



california
health
interview
survey

CHIS 2020

Child CATI Questionnaire

(Interviewer- administered)

Version 1.03

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

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- UCLA Center for Health Policy Research
- California Department of Health Care Services
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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 2020 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 'QC2020_A1' :
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = SKA AND GENDER OF CHILD IS KNOWN, SET 'QC2020_A1'=GENDER6 AND SKIP TO
'QC2020_A2' ;
ELSE CONTINUE WITH 'QC2020_A1'

'QC2020_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

'QC2020_A2' [CA2] - What is {his/her} date of birth?

_____ MONTH

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

_____ DAY

_____ YEAR

- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_A3' :
SET CHILD AGE='QC2020_A2';
IF CHILD AGE > 11, CONTINUE WITH 'QC2020_A3';
ELSE GO TO PN_'QC2020_A5'

'QC2020_A3' [CA2A] –Just to confirm, you said that (CHILD) is older than 11 years?

- 01 YES
- 02 NO

If=1, go to 'QC2020_A4' AND CONTINUE WITH ADULT SECTION B

'QC2020_A4' [C_AGEXIT] - Thank you for confirming. Now, I'd like to ask questions about you.

PROGRAMMING NOTE 'QC2020_A5' :
IF 'QC2020_A2' = -7 OR -8 (REFUSED/DON'T KNOW) OR [IF 'QC2020_A2' DAY NOT ANSWERED AND 'QC2020_A2' MONTH= MONTH OF INTERVIEW] OR [IF 'QC2020_A2' MONTH OR YEAR NOT ANSWERED] OR IF 'QC2020_A3'=2, CONTINUE WITH 'QC2020_A5';
ELSE SKIP TO 'QC2020_A6'

'QC2020_A5' [CA3] - How old is {he/she}?

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

_____ YEARS

_____ MONTHS

- 7 REFUSED
- 8 DON'T KNOW

'QC2020_A6' [CA4] - About how tall is (CHILD) now without shoes?

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

_____ FEET
 _____ INCHES

_____ METERS
 _____ CENTIMETERS

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

'QC2020_A7' [CA5] - About how much does (CHILD) weigh now without shoes?

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

_____ POUNDS

_____ KILOGRAMS

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

PROGRAMMING NOTE 'QC2020_A8' :
IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE 'QC2020_A11' ;
ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH 'QC2020_A8'

'QC2020_A8' [CA14] - Was (CHILD) ever breastfed or fed breast milk?

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

If = 2, -7, -8, go to 'QC2020_A10'

'QC2020_A9' [CA15] - How old was (CHILD) when { he/she} stopped breastfeeding altogether?

_____ AGE IN YEARS

_____ AGE IN MONTHS

- 93 STILL BREASTFEEDING
- 8 DON'T KNOW

'QC2020_A10' [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

PROGRAMMING NOTE 'QC2020_A11' :
IF CAGE < 5 YEARS GO TO 'QC2020_A13' ;
ELSE CONTINUE WITH 'QC2020_A11' AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC2020_A11' [CA42] - {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

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

If = 1, 4, go to 'QC2020_A13'

PROGRAMMING NOTE 'QC2020_A12' :
IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC2020_A12' [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

'QC2020_A13' [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

'QC2020_A14' [CA12] - Has a doctor ever told you that (CHILD) has asthma?

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

If = 2, -7, -8, go to 'QC2020_A25'

'QC2020_A15' [CA31] - Does {he/she} still have asthma?

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

'QC2020_A16' [CA32] - During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?

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

PROGRAMMING NOTE 'QC2020_A17':

**IF 'QC2020_A15' = 1 (YES, STILL HAS ASTHMA) OR 'QC2020_A16' = 1 (YES, EPISODE IN LAST 12 MOS), CONTINUE WITH 'QC2020_A17';
ELSE GO TO 'QC2020_A19'**

'QC2020_A17' [CA33] - During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

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

If = 2, -7, -8, go to 'QC2020_A19'

'QC2020_A18' [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 A DOCTOR
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_A19' [CA12A] - Is (CHILD) now taking a daily medication to control {his/her} asthma that was prescribed or given to you by a doctor?

