



california
health
interview
survey

CHIS 2020

Child CATI Questionnaire

(Interviewer-Administered)

Version 1.02 Spanish

June 16, 2021

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

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- California Department of Health Care Services
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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2020 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

SECTION A: DEMOGRAPHICS PART I, HEALTH CONDITIONS

PROGRAMMING NOTE 'QC2020_A1' :
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = SKA AND GENDER OF CHILD IS KNOWN, SET 'QC2020_A1'=GENDER6 AND SKIP TO
'QC2020_A2' ;
ELSE CONTINUE WITH 'QC2020_A1'

'QC2020_A1' [CA1] - 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.

Algunas de las preguntas están basadas en las características personales, tal como la edad de (CHILD). Así es que voy a comenzar haciéndole unas breves preguntas sobre sus datos básicos.

Is (CHILD) male or female?

¿Es (CHILD) de sexo masculino o femenino

- 1 MALE
- 2 FEMALE
- 7 REFUSED

'QC2020_A2' [CA2] - What is {his/her} date of birth?

¿Cuál es su fecha de nacimiento?

_____ MONTH

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

_____ YEAR

- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_A3' :
SET CHILD AGE='QC2020_A2';
IF CHILD AGE > 11, CONTINUE WITH 'QC2020_A3';
ELSEGO TO PN_ 'QC2020_A5'

'QC2020_A3' [CA2A] – Just to confirm, you said that (CHILD) is older than 11 years?

Solo para confirmar, ¿indicó que (CHILD) es mayor de 11 años?

- 1 YES
- 1 SÍ
- 2 NO
- 2 NO

If=1, go to 'QC2020_A4' AND CONTINUE WITH ADULT SECTION B

'QC2020_A4' [C_AGEXIT] - Thank you for confirming. Now, we'd like to ask questions about you.

Gracias por confirmar esta información. Ahora me gustaría hacerle algunas preguntas sobre usted.

PROGRAMMING NOTE 'QC2020_A5' :
IF 'QC2020_A2' = -7 OR -8 (REFUSED/DON'T KNOW) OR [IF 'QC2020_A2' DAY NOT ANSWERED
AND 'QC2020_A2' MONTH= MONTH OF INTERVIEW] OR [IF 'QC2020_A2' MONTH OR YEAR NOT
ANSWERED] OR IF 'QC2020_A3'=2, CONTINUE WITH 'QC2020_A5';
ELSE SKIP TO 'QC2020_A6'

'QC2020_A5' [CA3] - How old is {he/she}?

¿Cuántos años tiene {él/ella}?

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

_____ YEARS

_____ MONTHS

- 7 REFUSED
- 8 DON'T KNOW

'QC2020_A6' [CA4] - About how tall is (CHILD) now without shoes?

¿Más o menos cuánto mide (CHILD) ahora sin zapatos?

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

[IF NEEDED, SAY: 'Está bien si me da un número aproximado.']

_____ FEET

_____ INCHES

_____ METERS

_____ CENTIMETERS

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

'QC2020_A7' [CA5] - About how much does (CHILD) weigh now without shoes?

¿Más o menos cuánto pesa (CHILD) ahora sin zapatos?

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

[IF NEEDED, SAY: 'Está bien si me da un número aproximado.']

_____ POUNDS

_____ KILOGRAMS

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

**PROGRAMMING NOTE 'QC2020_A8' :IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE 'QC2020_A11' ;
ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH 'QC2020_A8'**

'QC2020_A8' [CA14] - Was (CHILD) ever breastfed or fed breast milk?

¿Alguna vez se le dio pecho a (CHILD) o tomó leche materna?

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

If = 2, -7, -8, go to 'QC2020_A10'

'QC2020_A9' [CA15] - How old was (CHILD) when {he/she} stopped breastfeeding altogether?

¿Qué edad tenía (CHILD) cuando se le dejó de dar pecho totalmente?

_____ AGE IN YEARS

_____ AGE IN MONTHS

- 93 STILL BREASTFEEDING
- 8 DON'T KNOW

'QC2020_A10' [CA16] - How old was (CHILD) when you began giving {him/her} baby food or other solid foods?

¿Qué edad tenía (CHILD) cuando usted comenzó a darle comida para bebés u otros alimentos sólidos?

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

[IF NEEDED SAY: 'Alimentos sólidos son cualquier otro alimento que no sea leche, leche de fórmula, jugo, agua, hierbas o tés.']

_____ MONTHS

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

PROGRAMMING NOTE 'QC2020_A11' :

IF CAGE < 5 YEARS GO TO 'QC2020_A13' ;

ELSE CONTINUE WITH 'QC2020_A11' AND IF CAGE = 5 YRS DISPLAY 'Not including pre-school or nursery school,'

'QC2020_A11' [CA42] - {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

{Sin incluir el pre-escolar o el jardín infantil,} ¿Asistió (CHILD) a la escuela la semana pasada?

- 1 YES
- 2 NO
- 3 ON VACATION
- 4 HOME SCHOOLED
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 4, go to 'QC2020_A13'

PROGRAMMING NOTE 'QC2020_A12' :
IF CAGE = 5 YRS DISPLAY 'Not including pre-school or nursery school,'

'QC2020_A12' [CA43] - {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?

{Sin incluir el pre-escolar o el jardín infantil,} ¿Asistió (CHILD) a la escuela durante el último año escolar?

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

'QC2020_A13' [CA6] - In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?

En general, ¿diría usted que la salud de (CHILD) es excelente, muy buena, buena, regular, o mala?

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

'QC2020_A14' [CA12] - Has a doctor ever told you that (CHILD) has asthma?

¿Le ha dicho a usted alguna vez un doctor que (CHILD) tenía asma?

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

If = 2, -7, -8, go to 'QC2020_A25'

'QC2020_A15' [CA31] - Does {he/she} still have asthma?

¿Todavía tiene asma {él/ella}?

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

'QC2020_A16' [CA32] - During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?

Durante los últimos 12 meses, ¿ha tenido {él/ella} un episodio de asma o un ataque de asma?

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

PROGRAMMING NOTE 'QC2020_A17':

IF 'QC2020_A15' = 1 (YES, STILL HAS ASTHMA) OR 'QC2020_A16' = 1 (YES, EPISODE IN LAST 12 MOS), CONTINUE WITH 'QC2020_A17'; ELSE GO TO 'QC2020_A19'

'QC2020_A17' [CA33] - During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

Durante los últimos 12 meses, ¿han tenido que llevar a (CHILD) a la sala de emergencias de un hospital debido al asma?

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

If = 2, -7, -8, go to 'QC2020_A19'

'QC2020_A18' [CA48] - Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

Durante los últimos 12 meses, ¿ha tenido un episodio de asma o un ataque de asma?

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

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

'QC2020_A19' [CA12A] - Is (CHILD) now taking a daily medication to control {his/her} asthma that was prescribed or given to you by a doctor?

¿Está tomando actualmente algún medicamento diario para controlar el asma que le haya sido dado o recetado por un médico?

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

[IF NEEDED, SAY: 'Esto incluye medicamentos orales o que tienen que ser inhalados. Este medicamento es diferente a los inhaladores que se usan para alivio rápido.']

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

PROGRAMMING NOTE 'QC2020_A20' :
IF 'QC2020_A15' = 1 (YES, STILL HAS ASTHMA) OR 'QC2020_A16' = 1 (YES, EPISODE IN LAST 12 MOS), GO TO 'QC2020_A22' ;
ELSE CONTINUE WITH 'QC2020_A20'

'QC2020_A20' [CA41] - During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

Durante los últimos 12 meses, ¿han tenido que llevar a (CHILD) a la sala de emergencias de un hospital debido al asma?

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

If = 2, -7, -8, go to 'QC2020_A22'

'QC2020_A21' [CA49] - Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

¿Llevó usted a (CHILD) a la sala de emergencias de un hospital debido al asma porque no pudo ver a su doctor?

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

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

'QC2020_A22' [CA34] - During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?

Durante los últimos 12 meses, ¿cuántos días no pudo (CHILD) ir a la escuela o a la guardería debido al asma?

_____ NUMBER OF DAYS

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

'QC2020_A23' [CA35] - 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?

¿Han trabajado con usted los doctores u otros proveedores de atención médica en la preparación de un plan para que usted sepa cómo controlar el asma de (CHILD)?

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

If = 2, -7, -8, go to 'QC2020_A25'

'QC2020_A24' [CA50] - Do you have a written or printed copy of this plan?

¿Tiene una copia escrita o impresa de este plan?

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

[IF NEEDED, SAY: 'Puede ser una copia electrónica o impresa.']

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

'QC2020_A25' [CA7] - 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?

¿Tiene (CHILD) alguna condición física, de comportamiento o mental que le limite o que le impida hacer las cosas que hacen normalmente los niños de su edad?

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

If = 2, -7, -8, go to 'QC2020_A27'

'QC2020_A26' [CA10A] - What condition does (CHILD) have?

