



**CHIS 2005
Child Questionnaire
Version 7.4
August 1, 2012**

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

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2005 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

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.

QC05_A1 Is (CHILD) male or female?

CA1

MALE 1
 FEMALE 2
 REFUSED -7
 DON'T KNOW -8

QC05_A2 What is {his/her} date of birth?

CA2

____ MONTH ____ DAY ____ YEAR [GO TO QC05_A4]
 [HR: 1-12] [HR: 1-31] [SR: 1993-2005]

REFUSED -7
 DON'T KNOW -8

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

QC05_A3 How old is {he/she}?

CA3

_____ YEARS
 _____ MONTHS

REFUSED -7
 DON'T KNOW -8

QC05_A4 How much did {he/she} weigh at birth?

CA13

_____ POUNDS _____ OUNCES

_____ KILOGRAMS
 REFUSED -7
 DON'T KNOW -8

**PROGRAMMING NOTE QC05_A5
IF CAGE > 3 YEARS GO TO QC05_A8
ELSE CONTINUE WITH QC05_A5**

QC05_A5 Was (CHILD) ever breastfed or fed breast milk?

CA14

YES 1
 NO 2 **[GO TO QC05_A7]**
 REFUSED -7 **[GO TO QC05_A7]**
 DON'T KNOW -8 **[GO TO QC05_A7]**

QC05_A6 How old was (CHILD) when {you/(CHILD)'s mother} stopped breastfeeding altogether?

CA15

_____ DAYS
 _____ WEEKS
 _____ MONTHS
 _____ YEARS

REFUSED -7
 DON'T KNOW -8

QC05_A7 How old was (CHILD) when you began giving {him/her} baby food or other solid foods?

CA16

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

_____ MONTHS

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

QC05_A8 About how tall is (CHILD) now without shoes?

CA4

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

_____ FEET _____ INCHES
 _____ METERS _____ CENTIMETERS

REFUSED -7
 DON'T KNOW -8

QC05_A9 About how much does (CHILD) weigh now without shoes?

CA5

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

_____ POUNDS
 _____ KILOGRAMS

REFUSED -7
 DON'T KNOW -8

QC05_A10 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

QC05_A11 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
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC05_A12
IF CAGE < 5 YEARS GO TO PROGRAMMING NOTE QC05_A14
ELSE CONTINUE WITH QC05_A12

QC05_A12A Did (CHILD) attend school last week?

CA42

- YES 1 **[GO TO QC05_A12]**
- NO 2
- ON VACATION 3
- HOME SCHOOLED 4 **[GO TO QC05_A12]**
- REFUSED -7 **[GO TO QC05_A12]**
- DON'T KNOW -8 **[GO TO QC05_A12]**

QC05_A12B Did (CHILD) attend school during the last school year?

CA43

[NOTE: DO NOT COUNT PRE-SCHOOL OR NURSERY SCHOOL]

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

QC05_A12 Does (CHILD) currently have any conditions that limit or prevent [him / her] from attending school regularly?

CA8

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

QC05_A13 Does {he/she} currently have any conditions that limit or prevent {him/her} from doing regular schoolwork?

CA9

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

PROGRAMMING NOTE QC05_A14
IF QC05_A11 = 1 OR QC05_A12 = 1 OR QC05_A13 = 1 CONTINUE WITH QC05_A14
ELSE GO TO PROGRAMMING NOTE QC05_A16.

QC05_A14 Is (CHILD)'s condition physical, behavioral or mental?

CA10

- PHYSICAL 1
- BEHAVIORAL/MENTAL 2
- BOTH 3
- OTHER (SPECIFY): _____ 91
- REFUSED -7
- DON'T KNOW -8

QC05_A15 What condition does (CHILD) have?

CA10A

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any others?"]

- ASTHMA 1
- ADD/ADHD 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 QC05_A16
IF CAGE < 36 MONTHS GO TO QC05_A17
ELSE IF CAGE ≥ 36 MONTHS CONTINUE WITH QC05_A16

QC05_A16 Did a doctor or psychologist {ever} tell you (CHILD) has attention deficit disorder, ADD or ADHD?

CA11

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

QC05_A17 Has a doctor {ever} told you that (CHILD) has asthma?

CA12

YES 1
 NO 2 [GO TO PN QC05_A27]
 REFUSED -7 [GO TO PN QC05_A27]
 DON'T KNOW -8 [GO TO PN QC05_A27]

QC05_A18 Does (CHILD) still have asthma?

CA31

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

QC05_A19 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 QC05_A20
IF QC05_A18 = 2, -7 or -8 (NO, REFUSED, DON'T KNOW) AND QC05_A19 = 2, -7 or -8 (NO, REFUSED, DON'T KNOW) GO TO QC05_A22
ELSE CONTINUE WITH QC05_A20

QC05_A20 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

QC05_A21 During the past 12 months, has (CHILD) had to visit a hospital emergency room or urgent care clinic because of {his/her} asthma?

CA33

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

QC05_A22 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 QA05_A23:
IF QC05_A18 = 1 (YES, STILL HAS ASTHMA) OR QC05_A19 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO QC05_A25
ELSE CONTINUE WITH QC05_A23

QC05_A23 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

QC05_A24 During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of (CHILD's) asthma?

CA41

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

QC05_A25 During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?

CA34

_____ NUMBER OF DAYS

- NOT APPLICABLE (CHILD NOT IN DAYCARE OR SCHOOL).... 93
- REFUSED -7
- DON'T KNOW -8

QC05_A26 Has a doctor or other health professional ever given you an asthma management plan for (CHILD)?

