



**CHIS 2017
Child Questionnaire
October 2, 2019**

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

Collaborating Agencies:

- *UCLA Center for Health Policy Research*
- *California Department of Health Care Services*
- *California Department of Public Health*

Contact:

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

TABLE OF CONTENTS

SECTION A: DEMOGRAPHICS PART I, HEALTH CONDITIONS 4

Gender 4

Age 4

Height and Weight 5

Breastfeeding 6

School Attendance 6

General Health 7

Asthma 7

Asthma Symptoms (Imperial County) 8

Allergy Symptoms (Imperial County) 11

Other Conditions 12

SECTION B: DENTAL HEALTH 15

Delays in Care (Dental) 17

Emergency Room/Urgent Care (Dental) 18

SECTION C: DIET, PHYSICAL ACTIVITY, PARK USE 18

Dietary Intake 18

Commute from School to Home 19

Name of School 20

Physical Activity 21

Sedentary Time 21

Park Use 22

SECTION D: HEALTH CARE ACCESS AND UTILIZATION 23

Usual Source of Care 23

Emergency Room Visit 23

Visits to Medical Doctor 24

Personal Doctor 24

Care Coordination 24

Developmental Screening 25

Timely Appointments 26

Communication Problems with a Doctor 26

Delays in Care 28

SECTION E: PUBLIC PROGRAMS 29

TANF/CalWORKs 29

Food Stamps 29

WIC 30

SECTION F: PARENTAL INVOLVEMENT 30

First 5 California: “Talk, Read, Sing Program” 31

First 5 California: Kit for New Parents 31

SECTION G: CHILD CARE AND SOCIAL COHESION.....33
 Child Care..... 33

SECTION H: DEMOGRAPHICS, PART II.....35
 Race/Ethnicity 35
 Country of Birth 39
 Citizenship, Immigration Status, Years in the US 39
 Country of Birth (Mother) 40
 Citizenship, Immigration Status, Years in the US (Mother) 41
 Citizenship, Immigration Status, Years in the US (Father) 42
 Languages Spoken At Home 43
 Education of Primary Caretaker 44

SECTION H: DEMOGRAPHICS, PART III.....45
 Follow-up and Close..... 45

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 2017 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

'PN_QC2017_A1' [PN_CA1] -

PROGRAMMING NOTE CA1 :

SET CADATE = CURRENT DATE (YYYYMMDD);

IF AR = SKA AND GENDER OF CHILD IS KNOWN, SKIP TO CA2 ;

ELSE CONTINUE WITH CA1

'QC2017_A1' [CA1] -

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

Is (CHILD) male or female?

- 01 MALE
- 02 FEMALE
- 7 REFUSED

'QC2017_A2' [CA2] - What is {his/her} date of birth?

'CA2MON' [CA2MON] - _____ MONTH_ [HR: 1-12]

- 01 JANUARY
- 02 FEBRUARY
- 03 MARCH
- 04 APRIL
- 05 MAY
- 06 JUNE
- 07 JULY
- 08 AUGUST
- 09 SEPTEMBER
- 10 OCTOBER
- 11 NOVEMBER
- 12 DECEMBER

'CA2DAY' [CA2DAY] - _____ DAY [HR: 1-31]

'CA2YR' [CA2YR] - _____ YEAR [HR: 2004-2016]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A3' [PN_CA3] -

PROGRAMMING NOTE CA3 :

**IF CA2 = -7 OR -8 (REFUSED/DON'T KNOW) CONTINUE WITH CA3 ;
ELSE SKIP TO CA4**

'QC2017_A3' [CA3] - How old is {he/she}?

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

'CA3YR' [CA3YR] - _____ YEARS

'CA3MON' [CA3MON] - _____ MONTHS

- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A4' [CA4] - About how tall is (CHILD) now without shoes?

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

'CA4F/CA4I' [CA4F/CA4I] -

_____ FEET

_____ INCHES

'CA4M/CA4C' [CA4M/CA4C] -

_____ METERS

_____ CENTIMETERS

'CA4FMT' [CA4FMT] -

- 01 FEET/INCHES
- 02 METERS/CENTIMETERS
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A5' [CA5] - About how much does (CHILD) weigh now without shoes?

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

'CA5P' [CA5P] - _____ POUNDS

'CA5K' [CA5K] - _____ KILOGRAMS

'CA5FMT' [CA5FMT] -

CA5FMT

- 01 POUNDS
- 02 KILOGRAMS
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A6' [PN_CA14] -
PROGRAMMING NOTE CA14 :
IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE CA42 ;
ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH CA14

'QC2017_A6' [CA14] - Was (CHILD) ever breastfed or fed breast milk?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QC2017_A11'

'QC2017_A7' [CA15] - How old was (CHILD) when { he/she } stopped breastfeeding altogether?

'CA15M' [CA15M] - CA15M

'CA15Y' [CA15Y] - CA15Y

REDK_CA15

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

'QC2017_A8' [CA16] -

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

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

_____ MONTHS

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

'PN_QC2017_A9' [PN_CA42] -

PROGRAMMING NOTE CA42 :

IF CAGE < 5 YEARS GO TO CA6 ;

ELSE CONTINUE WITH CA42 AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC2017_A9' [CA42] - {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

- 01 YES
- 02 NO
- 03 ON VACATION
- 04 HOME SCHOOLED
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 4, goto 'QC2017_A11'

'PN_QC2017_A10' [PN_CA43] -

PROGRAMMING NOTE CA43 :

IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC2017_A10' [CA43] - {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?

- 01 YES
- 02 NO
- 03 HOMESCHOOLED
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A11' [CA6] -

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

- 01 EXCELLENT
- 02 VERY GOOD
- 03 GOOD
- 04 FAIR
- 05 POOR
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A12' [CA12] - Has a doctor ever told you that (CHILD) has asthma?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QC2017_A28'

'QC2017_A13' [CA31] - Does {he/she} still have asthma?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A14' [CA32] - During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A15' [PN_CA12B] -
PROGRAMMING NOTE CA12B :
IF CA31 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND CA32 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) GO TO CA12A ;
ELSE IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO CA12A;
ELSE CONTINUE WITH CA12B

'QC2017_A15' [CA12B] -
 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:

- 01 Not at all,
- 02 Less than every month,
- 03 Every month,
- 04 Every week, or
- 05 Every day?
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A16' [CA33] - During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QC2017_A18'

'QC2017_A17' [CA48] - Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

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

- 01 YES
- 02 NO
- 03 DOESN'T HAVE DOCTOR
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A18' [PN_CA44] - PN_CA44
PROGRAMMING NOTE CA44:
IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO CA12A;

'QC2017_A18' [CA44] - During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A19' [CA12A] -
 Is (CHILD) now taking a daily medication to control {his/her} asthma that was prescribed or given to you by a doctor?