¿Qué problema tiene (CHILD)?

[CODE ALL THAT APPLY]

[PROBE: 'Any others?']

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

PROGRAMMING NOTE 'QC2020_A27': IF AGE BETWEEN 5 AND 11; CONTINUE WITH 'QC2020_A27'; ELSE SKIP TO 'QC2020_A30'; IF 'QC2020_A25'=1, DISPLAY 'Because of (CHILD's) (INSERT CONDITION(S) FROM 'QC2020_A26'), does (CHILD)'; ELSE DISPLAY 'Does Child'

'QC2020_A27' [CA70] - {Because of (CHILD's) (INSERT CONDITION(S) FROM CA10A), does (CHILD)/Does Child} have serious difficulty concentrating, remembering, or making decisions?

{Debido a (INSERT CONDITION(S) FROM CA10A) de (CHILD), ¿tiene (CHILD)/Tiene su hijo(a)} dificultades graves para concentrarse, recordar o tomar decisiones?

- 1 Yes
- 1 Sí
- 2 No
- 2 No
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_A28' [CA71] - Does (CHILD) have serious difficulty walking or climbing stairs?

¿Tiene (CHILD) dificultades graves para caminar o subir escaleras?

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

'QC2020_A29' [CA72] - Does (CHILD) have difficulty dressing or bathing?

¿Tiene (CHILD) dificultades para vestirse o bañarse?

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

PROGRAMMING NOTE 'QC2020_A30':
IF 'QC2020_A26' = -7, -8, GO TO 'QC2020_A33';
ELSE CONTINUE WITH 'QC2020_A30'

'QC2020_A30' [CA55] - 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 CA10A)?

¿Ha trabajado con usted el doctor de (CHILD) u otro proveedor de atención médica para preparar un plan para que usted sepa cómo manejar su (INSERT CONDITION(S) FROM CA10A)?

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

If = 2, -7, -8, go to 'QC2020_A32'

'QC2020_A31' [CA56] - Do you have a written or printed copy of this plan?

¿Tiene usted una copia escrita o impresa de este plan?

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

[IF NEEDED, SAY: 'Puede ser una copia electrónica o impresa.']

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

'QC2020_A32' [CA57] - How confident are you that you can control and manage (CHILD's) (INSERT CONDITION(S) FROM CA10A)? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

¿Cuánta confianza tiene en que puede controlar y manejar esta(s) condición(es) de (CHILD): (INSERT CONDITION(S) FROM CA10A)? ¿Diría usted que tiene mucha confianza, algo de confianza, poca o ninguna confianza?

- 1 VERY CONFIDENT
- 2 SOMEWHAT CONFIDENT
- 3 NOT TOO CONFIDENT
- 4 NOT AT ALL CONFIDENT
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_A33' [CA17] - Does (CHILD) currently need or use medicine prescribed by a doctor, other than vitamins?

Necesita o usa actualmente medicamento recetado por un médico, aparte de las vitaminas?

[IF NEEDED, SAY: 'This only applies to medications prescribed by a doctor. Over-the-counter medications such as cold or headache medication, or other vitamins, minerals, or supplements purchased without a prescription are not included.']

[IF NEEDED, SAY: 'Esto solo es para medicamentos recetados por un médico. No se incluyen medicamentos que se venden sin receta, tales como para resfriados o dolor de cabeza, u otras vitaminas, minerales o suplementos de venta libre'.]

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

If =2, -7,-8, go to 'QC2020_A36'

'QC2020_A34' [CA18] - Is {his/her} need for prescription medicine because of any medical, behavior, or other health condition?

¿La necesidad de {su hijo/su hija} de medicamentos recetados se debe a alguna afección médica, de conducta o a otra afección de salud?

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

If =2, -7,-8, go to 'QC2020_A36'

'QC2020_A35' [CA19] - Is this a condition that has lasted or is expected to last for 12 months or longer?

¿Es esta una afección que ha durado o se espera que dure 12 meses o más?

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

'QC2020_A36' [CA23] - Does (CHILD) need or get special therapy, such as physical, occupational or speech therapy?

¿(CHILD) necesita o recibe una terapia especial, como fisioterapia, terapia ocupacional o terapia del habla?

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

If =2, -7,-8, go to 'PN_QC2020_B1'

'QC2020_A37' [CA24] - Is {his/her} need for special therapy because of any medical, behavior, or other health condition?

¿Se debe la necesidad de una terapia especial a alguna afección médica, de conducta o a otra afección de salud?

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

If =2, -7,-8, go to 'PN_QC2020_B1'

'QC2020_A38' [CA25] - Is this a condition that has lasted or is expected to last for 12 months or longer?

¿Es esta una afección que ha durado o se espera que dure 12 meses o más?

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

SECTION B: DENTAL HEALTH

'Intro' [Intro] - Now I'm going to ask about (CHILD)'s dental health.

Ahora le voy a preguntar sobre la salud dental de (CHILD)

PROGRAMMING NOTE 'QC2020_B1' :
IF CAGE > 2 YEARS, GO TO 'QC2020_B2'; ELSE CONTINUE WITH 'QC2020_B1'

'QC2020_B1' [CC1B] - These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

Estas preguntas son acerca de la salud dental de (CHILD). ¿Ya tiene dientes (CHILD)?

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

If = 2, -7, -8, go to 'QC2020_B18'

'QC2020_B2' [CC5B] - 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.

¿Más o menos hace cuánto tiempo fue la última vez que su niño(a) fue a un dentista o una clínica dental? Incluya higienistas dentales y todo tipo de especialistas dentales

- 0 HAS NEVER VISITED
- 1 6 MONTHS AGO OR LESS
- 2 MORE THAN 6 MONTHS UP TO 1 YEAR AGO
- 3 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- 4 MORE THAN 2 YEARS UP TO 5 YEARS AGO
- 5 MORE THAN 5 YEARS AGO
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_B3' :

IF 'QC2020_B2' = 0 (HAD NEVER VISITED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH 'QC2020_B3' ;

ELSE SKIP TO 'QC2020_B4' ;

IF 'QC2020_B2' = 0 (HAS NEVER VISITED), DISPLAY 'never' ;

ELSE IF 'QC2020_B2' ≥ 3 DISPLAY 'not' AND 'in the past year'

'QC2020_B3' [CB23] – What is the main reason your child has {never/not} visited a dentist {in the past year}?

¿Cuál es la razón principal por la que su niño/a {no ha ido nunca/ no ha ido} al dentista durante el año pasado?

- 1 NO REASON TO GO/NO PROBLEMS
- 2 NOT OLD ENOUGH
- 3 TOO EXPENSIVE/NO INSURANCE
- 4 FEAR, DISLIKES GOING
- 5 DO NOT HAVE/KNOW A DENTIST
- 6 TRANSPORTATION PROBLEMS
- 7 NO DENTIST AVAILABLE/NO APPOINTMENTS AVAILABLE
- 8 DIDN'T KNOW WHERE TO GO
- 9 HOURS NOT CONVENIENT
- 10 SPEAK A DIFFERENT LANGUAGE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_B4': If 'QC2020_B2' =0, go to 'QC2020_B5'; ELSE CONTINUE WITH 'QC2020_B4'

'QC2020_B4' [CC16B] - Is there a particular dentist or place you usually go to for (CHILD)'s dental care?

¿Va a un dentista o a un lugar en particular para que (CHILD) reciba atención dental?

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

'QC2020_B5' [CC17] - During the past 12 months, was there any time your child needed dental care, but you could not afford it?

Durante los últimos 12 meses, ¿hubo algún momento en que su hijo(a) necesitó atención dental pero usted no pudo pagarla?

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

'QC2020_B6' [CC7A] - Do you now have any type of insurance that pays for part or all of your child's dental care?

¿Tiene usted actualmente alguna clase de seguro que pague por todo o parte del cuidado dental de (CHILD)?

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

[IF NEEDED, SAY: 'Incluya seguros dentales, planes dentales pre pagados como HMOs, o planes del gobierno como Medi-Cal o Healthy Families.']

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

If =2, -7,-8, go to 'QC2020_B11'

'QC2020_B7' [CB35] - Do you pay any or all of the premium or cost for this dental insurance plan? Do not include the cost of any co-pays or deductibles you or your family need to pay.

¿Paga usted una parte o el total de la prima o del costo de este plan de seguro odontológico? No incluya el costo de ningún copago o deducible que tenga que pagar usted o su familia.

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

'QC2020_B8' [CB36] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this dental insurance plan? Do not include the cost of any co-pays or deductibles you or your family need to pay.

¿Alguien más, como un empleador, un sindicato o una organización profesional, paga el total o una parte de la prima o del costo de este plan de seguro odontológico? No incluya el costo de ningún copago o deducible que tenga que pagar usted o su familia.

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

If= 2, -7,-8 go to 'QC2020_B10'

'QC2020_B9' [CB37] - For that dental insurance plan, who else pays part of the cost?

