE2
- NON-MEDICAL OFFICE STAFF3
- MEDICAL STAFF INCLUDING NURSES AND
DOCTORS4
- PROFESSIONAL INTERPRETER (BOTH IN
PERSON AND ON THE TELEPHONE)5
- OTHER (PATIENTS, SOMEONE ELSE).....6
- DID NOT HAVE SOMEONE TO HELP.....7
- REFUSED -7
- DON'T KNOW -8

QC15_D17 During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for (CHILD)?

CE1

- YES1
- NO2 **[GO TO QC15_D19]**
- REFUSED -7 **[GO TO QC15_D19]**
- DON'T KNOW -8 **[GO TO QC15_D19]**

QC15_D18 Was cost or lack of insurance a reason why you delayed or did not get the prescription?

CE12

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D19 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

- YES1
- NO2 **[GO TO PN QC15_D24]**
- REFUSED -7 **[GO TO PN QC15_D24]**
- DON'T KNOW -8 **[GO TO PN QC15_D24]**

QC15_D20 Did (CHILD) get the care eventually?

CD66

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D21 Was cost or lack of insurance a reason why you delayed or did not get the medical care you felt (he/she) needed?

CE13

- YES1
- NO2 [GO TO PN QC15_D23]
- REFUSED-7 [GO TO PN QC15_D23]
- DON'T KNOW-8 [GO TO PN QC15_D23]

QC15_D22 Was that the main reason?

CD67

- YES1 [GO TO PN QC15_D24]
- NO2
- REFUSED-7 [GO TO PN QC15_D24]
- DON'T KNOW-8 [GO TO PN QC15_D24]

QC15_D23 What was the one main reason why you delayed getting the care you felt (he/she) needed?

CD68

- COULDN'T GET APPOINTMENT1
- MY INSURANCE NOT ACCEPTED2
- INSURANCE DID NOT COVER3
- LANGUAGE PROBLEMS4
- TRANSPORTATION PROBLEMS5
- HOURS NOT CONVENIENT6
- NO CHILD CARE FOR CHILDREN AT HOME7
- FORGOT OR LOST REFERRAL8
- I DIDN'T HAVE TIME9
- COULDN'T AFFORD/COST TOO MUCH 10
- NO INSURANCE 11
- OTHER (SPECIFY: _____) 91
- REFUSED-7
- DON'T KNOW-8

QC15_D24 During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?

CD69

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

QC15_D25 During the past 12 months, were you told by a doctor's office or clinic that they would not accept your child as a new patient?

CD70

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

QC15_D26 During the past 12 months, were you told by a doctor’s office or clinic that they did not accept your child’s health care coverage?

CD71

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QC15_D27:
IF CAGE < 6 MONTHS, GO TO QC15_D28;
ELSE IF CAGE ≥ 6 MONTHS, CONTINUE WITH QC15_D27

QC15_D27 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.”]

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QC15_D28:
IF SKAID=ADULTID AND AJ108 ≠ 1 THEN AUTOCODE QC15_D28 = AJ108 AND GO TO QC15_E1;
ELSE CONTINUE WITH QC15_D28;

QC15_D28 The next questions are about using the Internet to get health information

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

CD46

- YES1
- NO.....2 **[GO TO QC15_E1]**
- REFUSED-7 **[GO TO QC15_E1]**
- DON'T KNOW-8 **[GO TO QC15_E1]**

QC15_D29 [In the past 12 months, have you gone on-line to look for information that would help you with ...]

... (CHILD)'s health?

CD47

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

QC15_D30 [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?

CD48

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D31 [In the past 12 months, have you gone on-line to look for information that would help you with...]

...{his/her} speech?

CD49

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D32 [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?

CD50

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D33 [In the past 12 months, have you gone on-line to look for information that would help you with...]

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

CD51

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D34 [In the past 12 months, have you gone on-line to look for information that would help you with...]

...{his/her} physical activity?

CD52

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D35 [In the past 12 months, have you gone on-line to look for information that would help you with...]

...{his/her} behavior?

CD53

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D36:
IF QC15_D29= 2 AND QC15_D30 = 2 AND QC15_D31 = 2 AND QC15_D32 = 2 AND QC15_D33 = 2 AND QC15_D34= 2 AND QC15_D35 = 2, GO TO PROGRAMMING NOTE QC15_E1;
ELSE CONTINUE WITH QC15_D36

QC15_D36 In the past 12 months, did you talk to a doctor or other medical provider about child health information you found on-line?