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A20' [PN_CA40] -

PROGRAMMING NOTE CA40 :

**IF CA31 = 1 (YES, STILL HAS ASTHMA) OR CA32 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO CA34 ;
IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS
NOT IMPERIAL COUNTY, THEN GO TO CA34;
ELSE CONTINUE WITH CA40**

'QC2017_A20' [CA40] -

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:

- 01 Not at all,
- 02 Less than every month,
- 03 Every month,
- 04 Every week, or
- 05 Every day?
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A21' [CA41] - During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QC2017_A23'

'QC2017_A22' [CA49] -

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

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

- 01 YES
- 02 NO
- 03 DOESN'T HAVE DOCTOR
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A23' [PN_CA45] - PN_CA45

PROGRAMMING NOTE CA45:

**IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS
NOT IMPERIAL COUNTY, THEN GO TO CA34;**

'QC2017_A23' [CA45] - During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A24' [CA34] - During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?

_____ NUMBER OF DAYS

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

'QC2017_A25' [CA35] - Have (CHILD'S) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} asthma?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto **'QC2017_A27'**

'QC2017_A26' [CA50] - Do you have a written or printed copy of this plan?
[IF NEEDED, SAY: "This can be an electronic or hard copy."]

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A27' [PN_CA51] -

PROGRAMMING NOTE CA51:

IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO CA7;

'QC2017_A27' [CA51] - How confident are you that you can control and manage (CHILD's) asthma? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

- 01 VERY CONFIDENT
- 02 SOMEWHAT CONFIDENT
- 03 NOT TOO CONFIDENT
- 04 NOT AT ALL CONFIDENT
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A28' [PN_CA58] - PN_CA58

PROGRAMMING NOTE CA58:

IF CA12 = 1, THEN SKIP TO CA60;

ELSE IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS IMPERIAL COUNTY, THEN CONTINUE CA58;

ELSE SKIP TO CA60;

'QC2017_A28' [CA58] - During the past 12 months, has (CHILD) had symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm when {he/she} DID NOT have a cold or respiratory infection?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8 go to **'PN_QC2017_A30'**

'QC2017_A29' [CA59] - How often did {he/she} have those symptoms? Would you say...

- 01 NOT AT ALL
- 02 Once or twice in the past 12 months
- 03 Every couple of months
- 04 Every month, or
- 05 Every week?
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A30' [PN_CA60] - PN_CA60

PROGRAMMING NOTE CA60:

**IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS IMPERIAL COUNTY, THEN CONTINUE WITH CA60;
ELSE SKIP TO CA34;**

'QC2017_A30' [CA60] - During the past 12 months, has (CHILD) been bothered by sneezing or a runny or blocked nose when {he/she} DID NOT have a cold or the flu?

[IF R MENTIONS ALLERGY, CODED 'YES']

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QC2017_A32'

'QC2017_A31' [CA61] - How often did {he/she} have those symptoms? Would you say...

- 01 NOT AT ALL
- 02 Once or twice in the past 12 months
- 03 Every couple of months
- 04 Every month, or
- 05 Every week?
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A32' [CA62] - During the past 12 months, has (CHILD) been bothered by watery, itchy, or burning eyes when {he/she} DID NOT have a cold or the flu?

[IF R MENTIONS ALLERGY, CODED 'YES']

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QC2017_A34'

'QC2017_A33' [CA63] - How often did {he/she} have those symptoms? Would you say...

- 01 NOT AT ALL
- 02 Once or twice in the past 12 months
- 03 Every couple of months
- 04 Every month, or
- 05 Every week?
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A34' [PN_CA64] - PN_CA64

PROGRAMMING NOTE CA64:

**IF CHILD-FIRST INTERVIEW, THEN CONTINUE;
ELSE SKIP TO CA66;**

'QC2017_A34' [CA64] - How concerned are you with the air quality? Would you say...

- 01 Not a concern
- 02 Moderate concern
- 03 Significant concern
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A35' [CA65] - Please rate the air quality in your neighborhood? Would you say...

- 01 Excellent
- 02 Very good
- 03 Good
- 04 Fair, or
- 05 Poor
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A36' [CA66] - In the past 12 months, has (CHILD) had an illness or symptoms that you think was caused by pollution in the air outdoors?

[IF NEEDED, SAY: Things like dust, smog, automobile exhaust, and chemicals can cause outdoor air pollution]. [NOTE: IF CHILD HAD EXPERIENCE AN ILLNESS OR SYMPTOMS WITHIN THE PAST 12 MONTHS THAT WAS CAUSED BY SOMETHING IN THE AIR HE OR SHE ENCOUNTERED MORE THAN 12 MONTHS AGO, THEN CODE 'YES']

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A37' [CA67] - The next questions are about the outdoor air quality and how it affects your activities. Please think of the past 12 months. How many times did you reduce or change {his/her} outdoor activity levels because you thought the air quality was bad or was affecting how well {he/she} felt? Would you say...

[IF NEEDED: For example, avoiding outdoor exercise or strenuous outdoor activity.]

- 1 None
- 2 1 to 3 times,
- 3 4 to 6 times, or
- 4 More than 6 times?
- 5 REFUSED
- 6 DON'T KNOW

'PN_QC2017_A38' [PN_CA68] - PN_CA68

PROGRAMMING NOTE CA68:

**IF CHILD-FIRST INTERVIEW, THEN CONTINUE;
ELSE SKIP TO CA7;**

'QC2017_A38' [CA68] - Information on air quality that may be distributed to help inform the public about air pollution levels. Have you ever heard or read about the air quality index or air quality alerts where you live?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A39' [CA69] - Did you reduce or change {his/her} outdoor activity level based on the air quality index or air quality alerts?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A40' [CA7] - Does (CHILD) currently have any physical, behavioral, or mental conditions that limit or prevent {him/her} from doing childhood activities usual for {his/her} age?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QC2017_A45'

'QC2017_A41' [CA10A] - What condition does (CHILD) have?
[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- 01 ADD/ADHD
- 02 ASPERGER'S SYNDROME
- 03 AUTISM
- 04 CEREBRAL PALSY
- 05 CONGENITAL HEART DISEASE
- 06 CYSTIC FIBROSIS
- 07 DIABETES
- 08 DOWN'S SYNDROME
- 09 EPILEPSY
- 10 DEAFNESS OR OTHER HEARING PROBLEM
- 11 MENTAL RETARDATION, OTHER THAN DOWN'S
- 12 MUSCULAR DYSTROPHY
- 13 NEUROMUSCULAR DISORDER
- 14 ORTHOPEDIC PROBLEM (BONES OR JOINTS)
- 15 SICKLE CELL ANEMIA
- 16 BLINDNESS OR OTHER VISION PROBLEM
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, goto 'QC2017_A45'

OTHER

'QC2017_A42' [CA55] - Have (CHILD's) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} (INSERT CONDITION(S) FROM CA10A)?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QC2017_A44'

'QC2017_A43' [CA56] - Do you have a written or printed copy of this plan?