CA35

[IF NEEDED SAY: “An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room”]

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

PROGRAMMING NOTE QC05_A27
IF QA05_A17 = 1 (HAS ASTHMA), GO TO QC05_B1
ELSE CONTINUE WITH QC05_A27

QC05_A27 During the past 12 months, has (CHILD) had a wheezing or whistling sound in {his/her} chest?

CA36

YES 1
 NO 2 [GO TO PN QC05_B1]
 REFUSED -7 [GO TO PN QC05_B1]
 DON'T KNOW -8 [GO TO PN QC05_B1]

QC05_A28 During the past 12 months, how many attacks of wheezing or whistling has {he/she} had in {his/her} chest?

CA37

_____ATTACKS
 REFUSED -7
 DON'T KNOW -8

Section B – Dental Health, Nutrition, Food Environment

**PROGRAMMING NOTE QC05_B1
IF CAGE > 2 YEARS, GO TO QC05_B2
ELSE CONTINUE WITH QC05_B1**

QC05_B1 These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

CC1

YES 1
 NO 2 [GO TO PN QC05_B4]
 REFUSED -7 [GO TO PN QC05_B4]
 DON'T KNOW -8 [GO TO PN QC05_B4]

QC05_B2 {These questions are about (CHILD)'s dental health.} About how long has it been since your child last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.

CC5

HAS NEVER VISITED 0 [GO TO PN QC05_B4]
 LESS THAN 6 MONTHS AGO 1
 6 MONTHS UP TO 1 YEAR AGO 2
 1 YEAR UP TO 2 YEARS AGO 3
 2 YEARS UP TO 5 YEARS AGO 4
 MORE THAN 5 YEARS AGO 5
 REFUSED -7
 DON'T KNOW -8

QC05_B3 Do you now have any type of insurance that pays for part or all of (CHILD)'s dental care?

CC7A

[IF NEEDED, PROBE: “Your insurance may be dental insurance, prepaid dental plans such as HMOs, or government programs such as Medi-Cal or Healthy Families. Do not include free programs”.]

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

**PROGRAMMING NOTE QC05_B4
IF CAGE < 2 YEARS, GO TO QC05_B15
ELSE CONTINUE WITH QC05_B4**

QC05_B4 Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

CC13

**[IF NEEDED, SAY: “Servings” are self-defined.
A serving is the child's regular portion of this food. Do not include juices.]**

_____SERVINGS [HR: 0-20; SR 0-9]

REFUSED -7
 DON'T KNOW -8

QC05_B5 Yesterday, how many servings of French fries, home fries or hash browns did (CHILD) eat?

CC14

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

_____ SERVINGS
 REFUSED-7
 DON'T KNOW-8

QC05_B6 Yesterday, how many servings of other white potatoes did {he/she} eat?

CB15

[IF NEEDED, SAY: “Do not include yams or sweet potatoes. Include red, yellow, purple or brown-skinned potatoes.”]
[FOR VIETNAMESE TRANSLATION, IF NEEDED, ALSO SAY: “Include Western potatoes.”]

[DO NOT READ: FOR INTERVIEWER INFO ONLY. THIS QUESTION INCLUDES DIFFERENT COLORED POTATOES AS LONG AS THE INSIDE OF THE POTATO IS WHITE. THIS INCLUDES POTATOES PREPARED IN ANY FASHION SUCH AS MASHED, BAKED OR BOILED. IT INCLUDES POTATOES PREPARED IN OTHER DISHES, SUCH AS POTATO SALAD.]

_____ SERVINGS
 REFUSED-7
 DON'T KNOW-8

QC05_B7 Yesterday, how many servings of other vegetables like corn, green beans, green salad, or other vegetables did {he/she} have?

CC15

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

REFUSED-7
 DON'T KNOW-8

QC05_B8 Yesterday, how many glasses or small cartons of milk did {he/she} drink?

CC11

[IF NECESSARY, SAY: “Include milk on cereal.”]

_____ GLASSES

REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QC05_B9
IF QC05_B8 = 0 (DID NOT DRINK MILK), GO TO QC05_B10
ELSE IF QC05_B8 > 0, CONTINUE WITH QC05_B9

QC05_B9: What type of milk was it? Was it...

CB16

[IF RESPONDENT CANNOT CHOOSE ONE, CODE ALL THAT APPLY]

- whole milk... 1
- lowfat 2%..... 2
- lowfat 1%..... 3
- nonfat milk or..... 4
- another type? 93
- REFUSED -7
- DON'T KNOW -8

[NOTE: NONFAT MILK CAN BE LIQUID OR DRY MILK. IF R SAYS "LOWFAT" BUT DOES NOT SPECIFY % FAT, CODE AS 2%. SOYMILK, RICE MILK and CHOCOLATE MILK SHOULD BE CODED AS "ANOTHER TYPE"]

QC05_B10 Yesterday, how many glasses or cans of soda (such as Coke) or other sweetened drinks (such as fruit punch or Sunny Delight) did {he/she} drink? Do not count diet drinks.

CC12

[DO NOT READ. FOR INTERVIEWER INFO ONLY. THIS ALSO INCLUDES DRINKS SUCH AS TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, GATORADE AND OTHER SPORTS DRINKS WITH ADDED SUGAR.]

[NOTE: CHINESE TRANSLATORS MAY WISH TO INCLUDE CHINESE-NAMED FRUIT-FLAVORED DRINKS.]

_____ GLASSES, CANS or BOTTLES

- REFUSED -7
- DON'T KNOW -8

QC05_B11 How many glasses or boxes of 100% fruit juice, such as orange or apple juice, did (CHILD) drink?

