CHIS 2019
Child CAWI Questionnaire
(Self-administered)
Version 2.66
July 24, 2021
(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

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2019 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

SECTION A: DEMOGRAPHICS PART I, HEALTH CONDITIONS

PROGRAMMING NOTE 'QC2019_A1' :
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = SKA AND GENDER OF CHILD IS KNOWN, SET 'QC2019_A1'=GENDER6 AND SKIP TO
'QC2019_A2' ;
ELSE CONTINUE WITH 'QC2019_A1'

'QC2019_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?

   ❍   1 Male
   ❍   2 Female

'QC2019_A2' [CA2] - What is {his/her} date of birth?

   _____ MONTH

   ❍   1 January
   ❍   2 February
   ❍   3 March
   ❍   4 April
   ❍   5 May
   ❍   6 June
   ❍   7 July
   ❍   8 August
   ❍   9 September
   ❍   10 October
   ❍   11 November
   ❍   12 December

   _____ DAY

   _____ YEAR

PROGRAMMING NOTE 'QC2019_A3' :
SET CHILD AGE='QC2019_A2';
IF CHILD AGE > 11, CONTINUE WITH 'QC2019_A3';
ELSEGO TO PN_'QC2019_A5'

'QC2019_A3' [CA2A] – Just to confirm, you said that (CHILD) is older than11 years?

   ❍   1 Yes
   ❍   2 No

If=1, go to 'QC2019_A4' AND CONTINUE WITH ADULT SECTION B

'QC2019_A4' [C_AGEXIT] - Thank you for confirming. Now, we'd like to ask questions about you.

> *PROGRAMMING NOTE 'QC2019_A5' :*
> *IF 'QC2019_A2' = -3 OR [IF 'QC2019_A2' DAY NOT ANSWERED AND 'QC2019_A2' MONTH=*
> *MONTH OF INTERVIEW] OR [IF 'QC2019_A2' MONTH OR YEAR NOT ANSWERED] OR IF*
> *'QC2019_A3'=2, CONTINUE WITH 'QC2019_A5';*
> *ELSE SKIP TO 'QC2019_A6'*

'QC2019_A5' [CA3] - How old is {he/she}?

_____Years
_____ Months

'QC2019_A6' [CA4] - About how tall is (CHILD) now without shoes?

Your best guess is fine. You may answer in feet and inches or centimeters

'CA4F/CA4I' [CA4F/CA4I] -

_____ Feet
_____ Inches

_____ Meters
_____ Centimeters

❍   1 Feet/inches
❍   2 Meters/Centimeters

'QC2019_A7' [CA5] - About how much does (CHILD) weigh now without shoes?

Your best guess is fine. You may answer in pounds or kilograms.

_____ Pounds
_____ Kilograms

❍   1 Pounds
❍   2 Kilograms

> *PROGRAMMING NOTE 'QC2019_A8' :*
> *IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE 'QC2019_A11' ;*
> *ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH 'QC2019_A8'*

'QC2019_A8' [CA14] - Was (CHILD) ever breastfed or fed breast milk?

❍   1 Yes
❍   2 No

If = 2, -3 go to 'QC2019_A10'

'QC2019_A9' [CA15] - How old was (CHILD) when {he/she} stopped breastfeeding altogether?

_____ Months old
_____ Years old

❍   93 Still breastfeeding

'QC2019_A10' [CA16] - How old was (CHILD) when you began giving {him/her} baby food or other solid foods?

Solid food is anything other than milk, formula, juice, water, herbs or teas.

_____ Months

❍   93 No solid food yet

PROGRAMMING NOTE 'QC2019_A11' :
IF CAGE < 5 YEARS GO TO 'QC2019_A13' ;
ELSE CONTINUE WITH 'QC2019_A11' AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC2019_A11' [CA42] - {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

❍   1 Yes
❍   2 No
❍   3 My child is on vacation
❍   4 My child is home schooled

If = 1, 4, go to 'QC2019_A13'

PROGRAMMING NOTE 'QC2019_A12' :
IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC2019_A12' [CA43] - {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?

❍   1 Yes
❍   2 No
❍   3 My child was home schooled

'QC2019_A13' [CA6] - In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?

❍   1 Excellent
❍   2 Very good
❍   3 Good
❍   4 Fair
❍   5 Poor

'QC2019_A14' [CA12] - Has a doctor <u>ever</u> told you that (CHILD) has asthma?

❍   1 Yes
❍   2 No

If = 2, - 3, go to 'QC2019_A25'

'QC2019_A15' [CA31] - Does {he/she} still have asthma?

❍   1 Yes
❍   2 No

'QC2019_A16' [CA32] - During the <u>past 12 months</u>, has {he/she} had an episode of asthma or an asthma attack?

  ❍ 1 Yes
  ❍ 2 No

PROGRAMMING NOTE 'QC2019_A17':
IF 'QC2019_A15' = 1 (YES, STILL HAS ASTHMA) OR 'QC2019_A16' = 1 (YES, EPISODE IN LAST 12 MOS), CONTINUE WITH 'QC2019_A17';
ELSE GO TO 'QC2019_A19'

'QC2019_A17' [CA33] - During the <u>past 12 months</u>, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

  ❍ 1 Yes
  ❍ 2 No

If = 2, -3 go to 'QC2019_A19'

'QC2019_A18' [CA48] - Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

  ❍ 1 Yes
  ❍ 2 No
  ❍ 3 My child doesn't have a doctor

'QC2019_A19' [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?

This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.

  ❍ 1 Yes
  ❍ 2 No

PROGRAMMING NOTE 'QC2019_A20' :
IF 'QC2019_A15' = 1 (YES, STILL HAS ASTHMA) OR 'QC2019_A16' = 1 (YES, EPISODE IN LAST 12 MOS), GO TO 'QC2019_A22' ;ELSE CONTINUE WITH 'QC2019_A20'

'QC2019_A20' [CA41] - During the <u>past 12 months</u>, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

  ❍ 1 Yes
  ❍ 2 No

If = 2, -3 go to 'QC2019_A22'

'QC2019_A21' [CA49] - Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

  ❍ 1 Yes
  ❍ 2 No
  ❍ 3 My child doesn't have a doctor

'QC2019_A22' [CA34] - During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?

_____ Number of days

❍   993 My child is not in daycare

'QC2019_A23' [CA35] - Have (CHILD'S) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} asthma?

❍   1 Yes
❍   2 No

If = 2, -3 go to 'QC2019_A25'

'QC2019_A24' [CA50] - Do you have a written or printed copy of this plan?

This can be an electronic or hard copy.

❍   1 Yes
❍   2 No

'QC2019_A25' [CA7] - Does (CHILD) currently have any physical, behavioral, or mental conditions that limit or prevent {him/her} from doing childhood activities usual for {his/her} age?