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A44' [CA57] - How confident are you that you can control and manage (CHILD's) (INSERT CONDITION(S) FROM CA10A)? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

- 01 VERY CONFIDENT
- 02 SOMEWHAT CONFIDENT
- 03 NOT TOO CONFIDENT
- 04 NOT AT ALL CONFIDENT
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A45' [CA17] - Does (CHILD) currently need or use medicine prescribed by a doctor, other than vitamins?

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto 'QC2017_A48'

'QC2017_A46' [CA18] - Is {his/her} need for prescription medicine because of any medical, behavior, or other health condition?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto 'QC2017_A48'

'QC2017_A47' [CA19] - Is this a condition that has lasted or is expected to last for 12 months or longer

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A48' [CA23] - Does (CHILD) need or get special therapy, such as physical, occupational or speech therapy?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto 'PN_QC2017_B1'

'QC2017_A49' [CA24] - Is {his/her} need for special therapy because of any medical, behavior, or other health condition?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto 'PN_QC2017_B1'

'QC2017_A50' [CA25] - Is this a condition that has lasted or is expected to last for 12 months or longer

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

SECTION B: DENTAL HEALTH

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

'PN_QC2017_B1' [PN_CC1]B -

PROGRAMMING NOTE CC1B :

**IF CAGE > 2 YEARS, GO TO CB33; AND DISPLAY "Now I'm going to ask you about (CHILD)'s dental health" ;
ELSE CONTINUE WITH CC1B**

'QC2017_B1' [CC1B] - These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'SECTION C – DIET, PHYSICAL ACTIVITY, PARK USE'

'PN_QC2017_B2' [PN_CB33] - PN_CB33

PROGRAMMING NOTE CB33:

**IF CAGE ≥ 4 CONTINUE WITH CB33;
ELSE SKIP TO CC5B**

'QC2017_B2' [CB33] - {Now I'm going to ask you about (CHILD)'s dental health} Did you take your child to the dentist before the age of 4?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'CC5B' [CC5B] - About how long has it been since your child last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.

- 00 HAS NEVER VISITED
- 01 6 MONTHS AGO OR LESS
- 02 MORE THAN 6 MONTHS UP TO 1YEAR AGO
- 03 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- 04 MORE THAN 2 YEARS UP TO 5 YEARS AGO
- 05 MORE THAN 5 YEARS AGO
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_B4' [PN_CB23] -

PROGRAMMING NOTE CB23 :

**IF CC5B = 0 (HAD NEVER VISITED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH CB23 ;
ELSE SKIP TO CC16B ;**

**IF CC5B = 0 (HAS NEVER VISITED), DISPLAY "never";
ELSE IF CC5B ≥ 3 DISPLAY "not" AND "in the past year"**

'QC2017_B4' [CB23] -

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

- 01 NO REASON TO GO/NO PROBLEMS
- 02 NOT OLD ENOUGH
- 03 COULD NOT AFFORD IT/TOO EXPENSIVE/NO INSURANCE
- 04 FEAR, DISLIKES GOING
- 05 DO NOT HAVE/KNOW A DENTIST
- 06 CANNOT GET TO THE OFFICE/CLINIC
- 07 NO DENTIST AVAILABLE/NO APPOINTMENTS AVAILABLE
- 08 DIDN'T KNOW WHERE TO GO
- 09 HOURS NOT CONVENIENT
- 10 SPEAK A DIFFERENT LANGUAGE
- 91 OTHER
- 7 REFUSED
- 8 DON'T KNOW

'PN_CC16B' [PN_CC16B] -

If CC5B =0, goto 'QC2017_B6'

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_B6' [CC17] - During the past 12 months, was there any time your child needed dental care, but you could not afford it?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_B7' [CC7A] - Do you now have any type of insurance that pays for part or all of your child's dental care?

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto 'CC7BNEW'

'QC2017_B8' [CB34B] - Who pays for this dental insurance, not counting co-pays or deductibles you may have?

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

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_B10' [CB27] - During the past 12 months, was there any time when (CHILD) needed dental care, including checkups, but didn't get it??

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QC2017_B12'

'QC2017_B11' [CB28] -

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

- 01 COULDN'T GET APPOINTMENT
- 02 MY INSURANCE NOT ACCEPTED
- 03 INSURANCE DID NOT COVER
- 04 LANGUAGE PROBLEMS
- 05 TRANSPORTATION PROBLEMS
- 06 HOURS NOT CONVENIENT
- 07 NO CHILD CARE FOR CHILDREN AT HOME
- 08 FORGOT OR LOST REFERRAL
- 09 I DIDN'T HAVE TIME
- 10 COULDN'T AFFORD/COST TOO MUCH
- 11 NO INSURANCE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_CB28

'QC2017_B12' [CB29] - During the past 12 months, did (CHILD) have to visit a hospital emergency room because of a dental problem?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'PN_CC18B' [PN_CC18B] -

PROGRAMMING NOTE CC18B:

**IF (CA42=1 OR 4) OR (CA43=1 OR3) [CHILD ATTENDS SCHOOL] CONTINUE WITH CC18B;
ELSE GO TO SECTION C**

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

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

SECTION C: DIET, PHYSICAL ACTIVITY, PARK USE

'PN_QC2017_C1' [PN_CC13] -

PROGRAMMING NOTE CC13 :

IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE CC53 ;

ELSE CONTINUE WITH CC13

'QC2017_C1' [CC13] - Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

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

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

- 7 REFUSED
- 8 DON'T KNOW

'QC2017_C2' [CC31] - Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.

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

- 7 REFUSED
- 8 DON'T KNOW

'QC2017_C3' [CC49] - [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did your child drink? Do not include diet soda.

_____ GLASSES, CANS OR BOTTLES

REDK_CC49

- 7 REFUSED
- 8 DON'T KNOW

'QC2017_C4' [CC50] - [Yesterday,] how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

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

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

_____ GLASSES, CANS, OR BOTTLES

- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_C5' [PN_CC40] -

PROGRAMMING NOTE CC40 :

IF CA42 = 4 (HOME SCHOOLED LAST WEEK) OR IF CA43 = 3 (HOME SCHOOLED LAST YEAR), GO TO PROGRAMMING NOTE CC35 ;

ELSE IF CA42 = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH CC40 AND DISPLAY "How many days in the past week";

IF CA43 = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH CC40 AND DISPLAY "During the school year, on how many days during a typical week";

ELSE GO TO PROGRAMMING NOTE CC35

'QC2017_C5' [CC40] - Now I'm going to ask you about physical activity.

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

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

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

_____ DAYS

- 7 REFUSED
- 8 DON'T KNOW

'QC2017_C6' [CC43] - {How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) bike or skateboard home from school?