CC10

[IF NEEDED, SAY "Only include 100% fruit juices.]

[NOTE: PART OF A GLASS COUNTS AS 1 GLASS, ASK R TO ESTIMATE NUMBER OF GLASSES IF DRINKING FROM A BOTTLE, CAN OR CARTON.]

_____ GLASSES

- REFUSED -7
- DON'T KNOW -8

QC05_B12 Yesterday, how many servings of high sugar foods such as cookies, candy, doughnuts, pastries, cake or popsicles did {he/she} have?

CC24

[IF NECESSARY, SAY: “Do not include sugar-free kinds but include low-fat kinds.”]

_____ SERVINGS
 REFUSED-7
 DON'T KNOW-8

QC05_B13 Yesterday, 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.

CC23

**[IF NEEDED SAY “Such as food you get at McDonald’s, Panda Express or Taco Bell.”]
 [IF STRONGLY NEEDED, SAY “Foods from American-style fast food restaurants.”]**

_____ SERVINGS [HR: 0-20; SR 0-4]
 REFUSED-7
 DON'T KNOW-8

QC05_B14 How satisfied are you with the quality of supermarkets or food stores in your neighborhood...would you say very satisfied, somewhat satisfied or not at all satisfied?

CB18

[IF NEEDED,SAY: “By food stores, we mean markets, grocery stores, supermarkets, farmers’ markets, and fruit and vegetable markets. By neighborhood, we mean the area around where you live and do things like shopping, going to the park, or visiting with neighbors.”]

VERY SATISFIED..... 1
 SOMEWHAT SATISFIED 2
 NOT SATISFIED 3
 NO SUPERMARKET/FOOD STORE IN NEIGHBORHOOD..... 4
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QC05_B15
IF QC05_A12a = 1 OR A12b =1 (ATTENDED SCHOOL LAST WEEK OR LAST SCHOOL YEAR)
CONTINUE WITH QC05_B15;
ELSE GO TO QC05_C1

QC05_B15 During the school year, where does (CHILD) usually eat breakfast - at home, at school, at a restaurant or somewhere else?

CB19

[INCLUDE RELATIVE’S, GRANDPARENTS’ HOMES AS “HOME”]

HOME 1
 SCHOOL 2
 RESTAURANT 3
 SOMEWHERE ELSE... 4
 REFUSED-7
 DON'T KNOW-8

QC05_B16 During the school year, where does (CHILD) usually eat lunch - at home, at school, at a restaurant or somewhere else?

CB20

[INCLUDE RELATIVE’S, GRANDPARENTS’ HOMES AS “HOME”]

- HOME 1
- SCHOOL 2
- RESTAURANT 3
- SOMEWHERE ELSE... 4
- REFUSED -7
- DON’T KNOW -8

QC05_B17 During the school year, about how many times a week does (CHILD) usually bring {his/her} own lunch to school from home?

CB21

- _____ # times per week
- REFUSED -7
- DON’T KNOW -8

QC05_B18 What is the name of the school (CHILD) goes to or last attended?

CB22

[RECORD VERBATIM, ASK FOR SPELLING IF NECESSARY]

- _____NAME OF SCHOOL
- CHILD NOT IN SCHOOL 1
- REFUSED -7
- DON’T KNOW -8

Section C – Physical Activity, Sedentary Time

PROGRAMMING NOTE QC05_C1
IF QC05_12a = 1 CONTINUE and DISPLAY “A”
IF QC05_12b = 1 CONTINUE and DISPLAY “B”
ELSE GO TO QC05_C5

QC05_C1 Now I’m going to ask you about physical activity.
 A) How many days in the past week did (CHILD) walk, bicycle, or skateboard to school?

CC27

B) During the school year, on how many days during a typical week does (CHILD) walk, bicycle, or skateboard to school?

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

_____ DAYS
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QC05_C2
IF QC05_C1 = 0 (DAYS), -7 OR -8, GO TO QC05_C3
ELSE IF QC05_C1 > 0 (DAYS) CONTINUE WITH QC05_C2 AND
IF QC05_12a = 1 (AT SCHOOL LAST WEEK) DISPLAY “A”
IF QC05_12b = 1 (AT SCHOOL LAST YEAR) DISPLAY “B”

QC05_C2 A) About how many minutes did it take {him/her} to walk, bicycle, or skateboard to school?

CC28

B) About how many minutes does it usually take (him/her) to walk, bicycle, or skateboard to school?

_____ MINUTES
 REFUSED-7
 DON'T KNOW-8

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

PROGRAMMING NOTE QC05_C3
IF QC0512a = 1 (AT SCHOOL LAST WEEK) DISPLAY "A"
IF QA0512b = 1 (AT SCHOOL LAST YEAR) DISPLAY "B"

QC05_C3 A) How many days in the past week did (CHILD) walk, bicycle, or skateboard home from school?

CC29

B) During the school year, on how many days during a typical week does (CHILD) walk, bicycle, or skateboard home from school?

_____ DAYS
 REFUSED -7
 DON'T KNOW -8

[NOTE FOR INTERVIEWER: 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.]

PROGRAMMING NOTE QC05_C4
IF QC05_C3 = 0 (DAYS), -7, OR -8, GO TO QC05_C5
ELSE IF QC05_C3 > 0 DAYS CONTINUE WITH QC05_C4 AND
IF A12a = 1 (SCHOOL LAST WEEK) DISPLAY "A"
IF A12b = 1 (SCHOOL LAST YEAR) DISPLAY "B"

QC05_C4 A) About how many minutes did it take {him/her} to walk, bicycle, or skateboard home from school?