CD54

- YES1
- NO2
- DID NOT FIND INFORMATION ON-LINE3
- 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) OR
 POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND KIDS1ST <> "Y" OR KIDS1ST =
 "Y", CONTINUE WITH QC15_E1;
 ELSE SKIP TO QC15_F1**

QC15_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."]

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_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."]

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QC15_E3:
 IF CAGE > 6, GO TO QC15_F1;
 ELSE CONTINUE WITH QC15_E3**

QC15_E3 Is (CHILD) on WIC now?

CE11C

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

SECTION F – PARENTAL INVOLVEMENT

**PROGRAMMING NOTE QC15_F1:
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE QC15_G1;
ELSE CONTINUE WITH QC15_F1**

QC15_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 DAY1
- 3-6 DAYS2
- 1-2 DAYS3
- NEVER4
- REFUSED -7
- DON'T KNOW -8

QC15_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 DAY1
- 3-6 DAYS2
- 1-2 DAYS3
- NEVER4
- REFUSED -7
- DON'T KNOW -8

QC15_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 DAY1
- 3-6 DAYS2
- 1-2 DAYS3
- NEVER4
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QC15_F3A:
IF CAGE < 5 YEARS OR HOUSEHOLD HAS CHILDREN < 5 YEARS, CONTINUE WITH QC15_F3A;
ELSE GO TO QC15_G1**

QC15_F3A Have you seen or heard messages encouraging you to talk, read and sing with your child?

CF64

- YES1
- NO2 **[GO TO QC15_G1]**
- REFUSED -7 **[GO TO QC15_G1]**
- DON'T KNOW -8 **[GO TO QC15_G1]**

QC15_F3B Would you say that you talk with your child less, about the same, or more after hearing that message?

CF65

- LESS1
- ABOUT THE SAME2
- MORE3
- REFUSED-7
- DON'T KNOW-8

QC15_F3C Would you say that you sing with your child less, about the same, or more after hearing that message?

CF66

- LESS1
- ABOUT THE SAME2
- MORE3
- REFUSED-7
- DON'T KNOW-8

QC15_F3D Would you say that you read with your child less, about the same, or more after hearing that message?

CF67

- LESS1
- ABOUT THE SAME2
- MORE3
- REFUSED-7
- DON'T KNOW-8

SECTION G – CHILD CARE AND SOCIAL COHESION

**PROGRAMMING NOTE QC15_G1:
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH**

QC15_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

- YES1
- NO2 **[GO TO QC15_G13]**
- REFUSED -7 **[GO TO QC15_G13]**
- DON'T KNOW -8 **[GO TO QC15_G13]**

QC15_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 QC15_G13]**
- DON'T KNOW -8 **[GO TO QC15_G13]**

**PROGRAMMING NOTE QC15_G3:
IF QC15_G2 < 10 (HOURS IN CHILDCARE), GO TO QC15_G11;
ELSE CONTINUE WITH QC15_G3**

QC15_G3 During a typical week does (CHILD) receive childcare from...a grandparent or other family member?

CG3A

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_G4 [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in your home?

CG3E

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_G5 [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in his or her home?

CG3F

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_G6 [Does (CHILD) receive childcare from]...a childcare center that is not in someone's home?

CG3D

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_G7:
IF CAGE ≥ 7 YEARS, GO TO PROGRAMMING NOTE QC15_G13;
ELSE CONTINUE WITH QC15_G7

QC15_G7 [Does (CHILD) receive childcare from]...a Head Start or state preschool program?

CG3B

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_G8 [Does (CHILD) receive childcare from]...some other preschool or nursery school?

CG3C

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_G9:
IF QC15_G6 = 1 OR QC15_G7 = 1 OR QC15_G8 = 1, CONTINUE WITH QC15_G9;
ELSE GO TO PROGRAMMING NOTE QC15_G10

QC15_G9 Please tell me if you strongly agree, agree, disagree, strongly disagree, or you're not sure about the following statements.

