CHIS 2013-2014
Child Questionnaire
Version 5.2
August 12, 2015

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

Collaborating Agencies:
☐ UCLA Center for Health Policy Research
☐ California Department of Health Care Services
☐ California Department of Public Health

Contact:
California Health Interview Survey
UCLA Center for Health Policy Research
10960 Wilshire Blvd, Suite 1550
Los Angeles, CA 90024
Telephone: (866) 275-2447
Fax: (310) 794-2686
Web: www.chis.ucla.edu
# Table of Contents

## SECTION A – DEMOGRAPHICS PART I, HEALTH CONDITIONS

- Gender .......................................................... 4
- Age .................................................................. 4
- Height and Weight ............................................. 5
- School Attendance ............................................ 6
- General Health ................................................ 6
- Asthma ............................................................ 6
- Other Conditions .............................................. 10

## SECTION B – DENTAL HEALTH

- ................................................................. 12

## SECTION C – DIET, PHYSICAL ACTIVITY, PARK USE

- Dietary Intake .................................................. 14
- Fast Food ........................................................ 15
- Food Environment .......................................... 16
- Commute from School to Home ....................... 16
- Name of School .............................................. 18
- Physical Activity ............................................. 18
- Sedentary Time ............................................... 19
- Park Use ......................................................... 20

## SECTION D – HEALTH CARE ACCESS AND UTILIZATION

- Usual Source of Care ........................................ 21
- Emergency Room Visit .................................... 21
- Visits to Medical Doctor .................................. 22
- Personal Doctor ............................................. 22
- Patient-Centered Care .................................... 23
- Timely Appointments ...................................... 24
- Care Coordination .......................................... 24
- Communication Problems with a Doctor .......... 25
- Delays in Care ............................................... 26
- Flu Shot ......................................................... 29
- Internet Use ................................................... 29
- First 5 California: Kit for New Parents ............... 31

## SECTION E – PUBLIC PROGRAMS

- TANF/CalWORKs ............................................. 33
- Food Stamps .................................................. 33
- WIC .............................................................. 33

## SECTION F – PARENTAL INVOLVEMENT

- ................................................................. 34

## SECTION G – CHILD CARE AND SOCIAL COHESION

- Child Care ..................................................... 35
- Social Cohesion ............................................. 38
- Safety ......................................................... 39

## SECTION H – DEMOGRAPHICS, PART II

- Race/Ethnicity ................................................ 40
- Country of Birth ............................................ 44
- Citizenship, Immigration Status, Years in the US .. 45
- Country of Birth (Mother) ............................... 46
- Citizenship, Immigration Status, Years in the US (Mother) ........................................... 47
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 2013 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

Gender

PROGRAMMING NOTE QC13_A1:
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = MKA AND GENDER OF CHILD IS KNOWN, SKIP TO QC13_A2;
ELSE CONTINUE WITH QC13_A1

QC13_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

Age

QC13_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: 2001-2013]

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

PROGRAMMING NOTE QC13_A3:
IF QC13_A2 = -7 OR -8 (REFUSED/DON’T KNOW) CONTINUE WITH QC13_A3;
ELSE SKIP TO QC13_A4

QC13_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
Height and Weight
QC13_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/INCHES ......................................................1
METERS/CENTIMETERS .........................................2
REFUSED .............................................................-7
DON'T KNOW ......................................................-8

QC13_A5 About how much does (CHILD) weigh now without shoes?

[CA5P]

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

_____ POUNDS

CA5K

_____ KILOGRAMS

CA5FMT

POUNDS .................................................................1
KILOGRAMS ...........................................................2
REFUSED ..............................................................-7
DON'T KNOW .........................................................-8
School Attendance

PROGRAMMING NOTE QC13_A6:
IF CAGE < 5 YEARS GO TO QC13_A8;
ELSE CONTINUE WITH QC13_A6 AND IF CAGE = 5 YRS DISPLAY “Not including pre-school or nursery school,”

QC13_A6  (Not including pre-school or nursery school,) Did (CHILD) attend school last week?

CA42

YES ...........................................................................1 [GO TO QC13_A8]
NO ...............................................................................2
ON VACATION ..........................................................3
HOME SCHOOLED .....................................................4 [GO TO QC13_A8]
REFUSED .................................................................-7
DON’T KNOW .........................................................-8

PROGRAMMING NOTE QC13_A7:
IF CAGE = 5 YRS DISPLAY “Not including pre-school or nursery school,”

QC13_A7  (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

General Health

QC13_A8  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

Asthma

QC13_A9  Has a doctor ever told you that (CHILD) has asthma?

CA12

YES ...........................................................................1 [GO TO QC13_A25]
NO ...............................................................................2 [GO TO QC13_A25]
REFUSED .................................................................-7 [GO TO QC13_A25]
DON’T KNOW .........................................................-8 [GO TO QC13_A25]
QC13_A10  Does (he/she) still have asthma?

CA31

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

QC13_A11  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 QC13_A12:
IF QC13_A10 = 2, -7, OR -8 (NO, REFUSED, DON’T KNOW) AND QC13_A11 = 2, -7, OR -8 (NO, REFUSED, DON’T KNOW) GO TO QC13_A16;
ELSE CONTINUE WITH QC13_A12

QC13_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, or ..................................................4
Every day? .......................................................5
REFUSED .........................................................-7
DON’T KNOW ....................................................-8

QC13_A13  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 QC13_A15]
REFUSED .........................................................-7 [GO TO QC13_A15]
DON’T KNOW ....................................................-8 [GO TO QC13_A15]

QC13_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.]

YES .................................................................1
NO .................................................................2
DOESN’T HAVE DOCTOR .......................................3
REFUSED .........................................................-7
DON’T KNOW ....................................................-8
### QC13_A15
During the **past 12 months**, was (he/she) admitted to the hospital overnight or longer for (his/her) asthma?

<table>
<thead>
<tr>
<th>CA44</th>
<th></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>

### QC13_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.”]

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

**PROGRAMMING NOTE QC13_A17:**
If QC13_A10 = 1 (YES, STILL HAS ASTHMA) or QC13_A11 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO QC13_A21; ELSE CONTINUE WITH QC13_A17

### QC13_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, or ................................4
- Every day? .................................. 5
- REFUSED ................................-7
- DON'T KNOW ..............................-8

### QC13_A18
During the **past 12 months**, has (CHILD) had to visit a hospital emergency room because of (his/her) asthma?