CC30

B) About how many minutes does it usually take (him/her/) to walk, bicycle, or skateboard home from school?

_____ MINUTES
 REFUSED -7
 DON'T KNOW -8

[NOTE FOR INTERVIEWER: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES, ROLLERSHOES OR NON-MOTORIZED SCOOTERS HOME FROM SCHOOL.]

PROGRAMMING NOTE QC05_C5
IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE C7
ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC05_C5

QC05_C5 Thinking about (CHILD)'s free time on MONDAY THROUGH FRIDAY, on a typical day about how many hours does {he/she} usually watch TV or play video games (such as Playstation)?

CG8

[IF > 0, BUT <1, ENTER 94]

_____ HOURS

- DOESN'T HAVE TV 93
- MORE THAN ZERO, LESS THAN 1 HOUR..... 94
- REFUSED -7
- DON'T KNOW -8

QC05_C6 Now, thinking about SATURDAY AND SUNDAY weekend days, on a typical weekend day, about how many hours does (CHILD) usually watch TV or play video games (such as Playstation)?

CG10

[IF > 1 HOUR, VERIFY: "That's {xx} hours PER DAY?"]
[IF > 0, BUT <1, ENTER 94]

_____ HOURS

- DOESN'T HAVE TV 93
- MORE THAN ZERO, LESS THAN 1 HOUR..... 94
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC05_C7
IF CAGE ≤ 3 YEARS, GO TO QC05_D1
ELSE IF CAGE > 3 YEARS CONTINUE WITH QC05_C7

QC05_C7 And about how many hours on MONDAY THROUGH FRIDAY does (CHILD), on a typical day, use a computer for fun, not schoolwork?

CG9

[IF > 0, BUT <1, ENTER 94]

_____ HOURS

- DOESN'T HAVE ACCES TO A PC..... 93
- MORE THAN ZERO, LESS THAN 1 HOUR..... 94
- REFUSED -7
- DON'T KNOW -8

QC05_C8

About how many hours on a typical SATURDAY OR SUNDAY does (CHILD) use a computer for fun, not schoolwork?

CG11

[IF > 0, BUT <1, ENTER 94]

_____ HOURS

- DOESN'T HAVE ACCESS TO A PC 93
- MORE THAN ZERO, LESS THAN 1 HOUR..... 94
- REFUSED -7
- DON'T KNOW -8

Section D – Access / Utilization

QC05_D1 The next questions are about where (CHILD) goes for health care. Is there a place you USUALLY take {him/her} to when {he/she} is sick or you need advice about {his/her} health?

CD1

- YES 1
- NO 2 **[GO TO QC05_D3]**
- DOCTOR/HIS/HER DOCTOR 3
- KAISER 4
- MORE THAN ONE PLACE 5
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC05_D2

IF QC05_D1 = (1, 5, -7, or -8), DISPLAY “What kind of place do you take {him/her} to most often — a medical doctor’s office”;

ELSE IF QC05_D1=3 DISPLAY “Is {his/her} doctor in a private”

ELSE IF QC05_D1=4, FILL QC05_D2=1 GO TO QC05_D3 (note skip different from 2003)

QC05_D2 {Is {his/her} doctor in a private/What kind of place do you take {him/her} to most often—a medical / Is your 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

QC05_D3 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 QC05_D4

IF QC05_D3 > 0, GO TO PROGRAMMING NOTE QC05_D5

ELSE IF QC05_D3 = (0, -7, -8), CONTINUE WITH QC05_D4

QC05_D4 About how long has it been since {he/she} last saw a medical doctor?

CD7

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

PROGRAMMING NOTE QC05_D5
IF QC05_D3 (PAST 12 MONTH VISIT TO DOCTOR) = (0,-7,-8) OR QC05_D4 = (3,4,5,-7,-8) (SEEN DOCTOR MORE THAN 3 YRS AGO) GO TO QC05_D9.
ELSE IF QC05_D3 > 0 (HAD PAST 12 MONTH VISIT TO DR) OR QC05_D4 = 1 OR 2 (SEEN DR IN LAST 12 MONTHS OR 1-2 YEARS AGO) CONTINUE WITH QC05_D5

QC05_D5 The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

CD25

- YES 1
- NO 2
- NEVER ACCOMPANIED CHILD TO DOCTOR -6
- REFUSED -7
- DON'T KNOW -8

[GO TO QC05_D9]

QC05_D6 Was this because you and the doctor spoke different languages?

CD26

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

QC05_D7 Did you need someone else to help you understand the doctor?

CD27

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

[GO TO QC05_D9]

QC05_D8 Who was this person who helped you understand the doctor?

CD28

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

PROGRAMMING NOTE QC05_D9
IF QC05_A21 =1, GO TO QC05_D10, ELSE CONTINUE WITH QC05_D9

QC05_D9 During the past 12 months, did (CHILD) visit a hospital emergency room?

CD12

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

QC05_D10 During the past 12 months, did you delay or not get a medicine that a doctor prescribed for (CHILD)?

CE1

- YES 1
- NO 2 [GO TO QC05_D12]
- REFUSED -7 [GO TO QC05_D12]
- DON'T KNOW -8 [GO TO QC05_D12]

QC05_D11 Was cost or lack of insurance a reason why you delayed or did not get a medicine that a doctor prescribed for (CHILD)?

CE12

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

QC05_D12 During the past 12 months, did you delay or not get any other medical care that you felt (he/she) needed—such as seeing a doctor, a specialist or other health professional?