❍   1 Yes
❍   2 No

If = 2, -3, go to 'PN_QC2019_A27'

'QC2019_A26' [CA10A] - What condition does (CHILD) have?

Check all that apply.

❑   1 ADD/ADHD
❑   2 Asperger's Syndrome
❑   3 Autism
❑   4 Cerebral palsy
❑   5 Congenital heart disease
❑   6 Cystic fibrosis
❑   7 Diabetes
❑   8 Down syndrome
❑   9 Epilepsy
❑   10 Deafness or other hearing problems
❑   11 Learning disability, other than Down syndrome
❑   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: _____)

PROGRAMMING NOTE 'QC2019_A27':
IF AGE BETWEEN 5 AND 11; CONTINUE WITH 'QC2019_A27';
 ELSE SKIP TO 'QC2019_A30';
IF 'QC2019_A25'=1, DISPLAY "Because of (CHILD's) (INSERT CONDITION(S) FROM
'QC2019_A26'), does (CHILD)";
ELSE DISPLAY "Does Child"

 'QC2019_A27' [CA70] - {Because of (CHILD's) (INSERT CONDITION(S) FROM CA10A), does (CHILD)/Does Child} have serious difficulty concentrating, remembering, or making decisions?

- ❍   01 Yes
- ❍   02 No

 'QC2019_A28' [CA71] - Does (CHILD) have serious difficulty walking or climbing stairs?

- ❍   01 Yes
- ❍   02 No

 'QC2019_A29' [CA72] - Does (CHILD) have difficulty dressing or bathing?

- ❍   01 Yes
- ❍   02 No

PROGRAMMING NOTE 'QC2019_A30':
IF 'QC2019_A26'= -1,-3, GO TO 'QC2019_A33';
ELSE CONTINUE WITH 'QC2019_A30'

 'QC2019_A30' [CA55] - Have (CHILD's) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} (INSERT CONDITION(S) FROM CA10A)?

- ❍   1 Yes
- ❍   2 No

If = 2, -3, go to 'QC2019_A32'

 'QC2019_A31' [CA56] - Do you have a written or printed copy of this plan?

This can be an electronic or hard copy.

- ❍   1 Yes
- ❍   2 No

 'QC2019_A32' [CA57] - How confident are you that you can control and manage (CHILD's) (INSERT CONDITION(S) FROM CA10A)?

- ❍   1 Very confident
- ❍   2 Somewhat confident
- ❍   3 Not too confident
- ❍   4 Not at all confident

'QC2019_A33' [CA17] - Does (CHILD) <u>currently</u> need or use medicine <u>prescribed</u> by a doctor, other than vitamins?

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.

○   1 Yes
○   2 No

If = 2, -3 go to 'QC2019_A36'

'QC2019_A34' [CA18] - Is {his/her} need for prescription medicine because of any medical, behavior, or other health condition?

○   1 Yes
○   2 No

If =2, -3 go to 'QC2019_A36'

'QC2019_A35' [CA19] - Is this a condition that has lasted or is expected to last for 12 months or longer?

○   1 Yes
○   2 No

'QC2019_A36' [CA23] - Does (CHILD) need or get special therapy, such as physical, occupational or speech therapy?

○   1 Yes
○   2 No

If =2, -3 go to 'PN_CC1BB'

'QC2019_A37' [CA24] - Is {his/her} need for special therapy because of any medical, behavior, or other health condition?

○   1 Yes
○   2 No

If =2, -3 go to 'PN_CC1BB'

'QC2019_A38' [CA25] - Is this a condition that has lasted or is expected to last for 12 months or longer?

○   1 Yes
○   2 No

SECTION B: DENTAL HEALTH

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

> **PROGRAMMING NOTE 'QC2019_B1' :**
> **IF CAGE > 2 YEARS, GO TO 'QC2019_B2'; ELSE CONTINUE WITH 'QC2019_B1'**

'QC2019_B1' [CC1B] - These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3 go to 'QC2019_B18'

'QC2019_B2' [CC5B] - About how long has it been since your child last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.

- ❍ 0 My child has never visited a dentist
- ❍ 1 6 months ago or less
- ❍ 2 More than 6 months up to 1 year ago
- ❍ 3 More than 1 year up to 2 years ago
- ❍ 4 More than 2 years up to 5 years ago
- ❍ 5 More than 5 years ago

> **PROGRAMMING NOTE 'QC2019_B3' :**
> **IF 'QC2019_B2' = 0 (HAD NEVER VISTED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH 'QC2019_B3' ;**
> **ELSE SKIP TO 'QC2019_B4' ;**
> **IF 'QC2019_B2' = 0 (HAS NEVER VISITED), DISPLAY "never";**
> **ELSE IF 'QC2019_B2' ≥ 3 DISPLAY "not" AND "in the past year"**

'QC2019_B3' [CB23] - What is the main reason your child has {never/not} visited a dentist {in the past year}?

- ❍ 1 No reason to go/No problems
- ❍ 2 Not old enough
- ❍ 3 Too expensive/no insurance
- ❍ 4 Fear or dislikes going
- ❍ 5 Do not have/know a dentist
- ❍ 6 Transportation problems
- ❍ 7 No dentist available/no appointment available
- ❍ 8 Didn't know where to go
- ❍ 9 Hours not convenient
- ❍ 10 Speak a different language
- ❍ 91 Other (Specify: _____)

> ***PROGRAMMING NOTE 'QC2019_B4': If 'QC2019_B2' =0, go to 'QC2019_B5';***
> ***ELSE CONTINUE WITH 'QC2019_B4'***

'QC2019_B4' [CC16B] - Is there a particular dentist or place you usually go to for (CHILD)'s dental care?

- ❍ 1 Yes
- ❍ 2 No

'QC2019_B5' [CC17] - During the past 12 months, was there any time your child needed dental care, but you could not afford it?

- ❍ 1 Yes
- ❍ 2 No

'QC2019_B6' [CC7A] - Do you now have any type of insurance that pays for part or all of your child's dental care?

Include dental insurance, prepaid dental plans such as HMOs, or government plans such as Medi-Cal or Covered California

- ❍ 1 Yes
- ❍ 2 No

If =2, -3 go to 'QC2019_B11'

'QC2019_B7' [CB35] - Do you pay any or all of the premium or cost for this dental insurance plan? Do not include the cost of any co-pays or deductibles you or your family need to pay.

- ❍ 1 Yes
- ❍ 2 No

'QC2019_B8' [CB36] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this dental insurance plan? Do not include the cost of any co-pays or deductibles you or your family need to pay.

- ❍ 1 Yes
- ❍ 2 No

If =2,-3 go to 'QC2019_B10'

'QC2019_B9' [CB37] - For that dental insurance plan, who else pays part of the cost?