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

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

_____ DAYS

- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_C7' [PN_CB22] -

PROGRAMMING NOTE CB22 :

If CA42 = 1 (ATTENDED SCHOOL LAST WEEK) OR CA43 = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH CB22 ;

ELSE SKIP TO PROGRAMMING NOTE CC35

'QC2017_C7' [CB22] -

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

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

'TEXT_NAM_CB22' [TEXT_NAM_CB22] - _____ NAME OF SCHOOL

'TYP_CB22' [TYP_CB22] - TYP_CB22

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

OTHER_CB22

'PN_QC2017_C8' [PN_CC35] -
PROGRAMMING NOTE CC35 :
IF CAGE < 5, SKIP TO PN CC53 ;
ELSE CONTINUE WITH CC35

'QC2017_C8' [CC35] - Not including school PE, on how many days of the past 7 days was (CHILD) physically active for at least 60 minutes total?

_____ DAYS [HR: 0-7]

- 7 REFUSED
- 8 DON'T KNOW

'CC51 ' [CC51] - During a typical week, on how many days is (CHILD) physically active for at least 60 minutes total per day? Do not include PE.

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

_____ DAYS [HR: 0-7]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_C10' [PN_CC53] -
PROGRAMMING NOTE CC53
IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE CC52
ELSE IF CAGE > 1 YEAR, CONTINUE WITH CC53

'QC2017_C10' [CC53] - The next questions are about the time {your child/CHILD} spends mostly sitting when {he/she} is not in school or doing homework. During the weekends, about how much time does {your child/CHILD} spend on a typical or usual weekend day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

_____ HOURS

_____ MINUTES

- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_C11' [PN_CC52] -
PROGRAMMING NOTE CC52 :
IF CAGE ≤ 1 YEAR GO TO PN CC37 ;
ELSE IF CAGE > 1 YEAR, CONTINUE WITH CC52

'QC2017_C11' [CC52] - During the weekdays, about how much time does {your child/CHILD} spend on a typical or usual week day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

_____ HOURS

_____ MINUTES

- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_C12' [PN_CC37] -
PROGRAMMING NOTE CC37 :
IF CAGE < 1 GO TO CD1 ;
ELSE CONTINUE WITH CC37

'QC2017_C12' [CC37] - Has (CHILD) been to a park, playground, or open space in the past 30 days?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_C13' [CC36] - Is there a park, playground, or open space within 30 minutes walking distance of your home?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_C14' [CC39] - Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

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

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_C15' [CC46] - The park or playground closest to where I live is safe at night.

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

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON'T KNOW

SECTION D: HEALTH CARE ACCESS AND UTILIZATION

'QC2017_D1' [CD1] -

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?

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

If = 2, goto **'PN_QC2017_D3'**

'PN_QC2017_D2' [PN_CD3] -

PROGRAMMING NOTE CD3 :

IF CD1 = 1, 5, -7, OR -8, DISPLAY "What kind of place do you take {him/her} to most often —a medical";

ELSE IF CD1 = 3 DISPLAY "Is {his/her} doctor in a private";

ELSE IF CD1 = 4, FILL CD3 = 1 AND GO TO PN CD12

'QC2017_D2' [CD3] - {What kind of place do you take {him/her} to most often—a medical/Is {his/her} doctor a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

- 01 DOCTOR'S OFFICE/KAISER/OTHER HMO
- 02 CLINIC/HEALTH CENTER/HOSPITAL CLINIC
- 03 EMERGENCY ROOM
- 91 SOME OTHER PLACE (SPECIFY: _____)
- 94 NO ONE PLACE
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_D3' [PN_CD12] -

PROGRAMMING NOTE CD12 :

IF CA33 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF CA41 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA), MARK YES ON CD12 AND GO TO CD6 ;

ELSE CONTINUE WITH CD12

'QC2017_D3' [CD12] -

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_D4' [CD6] - During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

TIMES

- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_D5' [PN_CD7] -

PROGRAMMING NOTE CD7 :

IF CD6 > 0, GO TO PROGRAMMING NOTE CD33 ;

ELSE IF CD6 = 0, -7, OR -8, CONTINUE WITH CD7

'QC2017_D5' [CD7] -

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

- 01 ONE YEAR AGO OR LESS
- 02 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- 03 MORE THAN 2 YEARS UP TO 3 YEARS AGO
- 04 MORE THAN 3 YEARS AGO
- 05 NEVER
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_D6' [PN_CD33] -

PROGRAMMING NOTE CD33 :

IF CD1 = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH CD33 ;

ELSE SKIP TO PROGRAMMING NOTE PN_CF40

'QC2017_D6' [CD33] - Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_D7' [PN_CD36] -

PROGRAMMING NOTE CD36:

IF CD1 = 1, 3, 4, OR 5 (HAS USUAL SOURCE OF CARE) AND CD33 = 1 (HAS PERSONAL DOCTOR) AND AND [CA31 =1 (HAS ASTHMA) OR CA32 = 1 (HAD ASTHMA ATTACK) OR CA7 = 1 (HAS OTHER CONDITION), CONTINUE WITH CD36;

ELSE SKIP TO PROGRAMMING NOTE PN_CF40

'QC2017_D7' [CD36] - Is there anyone at (CHILD's) doctor's office or clinic who helps coordinate {his/her} care with other doctors or services such as tests or treatments?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_D8' [PN_CF40] -
PROGRAMMING NOTE CF40 :
IF CAGE < 1, SKsIP to CD55
ELSE IF CAGE ≥ 1, CONTINUE WITH CF40

'QC2017_D8' [CF40] - Many professionals such as health providers, teachers and counselors do developmental screening tests. Tests check how a child is growing, learning and behaving compared with children of the same age.

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_D9' [CF41] - Did {his/her} doctor, other health providers, teachers or school counselors ever have (CHILD) rollover, pick up small objects, stack blocks, throw a ball, or recognize different colors?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_D10' [CF42] - Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_D11' [CF43] - Did they ever have you fill out a checklist of activities that (CHILD) can do, such as certain physical tasks, whether {her/she} can draw certain objects, or ways {he/she} can communicate with you?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_D12' [CF44] - Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_D13' [PN_CF45] -
PROGRAMMING NOTE CF45 :
IF CA10A =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETADATION) GO TO CF46 ;
ELSE CONTINUE WITH CF45

'QC2017_D13' [CF45] -

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_D14' [CF46] - Did they ever refer {him/her} to a specialist regarding his development?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_D15' [CF47] -

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_D16' [PN_CD55] -

PROGRAMMING NOTE CD55 :

**IF KID1ST = 'Y 'OR CHINSURE = 1 (INSURED OR INSURANCE STATUS UNKNOWN) OR CD1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH CD55 ;
ELSE GO TO PROGRAMMING NOTE CD25**

'QC2017_D16' [CD55] - In the past 12 months, did you try to get an appointment to see (CHILD)'s doctor or medical provider within two days because (CHILD) was sick or injured?