CE7

- YES 1
- NO 2 [GO TO PN QC05_D14]
- REFUSED -7 [GO TO PN QC05_D14]
- DON'T KNOW -8 [GO TO PN QC05_D14]

QC05_D13 Was cost or lack of insurance a reason why you delayed or did not get any other medical care for (CHILD)?

CE13

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

PROGRAMMING NOTE QC05C_D14
IF QC05_D3='0' (CHILD HAS NOT SEEN MD IN LAST 12 MOS), GO TO PROGRAMMING NOTE QC05_D15
ELSE CONTINUE WITH QC05C_D14

QC05C_D14 During the past 12 months, did (CHILD) get a physical exam or general check-up when (he/she) was not sick or hurt?

CD29

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

PROGRAMMING NOTE QC05C_D15
IF CAGE < 6 MONTHS, GO TO QC05_E1
ELSE IF CAGE ≥ 6 MONTHS, CONTINUE WITH QC05C_D15

QC05_D15 During the past 12 months, has (CHILD) had a flu shot?

CD30

[IF R REPORTS RECEIVING FLUMIST, CODE AS YES]

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

Section E – Public Program Eligibility

QC05_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

QC05_E2 Is (CHILD) receiving Food Stamp benefits?

CE11A

[IF NEEDED SAY: “You may receive benefits as stamps or through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card.”]

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

**PROGRAMMING NOTE QC05_E3
 IF CAGE >6, GO TO QC05_F1
 ELSE CONTINUE WITH QC05_E3**

QC05_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 / Concerns, Mental Health, First 5, Childcare

**PROGRAMMING NOTE QC05_F1
 IF CAGE >5 YEARS GO TO PROGRAMMING NOTE QC05_F4 INTRO
 ELSE CONTINUE WITH QC05_F1**

QC05_F1 In a usual week, about how many days do you or any other family members read stories or look at picture books with (CHILD)?

CG14

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

QC05_F2 {In a usual week, about how many days do you or any other family member} play music or sing songs with (CHILD)?

CG15

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

QC05_F3 {In a usual week, about how many days do you or any other family member} take (CHILD) out somewhere, for example, to the park, store, or playground?

CG16

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

**PROGRAMMING NOTE QC05_F4 INTRO
 IF CAGE <4 MONTHS, GO TO QC05_F23
 OR IF CAGE ≥6 YEARS, GO TO QC05_F10
 ELSE IF CAGE ≥ 4 MONTHS AND < 6 YEARS, CONTINUE WITH QC05_F4 INTRO**

QUESTIONS QC05_F4-QC05_F14 ARE DRAWN FROM THE SURVEY EDITION OF PARENTS' EVALUATION OF DEVELOPMENTAL STATUS (PEDS) AND DO NOT HAVE AN IMMEDIATE CLINICAL APPLICATION. THESE ITEMS ARE COPYRIGHTED AND MAY NOT BE USED WITHOUT EXPRESS PERMISSION FROM THE AUTHOR (FRANCES.P.GLASCOE@VANDERBILT.EDU).

QC05_F4 INTRO The next questions are about concerns you may have about your child. After each one, tell me if you are concerned a lot, a little, or not at all.

PROGRAMMING NOTE QC05_F4
IF CAGE > 9 MONTHS GO TO QC05_F5
ELSE IF CAGE ≤ 9 MONTHS CONTINUE WITH QC05_F4

QC05_F4 How your child makes speech sounds? Are you concerned ...

CG17

- | | | | |
|--------------------|----|---|-------------------------------|
| A lot | 1 | } | [GO TO PN
QC05_F6] |
| A little, or | 2 | | |
| Not at all | 3 | | |
| REFUSED | -7 | | |
| DON'T KNOW | -8 | | |

QC05_F5 How your child talks and makes words? Are you concerned ...

CG17A

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

PROGRAMMING NOTE QC05_F6
IF CAGE < 18 MONTHS, GO TO QC05_F7
ELSE IF CAGE ≥ 18 MONTHS CONTINUE WITH QC05_F6

QC05_F6 How well your child understands what you say?

CG18

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

QC05_F7 How your child uses {his/her} hands and fingers to do things?

CG19

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

QC05_F8 How well your child uses {his/her} arms and legs?

CG20

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

QC05_F9 How well your child can see or hear?

CG21

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

PROGRAMMING NOTE QC05_F10
IF CAGE IS ≤ 9 MONTHS, GO TO QC05_F23
IF CAGE > 6 YEARS, GO TO QC05_F15INTRO
IF CAGE = 10 MONTHS TO 6 YEARS, CONTINUE WITH QC05_F10

QC05_F10 How your child gets along with others?

CG22

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

QC05_F11 Your child's feelings and moods?

CG23

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

QC05_F12 How your child behaves?

CG24

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

QC05_F13 How your child is learning to do things for {himself/herself}?

CG25

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

QC05_F14 Whether your child can do what other children {his / her} age can do?

CG26

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

THE NEXT 7 ITEMS (QC05F15-QC05F22) ARE INCLUDED IN THIS SURVEY WITH PERMISSION AS INDICATED:

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PROGRAMMING NOTE QC05_F15
IF CAGE <4 YEARS, GO TO QC05_F23
ELSE CONTINUE WITH QC05_F15 INTRO

QC05_F15 INTRO I am going to read a list of items that describe children. For each item, please tell me if it has been not true, somewhat true, or certainly true of (CHILD) during the past six months.