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

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

PROGRAMMING NOTE 'QC2020_A20' :

**IF 'QC2020_A15' = 1 (YES, STILL HAS ASTHMA) OR 'QC2020_A16' = 1 (YES, EPISODE IN LAST 12 MOS), GO TO 'QC2020_A22';
ELSE CONTINUE WITH 'QC2020_A20'**

'QC2020_A20' [CA41] - During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

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

If = 2, -7, -8, go to 'QC2020_A22'

'QC2020_A21' [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 A DOCTOR
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_A22' [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

'QC2020_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?

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

If = 2, -7, -8, go to 'QC2020_A25'

'QC2020_A24' [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

'QC2020_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?

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

If = 2, -7, -8, go to 'PN_QC2020_A27'

'QC2020_A26' [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

PROGRAMMING NOTE 'QC2020_A27':

IF AGE BETWEEN 5 AND 11; CONTINUE WITH 'QC2020_A27';

ELSE SKIP TO 'QC2020_A30';

IF 'QC2020_A25'=1, DISPLAY "Because of (CHILD's) (INSERT CONDITION(S) FROM 'QC2020_A26')";

ELSE DISPLAY "Does Child"

'QC2020_A27' [CA70] - {Because of (CHILD's) (INSERT CONDITION(S) FROM 'QC2020_A26'), does (CHILD)/Does Child} have serious difficulty concentrating, remembering, or making decisions?

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

'QC2020_A28' [CA71] - Does (CHILD) have serious difficulty walking or climbing stairs?

- 001 YES
- 002 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_A29' [CA72] - Does (CHILD) have difficulty dressing or bathing?

- 001 YES
- 002 NO
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_A30':
IF 'QC2020_A26' = -1, -7, -8, GO TO 'QC2020_A33';
ELSE CONTINUE WITH 'QC2020_A30'

'QC2020_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 'QC2020_A26')?

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

If = 2, -7, -8, go to 'QC2020_A32'

'QC2020_A31' [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

'QC2020_A32' [CA57] - How confident are you that you can control and manage (CHILD's) (INSERT CONDITION(S) FROM 'QC2020_A26')? 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

'QC2020_A33' [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, go to 'QC2020_A36'

'QC2020_A34' [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, go to 'QC2020_A36'

'QC2020_A35' [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

'QC2020_A36' [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, go to 'PN_CC1BB'

'QC2020_A37' [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, go to 'PN_CC1BB'

'QC2020_A38' [CA25] - Is this a condition that has lasted or is expected to last for 12 months or longer?

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

SECTION B: DENTAL HEALTH

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

PROGRAMMING NOTE 'QC2020_B1' :
IF CAGE > 2 YEARS, GO TO 'QC2020_B2'; ELSE CONTINUE WITH 'QC2020_B1'

'QC2020_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, go to 'QC2020_B18'

'QC2020_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.

- 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 'QC2020_B3' :
IF 'QC2020_B2' = 0 (HAD NEVER VISITED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH 'QC2020_B3' ;
ELSE SKIP TO 'QC2020_B4' ;
IF 'QC2020_B2' = 0 (HAS NEVER VISITED), DISPLAY "never";
ELSE IF 'QC2020_B2' ≥ 3 DISPLAY "not" AND "in the past year"

'QC2020_B3' [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 TOO EXPENSIVE/NO INSURANCE
- 04 FEAR, DISLIKES GOING
- 05 DO NOT HAVE/KNOW A DENTIST
- 06 TRANSPORTATION PROBLEMS
- 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 (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

**PROGRAMMING NOTE 'QC2020_B4': If 'QC2020_B2' =0, go to 'QC2020_B5';
ELSE CONTINUE WITH 'QC2020_B4'**

'QC2020_B4' [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

'QC2020_B5' [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

'QC2020_B6' [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, go to 'QC2020_B11'

'QC2020_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.

- 001 YES
- 002 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_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.

- 001 YES
- 002 NO
- 7 REFUSED
- 8 DON'T KNOW

If= 2, -7,-8 go to 'QC2020_B10'

'QC2020_B9' [CB37] - For that dental insurance plan, who else pays part of the cost?