Check all that apply

- ❑ 02 Your current or former employer or union
- ❑ 03 Spouse's current or former employer or union
- ❑ 04 Someone else
- ❑ 05 Medicare
- ❑ 06 Medi-Cal (Medicaid) or Denti-Cal
- ❑ 09 Indian Health Service
- ❑ 10 Covered California
- ❑ 08 Other government dental program

'QC2019_B10' [CB25] - During the past 12 months, was there any time when {he/she} had no dental insurance at all?

     ❍   1 Yes
     ❍   2 No

If = 2, -3 go to 'QC2019_B12'

PROGRAMMING NOTE 'QC2019_B11': IF 'QC2019_B6'=2, DISPLAY " does not have any insurance";
ELSE DISPLAY "did not have any dental insurance"

'QC2019_B11' [CB26] - What is the <u>one main</u> reason (CHILD) {does not have any insurance/did not have any dental insurance during the time {he/she} wasn't covered}?

     ❍   1 Can't afford/too expensive
     ❍   2 Not eligible due to working status/changed employer/lost job
     ❍   3 Not eligible due to health or other problems
     ❍   4 Not eligible due to citizenship/immigration status
     ❍   5 Family situation changed
     ❍   6 Don't believe in insurance
     ❍   7 Did not have insurance while switching insurance companies
     ❍   8 Can get health care for free/pay own care
     ❍   9 Other (Specify: _____)

'QC2019_B12' [CC7BNEW] - Do you use any free community or public dental programs for {CHILD}'s dental care?

     ❍   1 Yes
     ❍   2 No

'QC2019_B13' [CB27] - During the past 12 months, was there any time when (CHILD) needed dental care, including checkups, but didn't get it?

     ❍   1 Yes
     ❍   2 No

If = 2, -3 go to 'QC2019_B15'

'QC2019_B14' [CB28] - What is the <u>one main</u> reason {he/she} didn't get the dental care?

     ❍   1 Couldn't get appointment
     ❍   2 My insurance not accepted
     ❍   3 Insurance did not cover
     ❍   4 Language problems
     ❍   5 Transportation problems
     ❍   6 Hours not convenient
     ❍   7 No child care for children at home
     ❍   8 Forgot or lost referral
     ❍   9 I didn't have time
     ❍   10 Too expensive
     ❍   11 No insurance
     ❍   91 Other (Specify: _____)

'QC2019_B15' [CB29] - During the past 12 months, did (CHILD) have to visit a hospital emergency room because of a dental problem?

    ❍   1 Yes
    ❍   2 No

'QC2019_B16' [CB30] - During the past 12 months, did (CHILD) have to visit an urgent care clinic because of a dental problem?

    ❍   1 Yes
    ❍   2 No

> *PROGRAMMING NOTE 'QC2019_B17':*
> *IF ('QC2019_A11'=1 OR 4) OR ('QC2019_A12'=1 OR3) [CHILD ATTENDS SCHOOL] CONTINUE WITH 'QC2019_B17';*
> *ELSE GO TO PN_'QC2019_B18'*

'QC2019_B17' [CC18B] - During the past 12 months, did {he/she} miss any time from school because of a dental problem? Do not count time missed for cleaning or a check-up.

    ❍   01 Yes
    ❍   02 No
    ❍   03 My child doesn't attend school

> *PROGRAMMING NOTE 'QC2019_B18':*
> *IF CAGE>= 6, SKIP TO SECTION C;*
> *ELSE CONTINUE WITH 'QC2019_B18'*

'QC2019_B18' [CB31] - When (CHILD NAME/AGE/SEX) goes to sleep or takes a nap, does {he/she} sleep with a bottle in {his/her} mouth?

    ❍   01 Yes
    ❍   02 No

IF =2,-3 GO TO PN_'QC2019_C1'

'QC2019_B19' [CB32] - What is usually in the bottle?

    ❍   01 Mother's milk
    ❍   02 Regular milk
    ❍   04 Chocolate milk, juice, or another drink with sugar
    ❍   05 Water
    ❍   91 Other (Specify: _____)

SECTION C: DIET, PHYSICAL ACTIVITY, PARK USE

PROGRAMMING NOTE 'QC2019_C1' :
IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE 'QC2019_C7' ;
ELSE CONTINUE WITH 'QC2019_C1'

'QC2019_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?

Servings are self-defined. A serving is the child's regular portion of this food.

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

'QC2019_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]

'QC2019_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 [HR 0-15;SR 0-7]

PROGRAMMING NOTE 'QC2019_C4' :
IF 'QC2019_A11' = 4 (HOME SCHOOLED LAST WEEK) OR IF 'QC2019_A12' = 3 (HOME SCHOOLED LAST YEAR), GO TO PROGRAMMING NOTE CC35 ;
ELSE IF 'QC2019_A11' = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH 'QC2019_C4' AND DISPLAY "How many days in the past week";
IF 'QC2019_A12' = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH 'QC2019_C4' AND DISPLAY "During the school year, on how many days during a typical week";
ELSE GO TO PROGRAMMING NOTE 'QC2019_C7'

'QC2019_C4' [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?

If your child does not go directly home from school, include the number of days walked to childcare, a relative's home, or an after school program

_____ Days

❍　　-7 REFUSED
❍　　-8 DON'T KNOW

'QC2019_C5' [CC43] - {How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) bike or skateboard home from school?
Include kids who ride rollerblades, rollershoes or non-motorized scooters home from school.

If your child does not go directly home from school, include the number of days biked or skateboarded to childcare, a relative's home, or an after school program.

_____ Days

PROGRAMMING NOTE 'QC2019_C6' :
If 'QC2019_A11' = 1 (ATTENDED SCHOOL LAST WEEK) OR 'QC2019_A12' = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH 'QC2019_C6' ;
ELSE SKIP TO PROGRAMMING NOTE 'QC2019_C7'

'QC2019_C6' [CB22] - What is the name of the school (CHILD) goes to or last attended?

_____ Name of school

- ❍   1 Child not in school
- ❍   2 Pre-school or daycare
- ❍   03 Kindergarten
- ❍   04 Elementary
- ❍   05 Intermediate
- ❍   06 Junior High
- ❍   07 Middle School
- ❍   08 Charter
- ❍   91 Other (Specify: _____)

PROGRAMMING NOTE 'QC2019_C7'
IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE 'QC2019_C8'
ELSE IF CAGE > 1 YEAR, CONTINUE WITH 'QC2019_C7'

'QC2019_C7' [CC53] - The next question is about the time {your child/CHILD} spends mostly sitting when {he/she} is not in school or doing homework. <u>During the weekends</u>, about how much <u>time </u>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

PROGRAMMING NOTE 'QC2019_C8' :
IF CAGE ≤ 1 GO TO 'QC2019_D1' ;
ELSE CONTINUE WITH 'QC2019_C8'

'QC2019_C8' [CC37] - Has (CHILD) been to a park, playground, or open space in the past 30 days?