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QC2017_D18'

'QC2017_D17' [CD45] - How often were you able to get an appointment within two days? Would you say...

- 01 Never,
- 02 Sometimes,
- 03 Usually, or
- 04 Always?
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_D18' [PN_CD25] -

PROGRAMMING NOTE CD25 :

**IF [CD6 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR CD7 = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH CD25 ;
ELSE GO TO CE1**

'QC2017_D18' [CD25] - The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

- 01 YES
- 02 NO
- 03 NEVER ACCOMPANIED CHILD TO DOCTOR
- 7 REFUSED
- 8 DON'T KNOW

If = 1, goto 'PN_QC2017_D20'

'PN_QC2017_D19' [PN_CD31] -

PROGRAMMING NOTE CD31 :

IF CD25 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR AH36 > 1 (ADULT R SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH CD31 ;

SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME CD31 WAS ASKED; ELSE SKIP TO CD26 ;

'QC2017_D19' [CD31] - In what language does (CHILD)'s doctor speak to you?

- 01 ENGLISH
- 02 SPANISH
- 03 CANTONESE
- 04 VIETNAMESE
- 05 TAGALOG
- 06 MANDARIN
- 07 KOREAN
- 08 ASIAN INDIAN LANGUAGES
- 09 RUSSIAN
- 91 OTHER1 (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, goto 'QC2017_D21'

If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, goto 'QC2017_D23'

'PN_QC2017_D20' [PN_CD26] -

PROGRAMMING NOTE CD26 :

IF CD25 = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH CD26 ; ELSE SKIP TO CE1 ;

'QC2017_D20' [CD26] - Was this because you and the doctor spoke different languages?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_D21' [CD27] - Did you need someone to help you understand the doctor?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QC2017_D23'

'QC2017_D22' [CD28] - Who was this person who helped you understand the doctor?

- 01 MINOR CHILD (UNDER AGE 18)
- 02 AN ADULT FAMILY MEMBER OR FRIEND OF MINE
- 03 NON-MEDICAL OFFICE STAFF
- 04 MEDICAL STAFF INCLUDING NURSES AND DOCTORS
- 05 PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE)
- 06 OTHER (PATIENTS, SOMEONE ELSE)
- 07 DID NOT HAVE SOMEONE TO HELP
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_D23' [CE1] - During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for (CHILD)?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QC2017_D25'

'QC2017_D24' [CE12] - Was cost or lack of insurance a reason why you delayed or did not get the prescription?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_D25' [CE7] - During the past 12 months, did you delay or not get any other medical care you felt (CHILD) needed—such as seeing a doctor, a specialist, or other health professional?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QC2017_D30'

'QC2017_D26' [CD66] - Did (CHILD) get the care eventually?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_D27' [CE13] - Was cost or lack of insurance a reason why you delayed or did not get the medical care you felt (he/she) needed?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QC2017_D29'

'QC2017_D28' [CD67] - Was that the main reason?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 1, -7, -8, goto 'QC2017_D30'

'QC2017_D29' [CD68] - What was the one main reason why you delayed getting the care you felt (he/she) needed?

- 01 COULDN'T GET APPOINTMENT
- 02 MY INSURANCE NOT ACCEPTED
- 03 INSURANCE DID NOT COVER
- 04 LANGUAGE PROBLEMS
- 05 TRANSPORTATION PROBLEMS
- 06 HOURS NOT CONVENIENT
- 07 NO CHILD CARE FOR CHILDREN AT HOME
- 08 FORGOT OR LOST REFERRAL
- 09 I DIDN'T HAVE TIME
- 10 COULDN'T AFFORD/COST TOO MUCH
- 11 NO INSURANCE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_D30' [CD69] - During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_D31' [CD70] - During the past 12 months, were you told by a doctor's office or clinic that they would not accept your child as a new patient?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_D32' [CD71] - During the past 12 months, were you told by a doctor's office or clinic that they did not accept your child's health care coverage?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

SECTION E: PUBLIC PROGRAMS

'PN_SECTION E' [PN_SECTION E] -

PROGRAMMING NOTE SECTION E:

IF [POVERTY = 1, 2, 3, 4 or 5 (INCOME LESS THAN OR EQUAL TO 300% OF POVERTY LEVEL)

OR POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND KIDS1ST ≠ "Y" OR KIDS1ST = "Y", CONTINUE WITH CE11 ;

ELSE SKIP TO CG14

'QC2017_E1' [CE11] - Is (CHILD) now on TANF or CalWORKs?

[IF NEEDED, SAY: "TANF means 'Temporary Assistance to Needy Families,' and CalWORKs means 'California Work Opportunities and Responsibilities to Kids.' Both replaced AFDC, California's old welfare entitlement program."]

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_E2' [CE11A] - Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_E3' [PN_CE11C] -
PROGRAMMING NOTE CE11C :
IF CAGE > 6, GO TO CG14 ;
ELSE CONTINUE WITH CE11C

'QC2017_E3' [CE11C] - Is (CHILD) on WIC now?

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

SECTION F: PARENTAL INVOLVEMENT

'PN_QC2017_F1' [PN_CG14] -
PROGRAMMING NOTE CG14 :
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE CF64 ;
ELSE CONTINUE WITH CG14

'QC2017_F1' [CG14] - In a usual week, about how many days do you or any other family members read stories or look at picture books with (CHILD)?

- 01 EVERY DAY
- 02 3-6 DAYS
- 03 1-2 DAYS
- 04 NEVER
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_F2' [CG15] - [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

- 01 EVERY DAY
- 02 3-6 DAYS
- 03 1-2 DAYS
- 04 NEVER
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_F3' [CG16] - [In a usual week, about how many days do you or any other family member] take (CHILD) out somewhere, for example, to the park, store, or playground?

- 01 EVERY DAY
- 02 3-6 DAYS
- 03 1-2 DAYS
- 04 NEVER
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_F4' [PN_CF64] -

PROGRAMMING NOTE CF64 :

**IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH CF64 ;
ELSE GO TO CF35**

'QC2017_F4' [CF64] - Have you seen or heard messages encouraging you to talk, read and sing with your child?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto 'QC2017_F8'

'QC2017_F5' [CF65] - Would you say that you talk with your child less, about the same, or more after hearing that message?

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

'QC2017_F6' [CF66] - Would you say that you sing with your child less, about the same, or more after hearing that message?

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

'QC2017_F7' [CF67] - Would you say that you read with your child less, about the same, or more after hearing that message?