Check all that apply.

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

'QC2020_B10' [CB25] - During the past 12 months, was there any time when {he/she} had no dental insurance at all?

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

If = 2, -7, -8, go to **'QC2020_B12'**

**PROGRAMMING NOTE 'QC2020_B11': IF 'QC2020_B6'=2, DISPLAY " does not have any insurance";
ELSE DISPLAY "did not have any dental insurance"**

'QC2020_B11' [CB26] - What is the one main reason (CHILD) {does not have any insurance/did not have any dental insurance during the time {he/she} wasn't covered}?

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/ LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
- 08 CAN GET HEALTH CARE FOR FREE/ PAY OWN CARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_B12' [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

'QC2020_B13' [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, go to 'QC2020_B15'

'QC2020_B14' [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 TOO EXPENSIVE
- 11 NO INSURANCE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_B15' [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

'QC2020_B16' [CB30] - During the past 12 months, did (CHILD) have to visit an urgent care clinic because of a dental problem?

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

**PROGRAMMING NOTE 'QC2020_B17':IF ('QC2020_A11'=1 OR 4) OR ('QC2020_A12'=1 OR3)
[CHILD ATTENDS SCHOOL] CONTINUE WITH 'QC2020_B17'; ELSE GO TO PN_ 'QC2020_B18'**

'QC2020_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 DOESN'T ATTEND SCHOOL
- 7 REFUSED
- 8 DON'T KNOW

**PROGRAMMING NOTE 'QC2020_B18':
IF CAGE>= 6, SKIP TO SECTION C;
ELSE CONTINUE WITH 'QC2020_B18';**

'QC2020_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?

- 001 YES
- 002 NO
- 7 REFUSED
- 8 DON'T KNOW

IF =2,-7, -8 GO TO PN_ 'QC2020_C1'

'QC2020_B19' [CB32] - What is usually in the bottle; for example, mother's milk, regular milk, chocolate milk, water, juice, or another drink with sugar in it?

- 01 MOTHER'S MILK
- 02 REGULAR MILK
- 03 CHOCOLATE MILK, JUICE, OR SUGARY DRINK
- 04 WATER
- 91 OTHER (SPECIFY:_____)
- 7 REFUSED
- 8 DON'T KNOW

SECTION C: DIET, PHYSICAL ACTIVITY, PARK USE

PROGRAMMING NOTE 'QC2020_C1' :
IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE 'QC2020_C7' ;
ELSE CONTINUE WITH 'QC2020_C1'

'QC2020_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

'QC2020_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

'QC2020_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]

- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_C4' :
IF 'QC2020_A11' = 4 (HOME SCHOOLED LAST WEEK) OR IF 'QC2020_A12' = 3 (HOME SCHOOLED LAST YEAR), GO TO PROGRAMMING NOTE CC35 ;
ELSE IF 'QC2020_A11' = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH 'QC2020_C4' AND DISPLAY "How many days in the past week";
IF 'QC2020_A12' = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH 'QC2020_C4' AND DISPLAY "During the school year, on how many days during a typical week";
ELSE GO TO PROGRAMMING NOTE 'QC2020_C7'

'QC2020_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?

[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

'QC2020_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?

[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

PROGRAMMING NOTE 'QC2020_C6' :
If 'QC2020_A11' = 1 (ATTENDED SCHOOL LAST WEEK) OR 'QC2020_A12' = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH 'QC2020_C6' ;
ELSE SKIP TO PROGRAMMING NOTE 'QC2020_C7'

'QC2020_C6' [CB22] - What is the name of the school (CHILD) goes to or last attended?

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

_____ 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

PROGRAMMING NOTE 'QC2020_C7'
IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE 'QC2020_C8'
ELSE IF CAGE > 1 YEAR, CONTINUE WITH 'QC2020_C7'

'QC2020_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. 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

PROGRAMMING NOTE 'QC2020_C8' :
IF CAGE ≤ 1 GO TO 'QC2020_D1' ;
ELSE CONTINUE WITH 'QC2020_C8'

'QC2020_C8' [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

'QC2020_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.