- ❍   1 Yes
- ❍   2 No

'QC2019_C9' [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.

- ❍   1 Strongly agree
- ❍   2 Agree
- ❍   3 Disagree
- ❍   4 Strongly disagree

SECTION D: HEALTH CARE ACCESS AND UTILIZATION

'QC2019_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

If = 2, go to 'PN_QC2019_D3'

PROGRAMMING NOTE 'QC2019_D2' : IF 'QC2019_D1' = 1, -3, DISPLAY "What kind of place do you take {him/her} to most often —a medical"

'QC2019_D2' [CD3] - What kind of place do you take {him/her} to most often—a medical doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

    ❍   01 Medical doctor's office
    ❍   02 Clinic/Hospital clinic
    ❍   03 Emergency room
    ❍   91 Some other place (Specify: _____)
    ❍   94 No one place

PROGRAMMING NOTE 'QC2019_D3' :
IF 'QC2019_A17' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF 'QC2019_A20' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR 'QC2019_B15'=1 (YES WENT TO ER PAST 12 MONTHS FOR DENTAL PROBLEM), MARK YES ON 'QC2019_D3' AND GO TO 'QC2019_D4' ;
ELSE CONTINUE WITH 'QC2019_D3'

'QC2019_D3' [CD12] - During the past 12 months, did (CHILD) visit a hospital emergency room?

    ❍   01 Yes
    ❍   02 No

'QC2019_D4' [CD6] - During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

      _____Times

PROGRAMMING NOTE 'QC2019_D5' :
IF 'QC2019_D4' > 0, GO TO PROGRAMMING NOTE 'QC2019_D6' ;
ELSE IF 'QC2019_D4' = 0, -3 CONTINUE WITH 'QC2019_D5'

'QC2019_D5' [CD7] - About how long has it been since {he/she} last saw a medical doctor?

- ❍ 1 One year ago or less
- ❍ 2 More than 1 year up to 2 years ago
- ❍ 3 More than 2 years up to 3 years ago
- ❍ 4 More than 3 years ago
- ❍ 5 Never

PROGRAMMING NOTE 'QC2019_D6' :IF 'QC2019_D1' = 1 (HAS A USUAL SOURCE OF CARE),
CONTINUE WITH 'QC2019_D6' ;ELSE SKIP TO PROGRAMMING NOTE PN_'QC2019_D8'

'QC2019_D6' [CD33] - Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider

- ❍ 01 Yes
- ❍ 02 No

PROGRAMMING NOTE 'QC2019_D7':
IF 'QC2019_D1' = 1 (HAS USUAL SOURCE OF CARE) AND 'QC2019_D6' = 1 (HAS PERSONAL
DOCTOR) AND ['QC2019_A15' =1 (HAS ASTHMA) OR 'QC2019_A16' = 1 (HAD ASTHMA ATTACK)
OR 'QC2019_A25' = 1 (HAS OTHER CONDITION), CONTINUE WITH 'QC2019_D7';
ELSE SKIP TO PROGRAMMING NOTE PN_'QC2019_D8'

'QC2019_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

> *PROGRAMMING NOTECF40 :*
> *IF CAGE < 1, SKIP to 'QC2019_D16'*
> *ELSE IF CAGE ≥ 1, CONTINUE WITH 'QC2019_D8'*

'QC2019_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?

- ❍ 1 Yes
- ❍ 2 No

'QC2019_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?

- ❍ 1 Yes
- ❍ 2 No

'QC2019_D10' [CF42] - Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?

- ❍ 1 Yes
- ❍ 2 No

'QC2019_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?

- ❍ 1 Yes
- ❍ 2 No

'QC2019_D12' [CF44] - Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

- ❍ 1 Yes
- ❍ 2 No

> *PROGRAMMING NOTE 'QC2019_D13' :*
> *IF 'QC2019_A26' =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETADATION) GO TO 'QC2019_D14' ;*
> *ELSE CONTINUE WITH 'QC2019_D13'*

'QC2019_D13' [CF45] - Did a doctor or other professional ever note a concern about (CHILD) that should be monitored carefully?

- ❍ 1 Yes
- ❍ 2 No

'QC2019_D14' [CF46] - Did they ever refer {him/her} to a specialist regarding his development?

- ❍ 1 Yes
- ❍ 2 No

'QC2019_D15' [CF47] - Did they ever refer {him/her} for speech, language or hearing testing?

- ❍ 1 Yes
- ❍ 2 No

PROGRAMMING NOTE 'QC2019_D16': IF 8 MONTHS < CAGE < 72 MONTHS, THEN CONTINUE; ELSE SKIP TO PN_'QC2019_D21';

'QC2019_D16' [CD72] - The next questions are similar to the questions you just answered, but instead ask only about screening from a doctor or other health care provider during the past 12 months.

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

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

- ❍ 01 Yes
- ❍ 02 No

If = 2, -3 go to 'Timely Appointments'

PROGRAMMING NOTE 'QC2019_D17': IF 8 MONTHS < CAGE < 24 MONTHS, THEN CONTINUE; ELSE SKIP TO 'QC2019_D19';

'QC2019_D17' [CD73] - Did the questionnaire ask about your observations about: How this child talks or makes speech sounds

- ❍ 01 Yes
- ❍ 02 No

'QC2019_D18' [CD74] - Did the questionnaire ask about your observations about: How this child interacts with you and others?

- ❍ 01 Yes
- ❍ 02 0No

PROGRAMMING NOTE 'QC2019_D19': IF 24 MONTHS < CAGE < 72 MONTHS, THEN CONTINUE; ELSE SKIP TO PN_'QC2019_D21';

'QC2019_D19' [CD75] - Did the questionnaire ask about your observations about: Words and phrases this child uses and understands?

- ❍ 01 Yes
- ❍ 02 No

'QC2019_D20' [CD76] - Did the questionnaire ask about your observations about: How this child behaves and gets along with you and others?

  ❍ 01 Yes
  ❍ 02 No

PROGRAMMING NOTE 'QC2019_D21' :
IF KID1ST = 'Y 'OR CHINSURE = 1 (INSURED OR INSURANCE STATUS UNKNOWN) OR
'QC2019_D1' = 1 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH 'QC2019_D21' ;
ELSE GO TO PROGRAMMING NOTE 'QC2019_D23'

'QC2019_D21' [CD55] - In the past 12 months, did you try to get an appointment to see (CHILD)'s doctor or medical provider within two days because (CHILD) was sick or injured?

 Do not include emergencies.