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

'QC2017_F8' [CF35] - Did you know that First 5 California, a state agency, provides a free Kit for New Parents to the parents of newborns?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto 'QC2017_F13'

'QC2017_F9' [CF36] - Have you ever received this Kit for New Parents?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto 'QC2017_F13'

'QC2017_F10' [CD57] - Did you receive the Kit for New Parents during the past year?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto 'QC2017_F13'

'QC2017_F11' [CF39] - Did you use any of the materials from the Kit for New Parents?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto 'QC2017_F13'

'QC2017_F12' [CF37] - On a scale of 1-10 with 10 being the most useful and 1 the least, how useful was the Kit for New Parents?

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

- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_F13' [PN_CF30] -

PROGRAMMING NOTE CF30: :

IF CAGE ≥ 4, CONTINUE WITH CF30

ELSE SKIP TO CG1

'QC2017_F13' [CF30] - Overall, do you think your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If =2, -7,-8, goto 'QC2017_F15'

'QC2017_F14' [CF31] - Are these difficulties minor, definite, or severe?

- 01 MINOR
- 02 DEFINITE
- 03 SEVERE
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_F15' [CF32] - During the past 12 months, did (CHILD) receive any psychological or emotional counseling?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

SECTION G: CHILD CARE AND SOCIAL COHESION

'PN_QC2017_G1' [PN_CG1] -

PROGRAMMING NOTE CG1 :

IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

'QC2017_G1' [CG1] -

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

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'PN_KCG39'

'QC2017_G2' [CG2] - Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

_____ HOURS_[HR: 1-168, SR: 10-168 HRS]

- 1 REFUSED
- 2 DON'T KNOW

'PN_QC2017_G3' [PN_CG3A] -

PROGRAMMING NOTE CG3A :

IF CG2 < 10 (HOURS IN CHILDCARE), GO TO CG5 ;

ELSE CONTINUE WITH CG3A

'QC2017_G3' [CG3A] - During a typical week does (CHILD) receive childcare from...a grandparent or other family member?

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

'QC2017_G4' [CG3E] - [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in your home?

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

'QC2017_G5' [CG3F] - [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in his or her home?

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

'QC2017_G6' [CG3D] - [Does (CHILD) receive childcare from]...a childcare center that is not in someone's home?

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

'PN_QC2017_G7' [PN_CG3B] -

PROGRAMMING NOTE CG3B :

IF CAGE ≥ 7 YEARS, GO TO NEXT SECTION ;

ELSE CONTINUE WITH CG3B

'QC2017_G7' [CG3B] - [Does (CHILD) receive childcare from]...a Head Start or state preschool program?

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

'QC2017_G8' [CG3C] - [Does (CHILD) receive childcare from]...some other preschool or nursery school?

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

'PN_QC2017_G9' [PN_CG3G] -

PROGRAMMING NOTE CG3G :

IF [CG3A OR CG3E = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF [CG3F ≠ 1 AND CG3D ≠ 1 AND CG3B ≠ 1 AND CG3C ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO CG5 ;

ELSE CONTINUE WITH CG3G ;

IF ONLY ONE OF CG3F , CG3D , CG3B , OR CG3C = 1, DISPLAY "Is this" AND "provider";

ELSE DISPLAY, "Are all of these" AND "providers"

'QC2017_G9' [CG3G] - {Is this/Are all of these} child care provider{s} licensed by the state of California?

- 1 YES (ALL LICENSED)
- 2 NO (NONE LICENSED)
- 3 SOME LICENSED AND SOME NOT
- 4 REFUSED
- 5 DON'T KNOW

'QC2017_G10' [CG5] - In the past 12 months, was there a time when you could not find childcare when you needed it for (CHILD) for a week or longer?

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

If = 2, -7, -8, goto SECTION H

'QC2017_G11' [CG6] - What is the main reason you were unable to find childcare for (CHILD) at that time?

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

- 01 COULDN'T AFFORD ANY CHILD CARE
- 02 COULDN'T FIND A PROVIDER WITH A SPACE
- 03 THE HOURS AND LOCATION DIDN'T FIT MY NEEDS
- 04 COULDN'T AFFORD THE QUALITY OF CHILDCARE I WANTED
- 05 COULDN'T FIND THE QUALITY OF CHILDCARE I WANTED
- 91 OTHER REASON
- 07 REFUSED
- 08 DON'T KNOW

SECTION H: DEMOGRAPHICS, PART II

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

'QC2017_H1' [CH1] - Is (CHILD) Latino or Hispanic?

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QC2017_H3'

'QC2017_H2' [CH2] - And what is {his/her} Latino or Hispanic ancestry or origin? – such as Mexican, Salvadorian, Cuban, Honduran – and if {he/she} has more than one, tell me all of them.

[IF NECESSARY GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

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

OTHER LATINO (SPECIFY: _____)

'PN_QC2017_H3' [PN_CH3] -

PROGRAMMING NOTE CH3 :

IF CH1 = 1 (YES-CHILD IS LATINO), DISPLAY, "You said your child is Latino or Hispanic. Also,"

IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR CH3 , CONTINUE WITH PROGRAMMING NOTE CH4 ;

ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QC2017_H3' [CH3] - {You said your child is Latino or Hispanic. Also,} Please tell me which one or more of the following you would use to describe (CHILD): Would you describe {him/her} as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

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

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

[CODE ALL THAT APPLY]

- 01 WHITE
- 02 BLACK OR AFRICAN AMERICAN

- 03 ASIAN
- 04 AMERICAN INDIAN OR ALASKA NATIVE
- 05 OTHER PACIFIC ISLANDER
- 06 NATIVE HAWAIIAN
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 6, 91, -7, -8, And Only One Race, goto 'PN_QC2017_H9'

If = 3, And Only One Race, goto 'PN_QC2017_H7'

If = 4, And Only One Race, goto 'PN_QC2017_H4'

If = 5, And Only One Race, goto 'PN_QC2017_H8'

OTHER_CH3

'PN_QC2017_H4' [PN_CH4] -

PROGRAMMING NOTE CH4 :

IF CH3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH CH4 ;

ELSE GO TO PROGRAMMING NOTE CH7

'QC2017_H4' [CH4] -

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

[CODE ALL THAT APPLY]

- 01 APACHE
- 02 BLACKFOOT/BLACKFEET
- 03 CHEROKEE
- 04 CHOCTAW
- 05 MEXICAN AMERICAN INDIAN
- 06 NAVAJO
- 07 POMO
- 08 PUEBLO
- 09 SIOUX
- 10 YAQUI
- 91 OTHER TRIBE (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_CH4

'QC2017_H5' [CH5] - Is (CHILD) an enrolled member in a federally or state recognized tribe?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QC2017_H7'

'CH6' [CH6] -

Which tribe are you enrolled in?