CG47

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

- STRONGLY AGREE1
- AGREE2
- DISAGREE3
- STRONGLY DISAGREE4
- NOT SURE5

PROGRAMMING NOTE QC15_G10:
IF [QC15_G3 OR QC15_G4 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF [QC15_G5 ≠ 1 AND QC15_G6 ≠ 1 AND QC15_G7 ≠ 1 AND QC15_G8 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO QC15_G11;
ELSE CONTINUE WITH QC15_G10;
IF ONLY ONE OF QC15_G5, QC15_G6, QC15_G7, OR QC15_G8 = 1, DISPLAY "Is this" AND "provider";
ELSE DISPLAY, "Are all of these" AND "providers"

QC15_G10 {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

QC15_G11 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

- YES1
- NO2 **[GO TO QC15_G13]**
- REFUSED -7 **[GO TO QC15_G13]**
- DON'T KNOW -8 **[GO TO QC15_G13]**

QC15_G12 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 CARE1
- COULDN'T FIND A PROVIDER WITH A SPACE2
- THE HOURS AND LOCATION DIDN'T FIT MY NEEDS3
- COULDN'T AFFORD THE QUALITY OF CHILDCARE I WANTED4
- COULDN'T FIND THE QUALITY OF CHILDCARE I WANTED5
- OTHER REASON 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_G13:
IF QC15_G13 THROUGH QC15_G17 NOT ANSWERED IN ADULT INTERVIEW (AM19, AM20, AM21, AM35, AK28), CONTINUE WITH QC15_G13; ELSE SKIP TO QC15_H1

QC15_G13 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

QC15_G14 People in this neighborhood generally do NOT get along with each other.

CG40

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

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

QC15_G15 People in this neighborhood can be trusted.

CG41

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

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

QC15_G16

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

CG34

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

- STRONGLY AGREE1
- AGREE.....2
- DISAGREE.....3
- STRONGLY DISAGREE.....4
- REFUSED-7
- DON'T KNOW-8

QC15_G17

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

CG42

- ALL OF THE TIME1
- MOST OF THE TIME2
- SOME OF THE TIME.....3
- NONE OF THE TIME4
- 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.

QC15_H1

Is (CHILD) Latino or Hispanic?

CH1

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

- | | | |
|------------------|----|------------------------|
| YES | 1 | |
| NO | 2 | [GO TO QC15_H3] |
| REFUSED | -7 | [GO TO QC15_H3] |
| DON'T KNOW | -8 | [GO TO QC15_H3] |

QC15_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.

CH2

[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 QC15_H3:
IF QC15_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 QC15_H3, CONTINUE WITH PROGRAMMING NOTE QC15_H4;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QC15_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 SAYS “NATIVE AMERICAN” CODE AS “4”]
[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]
[CODE ALL THAT APPLY]

- | | | | | |
|-------------------------------------|----|------------------|---|-------------------------------------|
| WHITE..... | 1 | [GO TO QC15_H10] | } | IF
ONLY
ONE
RACE |
| BLACK OR AFRICAN AMERICAN..... | 2 | [GO TO QC15_H10] | | |
| ASIAN..... | 3 | [GO TO QC15_H8] | | |
| AMERICAN INDIAN, ALASKA NATIVE..... | 4 | [GO TO QC15_H4] | | |
| OTHER PACIFIC ISLANDER..... | 5 | [GO TO QC15_H9] | | |
| NATIVE HAWAIIAN..... | 6 | [GO TO QC15_H10] | | |
| OTHER (SPECIFY: _____)..... | 91 | [GO TO QC15_H10] | | |
| REFUSED..... | -7 | [GO TO QC15_H10] | | |
| DON'T KNOW..... | -8 | [GO TO QC15_H10] | | |

PROGRAMMING NOTE QC15_H4:
IF QC15_H3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QC15_H4;
ELSE GO TO PROGRAMMING NOTE QC15_H8

QC15_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 |

QC15_H5 Is (CHILD) an enrolled member in a federally or state recognized tribe?

CH5

- YES1
- NO2 **[GO TO QC15_H8]**
- REFUSED-7 **[GO TO QC15_H8]**
- DON'T KNOW-8 **[GO TO QC15_H8]**

QC15_H6 In which Tribe is (CHILD) enrolled?

