CHIS 2007
Child Questionnaire
Version 5.3
July 31, 2012

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

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Section A – Demographics Part I, Health Conditions

PROGRAMMING NOTE QC07_A1:
IF AR = MKA AND GENDER OF CHILD IS KNOWN, SKIP TO QC07_A2;
ELSE CONTINUE WITH QC07_A1;

QC07_A1   Some of the questions are based on (CHILD's) personal traits, like his or her age. So I will first ask you a few brief background questions.

Is (CHILD) male or female?

| CA1 |

MALE 1
FEMALE 2
REFUSED .... -7

QC07_A2   What is {his/her} date of birth?

| CA2MON |

_____ MONTH

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

| CA2DAY |

_____ DAY

| CA2YR |

_____ YEAR

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

PROGRAMMING NOTE QC07_A3:
IF QC07_A2 = -7 or -8 (REFUSED/DON'T KNOW) CONTINUE WITH QC07_A3;
ELSE SKIP TO QC07_A4;

QC07_A3   How old is {he/she}?

| CA3 |

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

_____ YEARS
_____ MONTHS

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

QC07_A4   How much did {he/she} weigh at birth?

CA13P/CA13O

                  _____ POUNDS   _____ OUNCES

CA13K/CA13G

                  _____ KILOGRAMS   _____ GRAMS

CAFMT

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

QC07_A5   About how tall is (CHILD) now without shoes?

CA4F/CA4I

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

                  _____ FEET   _____ INCHES

CA4M/CA4C

                  _____ METERS   _____ CENTIMETERS

CA4FMT

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

QC07_A6   About how much does (CHILD) weigh now without shoes?

CA5P

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

                  _____ POUNDS

CA5K

                  _____ KILOGRAMS

CA5FMT

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

PROGRAMMING NOTE QC07_A6A:
IF CAGE < 5 YEARS GO TO PROGRAMMING NOTE QC07_A7; ELSE CONTINUE WITH QC07_A6A
AND IF CAGE = 5 YRS DISPLAY "NOT INCLUDING PRE-SCHOOL OR NURSERY SCHOOL".

QC07_A6A   {Not including pre-school or nursery school} Did (CHILD) attend school last week?

CA42

YES...1	**[GO TO QC07_A7]**
NO..2	
ON VACATION 3	
HOME SCHOOLED 4	
REFUSED .... -7	
DON'T KNOW .... -8	

PROGRAMMING NOTE QC07_A6B:
IF CAGE = 5 YRS DISPLAY "NOT INCLUDING PRE-SCHOOL OR NURSERY SCHOOL".

QC07_A6B   {Not including pre-school or nursery school} Did (CHILD) attend school during the last
school year?

CA43

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

QC07_A7   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

QC07_A8   Has a doctor <u>ever</u> told you that (CHILD) has asthma?

CA12

YES...1	
NO..2	**[GO TO QC07_A20]**
REFUSED .... -7	**[GO TO QC07_A20]**
DON'T KNOW .... -8	**[GO TO QC07_A20]**

QC07_A9   Does {he/she} still have asthma?

CA31

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

QC07_A10   During the <u>past 12 months</u>, 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 QC07_A11:
IF QC07_A9 = 2, -7 or -8 (NO, REFUSED, DON'T KNOW) <u>AND</u> QC07_A10 = 2, -7 or -8 (NO, REFUSED, DON'T KNOW) GO TO QC07_A14;
ELSE CONTINUE WITH QC07_A11;

QC07_A11   During the <u>past 12 months</u>, 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...............................................................4
                        Every day .................................................................5
                        REFUSED ............................................................ -7
                        DON'T KNOW ...................................................... -8
```

QC07_A12   During the <u>past 12 months</u>, 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
```

QC07_A13   During the <u>past 12 months</u>, was {he/she} admitted to a hospital overnight or longer for {his/her} asthma?

| CA44 |

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

QC07_A14   Is (CHILD) now taking a <u>daily</u> medication to control {his/her} asthma that was prescribed or given to you by a doctor?

| CA12A |

[INTERVIEWER NOTE: 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 QC07_A15:
IF QC07_A9 = 1 (YES, STILL HAS ASTHMA) OR QC07_A10 = 1 (YES, EPISODE IN LAST 12 MOS),
GO TO QC07_A18 ELSE CONTINUE WITH QC07_A15

QC07_A15   During the <u>past 12 months</u>, 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

QC07_A16   During the <u>past 12 months</u>, has (CHILD) had to visit a hospital emergency room or urgent care clinic because of asthma?

CA41

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

QC07_A17   During the <u>past 12 months</u>, was {he/she} admitted to a hospital overnight or longer for {his/her} asthma?

CA45

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

QC07_A18   During the <u>past 12 months</u>, how many days of day care or school did (CHILD) miss due to asthma?

CA34

        _____ NUMBER OF DAYS

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

QC07_A19   Has a doctor or other health professional ever given you an asthma management plan for (CHILD)?

CA35

        [INTERVIEWER NOTE: 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 QC07_A20:
IF CAGE < 1, SKIP TO QC07_A22;
ELSE CONTINUE WITH QC07_A20;

QC07_A20   Did a doctor or psychologist ever tell you that (CHILD) has ADD or ADHD?

CA11

[INTERVIEWER NOTE: IF NEEDED SAY, "ADD is attention deficit disorder; ADHD is attention deficit hyperactivity disorder."]

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

QC07_A21   Has a doctor ever told you that (CHILD) has Asperger's syndrome or autism?