¿Quién más paga una parte del costo de ese plan de seguro odontológico?

Check all that apply.

- 02 RESPONDENT'S CURRENT OR FORMER EMPLOYER OR UNION
- 03 SPOUSE'S CURRENT OR FORMER EMPLOYER OR UNION
- 04 SOMEONE ELSE
- 05 MEDICARE
- 06 MEDI-CAL (MEDICAID) DENTI-CAL
- 08 OTHER GOVERNMENT DENTAL PROGRAM
- 09 INDIAN HEALTH SERVICE
- 10 COVERED CALIFORNIA
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_B10' [CB25] - During the past 12 months, was there any time when {he/she} had no dental insurance at all?

Durante los últimos 12 meses, ¿hubo algún momento en el que {él/ella} no tuvo ningún seguro odontológico?

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

If = 2, -7, -8, go to 'QC2020_B12'

**PROGRAMMING NOTE 'QC2020_B11': IF 'QC2020_B6'=2, DISPLAY 'does not have any insurance';
ELSE DISPLAY 'did not have any dental insurance'**

'QC2020_B11' [CB26] - What is the one main reason (CHILD) {does not have any insurance/did not have any dental insurance during the time {he/she} wasn't covered}?

¿Cuál es el motivo principal por el que (CHILD) {no tiene ningún seguro/no tenía ningún seguro odontológico durante el período en el que {él/ella} no tuvo cobertura}?

- 1 CAN'T AFFORD/TOO EXPENSIVE
- 2 NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/ LOST JOB
- 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 5 FAMILY SITUATION CHANGED
- 6 DON'T BELIEVE IN INSURANCE
- 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
- 8 CAN GET HEALTH CARE FOR FREE/ PAY OWN CARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_B12' [CC7BNEW] - Do you use any free community or public dental programs for {CHILD}'s dental care?

¿Usa usted algún programa dental público o comunitario gratuito para la atención dental de {CHILD}?

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

'QC2020_B13' [CB27] - During the past 12 months, was there any time when (CHILD) needed dental care, including checkups, but didn't get it?

Durante los últimos 12 meses, ¿hubo algún momento en que necesitó cuidado dental, incluso una revisión general, pero no lo obtuvo?

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

If = 2, -7, -8, go to 'QC2020_B15'

'QC2020_B14' [CB28] - What is the one main reason {he/she} didn't get the dental care?

¿Cuál es la razón principal por la que {él/ella} no obtuvo el seguro dental?

- 1 COULDN'T GET APPOINTMENT
- 2 MY INSURANCE NOT ACCEPTED
- 3 INSURANCE DID NOT COVER
- 4 LANGUAGE PROBLEMS
- 5 TRANSPORTATION PROBLEMS
- 6 HOURS NOT CONVENIENT
- 7 NO CHILD CARE FOR CHILDREN AT HOME
- 8 FORGOT OR LOST REFERRAL
- 9 I DIDN'T HAVE TIME
- 10 TOO EXPENSIVE
- 11 NO INSURANCE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_B15' [CB29] - During the past 12 months, did (CHILD) have to visit a hospital emergency room because of a dental problem?

Durante los últimos 12 meses, ¿tuvo (CHILD) que ir a la sala de emergencias de un hospital debido a un problema dental?

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

'QC2020_B16' [CB30] - During the past 12 months, did (CHILD) have to visit an urgent care clinic because of a dental problem?

Durante los últimos 12 meses, ¿(CHILD) tuvo que ir a una clínica de urgencias debido a un problema odontológico?

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

PROGRAMMING NOTE 'QC2020_B17':IF ('QC2020_A11'=1 OR 4) OR ('QC2020_A12'=1 OR3) [CHILD ATTENDS SCHOOL] CONTINUE WITH 'QC2020_B17'; ELSE GO TO PN_'QC2020_B18'

'QC2020_B17' [CC18B] - During the past 12 months, did {he/she} miss any time from school because of a dental problem? Do not count time missed for cleaning or a check-up.

Durante los últimos 12 meses, ¿{su hijo/su hija} faltó en algún momento a la escuela debido a un problema dental? No cuente las faltas por limpieza o control. Durante los últimos 12 meses, ¿{su hijo/su hija} faltó algún día a la escuela debido a un problema dental?

- 01 YES
- 02 NO
- 03 DOESN'T ATTEND SCHOOL
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_B18':IF CAGE>= 6, SKIP TO SECTION C;ELSE CONTINUE WITH 'QC2020_B18';

'QC2020_B18' [CB31] - When (CHILD NAME/AGE/SEX) goes to sleep or takes a nap, does {he/she} sleep with a bottle in {his/her} mouth?

Quando (CHILD NAME/AGE/SEX) se va a dormir o duerme una siesta, ¿{él/ella} se duerme con un biberón en la boca?

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

IF =2,-7, -8 GO TO PN_'QC2020_C1'

'QC2020_B19' [CB32] - What is usually in the bottle; for example, mother's milk, regular milk, chocolate milk, water, juice, or another drink with sugar in it?

¿Qué tiene el biberón normalmente, por ejemplo, leche materna, leche normal, leche con chocolate, agua, jugo o alguna otra bebida con azúcar?

- 01 MOTHER'S MILK
- 02 REGULAR MILK
- 04 CHOCOLATE MILK, JUICE, OR ANOTHER DRINK WITH SUGAR
- 05 WATER
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

SECTION C: DIET, PHYSICAL ACTIVITY, PARK USE

PROGRAMMING NOTE 'QC2020_C1' :
IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE 'QC2020_C7' ;
ELSE CONTINUE WITH 'QC2020_C1'

'QC2020_C1' [CC13] - Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

Ahora le voy a hacer preguntas acerca de los alimentos que su niño(a) comió ayer, incluyendo comidas y bocadillos o `snacks`. Ayer, ¿cuántas porciones de fruta, como una manzana o un plátano, comió {él/ella}?

[IF NEEDED, SAY: 'Servings are self-defined. A serving is the child's regular portion of this food.']
[IF NEEDED, SAY: 'Cada persona define sus porciones. Una porción es la cantidad regular de este alimento que consume su niño(a).']

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

- 7 REFUSED
 -8 DON'T KNOW

'QC2020_C2' [CC31] - Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.

¿Cuántas porciones de vegetales como ensalada verde, ejotes/judías verdes/vainas, o papas, comió {él/ella} ayer? No incluya las papas fritas.

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

- 7 REFUSED
 -8 DON'T KNOW

'QC2020_C3' [CC49] - [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did your child drink? Do not include diet soda.

¿Cuántas porciones de vegetales como ensalada verde, ejotes/judías verdes/vainas, o papas, comió {él/ella} ayer? No incluya las papas fritas.

_____ GLASSES, CANS, OR BOTTLES [HR 0-15;SR 0-7]

- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_C4' :
IF 'QC2020_A11' = 4 (HOME SCHOOLED LAST WEEK) OR IF 'QC2020_A12' = 3 (HOME SCHOOLED LAST YEAR), GO TO PROGRAMMING NOTE CC35 ;
ELSE IF 'QC2020_A11' = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH 'QC2020_C4' AND DISPLAY 'How many days in the past week';
IF 'QC2020_A12' = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH 'QC2020_C4' AND DISPLAY 'During the school year, on how many days during a typical week';
ELSE GO TO PROGRAMMING NOTE 'QC2020_C7'

'QC2020_C4' [CC40] - Now I'm going to ask you about physical activity.

Ahora voy a preguntarle sobre actividades físicas. Durante la semana pasada, ¿Cuántos días / Durante el año escolar, ¿cuántos días en una semana normal,} caminó (CHILD) a casa de regreso de la escuela?

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

[INTERVIEWER NOTE: IF R SAYS CHILD BIKES OR SKATEBOARDS HOME, SAY, 'I'll ask about those next.']

[INTERVIEWER NOTE: IF R SAYS CHILD BIKES OR SKATEBOARDS HOME, SAY, 'La próxima pregunta es sobre eso.']

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

_____ DAYS

- 7 REFUSED
- 8 DON'T KNOW

'QC2020_C5' [CC43] - {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?

{Durante la semana pasada, ¿cuántos días,/ Durante el año escolar, ¿cuántos días en una semana normal,} regresó (CHILD) a casa desde la escuela en bicicleta o en skateboard/patineta?

[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

- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_C6' :
If 'QC2020_A11' = 1 (ATTENDED SCHOOL LAST WEEK) OR 'QC2020_A12' = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH 'QC2020_C6' ;
ELSE SKIP TO PROGRAMMING NOTE 'QC2020_C7'

'QC2020_C6' [CB22] - What is the name of the school (CHILD) goes to or last attended?

¿Cuál es el nombre de la escuela a la que va (CHILD) o de la última escuela a la que asistió?