  ❍ 1 Yes
  ❍ 2 No

If = 2, -3 go to 'PN_QC2019_D23'

'QC2019_D22' [CD45] - How often were you able to get an appointment within two days? Would you say…

  ❍ 1 Never
  ❍ 2 Sometimes
  ❍ 3 Usually
  ❍ 4 Always

PROGRAMMING NOTE 'QC2019_D23' :
IF ['QC2019_D4' > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR 'QC2019_D5' = 1 OR 2
(SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH 'QC2019_D23' ;
ELSE GO TO 'QC2019_D28'

'QC2019_D23' [CD25] - The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

  ❍ 1 Yes
  ❍ 2 No
  ❍ 3 I never accompanied my child to the doctor

If = 1, go to 'PN_QC2019_D25'

PROGRAMMING NOTE 'QC2019_D24' :
IF 'QC2019_D23' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND
[INTERVIEW NOT CONDUCTED IN ENGLISH OR AH36 > 1 (ADULT R SPEAKS LANGUAGE OTHER
THAN ENGLISH AT HOME)], CONTINUE WITH 'QC2019_D24' ;
SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QC2019_D24' WAS
ASKED;
ELSE SKIP TO 'QC2019_D25' ;

'QC2019_D24' [CD31] - In what language does (CHILD)'s doctor speak to you?

- ○ 1 English
- ○ 2 Spanish
- ○ 3 Cantonese
- ○ 4 Vietnamese
- ○ 5 Tagalog
- ○ 6 Mandarin
- ○ 7 Korean
- ○ 8 Asian Indian languages (including Hindi, Punjabi, Urdu)
- ○ 9 Russian
- ○ 12 Japanese
- ○ 14 French
- ○ 15 German
- ○ 18 Farsi
- ○ 19 Armenian
- ○ 20 Arabic
- ○ 91 Other (Specify:_____)

If = 1, go to 'QC2019_D26'
If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -3 go to 'QC2019_D28'

PROGRAMMING NOTE 'QC2019_D25' :
IF 'QC2019_D23' = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH
'QC2019_D25' ;
ELSE SKIP TO 'QC2019_D28' ;

'QC2019_D25' [CD26] - Was this because you and the doctor spoke different languages?

- ○ 1 Yes
- ○ 2 No

'QC2019_D26' [CD27] - Did you need someone to help you understand the doctor?

- ○ 1 Yes
- ○ 2 No

If = 2, -3 go to 'QC2019_D28'

'QC2019_D27' [CD28] - Who was this person who helped you understand the doctor?

- ❍   01 Minor child (under age 18)
- ❍   02 An adult family member or friend
- ❍   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

'QC2019_D28' [CE1] - During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for (CHILD)?

- ❍   1 Yes
- ❍   2 No

If = 2, -3 go to 'QC2019_D30'

'QC2019_D29' [CE12] - Was cost or lack of insurance a reason why you delayed or did not get the prescription?

- ❍   1 Yes
- ❍   2 No

'QC2019_D30' [CE7] - During the past 12 months, did you delay or not get any other medical care you felt (CHILD) needed—such as seeing a doctor, a specialist, or other health professional?

- ❍   1 Yes
- ❍   2 No

If = 2, -3 go to 'QC2019_D35'

'QC2019_D31' [CD66] - Did (CHILD) get the care eventually?

- ❍   1 Yes
- ❍   2 No

'QC2019_D32' [CE13] - Was cost or lack of insurance a reason why you delayed or did not get the medical care you felt (he/she) needed?

- ❍   1 Yes
- ❍   2 No

If = 2, -3 go to 'QC2019_D34'

'QC2019_D33' [CD67] - Was that the <u>main</u> reason?

- ❍   1 Yes
- ❍   2 No

If = 1, -3 go to 'QC2019_D35'

'QC2019_D34' [CD68] - What was the <u>one</u> main reason why you delayed getting the care you felt (he/she) needed?

- ❍ 1 Couldn't get appointment
- ❍ 2 My insurance was not accepted
- ❍ 3 My insurance did not cover
- ❍ 4 Language understanding problems
- ❍ 5 Transportation problems
- ❍ 6 Hours were not convenient
- ❍ 7 There was no child care for children at home
- ❍ 8 I forgot or lost referral
- ❍ 9 I didn't have time to go
- ❍ 10 Too expensive
- ❍ 11 I have no insurance
- ❍ 91 Other (Specify: _____)

'QC2019_D35' [CD69] - During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?

- ❍ 1 Yes
- ❍ 2 No

'QC2019_D36' [CD70] - During the past 12 months, were you told by a doctor's office or clinic that they would not accept your child as a new patient?

- ❍ 1 Yes
- ❍ 2 No

'QC2019_D37' [CD71] - During the past 12 months, were you told by a doctor's office or clinic that they did not accept your child's health care coverage?

- ❍ 1 Yes
- ❍ 2 No

SECTION E: PUBLIC PROGRAMS

PROGRAMMING NOTE SECTION E:
IF [POVERTY = 1, 2, 3, 4 or 5 (INCOME LESS THAN OR EQUAL TO 200% OF POVERTY LEVEL)
OR POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND KIDS1ST ≠ "Y"] OR
KIDS1ST = "Y", CONTINUE WITH 'QC2019_E1' ;
ELSE SKIP TO 'QC2019_F1'

'QC2019_E1' [CE11] - Is (CHILD) now on TANF or CalWORKs?

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.

    ❍   1 Yes
    ❍   2 No

'QC2019_E2' [CE11A] - Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

You may receive benefits through an Electronic Benefit Transfer (EBT) card, also known as the Golden State Advantage Card.

    ❍   1 Yes
    ❍   2 No

PROGRAMMING NOTE 'QC2019_E3' :
IF CAGE > 6, GO TO 'QC2019_F4' ;
ELSE CONTINUE WITH 'QC2019_E3'

'QC2019_E3' [CE11C] - Is (CHILD) on WIC now?

WIC means 'Supplemental Food Program for Women, Infants and Children.'

    ❍   1 Yes
    ❍   2 No

SECTION F: PARENTAL INVOLVEMENT

PROGRAMMING NOTE 'QC2019_F1' :
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE CF64 ;
ELSE CONTINUE WITH 'QC2019_F1'

'QC2019_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)?

- ❍ 1 Every day
- ❍ 2 3-6 days
- ❍ 3 1-2 days
- ❍ 4 Never

'QC2019_F2' [CG15] - [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

- ❍ 1 Every day
- ❍ 2 3-6 days
- ❍ 3 1-2 days
- ❍ 4 Never

'QC2019_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?

- ❍ 1 Every day
- ❍ 2 3-6 days
- ❍ 3 1-2 days
- ❍ 4 Never

PROGRAMMING NOTE 'QC2019_F4' :IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH 'QC2019_F4' ;ELSE GO TO 'QC2019_F8'

'QC2019_F4' [CF64] - Have you seen or heard messages encouraging you to talk, read and sing with your child?

- ❍ 01 Yes
- ❍ 02 No

If =2, -3 go to 'QC2019_F8'

'QC2019_F5' [CF65] - Do you <u>talk</u> with your child less, about the same, or more after hearing that message?