CA46

YES, Asperger's...1
YES, autism 2
NO...3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC07_A22:
IF CAGE > 1 AND [QC07_A20 = 1 OR QC07_A21 = 1 (ASPERGER'S) OR 2 (AUTISM)] DISPLAY "ANOTHER"; ELSE CATI HIGHLIGHT "A";

QC07_A22   Has a doctor ever told you that (CHILD) has {a/another} developmental disorder?

CA47

YES, SPECIFY:_____ 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC07_A23:
IF CAGE > 1 AND [QC07_A20 = 1 (YES, ADD OR ADHD) OR QC07_A21 = 1 (ASPERGER'S) OR 2 (AUTISM) OR QC07_A22 = 1 (OTHER DEVELOPMENTAL DISORDER)] DISPLAY "OTHER";

QC07_A23   Does (CHILD) currently have any {other} physical, behavioral or mental conditions that limit or prevent [him/her] from doing childhood activities usual for {his/her} age?

CA7

YES 1
NO...2   **[GO TO QC07_B1]**
REFUSED .... -7   **[GO TO QC07_B1]**
DON'T KNOW .... -8   **[GO TO QC07_B1]**

QC07_A24   What condition does (CHILD) have?

CA10A

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

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

Section B – Dental Health

> **PROGRAMMING NOTE QC07_B1:**
> IF CAGE < 1 YEAR, GO TO SECTION C;
> IF CAGE > 2 YEARS, GO TO QC07_B2;
> ELSE CONTINUE WITH QC07_B1;

QC07_B1   These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

CC1

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

QC07_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 QC07_B5]**
LESS THAN 6 MONTHS AGO 1
6 MONTHS UP TO 1YEAR 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

QC07_B3   Was it for a routine checkup or cleaning, or was it for a specific problem?

CC6

ROUTINE CHECKUP OR CLEANING 1
SPECIFIC PROBLEM...2
BOTH 3
REFUSED .... -7
DON'T KNOW .... -8

QC07_B4   Is there a particular dentist or place you USUALLY go to for (CHILD's) dental care?

CC16

YES 1   **[GO TO QC07_B6]**
NO..2   **[GO TO QC07_B6]**
MORE THAN ONE PLACE 3   **[GO TO QC07_B6]**
REFUSED .... -7   **[GO TO QC07_B6]**
DON'T KNOW .... -8   **[GO TO QC07_B6]**

PROGRAMMING NOTE QC07_B5:
IF QC07_B2 = 1 (HAS NEVER VISITED), DISPLAY "NEVER";
ELSE DISPLAY "NOT" AND "IN THE PAST YEAR";

QC07_B5   What is the main reason your child has {never/not} visited a dentist {in the past year}?

CB23

NO REASON TO GO/NO PROBLEMS 1
NOT OLD ENOUGH 2
COULD NOT AFFORD IT/TOO EXPENSIVE/
NO INSURANCE...3   **[GO TO QC07_B7]**
FEAR, DISLIKES GOING 4
DO NOT HAVE/KNOW A DENTIST 5
CANNOT GET TO THE OFFICE/CLINIC 6
NO DENTIST AVAILABLE/
NO APPOINTMENTS AVAILABLE..........................7
DIDN'T KNOW WHERE TO GO 8
HOURS NOT CONVENIENT...................................9
SPEAK A DIFFERENT LANGUAGE 10
OTHER.. -91
REFUSED .... -7
DON'T KNOW .... -8

QC07_B6   During the past 12 months, was there any time when (CHILD) needed dental care but you could not afford it?

CB24

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

QC07_B7   Do you currently have any type of insurance that pays for part or all of (CHILD's) dental care?

CC7A

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

PROGRAMMING NOTE QC07_B8:
IF CAGE < 5 GO TO SECTION C; ELSE CONTINUE WITH QC07_B8;

QC07_B8   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.

CC18

YES 1
NO...2   **[GO TO QC07_C1]**
REFUSED .... -7   **[GO TO QC07_C1]**
DON'T KNOW .... -8   **[GO TO QC07_C1]**

QC07_B10   How many days of school did (he/she) miss because of dental problems?

CC19

_____ DAYS

LESS THAN ONE DAY 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

Section C – Diet, Physical Activity, Park Use

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PROGRAMMING NOTE QC07_C1:
IF CAGE < 2 YEARS, GO TO QC07_C17, ELSE CONTINUE WITH QC07_C1;
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QC07_C1   Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many glasses or boxes of 100% fruit juice, such as orange or apple juice, did {CHILD NAME} drink?

CC10

[INTERVIEWER NOTE: IF NEEDED SAY, "Only include 100% fruit juices." PART OF A GLASS COUNTS AS 1 GLASS, ASK R TO ESTIMATE NUMBER OF GLASSES IF DRINKING FROM A BOTTLE, CAN, OR CARTON.]

    _____ GLASSES

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

QC07_C2   Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

CC13

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

    _____ SERVINGS

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

QC07_C3   Yesterday, how many servings of French fries, home fries, or hash browns did {CHILD NAME} eat?

CC14

[INTERVIEWER NOTE: IF RESPONDENT ASKS, SAY: "Do not include potato chips."]

    _____ SERVINGS

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

QC07_C4   Yesterday, how many servings of other vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.

CC31

    _____ SERVINGS

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

QC07_C5   Yesterday, how many glasses or small cartons of milk did {he/she} drink?

CC11

[INTERVIEWER NOTE: IF NEEDED SAY, "Include milk on cereal."]

_____ GLASSES

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

PROGRAMMING NOTE QC07_C6:
IF QC07_C5 = 0 (DID NOT DRINK MILK), GO TO QC07_C7;
ELSE IF QC07_C5 > 0, CONTINUE WITH QC07_C6;

QC07_C6   What type of milk was it? Was it…

CB16

[INTERVIEWER NOTE: IF RESPONDENT CANNOT CHOOSE ONE, CODE ALL THAT APPLY. NONFAT MILK CAN BE LIQUID OR DRY MILK. SOY MILK, RICE MILK, AND CHOCOLATE MILK SHOULD BE CODED AS "ANOTHER TYPE".]