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

SECTION D: HEALTH CARE ACCESS AND UTILIZATION

'QC2020_D1' [CD1] - The next questions are about where (CHILD) goes for health care.

Is there a place you usually take {him/her} to when {he/she} is sick or you need advice about {his/her} health?

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

If = 2, go to 'PN_QC2020_D3'

PROGRAMMING NOTE 'QC2020_D2' :

IF 'QC2020_D1' = 1, 5, -7, OR -8, DISPLAY "What kind of place do you take {him/her} to most often—a medical";

ELSE IF 'QC2020_D1' = 3 DISPLAY "Is {his/her} doctor in a private";

ELSE IF 'QC2020_D1' = 4, FILL 'QC2020_D2' = 1 AND GO TO PN 'QC2020_D3'

'QC2020_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

PROGRAMMING NOTE 'QC2020_D3' :

IF 'QC2020_A17' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF 'QC2020_A20' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR 'QC2020_B15'=1 (YES WENT TO ER PAST 12 MONTHS FOR DENTAL PROBLEM), MARK YES ON 'QC2020_D3' AND GO TO 'QC2020_D4' ;

ELSE CONTINUE WITH 'QC2020_D3'

'QC2020_D3' [CD12] - During the past 12 months, did (CHILD) visit a hospital emergency room?

- 001 YES
- 002 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_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

PROGRAMMING NOTE 'QC2020_D5' :
IF 'QC2020_D4' > 0, GO TO PROGRAMMING NOTE 'QC2020_D6' ;
ELSE IF 'QC2020_D4' = 0, -7, OR -8, CONTINUE WITH 'QC2020_D5'

'QC2020_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

PROGRAMMING NOTE 'QC2020_D6' :
IF 'QC2020_D1' = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH
'QC2020_D6' ;
ELSE SKIP TO PROGRAMMING NOTE PN_ 'QC2020_D8'

'QC2020_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

PROGRAMMING NOTE 'QC2020_D7':
IF 'QC2020_D1' = 1, 3, 4, OR 5 (HAS USUAL SOURCE OF CARE) AND 'QC2020_D6' = 1 (HAS
PERSONAL DOCTOR) AND ['QC2020_A15' = 1 (HAS ASTHMA) OR 'QC2020_A16' = 1 (HAD
ASTHMA ATTACK) OR 'QC2020_A25' = 1 (HAS OTHER CONDITION), CONTINUE WITH
'QC2020_D7';
ELSE SKIP TO PROGRAMMING NOTE PN_ 'QC2020_D8'

'QC2020_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

PROGRAMMING NOTE 'QC2020_D8' :
IF CAGE < 1, SKIP to 'QC2020_D16'
ELSE IF CAGE ≥ 1, CONTINUE WITH 'QC2020_D8'

'QC2020_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

'QC2020_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

'QC2020_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

'QC2020_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

'QC2020_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

PROGRAMMING NOTE 'QC2020_D13' :
IF 'QC2020_A26' =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETARDATION) GO TO 'QC2020_D14' ;
ELSE CONTINUE WITH 'QC2020_D13'

'QC2020_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

'QC2020_D14' [CF46] - Did they ever refer {him/her} to a specialist regarding his development?

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

'QC2020_D15' [CF47] - Did they ever refer {him/her} for speech, language or hearing testing?

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

PROGRAMMING NOTE 'QC2020_D16': IF 8 MONTHS < CAGE < 72 MONTHS, THEN CONTINUE;
ELSE SKIP TO PN_'QC2020_D21';

'QC2020_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?

[IF NEEDED, SAY: 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
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8 go to 'Timely Appointments'

**PROGRAMMING NOTE 'QC2020_D17': IF 8 MONTHS < CAGE < 24 MONTHS, THEN CONTINUE;
ELSE SKIP TO 'QC2020_D19';**

'QC2020_D17' [CD73] - Did the questionnaire ask about your observations about: How this child talks or makes speech sounds?

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

'QC2020_D18' [CD74] - Did the questionnaire ask about your observations about: How this child interacts with you and others?