- ❍ 01 Less
- ❍ 02 About the same
- ❍ 03 More

'QC2019_F6' [CF66] - Do you <u>sing</u> with your child less, about the same, or more after hearing that message?

- ❍ 01 Less
- ❍ 02 About the same
- ❍ 03 More

'QC2019_F7' [CF67] - Do you <u>read</u> with your child less, about the same, or more after hearing that message?

      ❍   01 Less
      ❍   02 About the same
      ❍   03 More

'QC2019_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

If =2, -3 go to 'PN_QC2019_F13'

'QC2019_F9' [CF36] - Have you ever received this Kit for New Parents?

      ❍   01 Yes
      ❍   02 No

If =2, -3 go to 'PN_QC2019_F13'

'QC2019_F10' [CD57] - Did you receive the Kit for New Parents during the past year?

      ❍   01 Yes
      ❍   02 No

If =2, -3 go to 'PN_QC2019_F13'

'QC2019_F11' [CF39] - Did you use any of the materials from the Kit for New Parents?

      ❍   01 Yes
      ❍   02 No

If =2, -3 go to 'PN_QC2019_F13'

'QC2019_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)

      ❍   1 1 Least useful
      ❍   2 2
      ❍   3 3
      ❍   4 4
      ❍   5 5
      ❍   6 6
      ❍   7 7
      ❍   8 8
      ❍   9 9
      ❍   10 10 Most useful

> ***PROGRAMMING NOTE 'QC2019_F13': :***
> ***IF CAGE ≥ 4, CONTINUE WITH 'QC2019_F13'***
> ***ELSE SKIP TO 'QC2019_G1'***

'QC2019_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?

    ❍   1 Yes
    ❍   2 No

If =2, -3 go to 'QC2019_F15'

'QC2019_F14' [CF31] - Are these difficulties minor, definite, or severe?

    ❍   1 Minor
    ❍   2 Definite
    ❍   3 Severe

'QC2019_F15' [CF32] - During the past 12 months, did (CHILD) receive any psychological or emotional counseling?

    ❍   1 Yes
    ❍   2 No

SECTION G: CHILD CARE AND SOCIAL COHESION

PROGRAMMING NOTE 'QC2019_G1' :
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

'QC2019_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?

- ❍   1 Yes
- ❍   2 No

If = 2, -3 go to 'QC2019_G10'

'QC2019_G2' [CG2] - Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

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

PROGRAMMING NOTE 'QC2019_G3' :
IF 'QC2019_G2' < 10 (HOURS IN CHILDCARE), GO TO 'QC2019_G10' ;
ELSE CONTINUE WITH 'QC2019_G3'

'QC2019_G3' [CG3A] - During a typical week does (CHILD) receive childcare from...a grandparent or other family member?

- ❍   01 Yes
- ❍   02 No

'QC2019_G4' [CG3E] - ... a non-family member who cares for (CHILD) in your home?

- ❍   1 Yes
- ❍   2 No

'QC2019_G5' [CG3F] - ...a non-family member who cares for (CHILD) in his or her home?

- ❍   1 Yes
- ❍   2 No

'QC2019_G6' [CG3D] - ...a childcare center that is not in someone's home?

- ❍   1 Yes
- ❍   2 No

PROGRAMMING NOTE 'QC2019_G7' :
IF CAGE ≥ 7 YEARS, GO TO 'QC2019_G10' ;
ELSE CONTINUE WITH 'QC2019_G7'

'QC2019_G7' [CG3B] - ...a Head Start or state preschool program?

- ❍   1 Yes
- ❍   2 No

'QC2019_G8' [CG3C] - ... some other preschool or nursery school?

- ❍   1 Yes
- ❍   2 No

PROGRAMMING NOTE 'QC2019_G9' :
IF ['QC2019_G3' OR 'QC2019_G4' = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR
NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF ['QC2019_G5' ≠ 1 AND 'QC2019_G6' ≠ 1 AND
'QC2019_G7' ≠ 1 AND 'QC2019_G8' ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN
CARE IN NON-FAMILY MEMBER HOME)], GO TO 'QC2019_G10' ;
ELSE CONTINUE WITH 'QC2019_G9' ;
IF ONLY ONE OF 'QC2019_G5' , 'QC2019_G6' , 'QC2019_G7' , OR 'QC2019_G8' = 1, DISPLAY "Is
this" AND "provider";
ELSE DISPLAY, "Are all of these" AND "providers"

'QC2019_G9' [CG3G] - Thinking about the care the child receives from a <u>non-family member outside
your home</u>, {is this/are all of these} child care provider{s} licensed by the state of California?

- ❍   1 Yes (all are licensed)
- ❍   2 No (none are licensed)
- ❍   3 Some licensed and some not

'QC2019_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

If = 2, -3 go to 'QC2019_H1'

'QC2019_G11' [CG6] - What is the <u>main</u> reason you were unable to find childcare for (CHILD) at that
time?

- ❍   1 Couldn't afford any child care
- ❍   2 Couldn't find a provider with a space
- ❍   3 The hours and location didn't fit my needs
- ❍   4 Couldn't afford the quality of childcare I wanted
- ❍   5 Couldn't find the quality of childcare I wanted
- ❍   6 Some other reason

SECTION H: DEMOGRAPHICS, PART II

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

'QC2019_H1' [CH1] - Is (CHILD) Latino or Hispanic?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3 go to 'PN_QC2019_H3'

'QC2019_H2' [CH2] - And what is {his/her} Latino or Hispanic ancestry or origin?

Check all that apply

- ❑ 1 Mexican/Mexican American/Chicano
- ❑ 4 Salvadoran
- ❑ 5 Guatemalan
- ❑ 6 Costa Rican
- ❑ 7 Honduran
- ❑ 8 Nicaraguan
- ❑ 9 Panamanian
- ❑ 10 Puerto Rican
- ❑ 11 Cuban
- ❑ 12 Spanish-American (from Spain)
- ❑ 91 Other Latino (Specify: _____)

PROGRAMMING NOTE 'QC2019_H3' :
IF 'QC2019_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 'QC2019_H3' ,
CONTINUE WITH PROGRAMMING NOTE 'QC2019_H4' ;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QC2019_H3' [CH3] - {You said your child is Latino or Hispanic. Also,} which one or more of the following you would use to describe (CHILD): Would you describe {him/her} as ....