Whole milk.. 1
Lowfat milk 2
Nonfat milk 3
Another type of milk 93
REFUSED .... -7
DON'T KNOW .... -8

QC07_C7   Yesterday, how many glasses or cans of soda, such as Coke, or other sweetened drinks, such as fruit punch or sports drinks did {he/she} drink? Do <u>not</u> count diet drinks.

CC12

[INTERVIEWER NOTE: THIS ALSO INCLUDES ANY DRINKS WITH ADDED SUGAR, SUCH AS SUNNY DELIGHT, ICED TEA DRINKS, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, GATORADE, SWEETENED WATER DRINKS, AND ENERGY DRINKS. CHINESE TRANSLATORS MAY WISH TO INCLUDE CHINESE-NAMED FRUIT-FLAVORED]

_____ GLASSES, CANS OR BOTTLES

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

QC07_C8   Yesterday, how many servings of sweets such as cookies, candy, doughnuts, pastries, cake, or popsicles did {he/she} have?

CC24

[INTERVIEWER NOTE: IF NEEDED SAY, "Include pies and ice cream. Do not include sugar-free kinds but include low-fat kinds."]

_____ SERVINGS

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

QC07_C9   Now think about the *past week.* In the past 7 days, how many times did {he/she} eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout or drive thru.

CC32

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

_____ SERVINGS

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

PROGRAMMING NOTE QC07_C10:
IF QC07_A6A = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH QC07_C10 AND DISPLAY "HOW MANY DAYS IN THE PAST WEEK";
IF QC07_A6B = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH QC07_C10 AND DISPLAY "DURING THE SCHOOL YEAR, ON HOW MANY DAYS DURING A TYPICAL WEEK";
ELSE GO TO QC07_C14;

QC07_C10   Now I'm going to ask you about physical activity. {How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) walk, bicycle, or skateboard to school?

CC27

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

_____ DAYS

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

PROGRAMMING NOTE QC07_C11:
IF QC07_C10 = 0 (DAYS), -7, OR -8, GO TO QC07_C12;
ELSE IF QC07_C10 > 0 (DAYS) CONTINUE WITH QC07_C11;

QC07_C11   About how many minutes {did/does} it take {him/her} without any stops?

CC28

_____ MINUTES

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

PROGRAMMING NOTE QC07_C12
IF QC07_A6A = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH QC07_C10 AND DISPLAY
"HOW MANY DAYS IN THE PAST WEEK";
IF QC07_A6B = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH QC07_C10 AND DISPLAY
"DURING THE SCHOOL YEAR, ON HOW MANY DAYS DURING A TYPICAL WEEK";

QC07_C12   {How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) walk, bicycle, or skateboard home from school?

CC29

[INTERVIEWER NOTE: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES, ROLLERSHOES, OR NON-MOTORIZED SCOOTERS HOME FROM SCHOOL. IF CHILD DOES NOT GO DIRECTLY HOME FROM SCHOOL, INCLUDE # OF DAYS WALKED, ETC. TO CHILDCARE, RELATIVE'S HOME, AFTER-SCHOOL PROGRAM, ETC.]

_____ DAYS

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

PROGRAMMING NOTE QC07_C13:
IF QC07_C12 = 0 (DAYS), -7, OR -8, GO TO QC07_C14;
ELSE IF QC07_C12 > 0 (DAYS) CONTINUE WITH QC07_C13;

QC07_C13   About how many minutes {did/does} it take {him/her} without any stops?

CC30

_____ MINUTES ....   **[GO TO QC07_C15]**

REFUSED .... -7   **[GO TO QC07_C15]**
DON'T KNOW .... -8   **[GO TO QC07_C15]**

QC07_C14   Could {he/she} walk or bike home from school in 30 minutes or less?

CC33

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

PROGRAMMING NOTE QC07_C15:
IF QC07_A6A = 1 (ATTENDED SCHOOL LAST WEEK) OR QC07_A6B = 1 (ATTENDED SCHOOL
LAST YEAR) THEN CONTINUE WITH QC07_C15;
ELSE SKIP TO QC07_C16;

QC07_C15   What is the name of the school (CHILD) goes to or last attended?

| CB22 |

_____ NAME OF SCHOOL

CHILD NOT IN SCHOOL...1
REFUSED .... -7
DON'T KNOW .... -8

NOTE FOR QC07_C16:
IF CAGE < 3, SKIP TO QC07_C19;
ELSE CONTINUE WITH QC07_C16;

QC07_C16   During the past 12 months, was he/she a member of any sports team such as soccer,
baseball, or basketball?

| CC34 |

*[INTERVIEWER NOTE: IF RESPONDENT ASKS, OTHER TEAMS SUCH AS SWIM,
VOLLEYBALL, OR HOCKEY CAN ALSO BE INCLUDED.]*

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

PROGRAMMING NOTE FOR QC07_C17:
IF CAGE < 5, SKIP TO QC07_C19;
ELSE CONTINUE WITH QC07_C17;

QC07_C17   Not including school PE, on how many days of the past 7 days was (CHILD) physically
active for at least 60 minutes total?

| CC35 |

_____ DAYS

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

PROGRAMMING NOTE QC07_C19:
IF CAGE < 1 GO TO QC07_D1;
ELSE CONTINUE WITH QC07_C19;

QC07_C19   Has (CHILD) been to the park in the past 30 days?