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

**PROGRAMMING NOTE 'QC2020_D19': IF 24 MONTHS < CAGE < 72 MONTHS, THEN CONTINUE;
ELSE SKIP TO PN_'QC2020_D21';**

'QC2020_D19' [CD75] - Did the questionnaire ask about your observations about: Words and phrases this child uses and understands?

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

'QC2020_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
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_D21' :
IF KID1ST = 'Y' OR CHINSURE = 1 (INSURED OR INSURANCE STATUS UNKNOWN) OR
'QC2020_D1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH
'QC2020_D21' ;
ELSE GO TO PROGRAMMING NOTE 'QC2020_D23'

'QC2020_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?

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

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

If = 2, -7, -8, go to 'PN_QC2020_D23'

'QC2020_D22' [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 'QC2020_D23' :
IF ['QC2020_D4' > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR 'QC2020_D5' = 1 OR 2
(SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH 'QC2020_D23' ;
ELSE GO TO 'QC2020_D28'

'QC2020_D23' [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, go to 'PN_QC2020_D25'

PROGRAMMING NOTE 'QC2020_D24' :
IF 'QC2020_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 'QC2020_D24' ;
SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QC2020_D24' WAS
ASKED;
ELSE SKIP TO 'QC2020_D25' ;

'QC2020_D24' [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, go to 'QC2020_D26'

If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, go to 'QC2020_D28'

PROGRAMMING NOTE 'QC2020_D25' :
IF 'QC2020_D23' = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH
'QC2020_D25' ;
ELSE SKIP TO 'QC2020_D28' ;

'QC2020_D25' [CD26] - Was this because you and the doctor spoke different languages?

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

'QC2020_D26' [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, go to 'QC2020_D28'

'QC2020_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 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

'QC2020_D28' [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, go to 'QC2020_D30'

'QC2020_D29' [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

'QC2020_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?

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

If = 2, -7, -8, go to 'QC2020_D35'

'QC2020_D31' [CD66] - Did (CHILD) get the care eventually?

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

'QC2020_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?

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

If = 2, -7, -8, go to 'QC2020_D34'

'QC2020_D33' [CD67] - Was that the main reason?

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

If = 1, -7, -8, go to 'QC2020_D35'

'QC2020_D34' [CD68] - What was the one main reason why you delayed getting the care you felt (he/she) needed?

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

'QC2020_D35' [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

'QC2020_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?

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

'QC2020_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?

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

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 'QC2020_E1' ;ELSE SKIP TO 'QC2020_F1'

'QC2020_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

'QC2020_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

PROGRAMMING NOTE 'QC2020_E3' :

**IF CAGE > 6, GO TO 'QC2020_F4' ;
ELSE CONTINUE WITH 'QC2020_E3'**

'QC2020_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

PROGRAMMING NOTE 'QC2020_F1' :
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE CF64 ;
ELSE CONTINUE WITH 'QC2020_F1'

'QC2020_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

'QC2020_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

'QC2020_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

PROGRAMMING NOTE 'QC2020_F4' :
IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH
'QC2020_F4' ;
ELSE GO TO 'QC2020_F8'

'QC2020_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, go to 'QC2020_F8'

'QC2020_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

'QC2020_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

'QC2020_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

'QC2020_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, go to 'PN_QC2020_F13'

'QC2020_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, go to PN_'QC2020_F13'

'QC2020_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, go to 'PN_QC2020_F13'

'QC2020_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, go to 'PN_QC2020_F13'

'QC2020_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 'QC2020_F13': :
IF CAGE ≥ 4, CONTINUE WITH 'QC2020_F13'
ELSE SKIP TO 'QC2020_G1'

'QC2020_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, go to 'QC2020_F15'

'QC2020_F14' [CF31] - Are these difficulties minor, definite, or severe?

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

'QC2020_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

PROGRAMMING NOTE 'QC2020_G1' :
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

'QC2020_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, go to 'QC2020_G10'

'QC2020_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]

- 01 REFUSED
- 02 DON'T KNOW

PROGRAMMING NOTE 'QC2020_G3' :
IF 'QC2020_G2' < 10 (HOURS IN CHILDCARE), GO TO 'QC2020_G10' ;
ELSE CONTINUE WITH 'QC2020_G3'

'QC2020_G3' [CG3A] - During a typical week does (CHILD) receive childcare from...a grandparent or other family member?