CH6

- APACHE**
 - MESCALERO APACHE, NM1
 - APACHE (NOT SPECIFIED)2
 - OTHER APACHE (SPECIFY: _____) . 91
- BLACKFEET**
 - BLACKFOOT / BLACKFEET3
- CHEROKEE**
 - WESTERN CHEROKEE4
 - CHEROKEE (NOT SPECIFIED)5
 - OTHER CHEROKEE (SPECIFY: _____) 92
- CHOCTAW**
 - CHOCTAW OKLAHOMA6
 - CHOCTAW (NOT SPECIFIED)7
 - OTHER CHOCTAW (SPECIFY: _____) . 93
- NAVAJO**
 - NAVAJO (NOT SPECIFIED)8
- POMO**
 - HOPLAND BAND, HOPLAND RANCHERIA9
 - 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

QC15_H7 Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

CH6A

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QC15_H8:
IF QC15_H3 = 3 (ASIAN) CONTINUE WITH QC15_H8;
ELSE GO TO PROGRAMMING NOTE QC15_H9

QC15_H8 You said Asian, and what specific ethnic group is {he/she}, such as Chinese, Filipino, Vietnamese? If {he/she} is more than one, tell me all of them.

CH7

[CODE ALL THAT APPLY]

- BANGLADESHI.....1
- BURMESE2
- CAMBODIAN3
- CHINESE4
- FILIPINO5
- HMONG6
- INDIAN (INDIA)7
- INDONESIAN.....8
- JAPANESE9
- 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 QC15_H9:
 IF QC15_H3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QC15_H9;
 ELSE GO TO QC15_H10**

QC15_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
- GUAMANIAN2
- TONGAN.....3
- FIJIAN4
- OTHER PACIFIC ISLANDER
 (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QC15_H10:
 IF SKA = AR AND AI56C ≠ -1 (THIS QUESTION ALREADY ASKED DURING ADULT SURVEY), SKIP
 TO QC15_H14;
 ELSE CONTINUE WITH QC15_H10**

QC15_H10 In what country was (CHILD) born?

CH8

- UNITED STATES.....1
- AMERICAN SAMOA2
- CANADA3
- CHINA4
- EL SALVADOR5
- ENGLAND.....6
- FRANCE7
- GERMANY8
- GUAM9
- 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 QC15_H11:
IF QC15_H10 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15_H14;
ELSE CONTINUE WITH QC15_H11

QC15_H11 Is (CHILD) a citizen of the United States?

CH8A

- YES1 **[GO TO QC15_H13]**
- NO.....2
- APPLICATION PENDING3
- REFUSED-7
- DON'T KNOW-8

QC15_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."]

- YES1
- NO.....2
- APPLICATION PENDING3
- REFUSED-7
- DON'T KNOW-8

QC15_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 YEARS1
- YEAR FIRST CAME TO LIVE IN US.....2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QC15_H14:
IF SKA = MOTHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE)
THEN SKIP TO QC15_H18;
ELSE, CONTINUE WITH QC15_H14 AND DISPLAY “was his mother/was her mother”

QC15_H14 In what country {were you/was his mother/was her mother} born?

CH11

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

- UNITED STATES.....1
- AMERICAN SAMOA2
- CANADA3
- CHINA4
- EL SALVADOR5
- ENGLAND.....6
- FRANCE7
- GERMANY8
- GUAM9
- 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 QC15_H15 AND QC15_H16:
IF QC15_H14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15_H18;
ELSE CONTINUE WITH QC15_H15 AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY “Are you”;
ELSE DISPLAY “Is {his/her} mother”

QC15_H15 {Are you/Is {his/her} mother} a citizen of the United States?

CH11A

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

- YES1 **[GO TO QC15_H17]**
- NO2
- APPLICATION PENDING3
- REFUSED-7
- DON'T KNOW-8

QC15_H16 {Are you/Is {his/her} mother} a permanent resident with a green card?

CH12

- YES1
- NO2
- APPLICATION PENDING3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QC15_H17:
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC15_H17 AND DISPLAY “have you”;
ELSE CONTINUE WITH QC15_H17 AND DISPLAY “has {his/her} mother”

QC15_H17 About how many years {have you/has {his/her} mother} lived in the United States?

CH13

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

CH13YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH13FMT

- NUMBER OF YEARS1
- YEAR FIRST CAME TO LIVE IN US2
- MOTHER DECEASED3
- NEVER LIVED IN U.S.4
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QC15_H18:
IF SKA = FATHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE THEN SKIP TO QC15_H22;
ELSE CONTINUE WITH QC15_H18 AND DISPLAY, “was {his/her} father”

QC15_H18 In what country {were you/was his father/was her father} born?

CH14

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

- UNITED STATES.....1
- AMERICAN SAMOA2
- CANADA3
- CHINA4
- EL SALVADOR5
- ENGLAND.....6
- FRANCE7
- GERMANY8
- GUAM9
- 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 QC15_H19 AND QC15_H20:
IF QC15_H18 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15_H22;
ELSE CONTINUE WITH QC15_H19 AND IF RESPONDENT IS FATHER OF CHILD DISPLAY “Are you”;
ELSE SAY “Is {his/her} father”

QC15_H19 {Are you/Is {his/her} father} a citizen of the United States?