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

[GO TO QC13_A20]

### QC13_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.]

- YES ........................................ 1
- NO ........................................ 2
- DOESN'T HAVE DOCTOR .................. 3
- REFUSED ................................-7
- DON'T KNOW ..............................-8
QC13_A20  During the past 12 months, was (he/she) admitted to the hospital overnight or longer for (his/her) asthma?

| CA45 | YES ......................................................... 1 |
|      | NO ......................................................... 2 |
|      | REFUSED ................................................ 7 |
|      | DON'T KNOW ............................................. 8 |

QC13_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 |
|      | DON'T KNOW ................. -8 |

QC13_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 | YES ......................................................... 1 |
|      | NO ......................................................... 2 |
|      | REFUSED ................................................ 7 |
|      | DON'T KNOW ............................................. 8 |

QC13_A23  Do you have a written or printed copy of this plan?

| CA50 | [IF NEEDED, SAY: “This can be an electronic or hard copy.”] |
|      | YES ......................................................... 1 |
|      | NO ......................................................... 2 |
|      | REFUSED ................................................ 7 |
|      | DON'T KNOW ............................................. 8 |

QC13_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 CONFIDENT ........................................... 1 |
|      | SOMEWHAT CONFIDENT .................................... 2 |
|      | NOT TOO CONFIDENT ...................................... 3 |
|      | NOT AT ALL CONFIDENT ................................... 4 |
|      | REFUSED ................................................ 7 |
|      | DON'T KNOW ............................................. 8 |
Other Conditions

QC13_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  YES ................................................................. 1
    NO ................................................................. 2  [GO TO QC13_B1]
    REFUSED ......................................................... -7  [GO TO QC13_B1]
    DON'T KNOW ...................................................... -8  [GO TO QC13_B1]

QC13_A26  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 QC13_A27:
If QC13_A26 = 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 QC13_A27;
ELSE IF QC13_A26 = 1 OR 2 OR 3 ONLY, SKIP TO QC13_A30

QC13_A27  During the past 12 months, has (CHILD) had to visit a hospital emergency room because of (his/her) (INSERT CONDITION(S) 4-91 FROM QC13_A26)?

CA52  YES ................................................................. 1
      NO ................................................................. 2  [GO TO QC13_A29]
      REFUSED ......................................................... -7  [GO TO QC13_A29]
      DON'T KNOW ...................................................... -8  [GO TO QC13_A29]
Did you take (CHILD) to a hospital emergency room for {his/her} (INSERT CONDITION(S) 4-91 FROM QC13_A27) because you were unable to see {his/her} doctor?

[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} (INSERT CONDITION(S) 4-91 FROM QC13_A27)?

YES .................................................................1
NO .................................................................2
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} (INSERT CONDITION(S) FROM QC13_A27)?

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) (INSERT CONDITION(S) FROM QC13_A27)? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

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 QC13_B1:
IF CAGE > 2 YEARS, GO TO QC13_B2 AND DISPLAY “Now I’m going to ask about (CHILD)’s
dental health”;
ELSE CONTINUE WITH QC13_B1

QC13_B1 These questions are about (CHILD)’s dental health. Does (CHILD) have any teeth yet?

<table>
<thead>
<tr>
<th>CC1</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>................................</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>................................</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>................................</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>................................</td>
<td>8</td>
</tr>
</tbody>
</table>

QC13_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.

<table>
<thead>
<tr>
<th>CC5</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HAS NEVER VISITED</td>
<td>................................</td>
<td>0</td>
</tr>
<tr>
<td>6 MONTHS AGO OR LESS</td>
<td>................................</td>
<td>1</td>
</tr>
<tr>
<td>MORE THAN 6 MONTHS UP TO 1 YEAR AGO</td>
<td>................................</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN 1 YEAR UP TO 2 YEARS AGO</td>
<td>................................</td>
<td>3</td>
</tr>
<tr>
<td>MORE THAN 2 YEARS UP TO 5 YEARS AGO</td>
<td>................................</td>
<td>4</td>
</tr>
<tr>
<td>MORE THAN 5 YEARS AGO</td>
<td>................................</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>................................</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>................................</td>
<td>8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QC13_B3:
IF QC13_B2 = 0 (HAD NEVER VISTED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE
WITH QC13_B3;
ELSE SKIP TO QC13_B4;

IF QC13_B2 = 0 (HAS NEVER VISITED), DISPLAY “never”;
ELSE IF QC13_B2 ≥ 3 DISPLAY “not” AND “in the past year”

QC13_B3 What is the main reason your child has {never/not} visited a dentist {in the past year}?

<table>
<thead>
<tr>
<th>CB23</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO REASON TO GO/NO PROBLEMS</td>
<td>................................</td>
<td>1</td>
</tr>
<tr>
<td>NOT OLD ENOUGH</td>
<td>................................</td>
<td>2</td>
</tr>
<tr>
<td>COULD NOT AFFORD IT/TOO EXPENSIVE/NO INSURANCE</td>
<td>................................</td>
<td>3</td>
</tr>
<tr>
<td>FEAR, DISLIKES GOING</td>
<td>................................</td>
<td>4</td>
</tr>
<tr>
<td>DO NOT HAVE/KNOW A DENTIST</td>
<td>................................</td>
<td>5</td>
</tr>
<tr>
<td>CANNOT GET TO THE OFFICE/CLINIC</td>
<td>................................</td>
<td>6</td>
</tr>
<tr>
<td>NO DENTIST AVAILABLE/NO APPOINTMENTS AVAILABLE</td>
<td>................................</td>
<td>7</td>
</tr>
<tr>
<td>DIDN'T KNOW WHERE TO GO</td>
<td>................................</td>
<td>8</td>
</tr>
<tr>
<td>HOURS NOT CONVENIENT</td>
<td>................................</td>
<td>9</td>
</tr>
<tr>
<td>SPEAK A DIFFERENT LANGUAGE</td>
<td>................................</td>
<td>10</td>
</tr>
<tr>
<td>OTHER</td>
<td>................................</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>................................</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>................................</td>
<td>8</td>
</tr>
</tbody>
</table>
QC13_B4  Do you now have any type of insurance that pays for part or all of your child’s dental care?