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

'QC2020_G4' [CG3E] - [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in your home?

- 001 YES
- 002 NO
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_G5' [CG3F] - [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in his or her home?

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

'QC2020_G6' [CG3D] - [Does (CHILD) receive childcare from]...a childcare center that is not in someone's home?

- 001 YES
- 002 NO
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE 'QC2020_G7' :
IF CAGE ≥ 7 YEARS, GO TO 'QC2020_G10' ;
ELSE CONTINUE WITH 'QC2020_G7'

'QC2020_G7' [CG3B] - [Does (CHILD) receive childcare from]...a Head Start or state preschool program?

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

'QC2020_G8' [CG3C] - [Does (CHILD) receive childcare from]...some other preschool or nursery school?

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

PROGRAMMING NOTE 'QC2020_G9' :
IF ['QC2020_G3' OR 'QC2020_G4' = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF ['QC2020_G5' ≠ 1 AND 'QC2020_G6' ≠ 1 AND 'QC2020_G7' ≠ 1 AND 'QC2020_G8' ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO 'QC2020_G10' ;
ELSE CONTINUE WITH 'QC2020_G9' ;
IF ONLY ONE OF 'QC2020_G5', 'QC2020_G6', 'QC2020_G7', OR 'QC2020_G8' = 1, DISPLAY "Is this" AND "provider";
ELSE DISPLAY, "Are all of these" AND "providers"

'QC2020_G9' [CG3G] – Is this {Are all of these} child care provider{s} licensed by the state of California?

- 01 YES (ALL LICENSED)
- 02 NO (NONE LICENSED)
- 03 SOME LICENSED AND SOME NOT
- 7 REFUSED
- 8 DON'T KNOW

'QC2020_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?

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

If = 2, -7, -8, go to 'QC2020_H1'

'QC2020_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
- 06 OTHER REASON
- 7 REFUSED
- 8 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.

'QC2020_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, go to 'PN_QC2020_H3'

'QC2020_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

PROGRAMMING NOTE 'QC2020_H3' :

IF 'QC2020_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 'QC2020_H3' ,

CONTINUE WITH PROGRAMMING NOTE 'QC2020_H4' ;

ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QC2020_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, go to 'PN_QC2020_H10'

If = 3, And Only One Race, go to 'PN_QC2020_H8'

If = 4, And Only One Race, go to 'PN_QC2020_H4'

If = 5, And Only One Race, go to 'PN_QC2020_H9'

PROGRAMMING NOTE 'QC2020_H4' :

IF 'QC2020_H3' = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH 'QC2020_H4' ;

ELSE GO TO PROGRAMMING NOTE 'QC2020_H8'

'QC2020_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

'QC2020_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, go to 'PN_QC2020_H8'

'QC2020_H6' [CH6] - Which tribe is (CHILD) enrolled in?

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

APACHE_C

- 01 MESCALERO APACHE, NM
- 02 APACHE (NOT SPECIFIED)
- 91 OTHER APACHE (SPECIFY: _____)

BLACKFEET_C

- 03 BLACKFOOT/BLACKFEET

CHEROKEE_C

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

CHOCTAW_C

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

NAVAJO_C

- 08 NAVAJO (NOT SPECIFIED)

POMO_C

- 09 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

'QC2020_H7' [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

PROGRAMMING NOTE 'QC2020_H8' :IF 'QC2020_H3' = 3 (ASIAN) CONTINUE WITH 'QC2020_H8' ; ELSE GO TO PROGRAMMING NOTE 'QC2020_H9'

'QC2020_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.

[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

PROGRAMMING NOTE 'QC2020_H9' :
IF 'QC2020_H3' = 5 (PACIFIC ISLANDER) CONTINUE WITH 'QC2020_H9' ;
ELSE GO TO 'QC2020_H10'

'QC2020_H9' [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

'QC2020_H10' [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

PROGRAMMING NOTE 'QC2020_H11' :
IF 'QC2020_H10' = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO
PROGRAMMING NOTE 'QC2020_H14' ;
ELSE CONTINUE WITH 'QC2020_H11'

'QC2020_H11' [CH8A] - Is (CHILD) a citizen of the United States?