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

_____ NAME OF SCHOOL

- 1 CHILD NOT IN SCHOOL
- 2 PRE-SCHOOL OR DAYCARE
- 03 KINDERGARTEN
- 04 ELEMENTARY
- 05 INTERMEDIATE
- 06 JUNIOR HIGH
- 07 MIDDLE SCHOOL
- 08 CHARTER
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_C7'
IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE 'QC2020_C8'
ELSE IF CAGE > 1 YEAR, CONTINUE WITH 'QC2020_C7'

'QC2020_C7' [CC53] - The next question is 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?

Las siguientes preguntas se refieren al tiempo que {su niño(a)/CHILD} pasa mayormente sentado(a) cuando no está en la escuela o haciendo sus tareas escolares. En los fines de semana, aproximadamente ¿cuánto tiempo pasa {su niño(a)/CHILD} sentado(a) viendo televisión, jugando juegos en la computadora, hablando con amigos o haciendo otras actividades en las que está sentado(a)?

_____ HOURS

_____ MINUTES

- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_C8' :
IF CAGE ≤ 1 GO TO 'QC2020_D1' ;
ELSE CONTINUE WITH 'QC2020_C8'

'QC2020_C8' [CC37] - Has (CHILD) been to a park, playground, or open space in the past 30 days?

¿Ha ido (CHILD) a un parque, área de juego infantil o espacio abierto durante los últimos 30 días?

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

'QC2020_C9' [CC39] - Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

¿Está usted totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo con la siguiente afirmación?

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

El parque o área de juego infantil más cercano a mi casa es seguro durante el día.

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

SECTION D: HEALTH CARE ACCESS AND UTILIZATION

'QC2020_D1' [CD1] - The next questions are about where (CHILD) goes for health care.

Las siguientes preguntas son acerca de dónde va (CHILD) para servicios de salud

Is there a place you usually take {him/her} to when {he/she} is sick or you need advice about {his/her} health?

¿Hay un lugar donde usted (lo/la) lleva usualmente cuando {él/ella} está enfermo(a) o usted necesita consejo acerca de su salud?

- 1 YES
- 2 NO
- 03 DOCTOR/(HIS/HER) DOCTOR
- 04 KAISER
- 05 MORE THAN ONE PLACE
- 7 REFUSED
- 8 DON'T KNOW

If = 2, go to 'PN_QC2020_D3'

PROGRAMMING NOTE 'QC2020_D2' :

IF 'QC2020_D1' = 1, 5, -7, OR -8, DISPLAY 'What kind of place do you take {him/her} to most often—a medical';

ELSE IF 'QC2020_D1' = 3 DISPLAY 'Is {his/her} doctor in a private';

ELSE IF 'QC2020_D1' = 4, FILL 'QC2020_D2' = 1 AND GO TO PN 'QC2020_D3'

'QC2020_D2' [CD3] - {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?

¿A qué tipo de lugar (lo/la) lleva con más frecuencia – al consultorio médico, / Está el doctor de (él/ella) en un consultorio médico privado,} una clínica o clínica de hospital, una sala de emergencias o algún otro lugar

- 01 DOCTOR'S OFFICE/KAISER/OTHER HMO
- 1 CONSULTORIO MÉDICO
- 02 CLINIC/HEALTH CENTER/HOSPITAL CLINIC
- 2 CLÍNICA/CENTRO DE SALUD/CLÍNICA DE HOSPITAL
- 03 EMERGENCY ROOM
- 3 SALA DE EMERGENCIAS
- 91 SOME OTHER PLACE (SPECIFY: _____)
- 91 OTRO LUGAR (ESPECIFIQUE: _____)
- 94 NO ONE PLACE
- 94 NINGÚN LUGAR
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_D3' :
IF 'QC2020_A17' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF 'QC2020_A20' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR 'QC2020_B15'=1 (YES WENT TO ER PAST 12 MONTHS FOR DENTAL PROBLEM), MARK YES ON 'QC2020_D3' AND GO TO 'QC2020_D4' ;
ELSE CONTINUE WITH 'QC2020_D3'

'QC2020_D3' [CD12] - During the past 12 months, did (CHILD) visit a hospital emergency room?

Durante los últimos 12 meses, ¿tuvo que llevar a (CHILD) a la sala de emergencias de un hospital?

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

'QC2020_D4' [CD6] - During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

Durante los últimos 12 meses, ¿cuántas veces ha visto (CHILD) a cualquier tipo de doctor en medicina?

_____TIMES

- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_D5' :
IF 'QC2020_D4' > 0, GO TO PROGRAMMING NOTE 'QC2020_D6' ;
ELSE IF 'QC2020_D4' = 0, -7, OR -8, CONTINUE WITH 'QC2020_D5'

'QC2020_D5' [CD7] - About how long has it been since {he/she} last saw a medical doctor?

Más o menos, ¿hace cuánto tiempo fue la última vez que {él/ella} vio un doctor?

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

PROGRAMMING NOTE 'QC2020_D6' :
IF 'QC2020_D1' = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH
'QC2020_D6' ;
ELSE SKIP TO PROGRAMMING NOTE PN_ 'QC2020_D8'

'QC2020_D6' [CD33] - Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

¿Tiene {él/ella} un doctor de cabecera o un proveedor de atención médica que es su proveedor principal?

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

[IF NEEDED, SAY: 'Puede ser un médico general, un especialista, un asistente médico, una enfermera u otro proveedor de atención médica.']

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

PROGRAMMING NOTE 'QC2020_D7':
IF 'QC2020_D1' = 1, 3, 4, OR 5 (HAS USUAL SOURCE OF CARE) AND 'QC2020_D6' = 1 (HAS
PERSONAL DOCTOR) AND ['QC2020_A15' =1 (HAS ASTHMA) OR 'QC2020_A16' = 1 (HAD
ASTHMA ATTACK) OR 'QC2020_A25' = 1 (HAS OTHER CONDITION), CONTINUE WITH
'QC2020_D7';
ELSE SKIP TO PROGRAMMING NOTE PN_ 'QC2020_D8'

'QC2020_D7' [CD36] - 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?

¿Hay alguien en la oficina o clínica del doctor de que ayude a coordinar el cuidado de su salud con otros doctores o servicios, como pruebas o tratamientos?

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

PROGRAMMING NOTE 'QC2020_D8' :
IF CAGE < 1, SKIP to 'QC2020_D16'
ELSE IF CAGE ≥ 1, CONTINUÉ WITH 'QC2020_D8'

'QC2020_D8' [CF40] - Many professionals such as health providers, teachers and counselors do developmental screening tests. Tests check how a child is growing, learning and behaving compared with children of the same age.

Muchos profesionales como los proveedores de salud, maestros y consejeros hacen pruebas preliminares de desarrollo. Estas pruebas verifican el crecimiento, aprendizaje y comportamiento del niño en comparación con otros niños de la misma edad

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

¿Alguna vez el doctor de (CHILD), otros proveedores de salud, maestros o consejeros escolares le han hecho una evaluación o pruebas de desarrollo a (CHILD)?

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

'QC2020_D9' [CF41] - Did {his/her} doctor, other health providers, teachers or school counselors ever have (CHILD) rollover, pick up small objects, stack blocks, throw a ball, or recognize different colors?

¿Alguna vez el doctor de su niño(a), otros proveedores de salud, maestros o consejeros escolares le pidió a (CHILD) que se rodara, recogiera objetos pequeños, pusieran bloque sobre otros, lanzara una pelota o reconociera colores diferentes?

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

'QC2020_D10' [CF42] - Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?

¿Alguna vez le pidieron que marcara en una lista las preocupaciones que tiene usted sobre su aprendizaje, desarrollo o comportamiento?

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

'QC2020_D11' [CF43] - Did they ever have you fill out a checklist of activities that (CHILD) can do, such as certain physical tasks, whether {her/she} can draw certain objects, or ways {he/she} can communicate with you?

¿Alguna vez le pidieron que marcara en una lista las actividades que puede hacer (CHILD), como ciertas tareas físicas, si puede dibujar ciertos objetos o de qué maneras se puede comunicar con usted?

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

'QC2020_D12' [CF44] - Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

¿Alguna vez le preguntaron si tiene usted preocupaciones acerca de su aprendizaje, desarrollo o comportamiento?

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

PROGRAMMING NOTE 'QC2020_D13' :
IF 'QC2020_A26' =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETARDATION) GO TO 'QC2020_D14' ;
ELSE CONTINUE WITH 'QC2020_D13'

'QC2020_D13' [CF45] - Did a doctor or other professional ever note a concern about (CHILD) that should be monitored carefully?

¿Alguna vez un doctor u otro profesional mencionó alguna preocupación acerca de (CHILD) que debería ser observada con atención?

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

'QC2020_D14' [CF46] - Did they ever refer {him/her} to a specialist regarding his development?

¿Alguna vez le refirieron a un especialista en relación con su desarrollo?

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

'QC2020_D15' [CF47] - Did they ever refer {him/her} for speech, language or hearing testing?

¿Alguna vez le refirieron a {él/ella} a que se hiciera pruebas del habla, idioma u oído?