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

CC7A

YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON’T KNOW -8
SECTION C – DIET, PHYSICAL ACTIVITY, PARK USE

Dietary Intake

PROGRAMMING NOTE QC13_C1:
IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE QC13_C18;
ELSE CONTINUE WITH QC13_C1

QC13_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

QC13_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

QC13_C3  Yesterday, how many servings of 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

QC13_C4  [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did your child drink? Do not include diet soda.

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

______ GLASSES, CANS OR BOTTLES
REFUSED .............................................................. -7
DON’T KNOW .................................................... -8
QC13_C5  [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

Fast Food

QC13_C6  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
Food Environment

PROGRAMMING NOTE QC13_C7:
IF QC13_A7 = 1 (ATTENDED SCHOOL LAST WEEK) OR QC13_A8 =1 (ATTENDED SCHOOL LAST SCHOOL YEAR), CONTINUE WITH QC13_C7;
ELSE GO TO QC13_C18

QC13_C7  Does (CHILD)'s school usually serve students fast food made by restaurants like McDonald's, Burger King, Taco Bell, or Pizza Hut?

CC47
YES ................................................................. 1
NO ................................................................. 2
REFUSED ..................................................................-7
DON'T KNOW ......................................................-8

PROGRAMMING NOTE QC13_C8:
IF QC13_A8 = 1 (ATTENDED SCHOOL LAST SCHOOL YEAR), THEN DISPLAY “During a typical week, how many times does”;
IF QC13_A7 = 1 (ATTENDED SCHOOL LAST WEEK), THEN DISPLAY “During the past week, how many times did”

QC13_C8  {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?

CC48

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

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

Commute from School to Home

PROGRAMMING NOTE QC13_C9:
IF QC13_A7 = 4 (HOME SCHOOLED LAST WEEK) OR IF QC13_A8= 3 (HOME SCHOOLED LAST YEAR), GO TO PROGRAMMING NOTE QC13_C16;
ELSE IF QC13_A7 = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH QC13_C9 AND DISPLAY “How many days in the past week”;
IF QC13_A8 = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH QC13_C9 AND DISPLAY “During the school year, on how many days during a typical week”; 
ELSE GO TO PROGRAMMING NOTE QC13_C16

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

QC13_C9  {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 QC13_C10:
IF QC13_C9 = 0 (DAYS), -7, OR -8, GO TO QC13_C11;
ELSE IF QC13_C9 > 0 (DAYS) CONTINUE WITH QC13_C10;
IF QC13_A7 = 1 (ATTENDED SCHOOL LAST WEEK) DISPLAY “does”; 
IF QC13_A8 = 1 (ATTENDED SCHOOL LAST YEAR) DISPLAY “did”

QC13_C10  About how many minutes (did/does) it take (him/her) without any stops?

CC41   
________ MINUTES  [GO TO QC13_C12]

REFUSED ..............................................-7  [GO TO QC13_C12]
DON’T KNOW ..........................................-8  [GO TO QC13_C12]

QC13_C11  Could (he/she) walk home from school in 30 minutes or less?

CC42   
YES ........................................................................1
NO .........................................................................2
REFUSED ............................................................-7
DON’T KNOW .........................................................-8

QC13_C12  {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 QC13_C13:
IF QC13_C12= 0 (DAYS), -7 OR -8, GO TO PROGRAMMING NOTE QC13_C14;
ELSE IF QC13_C12> 0 DAYS, CONTINUE WITH QC13_C13;
IF QC13_A7 = 1, DISPLAY “does”;
ELSE IF QC13_A8 = 1, DISPLAY “did”

QC13_C13  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 QC13_C14]

REFUSED ..................................................................-7  [GO TO PN QC13_C15]
DON’T KNOW ..........................................................-8  [GO TO PN QC13_C15]
PROGRAMMING NOTE QC13_C14:
IF QC13_C10 ≤ 30 MINUTES OR QC13_C11 = 1 THEN GO TO PROGRAMMING NOTE QC13_C15;
ELSE CONTINUE WITH QC13_C14

QC13_C14  Could (he/she) bike or skateboard home from school in 30 minutes or less?

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

Name of School

PROGRAMMING NOTE QC13_C15:
IF QC13_A7 = 1 (ATTENDED SCHOOL LAST WEEK) OR QC13_A8 = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH QC13_C15;
ELSE SKIP TO PROGRAMMING NOTE QC13_C16

QC13_C15  What is the name of the school (CHILD) goes to or last attended?

[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

Physical Activity

PROGRAMMING NOTE QC13_C16:
IF CAGE < 5, SKIP TO PN QC13_C18;
ELSE CONTINUE WITH QC13_C16

QC13_C16  Not including school PE, on how many days of the past 7 days was (CHILD) physically active for at least 60 minutes total?

[ ] _______ DAYS [HR: 0-7]

[ ] REFUSED ................................................................- 7
[ ] DON'T KNOW .....................................................-8
QC13_C17  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

Sedentary Time

PROGRAMMING NOTE QC13_C18
IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE QC13_C19
ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC13_C18

QC13_C18  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 QC13_C19:
IF CAGE ≤ 1 YEAR GO TO PN QC13_C20;
ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC13_C19

QC13_C19  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
Park Use

PROGRAMMING NOTE QC13_C20:
IF CAGE < 1 GO TO QC13_D1;
ELSE CONTINUE WITH QC13_C20

QC13_C20 Has (CHILD) been to a park in the past 30 days?

CC37

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

QC13_C21 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

QC13_C22 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

QC13_C23 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

Usual Source of Care

QC13_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 [GO TO QC13_D3] |
|      | NO .................................................................2             |
|      | DOCTOR/(HIS/HER) DOCTOR ..........................................3 |
|      | KAISER ..................................................................4 |
|      | MORE THAN ONE PLACE ..............................................5 |
|      | REFUSED ..................................................................7 |
|      | DON’T KNOW .......................................................-8    |

PROGRAMMING NOTE QC13_D2:
IF QC13_D1 = 1, 5, -7, OR -8, DISPLAY “What kind of place do you take {him/her} to most often—a medical”;
ELSE IF QC13_D1 = 3 DISPLAY “Is {his/her} doctor in a private”; 
ELSE IF QC13_D1 = 4, FILL QC13_D2 = 1 AND GO TO PN QC13_D3

