CHIS 2018
Child Questionnaire
Version 1.52
January 29, 2019
Children Ages 0-11 Answered by Adult Proxy Respondents Ages

Collaborating Agencies:

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

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Table of Contents

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 2018 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_QC18_A1' [PN_CA1] -
PROGRAMMING NOTE 'QC18_A1' :
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = SKA AND GENDER OF CHILD IS KNOWN, SKIP TO 'QC18_A2' ; ELSE CONTINUE WITH 'QC18_A1'

'QC18_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

'QC18_A2' [CA2] -

What is {his/her} date of birth?

[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] -

_____ DAY [HR: 1-31]

[CA2YR] -

_____ YEAR [HR: 2004-2017]

- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'PN_QC18_A3' [PN_CA3] -
PROGRAMMING NOTE 'QC18_A3' :
IF 'QC18_A2' = -7 OR -8 (REFUSED/DON'T KNOW) CONTINUE WITH 'QC18_A3' ;
ELSE SKIP TO 'QC18_A4'

'QC18_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] -

_____ YEARS

[CA3MON] -

_____ MONTHS

- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QC18_A4' [CA4] -

About how tall is (CHILD) now without shoes?

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

[CA4F/CA4I] -

_____ FEET

_____ INCHES

[CA4M/CA4C] -

_____ METERS

_____ CENTIMETERS

[CA4FMT] -

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

'QC18_A5' [CA5] -

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

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

[CA5P] -

_____ POUNDS

[CA5K] -

_____ KILOGRAMS

CA5FMT
- ❍ 01 POUNDS
- ❍ 02 KILOGRAMS
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'PN_QC18_A6' [PN_CA14] -
PROGRAMMING NOTE 'QC18_A6' :
IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE 'QC18_A9' ;
ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH 'QC18_A6'

'QC18_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 ''QC18_A11''

'QC18_A7' [CA15] -

How old was (CHILD) when {he/she} stopped breastfeeding altogether?

[CA15M] -

_____ AGE IN MONTHS

[CA15Y] -

_____ AGE IN YEARS

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

'QC18_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_QC18_A9' [PN_CA42] -
PROGRAMMING NOTE 'QC18_A9' :
IF CAGE < 5 YEARS GO TO 'QC18_A11' ;
ELSE CONTINUE WITH 'QC18_A9' AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC18_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 'QC18_A11'

'PN_QC18_A10' [PN_CA43] -
PROGRAMMING NOTE 'QC18_A10' :
IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC18_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

'QC18_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

'QC18_A12' [CA12] -

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

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

If = 2, -7, -8, goto ''QC18_A23''

'QC18_A13' [CA31] -

Does {he/she} still have asthma?

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

'QC18_A14' [CA32] -

During the <u>past 12 months</u>, has {he/she} had an episode of asthma or an asthma attack?

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

'QC18_A15' [CA33] -

During the <u>past 12 months</u>, 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 "QC18_A17"

'QC18_A16' [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

'QC18_A17' [CA12A] -

Is (CHILD) now taking a <u>daily</u> 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_QC18_A18' [PN_CA41] -
PROGRAMMING NOTE 'QC18_A18' :
IF 'QC18_A13' = 1 (YES, STILL HAS ASTHMA) OR 'QC18_A14' = 1 (YES, EPISODE IN LAST 12 MOS), GO TO 'QC18_A20' ; ELSE CONTINUE WITH 'QC18_A18'

'QC18_A18' [CA41] -

During the <u>past 12 months</u>, 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 ''QC18_A20''

'QC18_A19' [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

'QC18_A20' [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

'QC18_A21' [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 'QC18_A23'

'QC18_A22' [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

'QC18_A23' [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 "QC18_A28"

'QC18_A24' [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 "QC18_A28"

'QC18_A25' [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 "QC18_A27"

'QC18_A26' [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

'QC18_A27' [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

'QC18_A28' [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 "QC18_A31"

'QC18_A29' [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 "QC18_A31"

'QC18_A30' [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

'QC18_A31' [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_'QC18_B1''

'QC18_A32' [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_'QC18_B1''

'QC18_A33' [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

Now I'm going to ask about (CHILD)'s dental health.