Check all that apply

- ❑ 1 White
- ❑ 2 Black or African American
- ❑ 3 Asian
- ❑ 4 American Indian or Alaska Native
- ❑ 5 Other Pacific Islander
- ❑ 6 Native Hawaiian
- ❑ 91 Other (Specify: _____)

If = 1, 2, 6, 91, -3 And Only One Race, go to 'PN_QC2019_H10'
If = 3, And Only One Race, go to 'PN_QC2019_H8'
If = 4, And Only One Race, go to 'PN_QC2019_H4'
If = 5, And Only One Race, go to 'PN_QC2019_H9'

PROGRAMMING NOTE 'QC2019_H4' :
IF 'QC2019_H3' = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH 'QC2019_H4' ;
ELSE GO TO PROGRAMMING NOTE 'QC2019_H8'

'QC2019_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.

Check all that apply

- ❑ 1 Apache
- ❑ 2 Blackfoot/Blackfeet
- ❑ 3 Cherokee
- ❑ 4 Choctaw
- ❑ 5 Mexican American Indian
- ❑ 6 Navajo
- ❑ 7 Pomo
- ❑ 8 Pueblo
- ❑ 9 Sioux
- ❑ 10 Yaqui
- ❑ 91 Other tribe (Specify: _____)

'QC2019_H5' [CH5] - Is (CHILD) an enrolled member in a federally or state recognized tribe?

- ○ 1 Yes
- ○ 2 No

If = 2, -3 go to 'PN_QC2019_H8'

'QC2019_H6' [CH6] – Which tribe is (CHILD) enrolled in?

APACHE_C
- ○ 1 Mescalero Apache, NM
- ○ 2 Apache (not specified)
- ○ 91 Other Apache (Specify:)
BLACKFEET_C
- ○ 3 Blackfoot/Blackfeet
CHEROKEE_C
- ○ 4 Western Cherokee
- ○ 5 Cherokee (not specified)
- ○ 92 Other Cherokee (Specify: _____)
CHOCTAW_C
- ○ 6 Choctaw Oklahoma
- ○ 7 Choctaw (not specified)
- ○ 93 Other Choctaw (Specify: _____)
NAVAJO_C
- ○ 8 Navajo (not specified)
POMO_C
- ○ 9 Hopland Band, Hopland Rancheria
- ○ 10 Sherwood Valley Rancheria
- ○ 11 Pomo (not specified)
- ○ 94 Other Pomo (Specify: _____)

PUEBLO_C
- ❍ 12 Hopi
- ❍ 13 Ysleta del Sur Pueblo of Texas
- ❍ 14 Pueblo (not specified)
- ❍ 95 Other Pueblo (Specify: _____)

SIOUX_C
- ❍ 15 Oglala/PINE RIDGE Sioux
- ❍ 16 _Sioux (not specified)
- ❍ 96 Other Sioux (Specify: _____)

YAQUI_C
- ❍ 17 Pascua Yaqui Tribe of Arizona
- ❍ 18 Yaqui (not specified)
- ❍ 97 Other Yaqui (Specify: _____)
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QC2019_H7' [CH6A] - Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

- ❍ 1 Yes
- ❍ 2 No

PROGRAMMING NOTE 'QC2019_H8' :IF 'QC2019_H3' = 3 (ASIAN) CONTINUE WITH 'QC2019_H8' ; ELSE GO TO PROGRAMMING NOTE 'QC2019_H9'

'QC2019_H8' [CH7] - You said Asian, and what specific ethnic group is {he/she}, such as Chinese, Filipino, Vietnamese? If {he/she} is more than one, tell me all of them.

Check all that apply

- ❑ 1 Bangladeshi
- ❑ 2 Burmese
- ❑ 3 Cambodian
- ❑ 4 Chinese
- ❑ 5 Filipino
- ❑ 6 Hmong
- ❑ 7 Indian (India)
- ❑ 8 Indonesian
- ❑ 9 Japanese
- ❑ 10 Korean
- ❑ 11 Laotian
- ❑ 12 Malaysian
- ❑ 13 Pakistani
- ❑ 14 Sri Lankan
- ❑ 15 Taiwanese
- ❑ 16 Thai
- ❑ 17 Vietnamese
- ❑ 91 Other Asian (Specify: _____)

PROGRAMMING NOTE 'QC2019_H9' :IF 'QC2019_H3' = 5 (PACIFIC ISLANDER) CONTINUE WITH 'QC2019_H9' ;ELSE GO TO 'QC2019_H10'

'QC2019_H9' [CH7A] - You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}?

Check all that apply.

- ❑ 01 Samoan/American Samoan
- ❑ 02 Guamanian
- ❑ 03 Tongan
- ❑ 04 Fijian
- ❑ 91 Other Pacific Islander (Specify: _____)

'QC2019_H10' [CH8] -In what country was (CHILD) born?

- ❍ 1 United States
- ❍ 2 American Samoa
- ❍ 3 Canada
- ❍ 4 China
- ❍ 09 Guam
- ❍ 16 Japan
- ❍ 17 Korea
- ❍ 18 Mexico
- ❍ 19 Philippines
- ❍ 22 Puerto Rico
- ❍ 25 Vietnam
- ❍ 26 Virgin Islands
- ❍ 91 Other (Specify: _____)

> *PROGRAMMING NOTE 'QC2019_H11' :*
> *IF 'QC2019_H10' = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO*
> *PROGRAMMING NOTE 'QC2019_H14' ;*
> *ELSE CONTINUE WITH 'QC2019_H11'*

'QC2019_H11' [CH8A] - Is (CHILD) a citizen of the United States?

- ❍ 1 Yes
- ❍ 2 No
- ❍ 3 Application pending

If = 1, go to 'QC2019_H13'

'QC2019_H12' [CH9] - Is (CHILD) a permanent resident with a green card?

People usually call this a green card but the color can also be pink, blue or white.

- ❍ 1 Yes
- ❍ 2 No
- ❍ 3 Application pending

'QC2019_H13' [CH10] - About how many years has (CHILD) lived in the United States?

_____ Number of years

{OR}

_____ Year first came to US

- ❍ 1 Number of years
- ❍ 2 Year first came to live in US

> *PROGRAMMING NOTE 'QC2019_H14' :*
> *IF KIDS1ST = 'Y' AND SKA = 1 (MOTHER OF CHILD) OR IF KID1ST= 'N' AND SC17B= 1 (AR=*
> *MOTHER OF CHILD) , DISPLAY "were you";]*
> *ELSE, CONTINUE WITH 'QC2019_H14' AND DISPLAY "was his mother/was her mother"*

'QC2019_H14' [CH11] - In what country {were you/was his mother/was her mother} born?

- ❍ 1 United States
- ❍ 2 American Samoa
- ❍ 3 Canada
- ❍ 4 China
- ❍ 09 Guam
- ❍ 16 Japan
- ❍ 17 Korea
- ❍ 18 Mexico
- ❍ 19 Philippines
- ❍ 22 Puerto Rico
- ❍ 25 Vietnam
- ❍ 26 Virgin Islands
- ❍ 91 Other (Specify: _____)

> *PROGRAMMING NOTE 'QC2019_H15' AND 'QC2019_H16' :*
> *IF 'QC2019_H14' = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO*
> *PROGRAMMING NOTE 'QC2019_H18' ;*
> *ELSE CONTINUE WITH 'QC2019_H15' AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY*
> *"Are you";*
> *ELSE DISPLAY "Is {his/her} mother"*

'QC2019_H15' [CH11A] - {Are you/Is {his/her} mother} a citizen of the United States?