QC13_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  |

Emergency Room Visit

PROGRAMMING NOTE QC13_D3:
IF QC13_A14 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC13_A19 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC13_A28 = 1 (YES WENT TO ER PAST 12 MONTHS FOR OTHER CONDITION), MARK YES ON QC13_D3 AND GO TO QC13_D4;
ELSE CONTINUE WITH QC13_D3

QC13_D3  During the past 12 months, did (CHILD) visit a hospital emergency room?

| CD12 | YES ........................................................................1 |
|      | NO ......................................................................2 |
|      | REFUSED ............................................................7 |
|      | DON’T KNOW .....................................................-8 |
Visits to Medical Doctor

**QC13_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 QC13_D5:**
IF QC13_D4 > 0, GO TO PROGRAMMING NOTE QC13_D6;
ELSE IF QC13_D4 = 0, -7, OR -8, CONTINUE WITH QC13_D5

**QC13_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

Personal Doctor

**PROGRAMMING NOTE QC13_D6:**
IF QC13_D1 = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH QC13_D6;
ELSE SKIP TO PROGRAMMING NOTE QC13_D7

**QC13_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
Patient-Centered Care

PROGRAMMING NOTE QC13 D7:

IF QC13 D6 = 1 (HAS A PERSONAL DOCTOR) OR [QC13 D4 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QC13 D5 = 1 (SAW DOCTOR LESS THAN A YEAR AGO)], CONTINUE WITH QC13 D7;
ELSE SKIP TO PROGRAMMING NOTE QC13 D9

QC13 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 [GO TO PN QC13 D9]
REFUSED .................................-7  [GO TO PN QC13 D9]
DON'T KNOW .................................-8  [GO TO PN QC13 D9]

QC13 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
DON'T KNOW ................................................-8

PROGRAMMING NOTE QC13 D9:

IF QC13 D6 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QC13 D9;
ELSE SKIP TO QC13 D11

QC13 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
DON'T KNOW ................................................-8

QC13 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
DON'T KNOW ................................................-8
Timely Appointments

**PROGRAMMING NOTE QC13_D11:**
IF CHINSURE ≠ 2 (INSURED OR INSURANCE STATUS UNKNOWN) OR QC13_D1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH QC13_D11;
ELSE GO TO PROGRAMMING NOTE QC13_D13

**QC13_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
NO .............................................................2 [GO TO QC13_D13]
REFUSED ..........................................................-7 [GO TO QC13_D13]
DON’T KNOW ..................................................-8 [GO TO QC13_D13]

**QC13_D12** How often were you able to get an appointment within two days? Would you say...

**CD45**

Never, ........................................................................1
Sometimes, ..........................................................2
Usually, or .............................................................3
Always? .....................................................................4
REFUSED ..........................................................-7
DON’T KNOW ......................................................-8

Care Coordination

**PROGRAMMING NOTE QC13_D13:**
IF QC13_D1 = 1, 3, 4, OR 5 (HAS USUAL SOURCE OF CARE) AND QC13_D6 = 1 (HAS PERSONAL DOCTOR) AND QC13_A11 = 1 (HAS ASTHMA) OR QC13_A12 = 1 (HAD ASTHMA ATTACK) OR QC13_A26 = 1 (HAS OTHER CONDITION), CONTINUE WITH QC13_D13;
ELSE SKIP TO PROGRAMMING NOTE QC13_D14

**QC13_D13** 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
Communication Problems with a Doctor

**PROGRAMMING NOTE QC13_D14:**

IF [QC13_D4 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QC13_D5 = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH QC13_D14; ELSE GO TO QC13_D19

**QC13_D14**  The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

- CD25
  - YES .......................................................... 1 [GO TO QC13_D16]
  - NO ............................................................ 2
  - NEVER ACCOMPANIED CHILD TO DOCTOR ...... 3
  - REFUSED ..................................................-7
  - DON'T KNOW ............................................. -8

**PROGRAMMING NOTE QC13_D15:**

IF QC13_D14 = 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 QC13_D15; ELSE SKIP TO QC13_D16;

**QC13_D15**  In what language does (CHILD)'s doctor speak to you?

- CD31
  - ENGLISH ..................................................1 [GO TO QC13_D17]
  - SPANISH .................................................. 2 [GO TO QC13_D19]
  - CANTONESE ............................................. 3 [GO TO QC13_D19]
  - VIETNAMESE ............................................ 4 [GO TO QC13_D19]
  - TAGALOG ..................................................5 [GO TO QC13_D19]
  - MANDARIN ................................................6 [GO TO QC13_D19]
  - KOREAN ................................................... 7 [GO TO QC13_D19]
  - ASIAN INDIAN LANGUAGES ......................... 8 [GO TO QC13_D19]
  - RUSSIAN ..................................................9 [GO TO QC13_D19]
  - OTHER1 (SPECIFY): ________________________ 91 [GO TO QC13_D19]
  - REFUSED ..................................................-7 [GO TO QC13_D19]
  - DON'T KNOW ............................................. -8 [GO TO QC13_D19]

**PROGRAMMING NOTE QC13_D16:**

IF QC13_D14 = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH QC13_D16; ELSE SKIP TO QC13_D19;

**QC13_D16**  Was this because you and the doctor spoke different languages?

- CD26
  - YES ..........................................................1
  - NO ............................................................ 2
  - REFUSED ..................................................-7
  - DON'T KNOW ............................................. -8
QC13_D17  Did you need someone to help you understand the doctor?

CD27

YES .................................................................1  
NO .............................................................2  [GO TO QC13_D19]  
REFUSED .........................................................-7  [GO TO QC13_D19]  
DON'T KNOW ..................................................-8  [GO TO QC13_D19]

QC13_D18  Who was this person who helped you understand the doctor?

CD28

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

Delays in Care

QC13_D19  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 QC13_D25]  
REFUSED .........................................................-7  [GO TO QC13_D25]  
DON'T KNOW ..................................................-8  [GO TO QC13_D25]

QC13_D20  Was cost or lack of insurance a reason why you delayed or did not get the prescription?

CE12

YES .................................................................1  
NO .............................................................2  
REFUSED .........................................................-7  
DON'T KNOW ..................................................-8
PROGRAMMING NOTE QC13_D21:
IF QC13_A11 = 1 (STILL HAS ASTHMA) OR QC13_A12 = 1 (EPISODE OF ASTHMA PAST 12 MONTHS), CONTINUE WITH QC13_D21;
ELSE SKIP TO PROGRAMMING NOTE QC13_D22

QC13_D21  Was this prescription for {his/her} asthma?