CC37

YES 1
NO..2 **[GO TO QC07_C18]**
REFUSED .... -7 **[GO TO QC07_C18]**
DON'T KNOW .... -8 **[GO TO QC07_C18]**

QC07_C20   How many days in the past 30 days did (CHILD) go to the park?

CC38

_____ DAYS

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

QC07_C18   Is there a park, playground or open space within walking distance of your home?

CC36

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

Section D – Access and Utilization of Health Care

QC07_D1   The next questions are about where (CHILD) goes for health care. Is there a place you <u>usually</u> take {him/her} to when {he/she} is sick or you need advice about {his/her} health?

CD1

YES 1		
NO...2	**[GO TO QC07_D3]**	
DOCTOR/(HIS/HER) DOCTOR...............................3		
KAISER 4		
MORE THAN ONE PLACE.....................................5		
REFUSED .... -7		
DON'T KNOW .... -8		

PROGRAMMING NOTE QC07_D2
IF QC07_D1 = (1, 5, -7, or -8), DISPLAY "WHAT KIND OF PLACE DO YOU TAKE {HIM/HER} TO MOST OFTEN—A MEDICAL…";
ELSE IF QC07_D1 = 3 DISPLAY "IS {HIS/HER} DOCTOR IN A PRIVATE…";
ELSE IF QC07_D1 = 4, FILL QC07_D2 = 1 AND TO QC07_D3;

QC07_D2   {What kind of place do you take him/her to most often—a medical/Is his/her doctor a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

CD3

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

QC07_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 QC07_D4
IF QC07_D3 > 0, GO TO PROGRAMMING NOTE QC07_D5;
ELSE IF QC07_D3 = (0, -7, -8), CONTINUE WITH QC07_D4;

QC07_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 QC07_D5:
IF QC07_D3 > 0 OR QC07_D4 = 1 or 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO),
CONTINUE WITH QC07_D5;
ELSE GO TO QC07_D10;

QC07_D5   The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

CD25

YES 1   **[GO TO QC07_D7]**
NO..2
NEVER ACCOMPANIED CHILD TO DOCTOR 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC07_D6:
IF QC07_D5 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT
CONDUCTED IN ENGLISH OR QA07_G4 > 1 (ADULT R SPEAKS LANGUAGE OTHER THAN
ENGLISH AT HOME)]
CONTINUE WITH QC07_D6;
ELSE SKIP TO QC07_D7;

QC07_D6   In what language does your doctor speak to you?

CD31

ENGLISH 1   **[GO TO QC07_D8]**
SPANISH 2   **[GO TO QC07_D10]**
CANTONESE...3   **[GO TO QC07_D10]**
VIETNAMESE 4   **[GO TO QC07_D10]**
TAGALOG..5   **[GO TO QC07_D10]**
MANDARIN 6   **[GO TO QC07_D10]**
KOREAN 7   **[GO TO QC07_D10]**
ASIAN INDIAN LANGUAGES.................................8   **[GO TO QC07_D10]**
RUSSIAN 9   **[GO TO QC07_D10]**
OTHER (SPECIFY):_____.......................91   **[GO TO QC07_D10]**
REFUSED .... -7   **[GO TO QC07_D10]**
DON'T KNOW .... -8   **[GO TO QC07_D10]**

PROGRAMMING NOTE QC07_D7:
IF QC07_D5 = 1 CONTINUE WITH QC07_D7;
ELSE SKIP TO QC07_D10;

QC07_D7   Was this because you and the doctor spoke different languages?

CD26

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

QC07_D8   Did you need someone to help you understand the doctor?

CD27

                              YES 1
                              NO...2   **[GO TO QC07_D10]**
                              REFUSED .... -7   **[GO TO QC07_D10]**
                              DON'T KNOW .... -8   **[GO TO QC07_D10]**

QC07_D9   Who was this person who helped you understand the doctor?

CD28

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

QC07_D10   When (CHILD) had {his/her} last routine physical exam, did you and a doctor talk about {his/her} nutrition or healthy eating?

CD32

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

QC07_D11   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 QC07_D13]**
                              REFUSED .... -7   **[GO TO QC07_D13]**
                              DON'T KNOW .... -8   **[GO TO QC07_D13]**

QC07_D12   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

QC07_D13   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 QC07_D15]**
> REFUSED .... -7   **[GO TO QC07_D15]**
> DON'T KNOW .... -8   **[GO TO QC07_D15]**

QC07_D14   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 QC07C_D15
IF CAGE < 6 MONTHS, GO TO QC07_D16;
ELSE IF CAGE ≥ 6 MONTHS, CONTINUE WITH QC07_D15;

QC07_D15   During the past 12 months, has (CHILD) had a flu shot?

CD30

[INTERVIEWER NOTE: IF R REPORTS RECEIVING FLUMIST, CODE AS YES]

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

PROGRAMMING NOTE QC07_D16;
IF QC07_A12 = 1 OR QC07_A16 = 1 (VISIT ER FOR ASTHMA) GO TO QC07_E1;
ELSE CONTINUE WITH QC07_D16;

QC07_D16   During the past 12 months, did (CHILD) visit a hospital emergency room?

CD12

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

Section E – Public Programs

> **PROGRAMMING NOTE FOR QC07_E1:**
> IF POVERTY = 1, 2, 3, OR 5 (INCOME LESS THAN OR EQUAL TO 300% OF POVERTY LEVEL),
> CONTINUE WITH QC07_E1;
> ELSE SKIP TO QC07_E4

QC07_E1   Is (CHILD) now on TANF or CalWORKS?

CE11

[INTERVIEWER NOTE: 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

QC07_E2   Is (CHILD) receiving Food Stamps?