'PN_QC18_B1' [PN_CC1B] -
PROGRAMMING NOTE 'QC18_B1' :
IF CAGE > 2 YEARS, GO TO 'QC18_B2'; AND DISPLAY "Now I'm going to ask you about (CHILD)'s dental health" ; ELSE CONTINUE WITH 'QC18_B1'

'QC18_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'

PROGRAMMING NOTE 'QC18_B2':
IF CAGE ≥ 4 CONTINUE WITH 'QC18_B2';
ELSE SKIP TO 'QC18_B3'

'QC18_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

'QC18_B3' [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

PROGRAMMING NOTE 'QC18_B4' :
IF 'QC18_B3' = 0 (HAD NEVER VISTED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH
'QC18_B4' ;
ELSE SKIP TO 'QC18_B5' ;
IF 'QC18_B3' = 0 (HAS NEVER VISITED), DISPLAY "never";
ELSE IF 'QC18_B3' ≥ 3 DISPLAY "not" AND "in the past year"

'QC18_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

PROGRAMMING NOTE 'QC18_B5': If CC5B =0, goto 'QC18_B6'

'QC18_B5' [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

'QC18_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

'QC18_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 "QC18_B9"

'QC18_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

'QC18_B9' [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

'QC18_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 "QC18_B12"

'QC18_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

'QC18_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_QC18_B13' [PN_CC18B] -
PROGRAMMING NOTE 'QC18_B13':
IF ('QC18_A9'=1 OR 4) OR ('QC18_A10'=1 OR3) [CHILD ATTENDS SCHOOL] CONTINUE WITH 'QC18_B13';
ELSE GO TO SECTION C

'QC18_B13' [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_QC18_C1' [PN_CC13] -**
> **PROGRAMMING NOTE 'QC18_C1' :**
> **IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE 'QC18_C10' ;**
> **ELSE CONTINUE WITH 'QC18_C1'**

'QC18_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

'QC18_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

'QC18_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_QC18_C5' [PN_CC40] -
PROGRAMMING NOTE 'QC18_C5' :
IF 'QC18_A9' = 4 (HOME SCHOOLED LAST WEEK) OR IF 'QC18_A10' = 3 (HOME SCHOOLED LAST YEAR),
GO TO PROGRAMMING NOTE 'QC18_C8' ;
ELSE IF 'QC18_A9' = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH 'QC18_C5' AND DISPLAY
"How many days in the past week?"

'QC18_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

'QC18_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_QC18_C7' [PN_CB22] -
PROGRAMMING NOTE 'QC18_C7' :
If 'QC18_A9' = 1 (ATTENDED SCHOOL LAST WEEK) OR 'QC18_A10' = 1 (ATTENDED SCHOOL LAST YEAR)
THEN CONTINUE WITH 'QC18_C7' ;
ELSE SKIP TO PROGRAMMING NOTE 'QC18_C8'

'QC18_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] -

_____ NAME OF SCHOOL

- ❍   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

'PN_QC18_C8' [PN_CC35] -
PROGRAMMING NOTE 'QC18_C8' :
IF CAGE < 5, SKIP TO PN 'QC18_C10' ;
ELSE CONTINUE WITH 'QC18_C8'

'QC18_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_QC18_C10' [PN_CC53] -
PROGRAMMING NOTE 'QC18_C10'
IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE 'QC18_C11'
ELSE IF CAGE > 1 YEAR, CONTINUE WITH 'QC18_C10'

'QC18_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_QC18_C11' [PN_CC52] -
PROGRAMMING NOTE 'QC18_C11' :
IF CAGE ≤ 1 YEAR GO TO PN 'QC18_C12' ;
ELSE IF CAGE > 1 YEAR, CONTINUE WITH 'QC18_C11'

'QC18_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_QC18_C12' [PN_CC37] -
PROGRAMMING NOTE 'QC18_C12' :
IF CAGE ≤ 1 GO TO 'QC18_D1' ;
ELSE CONTINUE WITH 'QC18_C12'

'QC18_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

'QC18_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

'QC18_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

'QC18_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

'QC18_D1' [CD1] -

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?

- ○ 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_QC18_D3'

'PN_QC18_D2' [PN_CD3] -
PROGRAMMING NOTE 'QC18_D2' :
IF 'QC18_D1' = 1, 5, -7, OR -8, DISPLAY "What kind of place do you take {him/her} to most often —a medical";
ELSE IF 'QC18_D1' = 3 DISPLAY "Is {his/her} doctor in a private";
ELSE IF 'QC18_D1' = 4, FILL 'QC18_D2' = 1 AND GO TO PN 'QC18_D3'

'QC18_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_QC18_D3' [PN_CD12] -
PROGRAMMING NOTE 'QC18_D3' :
IF 'QC18_A15' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF 'QC18_A18' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA), MARK YES ON 'QC18_D3' AND GO TO 'QC18_D4' ;
ELSE CONTINUE WITH 'QC18_D3'