CD37

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

PROGRAMMING NOTE QC13_D22:
IF QC13_A26 = 1 (HAS OTHER CONDITION), CONTINUE WITH QC13_D22;
ELSE SKIP TO QC13_D23

QC13_D22  Was this prescription for {his/her} (INSERT CONDITION(S) FROM QC13_A27)?

CD38

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

QC13_D23  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 [GO TO PN QC13_D30]
NO .................................................................2 [GO TO PN QC13_D30]
REFUSED ..........................................................-7 [GO TO PN QC13_D30]
DON'T KNOW ......................................................-8 [GO TO PN QC13_D30]

QC13_D24  Did (CHILD) get the care eventually?

CD66

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

QC13_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 [GO TO PN QC13_D27]
NO .................................................................2 [GO TO PN QC13_D27]
REFUSED ..........................................................-7 [GO TO PN QC13_D27]
DON'T KNOW ......................................................-8 [GO TO PN QC13_D27]
**QC13_D26**  Was that the main reason?

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

[GO TO PN QC13_D28]

**QC13_D27**  What was the one main reason why you delayed getting the care you felt (he/she) needed?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>Couldn’t get appointment</td>
<td>1</td>
</tr>
<tr>
<td>My insurance not accepted</td>
<td>2</td>
</tr>
<tr>
<td>Insurance did not cover</td>
<td>3</td>
</tr>
<tr>
<td>Language problems</td>
<td>4</td>
</tr>
<tr>
<td>Transportation problems</td>
<td>5</td>
</tr>
<tr>
<td>Hours not convenient</td>
<td>6</td>
</tr>
<tr>
<td>No child care for children at home</td>
<td>7</td>
</tr>
<tr>
<td>Forgot or lost referral</td>
<td>8</td>
</tr>
<tr>
<td>I didn’t have time</td>
<td>9</td>
</tr>
<tr>
<td>Couldn’t afford/cost too much</td>
<td>10</td>
</tr>
<tr>
<td>No insurance</td>
<td>11</td>
</tr>
<tr>
<td>Other (Specify _______)</td>
<td>91</td>
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<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
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</tbody>
</table>

**PROGRAMMING NOTE QC13_D28:**

IF QC13_A11 = 1 (STILL HAS ASTHMA) OR QC13_A12 = 1 (EPISODE OF ASTHMA PAST 12 MONTHS), CONTINUE WITH QC13_D28;
ELSE SKIP TO QC13_D29

**QC13_D28**  Was this medical care for (his/her) asthma?

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

**PROGRAMMING NOTE QC13_D29:**

IF QC13_A26 = 1 (HAS OTHER CONDITION), CONTINUE WITH QC13_D29;
ELSE SKIP TO PROGRAMMING NOTE QC13_D30

**QC13_D29**  Was this medical care for (his/her) (INSERT CONDITION(S) FROM QC13_A27)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>8</td>
</tr>
</tbody>
</table>
QC13_J30  During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?

CD69

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

QC13_J31  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

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

QC13_J32  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

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

Flu Shot

PROGRAMMING NOTE QC13_D33:
IF CAGE < 6 MONTHS, GO TO QC13_D34;
ELSE IF CAGE ≥ 6 MONTHS, CONTINUE WITH QC13_D33

QC13_D33  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
YES .................................................................-7
NO .................................................................-8

Internet Use

PROGRAMMING NOTE QC13_D34:
IF MKAID=ADULTID AND AJ108 ≠ 1 THEN AUTOCODE QC13_D34 = AJ108 AND GO TO QC13_D43;
ELSE CONTINUE WITH QC13_D34;

QC13_D34  The next questions are about using the Internet to get health information

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

CD46

YES .................................................................-1
NO .................................................................-2
REFUSED .......................................................-7
[GO TO QC13_D43]
QC13_D35 In the past 12 months, have you gone on-line to look for information that would help you with ...

...(CHILD)’s health?

CD47

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

QC13_D36 [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

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

QC13_D37 [In the past 12 months, have you gone on-line to look for information that would help you with...]

...(his/her) speech?

CD49

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

QC13_D38 [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

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

QC13_D39 [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

YES ........................................................................1
NO .........................................................................2
REFUSED ...............................................................-7
DON’T KNOW .........................................................-8
**QC13_D40**  
[In the past 12 months, have you gone on-line to look for information that would help you with...]

...[his/her] physical activity?

CD52

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</table>

**QC13_D41**  
[In the past 12 months, have you gone on-line to look for information that would help you with...]

...[his/her] behavior?

CD53

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</table>

**PROGRAMMING NOTE QC13_D42:**

 IF QC13_D35= 2 AND QC13_D36 = 2 AND QC13_D37 = 2 AND QC13_D38 = 2 AND QC13_D39 = 2 AND QC13_D40= 2 AND QC13_D41 = 2, GO TO PROGRAMMING NOTE QC13_D43; ELSE CONTINUE WITH QC13_D42

**QC13_D42**  
In the past 12 months, did you talk to a doctor or other medical provider about child health information you found on-line?

CD54

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<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>DID NOT FIND INFORMATION ON-LINE</td>
<td>3</td>
</tr>
<tr>
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</table>

**First 5 California: Kit for New Parents**

**QC13_D43**  
Did you know that First 5 California, a state agency, provides a free *Kit for New Parents* to the parents of newborns?

CF35

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<thead>
<tr>
<th>Response</th>
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**QC13_D44**  
Have you ever received this *Kit for New Parents*?

CF36

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<tr>
<td>DON'T KNOW</td>
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</table>
QC13_D45  Did you receive the *Kit for New Parents* during the past year?

CD57

YES ........................................................................1
NO .........................................................................2 [GO TO QC13_E1]
REFUSED ............................................................-7 [GO TO QC13_E1]
DON'T KNOW ......................................................-8 [GO TO QC13_E1]

QC13_D46  Did you use any of the materials from the *Kit for New Parents*?

CF39MOD

YES ........................................................................1
NO .........................................................................2 [GO TO QC13_E1]
REFUSED ............................................................-7 [GO TO QC13_E1]
DON'T KNOW ......................................................-8 [GO TO QC13_E1]

QC13_D47  On a scale of 1-10 with 10 being the most useful and 1 the least, how useful was the *Kit for New Parents*?