CE11A

[INTERVIEWER NOTE: 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 QC07_E3:**
> IF CAGE > 6, GO TO QC07_E4;
> ELSE CONTINUE WITH QC07_E3;

QC07_E3   Is (CHILD) on WIC now?

CE11C

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

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

PROGRAMMING NOTE QC07_E4:
IF ENGLSPAN = 1 OR 2 (INTERVIEW LANGUAGE IS ENGLISH OR SPANISH), CONTINUE WITH
QC07_E4;
ELSE SKIP to QC07_E5;

QC07_E4   In the past 12 months, have you seen or heard a radio or TV ad that says, "Sometimes
it's hard to say no to kids, but it's even harder to see them grow up unhealthy."?

CE14

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

PROGRAMMING NOTE QC07_E5:
IF CAGE < 2, SKIP TO QC07_E7;
ELSE CONTINUE WITH QC07_E5;

QC07_E5   How much influence do you feel you have over what foods your child eats?

CE15

A LOT 1
SOME...2
VERY LITTLE..3
REFUSED .... -7
DON'T KNOW .... -8

QC07_E6   How much influence do you feel you have over how much exercise your child gets?

CE16

A LOT 1
SOME...2
VERY LITTLE..3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC07_E7:
IF ENGLSPAN = 1 OR 2 (INTERVIEW LANGUAGE IS ENGLISH OR SPANISH), CONTINUE WITH
QC07_E7;
ELSE SKIP to QC07_E8;

QC07_E7   In the past 12 months, have you seen a billboard that says, "Obesity in Little Children is a
big Problem."?

CE17

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

PROGRAMMING NOTE QC07_E8:
IF ENGLSPAN = 3, 4, 5, 6 (INTERVIEW LANGUAGE IS VIETNAMESE, KOREAN, CANTONESE, OR
MANDARIN), CONTINUE WITH QC07_E8;
ELSE SKIP TO SECTION F;

QC07_E8   In the past 12 months, have you seen or heard a radio or TV ad that says, "So for many
children of smokers, the question isn't IF they'll become smokers…but WHEN."?

CE18

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

Section F – Parental Involvement, Concerns, Mental Health

> **PROGRAMMING NOTE QC07_F1:**
> IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE QC07_F4 INTRO;
> ELSE CONTINUE WITH QC07_F1;

QC07_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

QC07_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

QC07_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 QC07_F4 INTRO:
IF CAGE < 4 MONTHS, GO TO QC07_G1;
IF CAGE ≥ 6 YEARS, GO TO QC07_F10;
ELSE IF CAGE ≥ 4 MONTHS AND < 6 YEARS, CONTINUE WITH QC07_F4 INTRO;

QC07_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. (*Questions QC07_F4 through QC07_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).)*

PROGRAMMING NOTE QC07_F4:
IF CAGE > 9 MONTHS GO TO QC07_F5;
ELSE IF CAGE ≤ 9 MONTHS CONTINUE WITH QC07_F4;

QC07_F4   How your child makes speech sounds? [Are you concerned a lot, a little, or not at all?]

CG17

A LOT..1	**[GO TO QC07_F6]**
A LITTLE 2	**[GO TO QC07_F6**]
NOT AT ALL...3	**[GO TO QC07_F6]**
REFUSED .... -7	**[GO TO QC07_F6]**
DON'T KNOW .... -8	**[GO TO QC07_F6]**

QC07_F5   How your child talks and makes words? [Are you concerned a lot, a little, or not at all?]

CG17A

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

PROGRAMMING NOTE QC07_F6:
IF CAGE < 18 MONTHS, GO TO QC07_F7;
ELSE IF CAGE ≥ 18 MONTHS CONTINUE WITH QC07_F6;

QC07_F6   How well your child understands what you say? [Are you concerned a lot, a little, or not at all?]

CG18

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

QC07_F7   How your child uses {his/her} hands and fingers to do things? [Are you concerned a lot, a little, or not at all?]

CG19

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

QC07_F8   How well your child uses {his/her} arms and legs? [Are you concerned a lot, a little, or not at all?]

CG20

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

QC07_F9   How well your child can see or hear? [Are you concerned a lot, a little, or not at all?]

CG21

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

PROGRAMMING NOTE QC07_F10:
IF CAGE IS ≤ 9 MONTHS, GO TO QC07_G1;
IF CAGE > 6 YEARS, GO TO PROGRAMMING NOTE QC07_F15;
ELSE IF CAGE = 10 MONTHS TO 6 YEARS, CONTINUE WITH QC07_F10;

QC07_F10   How your child gets along with others? [Are you concerned a lot, a little, or not at all?]

CG22

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

QC07_F11   Your child's feelings and moods? [Are you concerned a lot, a little, or not at all?]

CG23

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

QC07_F12 How your child behaves? [Are you concerned a lot, a little, or not at all?]

CG24

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

QC07_F13 How your child is learning to do things for {himself/herself}? [Are you concerned a lot, a little, or not at all?]

CG25

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

QC07_F14 Whether your child can do what other children {his/her} age can do? [Are you concerned a lot, a little, or not at all?]

CG26

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

PROGRAMMING NOTE QC07_F15:
IF CAGE < 1 GO TO QC07_F23; ELSE CONTINUE WITH QC07_F15;

QC07_F15 Many professionals such as health providers, teachers and counselors do developmental screening tests. Tests check how a child is growing, learning, and behaving compared with children of the same age.

      Did (child's) doctor, other health providers, teachers, or school counselors ever tell you that they were doing an assessment or tests of (child's) development?

CF40

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

QC07_F16 Did {his/her} doctor, other health providers, teachers, or school counselors ever have (child) rollover, pick up small objects, stack blocks, throw a ball, or recognize different colors?