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

PROGRAMMING NOTE 'QC2020_D16': IF 8 MONTHS < CAGE < 72 MONTHS, THEN CONTINUE; ELSE SKIP TO PN_'QC2020_D21';

'QC2020_D16' [CD72] - The next questions are similar to the questions you just answered, but instead ask only about screening from a doctor or other health care provider during the past 12 months.

Las siguientes preguntas son similares a las que acaba de responder, pero se tratan solo de las pruebas preliminares realizadas por un médico u otro proveedor de atención médica durante los últimos 12 meses.

During the past 12 months, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about specific concerns or observations you may have about this child's development, communications, or social behaviors?

Durante los últimos 12 meses, ¿un médico u otro proveedor de atención médica hizo que usted u otro(a) cuidador(a) complete un cuestionario sobre las inquietudes u observaciones específicas que pudiera tener sobre el desarrollo, la comunicación o los comportamientos sociales de este(a) niño(a)?

[IF NEEDED, SAY: Sometimes a child's doctor or other health care provider will ask a parent to do this at home, online, or during a child's visit.]

[IF NEEDED, SAY: En ocasiones, el médico o el proveedor de atención médica de un(a) niño(a) le pedirá a su padre o su madre que haga esto en el hogar, en línea o durante una visita de consulta del/de la niño(a).]

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

If = 2, -7, -8 go to 'Timely Appointments'

PROGRAMMING NOTE 'QC2020_D17': IF 8 MONTHS < CAGE < 24 MONTHS, THEN CONTINUE; ELSE SKIP TO 'QC2020_D19';

'QC2020_D17' [CD73] - Did the questionnaire ask about your observations about: How this child talks or makes speech sounds?

Indique si el cuestionario contenía preguntas sobre sus observaciones en cuanto a: La manera en la que este(a) niño(a) habla o emite los sonidos del lenguaje

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

'QC2020_D18' [CD74] - Did the questionnaire ask about your observations about: How this child interacts with you and others?

Indique si el cuestionario contenía preguntas sobre sus observaciones en cuanto a: La manera en la que este(a) niño(a) interactúa con usted y con otras personas.

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

PROGRAMMING NOTE 'QC2020_D19': IF 24 MONTHS < CAGE < 72 MONTHS, THEN CONTINUE; ELSE SKIP TO PN_'QC2020_D21';

'QC2020_D19' [CD75] - Did the questionnaire ask about your observations about: Words and phrases this child uses and understands?

Indique si el cuestionario contenía preguntas sobre sus observaciones en cuanto a: Las palabras y frases que este(a) niño(a) usa y comprende.

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

'QC2020_D20' [CD76] - Did the questionnaire ask about your observations about: How this child behaves and gets along with you and others?

¿Con qué frecuencia pudo conseguir una cita en dos días a más tardar?

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

PROGRAMMING NOTE 'QC2020_D21' :
IF KID1ST = 'Y' OR CHINSURE = 1 (INSURED OR INSURANCE STATUS UNKNOWN) OR
'QC2020_D1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH
'QC2020_D21' ;
ELSE GO TO PROGRAMMING NOTE 'QC2020_D23'

'QC2020_D21' [CD55] - 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?

En los últimos 12 meses, ¿trató usted de hacer una cita para ver al doctor o proveedor de atención médica de (CHILD) en dos días a más tardar porque (CHILD) estaba enfermo(a) o lesionado(a)?

[IF NEEDED, SAY: 'Do not include emergencies.']

[IF NEEDED, SAY: 'No incluya urgencias.']

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

If = 2, -7, -8, go to 'PN_QC2020_D23'

'QC2020_D22' [CD45] - How often were you able to get an appointment within two days? Would you say...

¿Con qué frecuencia pudo conseguir una cita en dos días a más tardar? ¿Diría que...

- 01 NEVER,
- 02 SOMETIMES,
- 03 USUALLY, OR
- 04 ALWAYS?
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_D23' :
IF ['QC2020_D4' > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR 'QC2020_D5' = 1 OR 2
(SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH 'QC2020_D23' ;
ELSE GO TO 'QC2020_D28'

'QC2020_D23' [CD25] - The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

La última vez que llevó a (CHILD) al doctor, ¿tuvo usted alguna dificultad para entender al doctor?

- 1 YES
- 2 NO
- 3 NEVER ACCOMPANIED CHILD TO DOCTOR
- 7 REFUSED
- 8 DON'T KNOW

If = 1, go to 'PN_QC2020_D25'

PROGRAMMING NOTE 'QC2020_D24' : IF 'QC2020_D23' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR AH36 > 1 (ADULT R SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH 'QC2020_D24' ;SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QC2020_D24' WAS ASKED; ELSE SKIP TO 'QC2020_D25' ;

'QC2020_D24' [CD31] - In what language does (CHILD)'s doctor speak to you?

¿En qué idioma le habla a usted el doctor de su niño(a)?

- 1 ENGLISH
- 2 SPANISH
- 3 CANTONESE
- 4 VIETNAMESE
- 5 TAGALOG
- 6 MANDARIN
- 8 ASIAN INDIAN LANGUAGES (INCLUDING HINDI, PUNJABI, URDU)
- 9 RUSSIAN
- 12 JAPANESE
- 14 FRENCH
- 15 GERMAN
- 18 FARSI
- 19 ARMENIAN
- 20 ARABIC
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, go to 'QC2020_D26'

If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, go to 'QC2020_D28'

PROGRAMMING NOTE 'QC2020_D25' : IF 'QC2020_D23' = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH 'QC2020_D25' ; ELSE SKIP TO 'QC2020_D28' ;

'QC2020_D25' [CD26] - Was this because you and the doctor spoke different languages?

¿Se debió esto a que usted y el doctor hablan diferentes idiomas?

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

'QC2020_D26' [CD27] - Did you need someone to help you understand the doctor?

¿Necesitó usted que otra persona le ayudara para comprender al doctor?

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

If = 2, -7, -8, go to 'QC2020_D28'

'QC2020_D27' [CD28] - Who was this person who helped you understand the doctor?

¿Quién fue esta persona que le ayudó a entender al doctor?

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

'QC2020_D28' [CE1] - During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for (CHILD)?

Durante los últimos 12 meses, ¿tuvo usted que postergar la compra o no comprar una medicina que el doctor le recetó a (CHILD)?

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

If = 2, -7, -8, go to 'QC2020_D30'

'QC2020_D29' [CE12] - Was cost or lack of insurance a reason why you delayed or did not get the prescription?

¿Fue el costo o la falta de seguro una razón por la que postergó la compra o no compró la medicina recetada?

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

'QC2020_D30' [CE7] - 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?

Durante los últimos 12 meses, ¿tuvo que postergar o dejar de recibir algún otro tipo de atención médica que usted creyó que (CHILD) necesitaba--tal como ver un doctor, un especialista u otro profesional de salud?

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

If = 2, -7, -8, go to 'QC2020_D35'

'QC2020_D31' [CD66] - Did (CHILD) get the care eventually?

¿Recibió (CHILD) el cuidado finalmente?

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

'QC2020_D32' [CE13] - Was cost or lack of insurance a reason why you delayed or did not get the medical care you felt (he/she) needed?

¿Fue el costo o la falta de seguro una razón por la que postergó o dejó sin recibir la atención médica que usted creyó que {él/ella} necesitaba?

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

If = 2, -7, -8, go to 'QC2020_D34'

'QC2020_D33' [CD67] - Was that the main reason?

¿Fue esa la razón principal?

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

If = 1, -7, -8, go to 'QC2020_D35'

'QC2020_D34' [CD68] - What was the one main reason why you delayed getting the care you felt (he/she) needed?

¿Cuál fue la razón principal por la que se demoró en obtener el cuidado que usted creía que {él/ella} necesitaba?

- 1 COULDN'T GET APPOINTMENT
- 2 MY INSURANCE WAS NOT ACCEPTED
- 3 MY INSURANCE DID NOT COVER
- 4 LANGUAGE UNDERSTANDING PROBLEMS
- 5 TRANSPORTATION PROBLEMS
- 6 HOURS WERE NOT CONVENIENT
- 7 THERE WAS NO CHILD CARE FOR CHILDREN AT HOME
- 8 I FORGOT OR LOST REFERRAL
- 9 I DIDN'T HAVE TIME TO GO
- 10 TOO EXPENSIVE
- 11 I HAVE NO INSURANCE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_D35' [CD69] - During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?

Durante los últimos 12 meses, ¿tuvo usted alguna dificultad para encontrar un doctor general o proveedor de atención médica que viera a su niño(a)?

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

'QC2020_D36' [CD70] - 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?

Durante los últimos 12 meses, ¿le dijeron en el consultorio de un doctor o en una clínica que no aceptarían a su niño(a) como paciente nuevo(a)?

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

'QC2020_D37' [CD71] - 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?

Durante los últimos 12 meses, ¿le dijeron en el consultorio de un doctor o en una clínica que no aceptaban el seguro de salud de su niño(a)?