'QC18_D3' [CD12] -

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

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

'QC18_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_QC18_D5' [PN_CD7] -
PROGRAMMING NOTE 'QC18_D5' :
IF 'QC18_D4' > 0, GO TO PROGRAMMING NOTE 'QC18_D6' ;
ELSE IF 'QC18_D4' = 0, -7, OR -8, CONTINUE WITH 'QC18_D5'

'QC18_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_QC18_D6' [PN_CD33] -
PROGRAMMING NOTE 'QC18_D6' :
IF 'QC18_D1' = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH 'QC18_D6' ;
ELSE SKIP TO PROGRAMMING NOTE PN_'QC18_D8'

'QC18_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_QC18_D7' [PN_CD36] -
PROGRAMMING NOTE 'QC18_D7':
IF 'QC18_D1' = 1, 3, 4, OR 5 (HAS USUAL SOURCE OF CARE) AND 'QC18_D6' = 1 (HAS PERSONAL DOCTOR) AND ['QC18_A13' =1 (HAS ASTHMA) OR 'QC18_A14' = 1 (HAD ASTHMA ATTACK) OR 'QC18_A23' = 1 (HAS OTHER CONDITION), CONTINUE WITH 'QC18_D7';
ELSE SKIP TO PROGRAMMING NOTE PN_ QC18_D8

'QC18_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_QC18_D8' [PN_CF40] -
PROGRAMMING NOTECF40 :
IF CAGE < 1, SKIP to 'QC18_D16'
ELSE IF CAGE ≥ 1, CONTINUE WITH 'QC18_D8'

'QC18_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

'QC18_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

'QC18_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

'QC18_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

'QC18_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_QC18_D13' [PN_CF45] -
PROGRAMMING NOTE 'QC18_D13' :
IF 'QC18_A24' =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETADATION) GO TO 'QC18_D14' ;
ELSE CONTINUE WITH 'QC18_D13'

'QC18_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

'QC18_D14' [CF46] -

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

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

'QC18_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_QC18_D16' [PN_CD55] -
PROGRAMMING NOTE 'QC18_D16' :
IF KID1ST = 'Y 'OR CHINSURE = 1 (INSURED OR INSURANCE STATUS UNKNOWN) OR 'QC18_D1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH 'QC18_D16' ;
ELSE GO TO PROGRAMMING NOTE 'QC18_D18'

'QC18_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_'QC18_D18''

'QC18_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

PROGRAMMING NOTE 'QC18_D18' :
IF ['QC18_D4' > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR 'QC18_D5' = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH 'QC18_D18' ;
ELSE GO TO 'QC18_D23'

'QC18_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_QC18_D20'

'PN_QC18_D19' [PN_CD31] -
PROGRAMMING NOTE 'QC18_D19' :
IF 'QC18_D18' = 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 'QC18_D19' ;
SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME PN_QC18_D19 WAS ASKED;
ELSE SKIP TO QC18_D20;

'QC18_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 'QC18_D21'
If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, goto ''QC18_D23''

PROGRAMMING NOTE 'QC18_D20' :
IF 'QC18_D18' = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH 'QC18_D20' ;
ELSE SKIP TO 'QC18_D23' ;

'QC18_D20' [CD26] -

Was this because you and the doctor spoke different languages?

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

'QC18_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 "QC18_D23"

'QC18_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

'QC18_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 "QC18_D25"

'QC18_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

'QC18_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 "QC18_D30"

'QC18_D26' [CD66] -

Did (CHILD) get the care eventually?

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

'QC18_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 "QC18_D29"

'QC18_D28' [CD67] -

Was that the <u>main</u> reason?

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

If = 1, -7, -8, goto "QC18_D30"

'QC18_D29' [CD68] -

What was the <u>one </u>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

'QC18_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

'QC18_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

'QC18_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 'QC18_E1' ;
ELSE SKIP TO 'QC18_F1'

'QC18_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

'QC18_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_QC18_E3' [PN_CE11C] -
PROGRAMMING NOTE 'QC18_E3' :
IF CAGE > 6, GO TO 'QC18_F1' ;
ELSE CONTINUE WITH 'QC18_E3'

'QC18_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_QC18_F1' [PN_CG14] -
PROGRAMMING NOTE 'QC18_F1' :IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE 'QC18_F4' ; ELSE CONTINUE WITH 'QC18_F1'