CH14A

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

- YES1 **[GO TO PN QC15_H21]**
- NO2
- APPLICATION PENDING3
- REFUSED-7
- DON'T KNOW-8

QC15_H20 {Are you/Is {his/her} father} a permanent resident with a green card?

CH15

- YES1
- NO2
- APPLICATION PENDING3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QC15_H21:
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC15_H21 AND DISPLAY “have you”;
ELSE, CONTINUE WITH QC15_H21 AND DISPLAY “has {his/her} father”

QC15_H21 About how many years {have you/has {his/her} father} lived in the United States?

CH16

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

CH16YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH16FMT

- NUMBER OF YEARS1
- YEAR FIRST CAME TO LIVE IN U.S.2
- FATHER DECEASED3
- NEVER LIVED IN U.S.4
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QC15_H22:
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE QC15_H23;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH QC15_H22

QC15_H22 In general, what languages are spoken in (CHILD)'s home?

CH17

[PROBE: "Any others?"]

- ENGLISH1
- SPANISH2
- CANTONESE.....3
- VIETNAMESE4
- TAGALOG.....5
- MANDARIN6
- KOREAN7
- ASIAN INDIAN LANGUAGES.....8
- RUSSIAN9
- OTHER1 (SPECIFY: _____) 91
- OTHER2 (SPECIFY: _____) 92
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_H23:
IF INTERVIEW CONDUCTED IN ENGLISH AND QC15_H22 > 1 (TWO OR MORE LANGUAGES SPOKEN AT HOME), CONTINUE WITH QC15_H23 AND DISPLAY "Compared to the language spoken in (CHILD)'s home,";
SET CH18ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QC15_H23 WAS ASKED;
ELSE IF QC15_H22 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC15_H24

QC15_H23 {Compared to other languages spoken in (CHILD)'s home,} would you say you speak English....

CH18

- Very well,.....1
- Fairly well,2
- Not well, or3
- Not at all?4
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QC15_H24:
 IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC15_H24;
 ELSE GO TO PROGRAMMING NOTE QC15_H26**

QC15_H24 What is the highest grade of education you have completed and received credit for?

CH22

GRADE SCHOOL	
1 ST GRADE	1
2 ND GRADE	2
3 RD GRADE	3
4 TH GRADE	4
5 TH GRADE	5
6 TH GRADE	6
7 TH GRADE	7
8 TH GRADE	8
HIGH SCHOOL OR EQUIVALENT	
9 TH GRADE	9
10 TH GRADE	10
11 TH GRADE	11
12 TH GRADE	12
4-YEAR COLLEGE OR UNIVERSITY	
1 ST YEAR (FRESHMAN)	13
2 ND YEAR (SOPHOMORE)	14
3 RD YEAR (JUNIOR)	15
4 TH YEAR (SENIOR)	16
5 TH YEAR	17
GRADUATE OR PROFESSIONAL SCHOOL	
1 ST YEAR GRAD OR PROF SCHOOL	18
2 ND YEAR GRAD OR PROF SCHOOL (MA/MS)	19
3 RD YEAR GRAND OR PROF SCHOOL	20
MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD)	21
2-YEAR JUNIOR OR COMMUNITY COLLEGE	
1 ST YEAR	22
2 ND YEAR	23
VOCATIONAL, BUSINESS, OR TRADE SCHOOL	
1 ST YEAR	24
2 ND YEAR	25
MORE THAN 2 YEARS	26
HAD NO FORMAL EDUCATION	30
REFUSED	-7
DON'T KNOW	-8

SECTION H – DEMOGRAPHICS, PART III

**PROGRAMMING NOTE QC15_H25:
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC15_H25;
ELSE GO TO QC15_H26**

QC15_H25 Based on the questions in this survey about (CHILD), is there another adult in the household who is more knowledgeable about questions we asked about (CHILD)?

CH30

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_H26 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 sometime in the future?

CG38

- YES1
- MAYBE/PROBABLY YES2
- DEFINITELY NOT3
- 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. Ponce, the Principal Investigator. Do you want that number? **[IF YES, SAY:** Dr. Ponce can be reached toll-free at 1-866-275-2447. **IF NO, SAY:** Goodbye.]