CF41

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

QC07_F17   Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?

CF42

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

QC07_F18   Did they ever have you fill out a checklist of activities that (child) can do, such as certain physical tasks, whether {her/she} can draw certain objects, or ways {he/she} can communicate with you?

CF43

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

QC07_F19   Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

CF44

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

PROGRAMMING NOTE QC07_F20:
IF QC07_A20 = 1 (ADD/ADHD) OR QC07_A21 = 1 (ASPERGER'S, AUTISM) OR QC07_A22 = 1 (OTHER DEVELOPMENTAL CONDITION), GO TO QC07_F21
ELSE CONTINUE WITH QC07_F20

QC07_F20   Did a doctor or other professional ever note a concern about (child) that should be monitored carefully?

CF45

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

QC07_F21   Did they ever refer {him/her} to a specialist regarding his development?

CF46

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

QC07_F22   Did they ever refer {him/her} for speech, language, or hearing testing?

CF47

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

THE NEXT 7 ITEMS (QC07_F23-QCO7_F28) ARE INCLUDED IN THIS SURVEY WITH PERMISSION AS INDICATED:

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PROGRAMMING NOTE QC07_F23:
IF CAGE < 4 YEARS, GO TO QC07_G1;
ELSE CONTINUE WITH QC07_F23;

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.

QC075_F23   {He/She} is generally well behaved, usually does what adults request [...during the past 6 months.]

CG28

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

QC07_F24   {He/She} has many worries or often seems worried [...during the past 6 months.]

CG29

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

QC07_F25   {He/She} is often unhappy, depressed or tearful [...during the past 6 months.]

CG30

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

QC07_F26   {He/She} gets along better with adults than with other children [...during the past 6 months.]

CG31

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

QC07_F27   {He/She} 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

QC07_F28   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 TO QC07_F30]**
    REFUSED .... -7   **[GO TO QC07_F30]**
    DON'T KNOW .... -8   **[GO TO QC07_F30]**

QC07_F29   Are these difficulties minor, definite, or severe?

CF31

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

QC07_F30   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 QC07_F31:
IF QC07_A6A = 1 OR QC07_A6B = 1 (CHILD ATTNDED SCHOOL LAST WK OR LAST YR),
THEN CONTINUE WITH QC07_F31;
ELSE, GO TO QC07_G1;

QC07_F31   Would you describe (CHILD'S) school work as…

CF38

EXCELLENT 1
ABOVE AVERAGE 2
AVERAGE..3
BELOW AVERAGE...4
FAILING 5
REFUSED .... -7
DON'T KNOW .... -8

Section G – Child Care

ROGRAMMING NOTE QC07_G1
IF CAGE ≥ 7, LAST SENTENCE OF FIRST PARAGRAPH DOES NOT APPLY;

QC07_G1   These next questions are about childcare. By childcare we mean any arrangement where someone other than the parents, legal guardian, or stepparents takes care of (CHILD). {This includes preschool and nursery school, but not kindergarten.}

CG1

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

```
YES ......................................................................1
NO..........................................................................2      [GO TO  QC07_G10]
REFUSED ............................................................. -7      [GO TO  QC07_G10]
DON'T KNOW ........................................................ -8      [GO TO  QC07_G10]
```

QC07_G2   Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

CG2

_____ HOURS

```
REFUSED ............................................................. -7      [GO TO  QC07_G10]
DON'T KNOW ........................................................ -8      [GO TO  QC07_G10]
```

PROGRAMMING NOTE QC07_G3:
IF QC07_G2 < 10 (HOURS IN CHILDCARE), GO TO QC07_G10;
ELSE CONTINUE WITH QC07_G3 INTRO;

During a typical week does (CHILD) receive childcare from…

QC07_G3   ...a grandparent or other family member?

CG3A

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

PROGRAMMING NOTE QC07_G4:
IF CAGE ≥ 7 YEARS, GO TO QC07_G6;
ELSE CONTINUE WITH QC07_G4;

QC07_G4   [Does (CHILD) receive childcare from]...a Head Start or state preschool program?

CG3B

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

QC07_G5   [Does (CHILD) receive childcare from]...some other preschool or nursery school?

CG3C

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

QC07_G6   [Does (CHILD) receive childcare from]...a childcare center that is not in someone's home?

CG3D

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

QC07_G7   [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in your home?

CG3E

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

QC07_G8   [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in his or her home?

CG3F

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

PROGRAMMING NOTE QC07_G9:
GO TO QC07_G10:
     IF QC07_G3 OR QC07_G7 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR
NON-FAMILY MEMBER IN CHILD'S HOME) OR
     IF QC07_G4 ≠ 1 AND QC07_G5 ≠ 1 AND QC07_G6 ≠ 1 AND QC07_G8 ≠ 1 (NOT IN HEAD
     START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME);
ELSE CONTINUE WITH QC07_G9
     IF ONLY ONE OF QC07_G4, QC07_G5, QC07_G6, OR QC07_G8 = 1, SAY "IS THIS" AND
"PROVIDER"; ELSE SAY, "ARE ALL OF THESE" AND "PROVIDERS";

QC07_G9   {Is this/Are all of these} child care provider{s} licensed by the state of California?

CG3G

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

QC07_G10   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   **[GO TO QC07_G12]**
       REFUSED .... -7   **[GO TO QC07_G12]**
       DON'T KNOW .... -8   **[GO TO QC07_G12]**

QC07_G11   What is the main reason you were unable to find childcare for (CHILD) at that time?

CG6

     [INTERVIEWER NOTE: IF NEEDED SAY, "Main reason is the most important reason."]