'QC18_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

'QC18_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

'QC18_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_QC18_F4' [PN_CF64] -
PROGRAMMING NOTE 'QC18_F4' :IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH 'QC18_F4' ;ELSE GO TO 'QC18_F8'

'QC18_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 "QC18_F8"

'QC18_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

'QC18_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

'QC18_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

'QC18_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 "QC18_F13"

'QC18_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 "QC18_F13"

'QC18_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 "QC18_F13"

'QC18_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 "QC18_F13"

'QC18_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

**PROGRAMMING NOTE 'QC18_F13': :
IF CAGE ≥ 4, CONTINUE WITH 'QC18_F13'
 ELSE SKIP TO 'QC18_G1'**

'QC18_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 "QC18_F15"

'QC18_F14' [CF31] -

Are these difficulties minor, definite, or severe?

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

'QC18_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_QC18_G1' [PN_CG1] -
PROGRAMMING NOTE 'QC18_G1' :
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

'QC18_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 ''QC18_G10''

'QC18_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]

- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'PN_QC18_G3' [PN_CG3A] -
PROGRAMMING NOTE 'QC18_G3' :
IF 'QC18_G2' < 10 (HOURS IN CHILDCARE), GO TO 'QC18_G10' ;
ELSE CONTINUE WITH 'QC18_G3'

'QC18_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

'QC18_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

'QC18_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

'QC18_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_QC18_G7' [PN_CG3B] -
PROGRAMMING NOTE 'QC18_G7' :
IF CAGE ≥ 7 YEARS, GO TO NEXT SECTION ;
ELSE CONTINUE WITH 'QC18_G7'

'QC18_G7' [CG3B] -

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

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

'QC18_G8' [CG3C] -

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

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

'PN_QC18_G9' [PN_CG3G] -
PROGRAMMING NOTE 'QC18_G9' :
IF ['QC18_G3' OR 'QC18_G4' = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY
MEMBER IN CHILD'S HOME)] OR IF ['QC18_G5' ≠ 1 AND 'QC18_G6' ≠ 1 AND 'QC18_G7' ≠ 1 AND 'QC18_G8'
≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO
QC18_G10; ELSE CONTINUE WITH QC18_G9; IF ONLY ONE OF QC18_G5, QC18_G6, QC18_G7, OR QC18_G8
= 1, DISPLAY "Is this" AND "provider"; ELSE DISPLAY, "Are all of these" AND "providers."

'QC18_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

'QC18_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

'QC18_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.

'QC18_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_'QC18_H3''

'QC18_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

'PN_QC18_H3' [PN_CH3] -
PROGRAMMING NOTE 'QC18_H3' :
IF 'QC18_H1' = 1 (YES-CHILD IS LATINO), DISPLAY, "You said your child is Latino or Hispanic. Also,"
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR 'QC18_H3' , CONTINUE WITH
PROGRAMMING NOTE 'QC18_H4' ;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QC18_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_'QC18_H9''
If = 3, And Only One Race, goto 'PN_'QC18_H7''
If = 4, And Only One Race, goto 'PN_'QC18_H4''
If = 5, And Only One Race, goto 'PN_'QC18_H8''

'PN_QC18_H4' [PN_CH4] -
PROGRAMMING NOTE 'QC18_H4' :
IF 'QC18_H3' = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH 'QC18_H4' ;
ELSE GO TO PROGRAMMING NOTE 'QC18_H7'

'QC18_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

'QC18_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_'QC18_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
- ❍ 01 MESCALERO APACHE, NM
- ❍ 02 APACHE (NOT SPECIFIED)
- ❍ 91 OTHER APACHE (SPECIFY:)

BLACKFEET
- ❍ 3 BLACKFOOT/BLACKFEET

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

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

NAVAJO
- ❍ 8 NAVAJO (NOT SPECIFIED)

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

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

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

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

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

'QC18_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_QC18_H7' [PN_CH7] -
PROGRAMMING NOTE 'QC18_H7' :
IF 'QC18_H3' = 3 (ASIAN) CONTINUE WITH 'QC18_H7' ;
ELSE GO TO PROGRAMMING NOTE 'QC18_H8'

'QC18_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

'PN_QC18_H8' [PN_CH7A] -
PROGRAMMING NOTE 'QC18_H8' :
IF 'QC18_H3' = 5 (PACIFIC ISLANDER) CONTINUE WITH 'QC18_H8' ;
ELSE GO TO 'QC18_H9'