CF37MOD

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

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

TANF/CalWORKs

PROGRAMMING NOTE SECTION E:
IF POVERTY = 1, 2, 3, OR 5 (INCOME LESS THAN OR EQUAL TO 300% OF POVERTY LEVEL),
CONTINUE WITH QC13_E1;
ELSE SKIP TO QC13_F1

QC13_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

Food Stamps

QC13_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

WIC

PROGRAMMING NOTE QC13_E3:
IF CAGE > 6, GO TO QC13_F1;
ELSE CONTINUE WITH QC13_E3

QC13_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 QC13_F1:
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE QC13_G1;
ELSE CONTINUE WITH QC13_F1

QC13_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)?

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<th>Frequency</th>
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<tbody>
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<td>3-6 DAYS</td>
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<td>7</td>
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<td>DON'T KNOW</td>
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</tbody>
</table>

QC13_F2  [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
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<tbody>
<tr>
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<tr>
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QC13_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?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
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<tbody>
<tr>
<td>EVERY DAY</td>
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</table>
SECTION G – CHILD CARE AND SOCIAL COHESION

Child Care

PROGRAMMING NOTE QC13_G1:
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

QC13_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 QC13_G14]
REFUSED .............................................................-7 [GO TO QC13_G14]
DON’T KNOW ......................................................-8 [GO TO QC13_G14]

QC13_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 QC13_G14]
DON’T KNOW ......................................................-8 [GO TO QC13_G14]

PROGRAMMING NOTE QC13_G3:
IF QC13_G2 < 10 (HOURS IN CHILDCARE), GO TO QC13_G14;
ELSE CONTINUE WITH QC13_G3

QC13_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

QC13_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
**QC13_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

**QC13_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 QC13_G7:**
IF CAGE ≥ 7 YEARS, GO TO PROGRAMMING NOTE QC13_G13;  
ELSE CONTINUE WITH QC13_G7

**QC13_G7**  [Does (CHILD) receive childcare from]...a Head Start or state preschool program?

**CG3B**

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

**QC13_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 QC13_G9:**
IF QC13_G6 = 1 OR QC13_G7 = 1 OR QC13_G8 = 1, CONTINUE WITH QC13_G9;  
ELSE GO TO PROGRAMMING NOTE QC13_G13

**QC13_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
QC13_G10  The staff at your child’s preschool is doing good things for your child.

CG45  

STRONGLY AGREE ......................................1  
AGREE ......................................................2  
DISAGREE ..................................................3  
STRONGLY DISAGREE .................................4  
NOT SURE ..................................................5

QC13_G11  You have confidence in the people at your child’s preschool.

CG46  

STRONGLY AGREE ......................................1  
AGREE ......................................................2  
DISAGREE ..................................................3  
STRONGLY DISAGREE .................................4  
NOT SURE ..................................................5

QC13_G12  Your child’s preschool is doing a good job at preparing children for their futures.

CG47  

STRONGLY AGREE ......................................1  
AGREE ......................................................2  
DISAGREE ..................................................3  
STRONGLY DISAGREE .................................4  
NOT SURE ..................................................5

PROGRAMMING NOTE QC13_G13:  
IF [QC13_G3 OR QC13_G4 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON- 
FAMILY MEMBER IN CHILD’S HOME)] OR IF [QC13_G5 ≠ 1 AND QC13_G6 ≠ 1 AND QC13_G7 ≠ 1 
AND QC13_G8 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY 
MEMBER HOME)], GO TO QC13_G14; 
ELSE CONTINUE WITH QC13_G13;  
IF ONLY ONE OF QC13_G5, QC13_G6, QC13_G7, OR QC13_G8 = 1, DISPLAY "Is this" AND 
"provider"; 
ELSE DISPLAY, "Are all of these" AND "providers"

QC13_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
QC13_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 QC13_G16]
NO ............................................................2  [GO TO QC13_G16]
REFUSED ......................................................-7  [GO TO QC13_G16]
DON’T KNOW ....................................................-8  [GO TO QC13_G16]

QC13_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

Social Cohesion

PROGRAMMING NOTE QC13_G16:
IF CHILD-FIRST INTERVIEW AND NO AR OR IF QC13_G16 THROUGH QC13_G20 NOT ANSWERED
IN ADULT INTERVIEW, CONTINUE WITH QC13_G16;
ELSE SKIP TO QC13_H1

QC13_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
QC13_G17  People in this neighborhood can be trusted.

CG41  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

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QC13_G18  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?”]

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Safety

QC13_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?

CG42

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<td>ALL OF THE TIME</td>
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<td>MOST OF THE TIME</td>
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</tr>
<tr>
<td>SOME OF THE TIME</td>
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<td>NONE OF THE TIME</td>
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SECTION H – DEMOGRAPHICS, PART II

Race/Ethnicity
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.

QC13_H1 Is (CHILD) Latino or Hispanic?

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

YES .................................................. 1
NO ..................................................... 2  [GO TO QC13_H3]
REFUSED ............................................ -7  [GO TO QC13_H3]
DON’T KNOW ....................................... -8  [GO TO QC13_H3]

QC13_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 QC13_H3:
IF QC13_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 QC13_H3, CONTINUE WITH PROGRAMMING NOTE QC13_H4;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QC13_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 QC13_H10]  IF ONLY
BLACK OR AFRICAN AMERICAN ......................2 [GO TO QC13_H10] ONE RACE
ASIAN .............................................................3 [GO TO QC13_H8]
AMERICAN INDIAN, ALASKA NATIVE ............4 [GO TO QC13_H4]
OTHER PACIFIC ISLANDER .......................5 [GO TO QC13_H9]
NATIVE HAWAIIAN ...........................................6 [GO TO QC13_H10]
OTHER (SPECIFY: ______________) ............91 [GO TO QC13_H10]
REFUSED .........................................................-7 [GO TO QC13_H10]
DON'T KNOW ....................................................-8 [GO TO QC13_H10]

PROGRAMMING NOTE QC13_H4:
IF QC13_H3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QC13_H4;
ELSE GO TO PROGRAMMING NOTE QC13_H8

QC13_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
Is (CHILD) an enrolled member in a federally or state recognized tribe?