QC05_F15 Is generally well behaved, usually does what adults request

CG28

- NOT TRUE 1
- SOMEWHAT TRUE 2
- CERTAINLY TRUE 3
- REFUSED -7
- DON'T KNOW -8

QC05_F16 Has many worries or often seems worried

CG29

- NOT TRUE 1
- SOMEWHAT TRUE 2
- CERTAINLY TRUE 3
- REFUSED -7
- DON'T KNOW -8

QC05_F17 Is often unhappy, depressed or tearful

CG30

- NOT TRUE 1
- SOMEWHAT TRUE 2
- CERTAINLY TRUE 3
- REFUSED -7
- DON'T KNOW -8

QC05_F18 Gets along better with adults than with other children

CG31

- NOT TRUE 1
- SOMEWHAT TRUE 2
- CERTAINLY TRUE 3
- REFUSED -7
- DON'T KNOW -8

QC05_F19 Has good attention span, sees chores or homework through to the end.

CG32

- NOT TRUE 1
- SOMEWHAT TRUE 2
- CERTAINLY TRUE 3
- REFUSED -7
- DON'T KNOW -8

QC05_F20 Overall, do you think your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

CF30

- YES 1
- NO 2 **[GO TOQC05_F22]**
- REFUSED -7 **[GO TOQC05_F22]**
- DON'T KNOW -8 **[GO TOQC05_F22]**

PROGRAMMING NOTE QC05_F21
IF QC05_F20 = 2 (NO) OR -7 OR -8, GO TO QC05_F22
ELSE CONTINUE WITH QC05_F21

QC05_F21 Are these difficulties minor, definite, or severe?

CF31

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

QC05_F22 During the past 12 months, did (CHILD) receive any psychological or emotional counseling?

CF32

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

PROGRAMMING NOTE QC05_F22B
IF QC05_A12a =1 OR QC05_12b = 1 (ATTENDED SCHOOL LAST WEEK OR YEAR) CONTINUE WITH QC05_F22B;
ELSE, GO TO QC05_F23

QC05_F22B Would you describe (CHILD'S) school work as...

CF38

- Excellent, 1
- Above average, 2
- Average, 3
- Below average, or 4
- Failing? 5
- REFUSED -7
- DON'T KNOW -8

QC05_F23 Please tell me if you strongly agree, agree, disagree or strongly disagree with the following statement: Preschool is important in preparing young children to learn better in school and become more productive adults.

CF33

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

QC05_F24 In the past 12 months, have you seen or heard a radio or TV ad about preschool that says, "When kids go to preschool, they're not the only ones who benefit. We all do"?

CF34

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

QC05_F25 Did you know that First 5 California, a state agency, provides a free Parent Kit to parents of young children?

CF35

- YES 1
- NO 2 [GO TO QC05_F28]
- REFUSED -7 [GO TO QC05_F28]
- DON'T KNOW -8 [GO TO QC05_F28]

QC05_F26 Have you ever received this Parent Kit?

CF36

- YES 1
- NO 2 [GO TO QC05_F28]
- REFUSED -7 [GO TO QC05_F28]
- DON'T KNOW -8 [GO TO QC05_F28]

QC05_F26B Did you use any of the materials from the Parent Kit?

CF39

- YES 1
- NO 2 [GO TO QC05_F28]
- REFUSED -7 [GO TO QC05_F28]
- DON'T KNOW -8 [GO TO QC05_F28]

QC05_F27 On a scale of 1-10 with 10 being the most useful and 1 the least, how useful was the Parent Kit?

CF37

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

- REFUSED -7
- DON'T KNOW -8

QC05_F28 These next questions are about childcare. By childcare we mean any arrangement where someone other than the parents, legal guardian, or stepparents takes care of (CHILD). {This includes preschool and nursery school, but not kindergarten.}

CG1

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

- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- } [GO TO QC05_F37]

QC05_F29 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 QC05_F37]
 DON'T KNOW -8 [GO TO QC05_F37]

PROGRAMMING NOTE QC05_F30
IF QC05_F29 < 10 (HOURS IN CHILDCARE), GO TO QC05_F37
ELSE CONTINUE WITH QC05_F30 INTRO

QC05_F30 INTRO During a typical week does (CHILD) receive childcare from...

QC05_F30 a grandparent or other family member?

CG3A

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

PROGRAMMING NOTE QC05_F30
IF CAGE ≥ 7 YEARS, GO TO QC05_F33
ELSE CONTINUE WITH QC05_F31

QC05_F31 a Head Start or state preschool program?

CG3B

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

QC05_F32 some other preschool or nursery school?

CG3C

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

QC05_F33 a childcare center that is not in someone's home?

CG3D

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

QC05_F34 a non-family member who cares for (CHILD) in your home?

CG3E

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

QC05_F35 a non-family member who cares for (CHILD) in his or her home?

CG3F

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

PROGRAMMING NOTE QC05_F36:
IF QC05_F30 OR QC05_F34= 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME), GO TO QC05_F37;
ELSE IF QC05_F31 ≠ 1 AND QC05_F32 ≠ 1 AND QC05_F33 ≠ 1 AND QC05_F35 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME), GO TO QC05_F37;
ELSE IF ONLY ONE OF QC05_F31, QC05_F32, QC05_F33, OR QC05_F35 = 1, CONTINUE WITH QC05_F36 AND SAY "Is this" AND "provider";
ELSE CONTINUE WITH QC05_F36 AND SAY "Are all of these" AND "providers"

QC05_F36 {Is this/Are some or 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

QC05_F37 In the past 12 months, was there a time when you could not find childcare when you needed it for (CHILD) for a week or longer?

CG5

- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- } [GO TO QC05_G1]

QC05_F38 What is the main reason you were unable to find childcare for (CHILD) at that time?