- 01 APACHE
- 02 BLACKFEET
- 03 CHEROKEE
- 04 CHOCTAW
- 05 NAVAJO
- 06 POMO
- 07 PUEBLO
- 08 SIOUX
- 09 YAQUI
- 10 OTHER

'APACHE_C' [APACHE_C] - APACHE_C

- 01 MESCALERO APACHE, NM

- 02 APACHE (NOT SPECIFIED)
- 91 OTHER APACHE (SPECIFY:)

OTHER_APACHE_C

'BLACKFEET_C' [BLACKFEET_C] - BLACKFEET_C

- 3 BLACKFOOT/BLACKFEET

'CHEROKEE_C' [CHEROKEE_C] - CHEROKEE_C

- 04 WESTERN CHEROKEE
- 05 CHEROKEE (NOT SPECIFIED)
- 92 OTHER CHEROKEE (SPECIFY: _____)

OTHER_CHEROKEE_C

'CHOCTAW_C' [CHOCTAW_C] - CHOCTAW_C

- 06 CHOCTAW OKLAHOMA
- 07 CHOCTAW (NOT SPECIFIED)
- 93 OTHER CHOCTAW (SPECIFY: _____)

OTHER_CHOCTAW_C

'NAVAJO_C' [NAVAJO_C] - NAVAJO_C

- 8 NAVAJO (NOT SPECIFIED)

'POMO_C' [POMO_C] - POMO_C

- 09 HOPLAND BAND, HOPLAND RANCHERIA
- 10 SHERWOOD VALLEY RANCHERIA
- 11 POMO (NOT SPECIFIED)
- 94 OTHER POMO (SPECIFY: _____)

OTHER_POMO_C

'PUEBLO_C' [PUEBLO_C] - PUEBLO_C

- 12 HOPI
- 13 YSLETA DEL SUR PUEBLO OF TEXAS
- 14 PUEBLO (NOT SPECIFIED)
- 95 OTHER PUEBLO (SPECIFY: _____)

OTHER_PUEBLO_C

'SIOUX_C' [SIOUX_C] - SIOUX_C

- 15 OGLALA/PINE RIDGE SIOUX_
- 16 _SIOUX (NOT SPECIFIED)_
- 96 OTHER SIOUX (SPECIFY: _____)

OTHER_SIOUX_C

'YAQUI_C' [YAQUI_C] - YAQUI_C

- 17 PASCUA YAQUI TRIBE OF ARIZONA_
- 18 _YAQUI (NOT SPECIFIED)_
- 97 OTHER YAQUI (SPECIFY: _____)

OTHER_YAQUI_C

OTHER_C

- 98 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_OTHER_C

'QC2017_H6' [CH6A] - Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_H7' [PN_CH7] -

PROGRAMMING NOTE CH7 :

**IF CH3 = 3 (ASIAN) CONTINUE WITH CH7 ;
ELSE GO TO PROGRAMMING NOTE CH7A**

'QC2017_H7' [CH7] - You said Asian, and what specific ethnic group is {he/she}, such as Chinese, Filipino, Vietnamese? If {he/she} is more than one, tell me all of them.

[CODE ALL THAT APPLY]

- 01 BANGLADESHI
- 02 BURMESE
- 03 CAMBODIAN
- 04 CHINESE
- 05 FILIPINO
- 06 HMONG
- 07 INDIAN (INDIA)
- 08 INDONESIAN
- 09 JAPANESE
- 10 KOREAN
- 11 LAOTIAN
- 12 MALAYSIAN
- 13 PAKISTANI
- 14 SRI LANKAN
- 15 TAIWANESE
- 16 THAI
- 17 VIETNAMESE
- 91 OTHER ASIAN (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_CH7

'PN_QC2017_H8' [PN_CH7A] -

PROGRAMMING NOTE CH7A :

**IF CH3 = 5 (PACIFIC ISLANDER) CONTINUE WITH CH7A ;
ELSE GO TO CH8**

'QC2017_H8' [CH7A] - You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}, such as Samoan, Tongan, or Guamanian? If {he/she} is more than one, tell me all of them.

[CODE ALL THAT APPLY]

- 01 SAMOAN/AMERICAN SAMOAN
- 02 GUAMANIAN
- 03 TONGAN
- 04 FIJIAN
- 91 OTHER PACIFIC ISLANDER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_H9' [CH8] - In what country was (CHILD) born?

- 01 UNITED STATES
- 02 AMERICAN SAMOA
- 03 CANADA
- 04 CHINA
- 05 EL SALVADOR
- 06 ENGLAND
- 07 FRANCE
- 08 GERMANY
- 09 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_CH8

'PN_QC2017_H10' [PN_CH8A] -

PROGRAMMING NOTE CH8A :

**IF CH8 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE CH11 ;
ELSE CONTINUE WITH CH8A**

'QC2017_H10' [CH8A] - Is (CHILD) a citizen of the United States?

- 01 YES
- 02 NO
- 03 APPLICATION PENDING
- 7 REFUSED
- 8 DON'T KNOW

If = 1, goto 'QC2017_H12'

'QC2017_H11' [CH9] - Is (CHILD) a permanent resident with a green card?

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

- 01 YES
- 02 NO
- 03 APPLICATION PENDING
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_H12' [CH10] - About how many years has (CHILD) lived in the United States?

[FOR LESS THAN A
YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS {OR}

'CH10YR' [CH10YR] - _____ YEAR FIRST CAME TO LIVE IN U.S.

'CH10FMT' [CH10FMT] - CH10FMT

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

'PN_QC2017_H13' [PN_CH11] -

PROGRAMMING NOTE CH11 :

IF SKA = 1 (MOTHER OF CHILD), THEN

[IF SKA = AR AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE), THEN SKIP TO PN_CH14 ;

ELSE IF [SKA = AR AND AH33 = -1 (NOT ALREADY ASKED IN ADULT QUESTIONNAIRE)] OR SKA ≠ AR,

CONTINUE WITH CH11 AND DISPLAY "were you";]

ELSE, CONTINUE WITH CH11 AND DISPLAY "was his mother/was her mother"

'QC2017_H13' [CH11] - In what country {were you/was his mother/was her mother} born?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- 01 UNITED STATES
- 02 AMERICAN SAMOA
- 03 CANADA
- 04 CHINA
- 05 EL SALVADOR
- 06 ENGLAND
- 07 FRANCE
- 08 GERMANY
- 09 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_H14' [PN_CH11A] -

PROGRAMMING NOTE CH11A AND CH12 :

**IF CH11 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE CH14 ;
ELSE CONTINUE WITH CH11A AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY "Are you";
ELSE DISPLAY "Is {his/her} mother"**

'QC2017_H14' [CH11A] - {Are you/Is {his/her} mother} a citizen of the United States?

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

- 01 YES
- 02 NO
- 03 APPLICATION PENDING
- 7 REFUSED
- 8 DON'T KNOW

If = 1, goto 'PN_QC2017_H16'

'QC2017_H15' [CH12] - {Are you/Is {his/her} mother} a permanent resident with a green card?