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

PROGRAMMING NOTE QC07_G12:
IF INTERVIEW LANGUAGE IS CANTONESE, MANDARIN, KOREAN, OR VIETNAMESE THEN
CONTINUE WITH QC07_G12;
ELSE GO TO QC07_H1;

QC07_G12   In the past 12 months, have you seen or head a radio or TV ad 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

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.

QC07_H1   Is (CHILD) Latino or Hispanic?

CH1

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

YES 1
NO..2   **[GO TO QC07_H3]**
REFUSED .... -7   **[GO TO QC07_H3]**
DON'T KNOW .... -8   **[GO TO QC07_H3]**

QC07_H2   And what is {his/her} Latino or Hispanic ancestry or origin? – such as Mexican, Salvadorian, Cuban, Honduran – and if {he/she} has more than one, tell me all of them.

CH2

[INTERVIEWER NOTE: 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 QC07_H3:
IF QC07_H1 = 1 (YES-CHILD IS LATINO), SAY, "YOU SAID YOUR CHILD IS LATINO OR HISPANIC.
ALSO…";

QC07_H3   {You said your child is Latino or Hispanic. Also,} Please tell me which one or more of the
following you would use to describe (CHILD). Would you describe {him/her} as Native
Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African
American, or White?

CH3

*[INTERVIEWER NOTE: IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY
WHAT IT IS. CODE ALL THAT APPLY.]*

WHITE..1	**[GO TO QC07_H10]**
BLACK OR AFRICAN AMERICAN 2	**[GO TO QC07_H10]**
ASIAN..3	**[GO TO QC07_H8]**
AMERICAN INDIAN, ALASKA NATIVE.....................4	**[GO TO QC07_H4]**
OTHER PACIFIC ISLANDER 5	**[GO TO QC07_H9]**
NATIVE HAWAIIAN 6	**[GO TO QC07_H10]**
OTHER (SPECIFY):_____................... 91	**[GO TO QC07_H10]**
REFUSED .... -7	**[GO TO QC07_H10]**
DON'T KNOW .... -8	**[GO TO QC07_H10]**

PROGRAMMING NOTE QC07_H4:
IF QC07_H3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QC07_H4;
ELSE GO TO PROGRAMMING NOTE QC07_H8;

QC07_H4   You said American Indian/Alaska Native, and what is (CHILD)'s tribal heritage? If
{he/she} has more than one tribe, tell me all of them.

CH4

[INTERVIEWER NOTE: CODE ALL THAT APPLY.]

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

QC07_H5   Is (CHILD) an enrolled member in a federally or state recognized tribe?

CH5

YES 1	
NO...2	**[GO TO QC07_H8]**
REFUSED .... -7	**[GO TO QC07_H8]**
DON'T KNOW .... -8	**[GO TO QC07_H8]**

QC07_H6   In which Tribe is (CHILD) enrolled?

CH6

> **APACHE**
> MESCALERO APACHE, NM 1
> APACHE (NOT SPECIFIED) 2
> OTHER APACHE (SPECIFY)_____............ 91
> **BLACKFEET**
> BLACKFOOT/BLACKFEET 3
> **CHEROKEE**
> WESTERN CHEROKEE..4
> CHEROKEE (NOT SPECIFIED).............................5
> OTHER CHEROKEE (SPECIFY)_____ 92
> **CHOCTAW**
> CHOCTAW OKLAHOMA 6
> CHOCTAW (NOT SPECIFIED) 7
> OTHER CHOCTAW (SPECIFY):_____ 93
> **NAVAJO**
> NAVAJO (NOT SPECIFIED)....................................8
> **POMO**
> HOPLAND BAND, HOPLAND RANCHERIA............9
> SHERWOOD VALLEY RANCHERIA.................... 10
> POMO (NOT SPECIFIED) 11
> OTHER POMO (SPECIFY)_____ 94
> **PUEBLO**
> HOPI 12
> YSLETA DEL SUR PUEBLO OF TEXAS 13
> PUEBLO (NOT SPECIFIED) 14
> OTHER PUEBLO (SPECIFY):_____ 95
> **SIOUX**
> OGLALA/PINE RIDGE SIOUX............................. 15
> SIOUX (NOT SPECIFIED)................................... 16
> OTHER SIOUX (SPECIFY):_____ 96
> **YAQUI**
> PASCUA YAQUI TRIBE OF ARIZONA 17
> YAQUI (NOT SPECIFIED 18
> OTHER YAQUI (SPECIFY):_____ 97
> **OTHER**
> OTHER (SPECIFY):_____.......................... 98
> REFUSED .... -7
> DON'T KNOW .... -8

QC07_H7   Does (CHILD) get any health care services through the Indian Health Service,
                   a Tribal Health Program, or an Urban Indian clinic?

CH6A

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

PROGRAMMING NOTE QC07_H8:
IF QC07_H3 = 3 (ASIAN) CONTINUE WITH QC07_H8;
ELSE GO TO PROGRAMMING NOTE QC07_H9;

QC07_H8   You said Asian, and what specific ethnic group is {he/she/he or she}, such as {Chinese,
Filipino, or Vietnamese? If {he/she/he or she} is more than one, tell me all of them.

> **CH7**

[INTERVIEWER NOTE: 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 QC07_H9:
IF QC07_H3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QC07_H9;
ELSE GO TO QC07_H10;

QC07_H9   You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}, such as
Samoan, Tongan, or Guamanian? If {he/she} is more than one, tell me all of them.

> **CH7A**

[INTERVIEWER NOTE: CODE ALL THAT APPLY.]