'QC18_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

'QC18_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

'PN_QC18_H10' [PN_CH8A] -
PROGRAMMING NOTE 'QC18_H10' :
IF 'QC18_H9' = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE 'QC18_H13' ;
ELSE CONTINUE WITH 'QC18_H10'

'QC18_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 'QC18_H12'

'QC18_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

'QC18_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] -

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH10FMT

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

> **'PN_QC18_H13' [PN_CH11] -**
> **PROGRAMMING NOTE 'QC18_H13' :**
> **IF SKA = 1 (MOTHER OF CHILD), THEN**
> **[IF SKA = AR AND 'AH33' ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE), THEN SKIP TO PN_'QC18_H17' ;**
> **ELSE IF [SKA = AR AND 'AH33' = -1 (NOT ALREADY ASKED IN ADULT QUESTIONNAIRE)] OR SKA ≠ AR, CONTINUE WITH 'QC18_H13' AND DISPLAY "were you";] ELSE, CONTINUE WITH QC18_H13 AND DISPLAY "was his mother/was her mother"**

'QC18_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_QC18_H14' [PN_CH11A] -
PROGRAMMING NOTE 'QC18_H14' AND 'QC18_H15' :
IF 'QC18_H13' = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE
'QC18_H17' ;
ELSE CONTINUE WITH 'QC18_H14' AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY "Are you";
ELSE DISPLAY "Is {his/her} mother"

'QC18_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_QC18_H16'

'QC18_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_QC18_H16' [PN_CH13] -
PROGRAMMING NOTE 'QC18_H16' :
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH 'QC18_H16' AND DISPLAY "have you";
ELSE CONTINUE WITH 'QC18_H16' AND DISPLAY "has {his/her} mother"

'QC18_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] -

_____ YEAR FIRST CAME TO LIVE IN U.S.

[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_QC18_H17’ [PN_CH14] -
PROGRAMMING NOTE ‘QC18_H17’ :
IF SKA = 2 (FATHER OF CHILD), THEN
[IF MKA = AR AND ‘AH33’ ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE), THEN SKIP TO ‘QC18_H21’
;ELSE IF SKA = AR AND ‘AH33’ = -1 (NOT ALREADY ASKED IN ADULT QUESTIONNAIRE) OR SKA ≠ AR,
CONTINUE WITH QC18_H17 AND DISPLAY "were you";] ELSE CONTINUE WITH QC18_H17 AND DISPLAY,
“was {his/her} father”

‘QC18_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

'PN_QC18_H18' [PN_CH14A] -
PROGRAMMING NOTE 'QC18_H18' AND 'QC18_H19' :
IF 'QC18_H17' = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE
'QC18_H21' ;
ELSE CONTINUE WITH 'QC18_H18' AND IF RESPONDENT IS FATHER OF CHILD DISPLAY "Are you";
ELSE SAY "Is {his/her} father"

'QC18_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_QC18_H20'
'QC18_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_QC18_H20' [PN_CH16] -
PROGRAMMING NOTE 'QC18_H20' :
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH 'QC18_H20' AND DISPLAY "have you";
ELSE, CONTINUE WITH 'QC18_H20' AND DISPLAY "has {his/her} father"

'QC18_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] -

_____ YEAR FIRST CAME TO LIVE IN U.S.

[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_QC18_H21' [PN_CH17] -
PROGRAMMING NOTE 'QC18_H21' :
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE 'QC18_H22' ;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH 'QC18_H21'

'QC18_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

'PN_QC18_H22' [PN_CH18] -
PROGRAMMING NOTE 'QC18_H22' :
IF INTERVIEW CONDUCTED IN ENGLISH AND 'QC18_H21' > 1 (TWO OR MORE LANGUAGES SPOKEN AT HOME), CONTINUE WITH 'QC18_H22' AND DISPLAY "Compared to the language spoken in (CHILD)'s home,";
SET CH18ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QC18_H22WAS ASKED; ELSE IF QC18_H21 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC18_H23

'QC18_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_QC18_H23' [PN_CH22] -
PROGRAMMING NOTE 'QC18_H23' :
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC18_H23' ;
ELSE GO TO PROGRAMMING NOTE QC18_H24

'QC18_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
- 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
- 09 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE

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

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

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

SECTION H: DEMOGRAPHICS, PART III

'PN_QC18_H24' [PN_CH30] -
PROGRAMMING NOTE 'QC18_H24':
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC18_H24';
ELSE GO TO 'QC18_H25'

'QC18_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

'QC18_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] -

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.]