- 01 YES
- 02 NO
- 03 APPLICATION PENDING
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_H16' [PN_CH13] -

PROGRAMMING NOTE CH13 :

**IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH CH13 AND DISPLAY "have you";
ELSE CONTINUE WITH CH13 AND DISPLAY "has {his/her} mother"**

'QC2017_H16' [CH13] - About how many years {have you/has {his/her} mother} lived in the United States?

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

'CH13YR' [CH13YR] - _____ YEAR FIRST CAME TO LIVE IN U.S.

'CH13FMT' [CH13FMT] - CH13FMT

- 01 NUMBER OF YEARS
- 02 YEAR FIRST CAME TO LIVE IN US
- 03 MOTHER DECEASED
- 04 NEVER LIVED IN U.S
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_H17' [PN_CH14] -

PROGRAMMING NOTE CH14 :

IF SKA = 2 (FATHER OF CHILD), THEN

**[IF MKA = AR AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE), THEN SKIP TO CH17 ;
ELSE IF SKA = AR AND AH33 = -1 (NOT ALREADY ASKED IN ADULT QUESTIONNAIRE) OR SKA ≠ AR,
CONTINUE WITH CH14 AND DISPLAY "were you";]**

ELSE CONTINUE WITH CH14 AND DISPLAY, "was {his/her} father"

'QC2017_H17' [CH14] - In what country {were you/was his father/was her father} born?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- 01 UNITED STATES
- 02 AMERICAN SAMOA
- 03 CANADA
- 04 CHINA

- 05 EL SALVADOR
- 06 ENGLAND
- 07 FRANCE
- 08 GERMANY
- 09 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_CH14

'PN_QC2017_H18' [PN_CH14A] -

PROGRAMMING NOTE CH14A AND CH15 :

**IF CH14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE CH17 ;
ELSE CONTINUE WITH CH14A AND IF RESPONDENT IS FATHER OF CHILD DISPLAY "Are you";
ELSE SAY "Is {his/her} father"**

'QC2017_H18' [CH14A] - {Are you/Is {his/her} father} a citizen of the United States?
[IF R SAYS HE IS A NATURALIZED CITIZEN, CODE YES]

- 01 YES
- 02 NO
- 03 APPLICATION PENDING
- 7 REFUSED
- 8 DON'T KNOW

If = 1, goto 'PN_QC2017_H20'

'QC2017_H19' [CH15] -

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

- 01 YES
- 02 NO
- 03 APPLICATION PENDING
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_H20' [PN_CH16] -

PROGRAMMING NOTE CH16 :

**IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH CH16 AND DISPLAY "have you";
ELSE, CONTINUE WITH CH16 AND DISPLAY "has {his/her} father"**

'QC2017_H20' [CH16] - About how many years {have you/has {his/her} father} lived in the United States?

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

'CH16YR' [CH16YR] - _____ YEAR FIRST CAME TO LIVE IN U.S.

'CH16FMT' [CH16FMT] - CH16FMT

- 01 NUMBER OF YEARS
- 02 YEAR FIRST CAME TO LIVE IN U.S
- 03 FATHER DECEASED
- 04 NEVER LIVED IN U.S.
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_H21' [PN_CH17] -

PROGRAMMING NOTE CH17 :

**IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE CH18 ;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH CH17**

'QC2017_H21' [CH17] - In general, what languages are spoken in (CHILD)'s home?

[PROBE: "Any others?"]

- 01 ENGLISH
- 02 SPANISH
- 03 CANTONESE
- 04 VIETNAMESE
- 05 TAGALOG
- 06 MANDARIN
- 07 KOREAN
- 08 ASIAN INDIAN LANGUAGES
- 09 RUSSIAN
- 91 OTHER 1 (SPECIFY: _____)
- 92 OTHER 2 (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'OTHER1_CH17' [OTHER1_CH17] - OTHER1_CH17

'OTHER2_CH17' [OTHER2_CH17] - OTHER2_CH17

'PN_QC2017_H22' [PN_CH18] -

PROGRAMMING NOTE CH18 :

IF INTERVIEW CONDUCTED IN ENGLISH AND CH17 > 1 (TWO OR MORE LANGUAGES SPOKEN AT HOME), CONTINUE WITH CH18 AND DISPLAY "Compared to the language spoken in (CHILD)'s home,"; SET CH18ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME CH18 WAS ASKED; ELSE IF CH17 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE CH22

'QC2017_H22' [CH18] -

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

- 01 Very well,
- 02 Fairly well,
- 03 Not well, or
- 04 Not at all?
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_H23' [PN_CH22] -

PROGRAMMING NOTE CH22 :

IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH CH22 ; ELSE GO TO PROGRAMMING NOTE KAG8

'QC2017_H23' [CH22] - What is the highest grade of education you have completed and received credit for?

- 01 GRADE SCHOOL
- 02 HIGH SCHOOL OR EQUIVALENT
- 03 4-YEAR COLLEGE OR UNIVERSITY
- 04 GRADUATE OR PROFESSIONAL SCHOOL
- 05 2-YEAR JUNIOR OR COMMUNITY COLLEGE
- 06 VOCATIONAL, BUSINESS, OR TRADE SCHOOL
- 7 REFUSED
- 8 DON'T KNOW (OUT OF RANGE)

'GRADE_C' [GRADE_C] - GRADE_C

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

'HIGH_C' [HIGH_C] - HIGH_C

- 09 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE

'COLLEGE_C' [COLLEGE_C] - COLLEGE_C

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

'GRADUATE_C' [GRADUATE_C] - GRADUATE_C

- 18 1ST YEAR GRAD OR PROF SCHOOL
- 19 2ND YEAR GRAD OR PROF SCHOOL (MA/MS)
- 20 3RD YEAR GRAD OR PROF SCHOOL
- 21 MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD)

'COMMUNITY_C' [COMMUNITY_C] - COMMUNITY_C

- 22 1ST YEAR
- 23 2ND YEAR (AA/AS)

'BUSINESS_C' [BUSINESS_C] - BUSINESS_C

- 24 1ST YEAR
- 25 2ND YEAR
- 26 MORE THAN 2 YEARS

SECTION H: DEMOGRAPHICS, PART III

'PN_QC2017_H24' [PN_CH30] -

PROGRAMMING NOTE CH30:

**IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH CH30;
ELSE GO TO CG38**

'QC2017_H24' [CH30] - Based on the questions in this survey about (CHILD), is there another adult in the household who is more knowledgeable about questions we asked about (CHILD)?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_H25' [CG38] - Those are my final questions about the child. I appreciate your patience. Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

- 01 YES
- 02 MAYBE/PROBABLY YES
- 03 DEFINITELY NOT
- 7 REFUSED
- 8 DON'T KNOW

'END' [END] - Thank you. You have helped with a very important statewide survey. If you have any questions, you can contact Dr. Ponce, the Principal Investigator. Do you want that number? [IF YES, SAY: Dr. Ponce can be reached toll-free at 1-866-275-2447. IF NO, SAY: Goodbye.]