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

SECTION E: PUBLIC PROGRAMS

PROGRAMMING NOTE SECTION E:

IF [POVERTY = 1, 2, 3, 4 or 5 (INCOME LESS THAN OR EQUAL TO 200% OF POVERTY LEVEL) OR POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND KIDS1ST ≠ 'Y'] OR KIDS1ST = 'Y', CONTINUE WITH 'QC2020_E1' ;ELSE SKIP TO 'QC2020_F1'

'QC2020_E1' [CE11] - Is (CHILD) now on TANF or CalWORKs?

¿Está (CHILD) actualmente en TANF o CalWORKS?

[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.']

[IF NEEDED, SAY: *TANF quiere decir Asistencia Temporal a Familias Necesitadas; y CalWORKS significa Oportunidades de Trabajo y Responsabilidad hacia los Niños de California. Ambos reemplazaron al AFDC, el antiguo programa de bienestar de California.*]

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

'QC2020_E2' [CE11A] - Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

¿Recibe (CHILD) Food Stamps o Estampillas para Comida, lo que se conoce también como CalFresh?

[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.']

[IF NEEDED, SAY: *Usted recibe beneficios a través de una tarjeta EBT. EBT son las iniciales en inglés de Transferencia Electrónica de Beneficios y también se conoce como la tarjeta Golden State Advantage.*]

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

PROGRAMMING NOTE 'QC2020_E3' :
IF CAGE > 6, GO TO 'QC2020_F4' ;
ELSE CONTINUE WITH 'QC2020_E3'

'QC2020_E3' [CE11C] - Is (CHILD) on WIC now?

¿Está (CHILD) actualmente recibiendo WIC?

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

[IF NEEDED, SAY: 'WIC quiere decir 'Programa de Alimentación Suplementaria para Mujeres, Lactantes, y Niños.']

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

SECTION F: PARENTAL INVOLVEMENT

PROGRAMMING NOTE 'QC2020_F1' :
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE CF64 ;
ELSE CONTINUE WITH 'QC2020_F1'

'QC2020_F1' [CG14] - In a usual week, about how many days do you or any other family members read stories or look at picture books with (CHILD)?

En una semana normal, ¿cuántos días usted o cualquier otro miembro de la familia le leyó cuentos o miró libros con dibujos junto con (CHILD)?

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

'QC2020_F2' [CG15] - [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

[En una semana normal, ¿aproximadamente cuántos días usted o cualquier otro miembro de la familia] toca música o canta canciones con (CHILD)?

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

'QC2020_F3' [CG16] - [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?

[En una semana normal, ¿aproximadamente cuántos días usted o cualquier otro miembro de la familia] sale con (CHILD), por ejemplo al parque, a una tienda o a una zona de recreo?

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

PROGRAMMING NOTE 'QC2020_F4' :
IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH
'QC2020_F4' ;
ELSE GO TO 'QC2020_F8'

'QC2020_F4' [CF64] - Have you seen or heard messages encouraging you to talk, read and sing with your child?

¿Ha visto o escuchado mensajes animándole a que hable, lea y cante con su niño(a)?

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

If =2, -7,-8, go to 'QC2020_F8'

'QC2020_F5' [CF65] - Would you say that you talk with your child less, about the same, or more after hearing that message?

¿Diría usted que habla con su niño(a) menos, casi igual o más después de escuchar ese mensaje?

- 01 LESS
- 02 ABOUT THE SAME
- 03 MORE
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_F6' [CF66] - Would you say that you sing with your child less, about the same, or more after hearing that message?

¿Diría usted que canta con su niño(a) menos, casi igual o más después de escuchar ese mensaje?

- 01 LESS
- 02 ABOUT THE SAME
- 03 MORE
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_F7' [CF67] - Would you say that you read with your child less, about the same, or more after hearing that message?

¿Diría usted que lee con su niño(a) menos, casi igual o más después de escuchar ese mensaje?

- 01 LESS
- 02 ABOUT THE SAME
- 03 MORE
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_F8' [CF35] - Did you know that First 5 California, a state agency, provides a free Kit for New Parents to the parents of newborns?

¿Sabía usted que First 5 California, una agencia estatal, proporciona un Kit para Padres Nuevos (Kit for New Parents) gratis a los padres de niños recién nacidos?

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

If =2, -7,-8, go to 'PN_QC2020_F13'

'QC2020_F9' [CF36] - Have you ever received this Kit for New Parents?

¿Ha recibido alguna vez este Kit para Padres Nuevos?

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

If =2, -7,-8, go to PN_ 'QC2020_F13'

'QC2020_F10' [CD57] - Did you receive the Kit for New Parents during the past year?

¿Recibió el Kit para Padres Nuevos durante el último año?

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

If =2, -7,-8, go to 'PN_QC2020_F13'

'QC2020_F11' [CF39] - Did you use any of the materials from the Kit for New Parents?

¿Usó alguno de los materiales del Kit para Padres Nuevos?

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

If =2, -7,-8, go to 'PN_QC2020_F13'

'QC2020_F12' [CF37] - On a scale of 1-10 with 10 being the most useful and 1 the least, how useful was the Kit for New Parents?

En una escala del 1 al 10, donde 10 significa muy útil y 1 significa poco útil, ¿qué tan útil le resultó el Kit para Padres Nuevos?

_____ RESPONDENT'S NUMBER FROM 1 (WORST) TO 10 (BEST)

- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_F13': :
IF CAGE ≥ 4, CONTINUE WITH 'QC2020_F13'
ELSE SKIP TO 'QC2020_G1'

'QC2020_F13' [CF30] - Overall, do you think your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

En general, ¿cree usted que su hijo(a) tiene dificultades en algunas de las siguientes áreas: emociones, concentración, conducta o poder relacionarse con otras personas?

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

If =2, -7,-8, go to 'QC2020_F15'

'QC2020_F14' [CF31] - Are these difficulties minor, definite, or severe?

¿Estas dificultades son menores, definidas o graves?

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

'QC2020_F15' [CF32] - During the past 12 months, did (CHILD) receive any psychological or emotional counseling?

Durante los últimos 12 meses, ¿recibió (CHILD) orientación psicológica o emocional?

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

SECTION G: CHILD CARE AND SOCIAL COHESION

PROGRAMMING NOTE 'QC2020_G1' :
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

'QC2020_G1' [CG1] - 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.}

Las siguientes preguntas son acerca de cuidado infantil. Por cuidado infantil, queremos decir cualquier arreglo donde alguien que no sea uno de los padres o tutores legales cuida a . Esto incluye pre-escolar y guarderías pero no kindergarten

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

¿Tiene usted actualmente algún tipo de arreglo regular para cuidar a por 10 o más horas a la semana?

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

If = 2, -7, -8, go to 'QC2020_G10'

'QC2020_G2' [CG2] - Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

En total, ¿cuántas horas está en cuidado infantil durante una semana típica? Incluya todas las combinaciones de arreglos de cuidado infantil.

_____ Hours [HR: 0-168, SR: 10-168 HRS]

- 1 REFUSED
- 2 DON'T KNOW

PROGRAMMING NOTE 'QC2020_G3' :
IF 'QC2020_G2' < 10 (HOURS IN CHILDCARE), GO TO 'QC2020_G10' ;
ELSE CONTINUE WITH 'QC2020_G3'

'QC2020_G3' [CG3A] - During a typical week does (CHILD) receive childcare from...a grandparent or other family member?

En una semana típica, ¿recibe cuidado de parte de... uno de sus abuelos u otro miembro de la familia

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

'QC2020_G4' [CG3E] - [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in your home?

...de alguien que no es miembro de la familia y que viene a su casa a cuidar a (CHILD)?

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

'QC2020_G5' [CG3F] - [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in his or her home?

...de parte de una persona que no es miembro de la familia y que cuida a (CHILD) en su propia casa?

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

'QC2020_G6' [CG3D] - [Does (CHILD) receive childcare from]...a childcare center that is not in someone's home?

...en una guardería que no está en la casa de una persona?

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

PROGRAMMING NOTE 'QC2020_G7' :
IF CAGE ≥ 7 YEARS, GO TO 'QC2020_G10' ;
ELSE CONTINUE WITH 'QC2020_G7'

'QC2020_G7' [CG3B] - [Does (CHILD) receive childcare from]...a Head Start or state preschool program?

...en Head Start o un programa pre-escolar del estado?

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

'QC2020_G8' [CG3C] - [Does (CHILD) receive childcare from]...some other preschool or nursery school?

...en algún otro tipo de pre-escolar o guardería?