If a naturalized citizen, please mark 'Yes'

- ❍ 1 Yes
- ❍ 2 No
- ❍ 3 Application pending

If = 1, go to 'PN_QC2019_H17'

> *PROGRAMMING NOTE 'QC2019_H16':*
> *IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH 'QC2019_H17' AND DISPLAY "have*
> *you";*
> *ELSE CONTINUE WITH 'QC2019_H17' AND DISPLAY "has {his/her} mother"*

'QC2019_H16' [CH12] - {Are you/Is {his/her} mother} a permanent resident with a green card?

- ❍ 1 Yes
- ❍ 2 No
- ❍ 3 Application pending

> *PROGRAMMING NOTE 'QC2019_H17' :*
> *IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH 'QC2019_H17' AND DISPLAY "have*
> *you";*
> *ELSE CONTINUE WITH 'QC2019_H17' AND DISPLAY "has {his/her} mother"*

'QC2019_H17' [CH13] - About how many years {have you/has {his/her} mother} lived in the United States?

_____ Number of years [HR: 0-AGE] {OR}
_____ Year first came to live in US

- ❍ 1 Number of years
- ❍ 2 Year first came to live in US
- ❍ 3 Mother deceased
- ❍ 4 Never lived in US

PROGRAMMING NOTE 'QC2019_H18' :
IF KIDS1ST = 'Y' AND SKA = 2 (FATHER OF CHILD) OR IF KID1ST= 'N' AND SC17B=2 (AR= FATHER OF CHILD) , DISPLAY "were you";]
ELSE, CONTINUE WITH 'QC2019_H14' AND DISPLAY "was his father/was her father"

'QC2019_H18' [CH14] - In what country {were you/was his father/was her father} born?

- ❍   1 United States
- ❍   2 American Samoa
- ❍   3 Canada
- ❍   4 China
- ❍   09 Guam
- ❍   16 Japan
- ❍   17 Korea
- ❍   18 Mexico
- ❍   19 Philippines
- ❍   22 Puerto Rico
- ❍   25 Vietnam
- ❍   26 Virgin Islands
- ❍   91 Other (Specify: _____)

PROGRAMMING NOTE 'QC2019_H19' AND 'QC2019_H20' :
IF 'QC2019_H18' = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE 'QC2019_H22' ;
ELSE CONTINUE WITH 'QC2019_H19' AND IF RESPONDENT IS FATHER OF CHILD DISPLAY "Are you";
ELSE SAY "Is {his/her} father"

'QC2019_H19' [CH14A] - {Are you/Is {his/her} father} a citizen of the United States?

If a naturalized citizen, please mark 'Yes'

- ❍   1 Yes
- ❍   2 No
- ❍   3 Application pending

If = 1, go to 'PN_QC2019_H21'

'QC2019_H20' [CH15] - {Are you/Is {his/her} father} a permanent resident with a green card?

- ❍   1 Yes
- ❍   2 No
- ❍   3 Application pending

'QC2019_H21' [CH16] - About how many years {have you/has {his/her} father} lived in the United States?

    _____ Number of years [HR: 0-AGE]

{OR}

    _____ Year first came to US

- ❍   1 Number of years
- ❍   2 Year first came to US
- ❍   3 Father deceased
- ❍   4 Never lived in US

'QC2019_H22' [CH17] – What languages are spoken in (CHILD)'s home?

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

PROGRAMMING NOTE 'QC2019_H23' :
IF INTERVIEW CONDUCTED IN ENGLISH AND 'QC2019_H22' > 1 (TWO OR MORE LANGUAGES
SPOKEN AT HOME), CONTINUE WITH 'QC2019_H23' AND DISPLAY "Compared to the language
spoken in (CHILD)'s home,";
SET CH18ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QC2019_H23' WAS
ASKED;
ELSE IF 'QC2019_H22' = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE
'QC2019_H24'

'QC2019_H23' [CH18] -   { Since a language other than English is spoken at home, we are interested in your own opinion of how well you speak English,} would you say you speak English....

- ❍ 1 Very well
- ❍ 2 Well
- ❍ 3 Not well
- ❍ 4 Not at all

PROGRAMMING NOTE 'QC2019_H24' :
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC2019_H24' ;
ELSE GO TO PROGRAMMING NOTE KAG8

'QC2019_H24' [CH22] - What is the highest grade of education you have completed and received credit for?

   ○   30 NO FORMAL EDUCATION

'GRADE' [GRADE] - GRADE
   ○   1 1ST GRADE
   ○   2 2ND GRADE
   ○   3 3RD GRADE
   ○   4 4TH GRADE
   ○   5 5TH GRADE
   ○   6 6TH GRADE
   ○   7 7TH GRADE
   ○   8 8TH GRADE

'HIGH' [HIGH] - HIGH
   ○   9 9TH GRADE
   ○   10 10TH GRADE
   ○   11 11TH GRADE
   ○   12 12TH GRADE

'COLLEGE' [COLLEGE] - COLLEGE
   ○   13 1st year of college or university (Freshman)
   ○   14 2nd year of college or university (Sophomore)
   ○   15 3rd year of college or university (Junior)
   ○   16 4th year of college or university (Senior)(BA/BS)
   ○   17 5th year of college or university

'GRADUATE' [GRADUATE] - GRADUATE
   ○   18 1st year of graduate or professional school
   ○   19 2nd year of graduate or professional school (MA/MS)
   ○   20 3rd year of graduate or professional school
   ○   21 More than 3 years of graduate or professional school (PhD)

'COMMUNITY' [COMMUNITY] - COMMUNITY
   ○   22 1st year of junior or community college
   ○   23 2nd year of junior or community college (AA/AS)

'BUSINESS' [BUSINESS] - BUSINESS
   ○   24 1st year of vocational, business, or trade school
   ○   25 2nd year of vocational, business, or trade school
   ○   26 More than 2 years of vocational, business, or trade school

SECTION H: DEMOGRAPHICS, PART III

PROGRAMMING NOTE 'QC2019_H25':
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC2019_H25';
ELSE GO TO 'QC2019_H26'

'QC2019_H25' [CH30] - Based on the questions in this survey about (CHILD), is there another adult in the household who is more knowledgeable about questions we asked about (CHILD)?

- ○   1 Yes
- ○   2 No

'QC2019_H26' [CG38] - Those are my final questions about the child. I appreciate your patience. Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

- ○   1 Yes
- ○   2 No