CG6

- COULDN'T AFFORD ANY CHILD CARE.....1
- COULDN'T FIND A PROVIDER WITH A SPACE2
- 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 WANTED5
- OTHER REASON91
- REFUSED-7
- DON'T KNOW-8

Section G – 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.

QC05_G1 Is (CHILD) Latino or Hispanic?

CH1

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

- YES 1
- NO 2 **[GO TO QC05_G3]**
- REFUSED -7 **[GO TO QC05_G3]**
- DON'T KNOW -8 **[GO TO QC05_G3]**

QC05_G2 And what is {his/her} Latino or Hispanic ancestry or origin? – such as Mexican, Salvadorian, Cuban, Honduran – and if {he/she} has more than one, tell me all of them.

CH2

**[IF NECESSARY GIVE MORE EXAMPLES]
[CODE ALL THAT APPLY]**

- MEXICAN/MEXICANO 1
- MEXICAN AMERICAN 2
- CHICANO 3
- SALVADORAN 4
- GUATEMALAN 5
- COSTA RICAN 6
- HONDURAN 7
- NICARAGUAN 8
- PANAMANIAN 9
- PUERTO RICAN 10
- CUBAN 11
- SPANISH-AMERICAN (FROM SPAIN 12
- OTHER LATINO (SPECIFY): _____ 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC05_G3:
IF QC05_G1=1 (YES-CHILD IS LATINO), SAY, “You said your child is Latino or Hispanic. Also...”
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QC05_G3, CONTINUE
WITH PROGRAMMING NOTE QC05_G4;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QC05_G3 {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 QC05_G10] | } IF
ONLY
ONE
RACE |
| BLACK OR AFRICAN AMERICAN | 2 | [GO TO QC05_G10] | |
| ASIAN | 3 | [GO TO QC05_G8] | |
| AMERICAN INDIAN, ALASKA NATIVE | 4 | [GO TO QC05_G4] | |
| OTHER PACIFIC ISLANDER | 5 | [GO TO QC05_G9] | |
| NATIVE HAWAIIAN | 6 | [GO TO QC05_G10] | |
| OTHER (SPECIFY): _____ | 91 | [GO TO QC05_G10] | |
| REFUSED | -7 | [GO TO QC05_G10] | |
| DON'T KNOW | -8 | [GO TO QC05_G10] | |

PROGRAMMING NOTE QC05_G4:
IF QC05_G3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QC05_G4;
ELSE GO TO PROGRAMMING NOTE QC05_G8

QC05_G4 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 |
| NAVAJO | 5 |
| POMO | 6 |
| PUEBLO | 7 |
| SIOUX | 8 |
| YAQUI | 9 |
| OTHER TRIBE [Ask for spelling] (SPECIFY): _____ | 91 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

QC05_G5 Is (CHILD) an enrolled member in a federally or state recognized tribe?

CH5

- | | | |
|------------------|----|-----------------------|
| YES | 1 | } GO TO
PN QC05_G8 |
| NO | 2 | |
| REFUSED | -7 | |
| DON'T KNOW | -8 | |

QC05_G6 In which Tribe is (CHILD) enrolled?

CH6

APACHE
 Mescalero Apache, NM 1
 Apache (Not Specified) 2
 Other Apache [Ask for spelling] (Specify) 91

BLACKFEET
 Blackfoot / Blackfeet 3

CHEROKEE
 Western Cherokee 4
 Cherokee (Not Specified) 5
 Other Cherokee [Ask for spelling] (Specify) 92

CHOCTAW
 Choctaw Oklahoma 6
 Choctaw (Not Specified) 7
 Other Choctaw [Ask for spelling] (Specify): 93

NAVAJO
 Navajo (Not Specified) 8

POMO
 Hopland Band, Hopland Rancheria 9
 Sherwood Valley Rancheria 10
 Pomo (Not Specified) 11
 Other Pomo [Ask for spelling] (Specify) 94

PUEBLO
 Hopi 12
 Ysleta del Sur Pueblo of Texas 13
 Pueblo (Not Specified) 14
 Other Pueblo [Ask for spelling] (Specify): 95

SIOUX
 Oglala/Pine Ridge Sioux 15
 Sioux (Not Specified) 16
 Other Sioux [Ask for spelling] (Specify): 96

YAQUI
 Pascua Yaqui Tribe of Arizona 17
 Yaqui (Not Specified) 18
 Other Yaqui [Ask for spelling] (Specify): 97

OTHER
 Other [Ask for spelling] (Specify): 98
 Refused -7
 Don't Know -8

QC05_G7 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 QC05_G8:
IF QC05_G3 = 3 (ASIAN) CONTINUE WITH QC05_G8;
ELSE GO TO PROGRAMMING NOTE QC05_G9**

QC05_G8 You said Asian, and what specific ethnic group is {he/she/he or she}, such as {Chinese, Filipino, Vietnamese? If {he/she/he or 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 QC05_G9:
IF QC05_G3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QC05_G9;
ELSE GO TO QC05_G10**

QC05_G9 You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}, such as Samoan, Tongan, or Guamanian? If {he/she} is more than one, tell me all of them.

CH7A

[CODE ALL THAT APPLY]

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

QC05_G10 In what country was (CHILD) born?

CH8

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

PROGRAMMING NOTE QC05_G11:
IF QC05_G10 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC05_G14;
ELSE CONTINUE WITH QC05_G11

QC05_G11 Is (CHILD) a citizen of the United States?

CH8A

YES	1	[GO TO QC05_G13]
NO.....	2	
APPLICATION PENDING	3	
REFUSED	-7	
DON'T KNOW	-8	

QC05_G12 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

QC05_G13 About how many years has (CHILD) lived in the United States?