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

If = 1, go to 'QC2020_H13'

'QC2020_H12' [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

'QC2020_H13' [CH10] - About how many years has (CHILD) lived in the United States?

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS {OR}

_____ YEAR FIRST CAME TO LIVE IN U.S.

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

PROGRAMMING NOTE 'QC2020_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 'QC2020_H14' AND DISPLAY "was his mother/was her mother"

'QC2020_H14' [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

PROGRAMMING NOTE 'QC2020_H15' AND 'QC2020_H16' :
IF 'QC2020_H14' = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO
PROGRAMMING NOTE 'QC2020_H18' ;
ELSE CONTINUE WITH 'QC2020_H15' AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY
"Are you";
ELSE DISPLAY "Is {his/her} mother"

'QC2020_H15' [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, go to 'PN_QC2020_H17'

PROGRAMMING NOTE 'QC2020_H16' :
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH 'QC2020_H17' AND DISPLAY "have
you";
ELSE CONTINUE WITH 'QC2020_H17' AND DISPLAY "has {his/her} mother"

'QC2020_H16' [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

PROGRAMMING NOTE 'QC2020_H17' :
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH 'QC2020_H17' AND DISPLAY "have
you";
ELSE CONTINUE WITH 'QC2020_H17' AND DISPLAY "has {his/her} mother"

'QC2020_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 U.S.

- 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

PROGRAMMING NOTE 'QC2020_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 'QC2020_H14' AND DISPLAY "was his father/was her father"

'QC2020_H18' [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

PROGRAMMING NOTE 'QC2020_H19' AND 'QC2020_H20' :
IF 'QC2020_H18' = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO
PROGRAMMING NOTE 'QC2020_H22' ;
ELSE CONTINUE WITH 'QC2020_H19' AND IF RESPONDENT IS FATHER OF CHILD DISPLAY "Are
you";
ELSE SAY "Is {his/her} father"

'QC2020_H19' [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, go to 'PN_QC2020_H21'

'QC2020_H20' [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

PROGRAMMING NOTE 'QC2020_H21' :
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH 'QC2020_H21' AND DISPLAY "have
you";
ELSE, CONTINUE WITH 'QC2020_H21' AND DISPLAY "has {his/her} father"

'QC2020_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 LIVE IN U.S.

- 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

PROGRAMMING NOTE 'QC2020_H22' :
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE 'QC2020_H23' ;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH 'QC2020_H22'

'QC2020_H22' [CH17] - 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

PROGRAMMING NOTE 'QC2020_H23' :
IF INTERVIEW CONDUCTED IN ENGLISH AND 'QC2020_H22' > 1 (TWO OR MORE LANGUAGES SPOKEN AT HOME), CONTINUE WITH 'QC2020_H23' AND DISPLAY "Compared to the language spoken in (CHILD)'s home,";
SET CH18ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QC2020_H23' WAS ASKED;
ELSE IF 'QC2020_H22' = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE 'QC2020_H24'

'QC2020_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....

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

PROGRAMMING NOTE 'QC2020_H24' :
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC2020_H24' ;
ELSE GO TO PROGRAMMING NOTE KAG8

'QC2020_H24' [CH22] - What is the highest grade of education you have completed and received credit for?

- 30 NO FORMAL EDUCATION

'GRADE' [GRADE] - GRADE

- 01 1ST GRADE
 02 2ND GRADE
 03 3RD GRADE
 04 4TH GRADE
 05 5TH GRADE
 06 6TH GRADE
 07 7TH GRADE
 08 8TH GRADE

'HIGH' [HIGH] - HIGH

- 09 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 'QC2020_H25':
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC2020_H25';
ELSE GO TO 'QC2020_H26'**

'QC2020_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)?

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

'QC2020_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?

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

'END' [END] - Thank you. You have helped with a very important statewide survey. If you have any questions, you can contact Dr. Ponce, the Principal Investigator. Do you want that number?

[IF YES, SAY: Dr. Ponce can be reached toll-free at 1-866-275-2447. IF NO, SAY: Goodbye.]