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

PROGRAMMING NOTE 'QC2020_G9' :
IF ['QC2020_G3' OR 'QC2020_G4' = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF ['QC2020_G5' ≠ 1 AND 'QC2020_G6' ≠ 1 AND 'QC2020_G7' ≠ 1 AND 'QC2020_G8' ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO 'QC2020_G10' ;
ELSE CONTINUE WITH 'QC2020_G9' ;
IF ONLY ONE OF 'QC2020_G5' , 'QC2020_G6' , 'QC2020_G7' , OR 'QC2020_G8' = 1, DISPLAY 'Is this' AND 'provider' ;
ELSE DISPLAY, 'Are all of these' AND 'providers'

'QC2020_G9' [CG3G] - Thinking about the care the child receives from a non-family member outside your home, {is this/are all of these} child care provider{s} licensed by the state of California?

Pensando en el cuidado que la niña recibe de parte de alguien que no es miembro de la familia y que no viene a su casa a cuidar a child, {este/ todos estos} proveedor(es) de cuidado infantil, ¿{tiene/tienen} licencia en el estado de California?

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

'QC2020_G10' [CG5] - 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?

En los últimos 12 meses, ¿hubo algún momento en que usted no pudo encontrar cuidado infantil para (CHILD) por una semana o más cuando lo necesitaba?

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

If = 2, -7, -8, go to 'QC2020_H1'

'QC2020_G11' [CG6] - What is the main reason you were unable to find childcare for (CHILD) at that time?

¿Cuál es la razón principal por la que no pudo encontrar quien cuidara a (CHILD) esa vez?

[IF NEEDED, SAY: 'Main reason is the most important reason.']
[IF NEEDED, SAY: 'El motivo principal es la razón más importante.']

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

SECTION H: DEMOGRAPHICS, PART II

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

Para poder estar seguros de que hemos incluido niños de todas las razas y grupos étnicos en California, necesito hacerle unas pocas preguntas finales acerca de la ascendencia de (CHILD).

'QC2020_H1' [CH1] - Is (CHILD) Latino or Hispanic?

¿Es (CHILD) de origen latino o hispano?

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

[IF NEEDED, SAY: 'Tal como mexicano, centroamericano/a o sudamericano/a.']

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

If = 2, -7, -8, go to 'PN_QC2020_H3'

'QC2020_H2' [CH2] - 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.

¿Y cuál es su ascendencia u origen latino o hispano?

[IF NECESSARY GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

- 01 MEXICAN/MEXICAN AMERICAN/CHICANO
- 04 SALVADORAN
- 05 GUATEMALAN
- 06 COSTA RICAN
- 07 HONDURAN
- 08 NICARAGUAN
- 09 PANAMANIAN
- 10 PUERTO RICAN
- 11 CUBAN
- 12 SPANISH-AMERICAN (FROM SPAIN)
- 91 OTHER LATINO (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_H3' :

IF 'QC2020_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 'QC2020_H3', CONTINUE WITH PROGRAMMING NOTE 'QC2020_H4' ;

ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QC2020_H3' [CH3] - {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?

{Usted dijo su hijo(a) es hispano(a) o latino(a),} Además, por favor dígame cuál o cuáles de los siguientes términos usaría usted para describir a (CHILD):

[IF R SAYS 'NATIVE AMERICAN' CODE AS '4']

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

[CODE ALL THAT APPLY]

- 01 White
- 02 Black or African American
- 03 Asian
- 04 American Indian or Alaska Native
- 05 Other Pacific Islander
- 06 Native Hawaiian
- 91 Other (Specify: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 6, 91, -7, -8, And Only One Race, go to 'PN_QC2020_H10'

If = 3, And Only One Race, go to 'PN_QC2020_H8'

If = 4, And Only One Race, go to 'PN_QC2020_H4'

If = 5, And Only One Race, go to 'PN_QC2020_H9'

PROGRAMMING NOTE 'QC2020_H4' :
IF 'QC2020_H3' = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH 'QC2020_H4' ;
ELSE GO TO PROGRAMMING NOTE 'QC2020_H8'

'QC2020_H4' [CH4] - 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.

Usted dijo indígena americano o nativo de Alaska, ¿De qué tribu descende (CHILD)? Si {él/ella} es de más de una tribu, por favor dígamelas todas.

[CODE ALL THAT APPLY]

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

'QC2020_H5' [CH5] - Is (CHILD) an enrolled member in a federally or state recognized tribe?

¿Es (CHILD) un miembro inscrito en una tribu federal o estatal reconocida?

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

If = 2, -7, -8, go to 'PN_QC2020_H8'

'QC2020_H6' [CH6] - Which tribe is (CHILD) enrolled in?

¿En qué tribu está inscrito(a) (CHILD)?

- 1 APACHE
- 2 BLACKFEET
- 3 CHEROKEE
- 4 CHOCTAW
- 5 NAVAJO
- 6 POMO
- 7 PUEBLO
- 8 SIOUX
- 9 YAQUI
- 10 OTHER TRIBE

APACHE

- 1 MESCALERO APACHE, NM
- 2 APACHE (NOT SPECIFIED)_
- 3 OTHER APACHE (SPECIFY: _____)

BLACKFEET

- 4 BLACKFOOT/BLACKFEET

CHEROKEE

- 5 WESTERN CHEROKEE
- 6 CHEROKEE (NOT SPECIFIED)
- 7 OTHER CHEROKEE (SPECIFY: _____)

CHOCTAW

- 8 CHOCTAW OKLAHOMA
- 9 CHOCTAW (NOT SPECIFIED)
- 10 OTHER CHOCTAW (SPECIFY: _____)

NAVAJO

- 11 NAVAJO (NOT SPECIFIED)

POMO

- 12 HOPLAND BAND, HOPLAND RANCHERIA
- 13 SHERWOOD VALLEY RANCHERIA
- 14 POMO (NOT SPECIFIED)
- 15 OTHER POMO (SPECIFY: _____)

PUEBLO

- 16 HOPI
- 17 YSLETA DEL SUR PUEBLO OF TEXAS
- 18 PUEBLO (NOT SPECIFIED)
- 19 OTHER PUEBLO (SPECIFY: _____)

SIOUX

- 20 OGLALA/ PINE RIDGE SIOUX
- 21 SIOUX (NOT SPECIFIED)
- 22 OTHER SIOUX (SPECIFY: _____)

YAQUI

- 23 PASCUA YAQUI TRIBE OF ARIZONA
- 24 YAQUI (NOT SPECIFIED)
- 25 OTHER YAQUI (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_H7' [CH6A] - Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

¿Recibe (CHILD) algún servicio de salud a través del Servicio Indio de Salud, un Programa de Salud Tribal o una clínica India Urbana?

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

PROGRAMMING NOTE 'QC2020_H8' :
IF 'QC2020_H3' = 3 (ASIAN) CONTINUE WITH 'QC2020_H8' ;
ELSE GO TO PROGRAMMING NOTE 'QC2020_H9'

'QC2020_H8' [CH7] - 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.

Usted dijo asiático(a), ¿y de qué grupo étnico específico es {él/ella}, tal como chino, filipino o vietnamita? Si {él/ella} es de más de un grupo, dígame los todos.

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE 'QC2020_H9' :
IF 'QC2020_H3' = 5 (PACIFIC ISLANDER) CONTINUE WITH 'QC2020_H9' ;
ELSE GO TO 'QC2020_H10'

'QC2020_H9' [CH7A] - 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.

Usted dijo que (CHILD) es de otra isla del Pacifico. De qué grupo étnico específico es {él/ella},

[CODE ALL THAT APPLY]

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

'QC2020_H10' [CH8] - In what country was (CHILD) born?

¿En qué país nació (CHILD)?

- 1 UNITED STATES
- 2 AMERICAN SAMOA
- 3 CANADA
- 4 CHINA
- 09 GUAM
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 22 PUERTO RICO
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_H11' :
IF 'QC2020_H10' = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO
PROGRAMMING NOTE 'QC2020_H14' ;
ELSE CONTINUE WITH 'QC2020_H11'

'QC2020_H11' [CH8A] - Is (CHILD) a citizen of the United States?

¿Es (CHILD) ciudadano(a) de Estados Unidos?

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

If = 1, go to 'QC2020_H13'

'QC2020_H12' [CH9] - Is (CHILD) a permanent resident with a green card?

¿Es (CHILD) residente permanente con tarjeta verde?

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

[IF NEEDED, SAY: *La gente usualmente la llama la 'tarjeta verde' o 'Green Card' pero también puede ser de color rosa, azul o blanca.*']

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

'QC2020_H13' [CH10] - About how many years has (CHILD) lived in the United States?

¿Más o menos cuántos años ha vivido (CHILD) en los Estados Unidos?

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

[SI HACE MENOS DE UN AÑO, INGRESE 1 AÑO.]

_____ NUMBER OF YEARS {OR}

_____ YEAR FIRST CAME TO LIVE IN U.S.

- 1 NUMBER OF YEARS
- 2 YEAR FIRST CAME TO LIVE IN US
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_H14' :
IF KIDS1ST = 'Y' AND SKA = 1 (MOTHER OF CHILD) OR IF KID1ST= 'N' AND SC17B= 1 (AR=
MOTHER OF CHILD) , DISPLAY 'were you';]
ELSE, CONTINUE WITH 'QC2020_H14' AND DISPLAY 'was his mother/was her mother'

'QC2020_H14' [CH11] - In what country {were you/was his mother/was her mother} born?