CH10

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS
{OR}

- _____ YEAR FIRST CAME TO LIVE IN U.S.
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC05_G14;
IF MKA = ADULT RESPONDENT SKIP TO PN QC05_G18
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC05_G14 AND SAY, “were you”;
ELSE, CONTINUE WITH QC05_G14 AND SAY “was his mother/was her mother”

QC05_G14 In what country {were you/was his mother/was her mother} born?

CH11

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

PROGRAMMING NOTE QC05_G15
IF QC05_G14 = 1, 2, 9, 22 OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO QC05_PROGRAMMING NOTE QC05_G18;
ELSE IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC05_G15 AND QC05_G16 (IF APPLICABLE) AND SAY "Are you" IN BOTH QUESTIONS;
ELSE CONTINUE WITH QC05_G15 AND QC05_G16 (IF APPLICABLE) AND SAY "Is {his/her} mother" IN BOTH QUESTIONS

QC05_G15 {Are you/Is {his/her} mother} a citizen of the United States?

CH11A

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

- YES 1 [GO TO PN QC05_G17]
- NO 2
- APPLICATION PENDING 3
- REFUSED -7
- DON'T KNOW -8

QC05_G16 {Are you/Is {his/her} mother} a permanent resident with a green card?

CH12

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

PROGRAMMING NOTE QC05_G17
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC05_G17 AND SAY, "have you";
ELSE, CONTINUE WITH QC05_G17 AND SAY "has his mother/has her mother"

QC05_G17 About how many years {have you/has his mother/has her mother} lived in the United States?

CH13

_____ NUMBER OF YEARS [HR: 0-11]
 {OR}

_____ YEAR FIRST CAME TO LIVE IN U.S. HR: 1988-2000]

- NEVER LIVED IN U.S. 91
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QC05_G18;
 IF MKA IS MALE AND MKA = ADULT RESPONDENT, SKIP TO
 IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC05_G18 AND SAY “were you”;
 ELSE, CONTINUE WITH QC05_G18 AND SAY, “was his father/was her father”**

QC05_G18 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

PROGRAMMING NOTE QC05_G19
IF QC05_G18 = 1, 2, 9, 22 OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC05_G22;
ELSE IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC05_G19 AND QC05_G20 (IF APPLICABLE) AND SAY "Are you" IN BOTH QUESTIONS;
ELSE CONTINUE WITH QC05_G19 AND QC05_G20 (IF APPLICABLE) AND SAY "Is {his/her} father" IN BOTH QUESTIONS

QC05_G19 {Are you/Is {his/her} father} a citizen of the United States?

CH14A

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

- YES 1 [GO TO PN QC05_G21]
- NO 2
- APPLICATION PENDING 3
- REFUSED -7
- DON'T KNOW -8

QC05_G20 {Are you/Is {his/her} father} a permanent resident with a green card?

CH15

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

PROGRAMMING NOTE QC05_G21
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC05_G21 AND SAY "have you";
ELSE, CONTINUE WITH QC05_G21 AND SAY "has his father/has her father"

QC05_G21 About how many years {have you/has his father/has her father} lived in the United States?

CH16

_____ NUMBER OF YEARS [HR: 0-11]
{OR}

_____ YEAR FIRST CAME TO LIVE IN U.S. HR: 1988-2000]

- NEVER LIVED IN U.S. 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC05_G22:
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE QC05_G23;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH QC05_G22

QC05_G22 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 QC05_G23
IF INTERVIEW CONDUCTED IN ENGLISH AND QC05_G22 > 1 (TWO OR MORE LANGUAGES
SPOKEN AT HOME), CONTINUE WITH QC05_G23: "Compared to the language spoken in
(CHILD)'s home,....";
ELSE IF QC05_G22 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC05_G24

QC05_G23 {Compared to other languages spoken in (CHILD)'s home}, would you say you speak English....

CH18

- Very well, 1
- Fairly well, 2
- Not well, or 3
- Not at all? 4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC05_G24
IF RESPONDENT IS NOT SAMPLED ADULT, ASK QC05_G24
ELSE GO TO PROGRAMMING NOTE QC05_G26

QC05_G24 What is the highest grade of education you have completed and received credit for?

CH22

GRADE SCHOOL	
1 ST GRADE	1
2 ND GRADE	2
3 RD GRADE	3
4 TH GRADE	4
5 TH GRADE	5
6 TH GRADE	6
7 TH GRADE	7
8 TH GRADE	8
HIGH SCHOOL OR EQUIVALENT	
9 TH GRADE	9
10 TH GRADE	10
11 TH GRADE	11
12 TH GRADE	12
4-YEAR COLLEGE OR UNIVERSITY	
1 ST YEAR (FRESHMAN)	13
2 ND YEAR (SOPHOMORE)	14
3 RD YEAR (JUNIOR)	15
4 TH YEAR (SENIOR)	16
5 TH YEAR	17
GRADUATE OR PROFESSIONAL SCHOOL	
1 ST YEAR GRAD OR PROF SCHOOL	18
2 ND YEAR GRAD OR PROF SCHOOL (MA/MS)	19
3 RD YEAR 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

QC05_G25 Are you now in school?

CG37

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

PROGRAMMING NOTE QC05_G26
IF RESPONDENT IS NOT SAMPLED ADULT, ASK QC05_G26
ELSE GO TO END.

QC05_G26 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 Those are my final questions. Thank you for your time and cooperation. You have helped with a very important statewide survey. Good bye.