- YES ............................................................................. 1
- NO ............................................................................. 2 [GO TO QC13_H8]
- REFUSED ....................................................................... 7 [GO TO QC13_H8]
- DON'T KNOW ................................................................... 8 [GO TO QC13_H8]

In which Tribe is (CHILD) enrolled?

- 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
- CHOC TAW
  - CHOC TAW OKLAHOMA .................................................. 6
  - CHOC TAW (NOT SPECIFIED) ....................................... 7
  - OTHER CHOC TAW (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
QC13_H7  Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

CH6A

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

PROGRAMMING NOTE QC13_H8:
IF QC13_H3 = 3 (ASIAN) CONTINUE WITH QC13_H8;
ELSE GO TO PROGRAMMING NOTE QC13_H9

QC13_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
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 QC13_H9:
IF QC13_H3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QC13_H9;
ELSE GO TO QC13_H10

<table>
<thead>
<tr>
<th>QC13_H9</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CH7A</td>
<td>[CODE ALL THAT APPLY]</td>
</tr>
<tr>
<td></td>
<td>SAMOAN/AMERICAN SAMOAN ........................................................................ 1</td>
</tr>
<tr>
<td></td>
<td>GUAMANIAN .................................................................................. 2</td>
</tr>
<tr>
<td></td>
<td>TONGAN ..................................................................................... 3</td>
</tr>
<tr>
<td></td>
<td>FIJIAN ..................................................................................... 4</td>
</tr>
<tr>
<td></td>
<td>OTHER PACIFIC ISLANDER (SPECIFY:_____________________) ........................................ 91</td>
</tr>
<tr>
<td></td>
<td>REFUSED ................................................................................ 7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ........................................................................... 8</td>
</tr>
</tbody>
</table>

Country of Birth

PROGRAMMING NOTE QC13_H10:
IF MKA = AR AND AI56C ≠ -1 (THIS QUESTION ALREADY ASKED DURING ADULT SURVEY), SKIP TO QC13_H14;
ELSE CONTINUE WITH QC13_H10

<table>
<thead>
<tr>
<th>QC13_H10</th>
<th>In what country was (CHILD) born?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CH8</td>
<td>UNITED STATES.......................... 1</td>
</tr>
<tr>
<td></td>
<td>AMERICAN SAMOA.......................... 2</td>
</tr>
<tr>
<td></td>
<td>CANADA .................................................. 3</td>
</tr>
<tr>
<td></td>
<td>CHINA ..................................................... 4</td>
</tr>
<tr>
<td></td>
<td>EL SALVADOR ......................................... 5</td>
</tr>
<tr>
<td></td>
<td>ENGLAND ................................................ 6</td>
</tr>
<tr>
<td></td>
<td>FRANCE .................................................. 7</td>
</tr>
<tr>
<td></td>
<td>GERMANY .................................................. 8</td>
</tr>
<tr>
<td></td>
<td>GUAM ...................................................... 9</td>
</tr>
<tr>
<td></td>
<td>GUATEMALA ............................................ 10</td>
</tr>
<tr>
<td></td>
<td>HUNGARY .................................................. 11</td>
</tr>
<tr>
<td></td>
<td>INDIA ..................................................... 12</td>
</tr>
<tr>
<td></td>
<td>IRAN ......................................................... 13</td>
</tr>
<tr>
<td></td>
<td>IRELAND .................................................. 14</td>
</tr>
<tr>
<td></td>
<td>ITALY ....................................................... 15</td>
</tr>
<tr>
<td></td>
<td>JAPAN ....................................................... 16</td>
</tr>
<tr>
<td></td>
<td>KOREA ....................................................... 17</td>
</tr>
<tr>
<td></td>
<td>MEXICO ...................................................... 18</td>
</tr>
<tr>
<td></td>
<td>PHILIPPINES ............................................ 19</td>
</tr>
<tr>
<td></td>
<td>POLAND ...................................................... 20</td>
</tr>
<tr>
<td></td>
<td>PORTUGAL ................................................... 21</td>
</tr>
<tr>
<td></td>
<td>PUERTO RICO ............................................. 22</td>
</tr>
<tr>
<td></td>
<td>RUSSIA ..................................................... 23</td>
</tr>
<tr>
<td></td>
<td>TAIWAN ..................................................... 24</td>
</tr>
<tr>
<td></td>
<td>VIETNAM .................................................... 25</td>
</tr>
<tr>
<td></td>
<td>VIRGIN ISLANDS ......................................... 26</td>
</tr>
<tr>
<td></td>
<td>OTHER (SPECIFY:______________________) .................................... 91</td>
</tr>
<tr>
<td></td>
<td>REFUSED ................................................................ 7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ................................................. 8</td>
</tr>
</tbody>
</table>
Citizenship, Immigration Status, Years in the US

PROGRAMMING NOTE QC13_H11:
IF QC13_H10 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC13_H14;
ELSE CONTINUE WITH QC13_H11

QC13_H11 Is (CHILD) a citizen of the United States?

CH8A

YES .................................................................1 [GO TO QC13_H13]
NO .................................................................2
APPLICATION PENDING ........................................3
REFUSED ..........................................................-7
DON'T KNOW .....................................................-8

QC13_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

QC13_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
**Country of Birth (Mother)**

**PROGRAMMING NOTE QC13_H14:**
- IF MKA = MOTHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE)
  - THEN SKIP TO QC13_H18;
- ELSE, CONTINUE WITH QC13_H14 AND DISPLAY “was his mother/was her mother”