¿En qué país nació {usted/ la madre de (CHILD)}?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- 1 UNITED STATES
- 2 AMERICAN SAMOA
- 3 CANADA
- 4 CHINA
- 5 EL SALVADOR
- 6 ENGLAND
- 7 FRANCE
- 8 GERMANY
- 9 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_H15' AND 'QC2020_H16' :IF 'QC2020_H14' = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE 'QC2020_H18' ; ELSE CONTINUE WITH 'QC2020_H15' AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY 'Are you';ELSE DISPLAY 'Is {his/her} mother'

'QC2020_H15' [CH11A] - {Are you/Is {his/her} mother} a citizen of the United States?

¿{Es usted/ Es la madre de {él/ella}} ciudadano(a) los Estados Unidos?

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

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

If = 1, go to 'PN_QC2020_H17'

PROGRAMMING NOTE 'QC2020_H16' :IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH 'QC2020_H17' AND DISPLAY 'have you';ELSE CONTINUE WITH 'QC2020_H17' AND DISPLAY 'has {his/her} mother'

'QC2020_H16' [CH12] - {Are you/Is {his/her} mother} a permanent resident with a green card?

¿{Es usted/ Es la madre de {él/ella}} residente permanente con tarjeta verde?

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

PROGRAMMING NOTE 'QC2020_H17' :IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH 'QC2020_H17' AND DISPLAY 'have you';ELSE CONTINUE WITH 'QC2020_H17' AND DISPLAY 'has {his/her} mother'

'QC2020_H17' [CH13] - About how many years {have you/has {his/her} mother} lived in the United States?

¿Más o menos cuántos años ha vivido {usted/ la madre de {él/ella}} en Estados Unidos?

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

_____ YEAR FIRST CAME TO LIVE IN U.S.

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

PROGRAMMING NOTE 'QC2020_H18' :
IF KIDS1ST = 'Y' AND SKA = 2 (FATHER OF CHILD) OR IF KID1ST= 'N' AND SC17B=2 (AR=
FATHER OF CHILD) , DISPLAY 'were you';]
ELSE, CONTINUE WITH 'QC2020_H14' AND DISPLAY 'was his father/was her father'

'QC2020_H18' [CH14] - In what country {were you/was his father/was her father} born?

¿En qué país nació {usted/ el padre de {él/ella}}?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- 1 UNITED STATES
- 2 AMERICAN SAMOA
- 3 CANADA
- 4 CHINA
- 5 EL SALVADOR
- 6 ENGLAND
- 7 FRANCE
- 8 GERMANY
- 9 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_H19' AND 'QC2020_H20' :
IF 'QC2020_H18' = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO
PROGRAMMING NOTE 'QC2020_H22' ;
ELSE CONTINUE WITH 'QC2020_H19' AND IF RESPONDENT IS FATHER OF CHILD DISPLAY 'Are
you';
ELSE SAY 'Is {his/her} father'

'QC2020_H19' [CH14A] - {Are you/Is {his/her} father} a citizen of the United States?

¿Es {usted/ el padre de {él/ella}} ciudadano(a) de Estados Unidos?

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

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

If = 1, go to 'PN_QC2020_H21'

'QC2020_H20' [CH15] - {Are you/Is {his/her} father} a permanent resident with a green card?

¿Es {usted/ el padre de {él/ella}} residente permanente con tarjeta verde?

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

PROGRAMMING NOTE 'QC2020_H21' :
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH 'QC2020_H21' AND DISPLAY 'have
you';
ELSE, CONTINUE WITH 'QC2020_H21' AND DISPLAY 'has {his/her} father'

'QC2020_H21' [CH16] - About how many years {have you/has {his/her} father} lived in the United States?

Aproximadamente, ¿cuántos años ha vivido {usted/ el padre de {él/ella}} en los Estados Unidos?

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

_____ YEAR FIRST CAME TO LIVE IN U.S.

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

PROGRAMMING NOTE 'QC2020_H22' :
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE 'QC2020_H23' ;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH 'QC2020_H22'

'QC2020_H22' [CH17] - What languages are spoken in (CHILD)'s home?

¿Qué idiomas se hablan en el hogar de (CHILD)?

[PROBE: 'Any others?']

[PROBE: '¿Algún otro idioma?']

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

PROGRAMMING NOTE 'QC2020_H23' :
IF INTERVIEW CONDUCTED IN ENGLISH AND 'QC2020_H22' > 1 (TWO OR MORE LANGUAGES
SPOKEN AT HOME), CONTINUE WITH 'QC2020_H23' AND DISPLAY 'Compared to the language
spoken in (CHILD)'s home,';
SET CH18ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QC2020_H23' WAS
ASKED;
ELSE IF 'QC2020_H22' = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE
'QC2020_H24'

'QC2020_H23' [CH18] - {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English...

{Ya que en su hogar se habla más de un idioma, nos interesa saber su opinión sobre qué tan bien habla el inglés.} ¿Diría usted que habla inglés

- 1 Very well
- 1 *Muy bien*
- 2 Well
- 2 *Bien*
- 3 Not well
- 3 *No bien*
- 4 Not at all
- 4 *No lo habla*
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_H24' :
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC2020_H24' ;
ELSE GO TO PROGRAMMING NOTE KAG8

'QC2020_H24' [CH22] - What is the highest grade of education you have completed and received credit for?

¿Cuál es el nivel de educación más alto que usted ha completado y por el cual ha recibido reconocimiento?

30 NO FORMAL EDUCATION

'GRADE' [GRADE] - GRADE

- 1 1ST GRADE
- 2 2ND GRADE
- 3 3RD GRADE
- 4 4TH GRADE
- 5 5TH GRADE
- 6 6TH GRADE
- 7 7TH GRADE
- 8 8TH GRADE

'HIGH' [HIGH] - HIGH

- 9 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE

'COLLEGE' [COLLEGE] - COLLEGE

- 13 1ST YEAR OF COLLEGE OR UNIVERSITY (FRESHMAN)
- 14 2ND YEAR OF COLLEGE OR UNIVERSITY (SOPHOMORE)
- 15 3RD YEAR OF COLLEGE OR UNIVERSITY (JUNIOR)
- 16 4TH YEAR OF COLLEGE OR UNIVERSITY (SENIOR)(BA/BS)
- 17 5TH YEAR OF COLLEGE OR UNIVERSITY

'GRADUATE' [GRADUATE] - GRADUATE

- 18 1ST YEAR OF GRADUATE OR PROFESSIONAL SCHOOL
- 19 2ND YEAR OF GRADUATE OR PROFESSIONAL SCHOOL (MA/MS)
- 20 3RD YEAR OF GRADUATE OR PROFESSIONAL SCHOOL
- 21 MORE THAN 3 YEARS OF GRADUATE OR PROFESSIONAL SCHOOL

(PHD)

'COMMUNITY' [COMMUNITY] - COMMUNITY

- 22 1ST YEAR OF JUNIOR OR COMMUNITY COLLEGE
- 23 2ND YEAR OF JUNIOR OR COMMUNITY COLLEGE (AA/AS)

'BUSINESS' [BUSINESS] - BUSINESS

- 24 1ST YEAR OF VOCATIONAL, BUSINESS, OR TRADE SCHOOL
- 25 2ND YEAR OF VOCATIONAL, BUSINESS, OR TRADE SCHOOL
- 26 MORE THAN 2 YEARS OF VOCATIONAL, BUSINESS, OR TRADE SCHOOL

SECTION H: DEMOGRAPHICS, PART III

**PROGRAMMING NOTE 'QC2020_H25':
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC2020_H25';
ELSE GO TO 'QC2020_H26'**

'QC2020_H25' [CH30] - Based on the questions in this survey about (CHILD), is there another adult in the household who is more knowledgeable about questions we asked about (CHILD)?

De acuerdo a las preguntas en esta encuesta acerca de (CHILD), ¿hay algún otro adulto en este hogar que esté más informado acerca de las preguntas que le hicimos a usted?

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

'QC2020_H26' [CG38] - Those are my final questions about the child. I appreciate your patience. Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

Esas son mis últimas preguntas. Le agradezco su paciencia. Finalmente, ¿estaría dispuesto(a) a hacer una entrevista de seguimiento a esta encuesta en algún momento en el futuro

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

'END' [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?

Muchas gracias, usted ha colaborado con un estudio muy importante que se hace en todo el estado. Si tiene alguna pregunta acerca del estudio, puede llamar al Investigador Principal, Dra. Ponce. ¿Quiere que le dé ese número de teléfono?

[IF YES, SAY: Dr. Ponce can be reached toll-free at 1-866-275-2447. IF NO, SAY: Goodbye.]

[IF YES, SAY: El número de teléfono gratis de Dra. Ponce es 1-866- 275-2447. IF NO, SAY: Gracias y adiós..]