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

PROGRAMMING NOTE QC07_H10:
IF MKA = AR AND AI56C ≠ 1 (THIS QUESTION ALREADY ASKED DURING ADULT SURVEY),
SKIP TO QC07_H14; ELSE CONTINUE WITH QC07_H10;

QC07_H10   In what country was (CHILD) born?

CH8

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

PROGRAMMING NOTE QC07_H11:
IF QC07_H10 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING
NOTE QC07_H14; ELSE CONTINUE WITH QC07_H11;

QC07_H11   Is (CHILD) a citizen of the United States?

CH8A

                    YES 1   **[GO TO QC07_H13]**
                    NO..2
                    APPLICATION PENDING.......................................3
                    REFUSED .... -7
                    DON'T KNOW .... -8

QC07_H12   Is (CHILD) a permanent resident with a green card?

CH9

[INTERVIEWER NOTE: 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

QC07_H13   About how many years has (CHILD) lived in the United States?

CH10

[INTERVIEWER NOTE: FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

CH10YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH10FMT

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

PROGRAMMING NOTE QC07_H14;
IF MKA = ADULT RESPONDENT SKIP TO QC07_H18;
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC07_H14 AND SAY, "WERE YOU";
ELSE, CONTINUE WITH QC07_H14 AND SAY "WAS HIS MOTHER/WAS HER MOTHER";

QC07_H14   In what country {were you/was his mother/was her mother} born?

CH11

[INTERVIEWER NOTE: 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 QC07_H15 AND QC07_H16:
IF QC07_H14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO
QC07_PROGRAMMING NOTE QC07_H18;
ELSE CONTINUE WITH QC07_H15 AND IF RESPONDENT IS MOTHER OF CHILD SAY, "ARE YOU";
ELSE DISPLAY "IS {HIS/HER/HIS OR HER} MOTHER";

QC07_H15   {Are you/Is {his/her} mother} a citizen of the United States?

CH11A

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

YES 1   **[GO TO QC07_H17]**
NO..2
APPLICATION PENDING 3
REFUSED .... -7
DON'T KNOW .... -8

QC07_H16   {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 QC07_H17
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC07_H17 AND SAY, "HAVE YOU";
ELSE, CONTINUE WITH QC07_H17 AND SAY "HAS HIS MOTHER/HAS HER MOTHER";

QC07_H17   About how many years {have you/has {his/her} mother} lived in the United States?

CH13

_____ NUMBER OF YEARS

CH13YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH13FMT

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

PROGRAMMING NOTE QC07_H18;
IF MKA IS MALE AND MKA = ADULT RESPONDENT, SKIP TO QC07_H22;
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC07_G18 AND SAY "WERE YOU";
ELSE, CONTINUE WITH QC07_H18 AND SAY, "WAS HIS FATHER/WAS HER FATHER";

QC07_H18   In what country {were you/was his father/was her father} born?

CH14

*[INTERVIEWER NOTE: 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 QC07_H19 AND QC07_H20:
IF QC07_H18 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING
NOTE QC07_H22;
ELSE CONTINUE WITH QC07_H15 AND IF RESPONDENT IS FATHER OF CHILD SAY, "ARE YOU";
ELSE SAY "IS {HIS/HER} FATHER";

QC07_H19   {Are you/Is {his/her} father} a citizen of the United States?

CH14A

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

YES 1   **[GO TO QC07_H21]**
NO...2
APPLICATION PENDING 3
REFUSED .... -7
DON'T KNOW .... -8

QC07_H20   {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 QC07_H1:
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC07_H21 AND SAY "HAVE YOU";
ELSE, CONTINUE WITH QC07_H21 AND SAY "HAS HIS FATHER/HAS HER FATHER"

QC07_H21   About how many years {have you/has his father/has her father} lived in the United
States?

CH16

_____ NUMBER OF YEARS

CH16YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH16FMT

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

PROGRAMMING NOTE QC07_H22:
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE QC07_H23;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH QC07_H22;

QC07_H22   In general, what languages are spoken in (CHILD)'s home?

CH17

> *[INTERVIEWER NOTE: 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 QC07_H23
IF INTERVIEW CONDUCTED IN ENGLISH AND QC07_H22 > 1 (TWO OR MORE LANGUAGES
SPOKEN AT HOME), CONTINUE WITH QC07_H23: "COMPARED TO THE LANGUAGE SPOKEN IN
(CHILD)'S HOME,…";
ELSE IF QC07_H22 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC07_H24;

QC07_H23   {Compared to other languages spoken in (CHILD)'s home}, would you say you speak
English....

CH18

> VERY WELL..1
> FAIRLY WELL...2
> NOT WELL..3
> NOT AT ALL..4
> REFUSED .... -7
> DON'T KNOW .... -8

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PROGRAMMING NOTE QC07_H24
IF RESPONDENT IS NOT SAMPLED ADULT, ASK QC07_H24;
ELSE GO TO PROGRAMMING NOTE QC07_H26;

</div>

QC07_H24   What is the highest grade of education you have completed and received credit for?

CH22

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

QC07_H25   Are you now in school?

CG37

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            YES ........................................................................1
            NO...........................................................................2
            REFUSED ........................................................... -7
            DON'T KNOW ...................................................... -8
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PROGRAMMING NOTE QC07_H26
IF RESPONDENT IS NOT SAMPLED ADULT, ASK QC07_H26;
ELSE GO TO END;

QC07_H26   Those are my final questions. I appreciate your patience. Finally, do you think you would
                 be willing to do a follow-up to this survey some time in the future?

CG38

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

END   Thank you for your time and cooperation. You have helped with a very important
                 statewide survey. If you have any questions about the study, please contact Dr. E.
                 Richard Brown, the Principal Investigator. Dr. Brown can be reached toll-free at 1-866-
                 275-2447. Goodbye.