<table>
<thead>
<tr>
<th>CH11</th>
<th>[SELECT FROM MOST LIKELY COUNTRIES]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]</td>
</tr>
<tr>
<td></td>
<td>UNITED STATES........................1</td>
</tr>
<tr>
<td></td>
<td>AMERICAN SAMOA.........................2</td>
</tr>
<tr>
<td></td>
<td>CANADA ..................................3</td>
</tr>
<tr>
<td></td>
<td>CHINA ....................................4</td>
</tr>
<tr>
<td></td>
<td>EL SALVADOR..............................5</td>
</tr>
<tr>
<td></td>
<td>ENGLAND ..................................6</td>
</tr>
<tr>
<td></td>
<td>FRANCE ...................................7</td>
</tr>
<tr>
<td></td>
<td>GERMANY ..................................8</td>
</tr>
<tr>
<td></td>
<td>GUAM .....................................9</td>
</tr>
<tr>
<td></td>
<td>GUATEMALA ................................10</td>
</tr>
<tr>
<td></td>
<td>HUNGARY ................................11</td>
</tr>
<tr>
<td></td>
<td>INDIA ....................................12</td>
</tr>
<tr>
<td></td>
<td>IRAN ....................................13</td>
</tr>
<tr>
<td></td>
<td>IRELAND ................................14</td>
</tr>
<tr>
<td></td>
<td>ITALY ....................................15</td>
</tr>
<tr>
<td></td>
<td>JAPAN ....................................16</td>
</tr>
<tr>
<td></td>
<td>KOREA ....................................17</td>
</tr>
<tr>
<td></td>
<td>MEXICO ..................................18</td>
</tr>
<tr>
<td></td>
<td>PHILIPPINES .............................19</td>
</tr>
<tr>
<td></td>
<td>POLAND ..................................20</td>
</tr>
<tr>
<td></td>
<td>PORTUGAL ................................21</td>
</tr>
<tr>
<td></td>
<td>PUERTO RICO .............................22</td>
</tr>
<tr>
<td></td>
<td>RUSSIA ..................................23</td>
</tr>
<tr>
<td></td>
<td>TAIWAN ..................................24</td>
</tr>
<tr>
<td></td>
<td>VIETNAM ..................................25</td>
</tr>
<tr>
<td></td>
<td>VIRGIN ISLANDS ...........................26</td>
</tr>
<tr>
<td></td>
<td>OTHER (SPECIFY:_____________________) ... 91</td>
</tr>
<tr>
<td></td>
<td>REFUSED ..................................-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW .............................-8</td>
</tr>
</tbody>
</table>
### Citizenship, Immigration Status, Years in the US (Mother)

**PROGRAMMING NOTE QC13_H15 AND QC13_H16:**

If QC13_H14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC13_H18;
ELSE CONTINUE WITH QC13_H15 AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY “Are you”;
ELSE DISPLAY “Is (his/her) mother”

**QC13_H15**

(Are you/is (his/her) mother) a citizen of the United States?

<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>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>

**QC13_H16**

(Are you/is (his/her) mother) a permanent resident with a green card?

<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>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 QC13_H17:**

If respondent is mother of child, continue with QC13_H17 and display “have you”;
ELSE CONTINUE WITH QC13_H17 AND DISPLAY “has (his/her) mother”

**QC13_H17**

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

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ NUMBER OF YEARS [HR: 0-AGE] [OR]</td>
<td>1</td>
</tr>
<tr>
<td>____ YEAR FIRST CAME TO LIVE IN U.S.</td>
<td>2</td>
</tr>
<tr>
<td>Never lived in U.S.</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>

**CH13FMT**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of years</td>
<td>1</td>
</tr>
<tr>
<td>Year first came to live in US</td>
<td>2</td>
</tr>
<tr>
<td>Mother deceased</td>
<td>3</td>
</tr>
<tr>
<td>Never lived in U.S.</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>
Country of Birth (Father)

**PROGRAMMING NOTE QC13_H18:**
IF MKA = FATHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE THEN SKIP TO QC13_H22;
ELSE CONTINUE WITH QC13_H18 AND DISPLAY, “was {his/her} father”

QC13_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 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
Citizenship, Immigration Status, Years in the US (Father)

**PROGRAMMING NOTE QC13_H19 AND QC13_H20:**
- IF QC13_H18 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC13_H22;
- ELSE CONTINUE WITH QC13_H19 AND IF RESPONDENT IS FATHER OF CHILD DISPLAY “Are you”;
- ELSE SAY “Is {his/her} father”

**QC13_H19**  
(Are you/Is {his/her} father) a citizen of the United States?

**CH14A**

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>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>

**QC13_H20**  
(Are you/Is {his/her} father) a permanent resident with a green card?

**CH15**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>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 QC13_H21:**
- IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC13_H21 AND DISPLAY “have you”;
- ELSE, CONTINUE WITH QC13_H21 AND DISPLAY “has {his/her} father”

**QC13_H21**  
About how many years {have you/has {his/her} father} lived in the United States?

**CH16**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ NUMBER OF YEARS</td>
<td>1</td>
</tr>
<tr>
<td>[HR: 0-AGE]</td>
<td></td>
</tr>
<tr>
<td>(OR)</td>
<td></td>
</tr>
</tbody>
</table>

**CH16YR**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ YEAR FIRST CAME</td>
<td>2</td>
</tr>
<tr>
<td>TO LIVE IN U.S.</td>
<td></td>
</tr>
</tbody>
</table>

**CH16FMT**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>NUMBER OF YEARS</td>
<td>1</td>
</tr>
<tr>
<td>YEAR FIRST CAME TO LIVE</td>
<td>2</td>
</tr>
<tr>
<td>IN U.S.</td>
<td></td>
</tr>
<tr>
<td>FATHER DECEASED</td>
<td>3</td>
</tr>
<tr>
<td>NEVER LIVED IN U.S.</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>
Languages Spoken At Home

PROGRAMMING NOTE QC13_H22:
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE QC13_H23;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH QC13_H22

QC13_H22   In general, what languages are spoken in (CHILD)'s home?

CH17

[PROBE: “Any others?”]

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

PROGRAMMING NOTE QC13_H23:
IF INTERVIEW CONDUCTED IN ENGLISH AND QC13_H22 > 1 (TWO OR MORE LANGUAGES
spoken at home), CONTINUE WITH QC13_H23 AND DISPLAY “Compared to the language
spoken in (CHILD)'s home,”;
ELSE IF QC13_H22 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC13_H24

QC13_H23   {Compared to other languages spoken in (CHILD)'s home,} would you say you speak

CH18

English...

Very well,..........................................................1
Fairly well, ......................................................2
Not well, or .....................................................3
Not at all? .......................................................4
REFUSED ......................................................-7
DON’T KNOW ..................................................-8
Education of Primary Caretaker

**PROGRAMMING NOTE QC13_H24:**
*IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC13_H24; ELSE GO TO PROGRAMMING NOTE QC13_H26*

**QC13_H24** What is the highest grade of education you have completed and received credit for?

**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 GRAD 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
Follow-up and Close

PROGRAMMING NOTE QC13_H25:
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC13_H25;
ELSE GO TO END

QC13_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?

CG38

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. 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.]