



california
health
interview
survey

CHIS 2021
Child CAWI Questionnaire

(Self-administered)

Version 1.19

August 5, 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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Guide to Questionnaire Formatting

The following are from the 2021 CHIS Child questionnaire, slightly modified and in no given order.

Legend (each item is identified only once)

Programming note	Defines a skip pattern or text display for the subsequent question(s).
QID	Designates location of question, i.e. 'QC2021_A2': Child questionnaire, Section A, question #2. The question # in the QID denotes question order. This may vary between survey cycles.
Var ID	Unique ID of each question. This generally stays the same between survey cycles. This variable name correlates with the name found in the data file.
Question and Response Text	On CAWI, this text is displayed.
Range	On CAWI, this text is not displayed. SR: indicates soft range- allowable entry but will prompt verification message. HR: indicates hard range- not an allowable entry.
Skip note	Defines skip patterns dependent on the responses of the preceding question(s).
Dynamic text	{...} and (....) Denotes that text is automatically filled based on previous responses.

'QC2021_A2' [CA2] - What is {his/her} date of birth?

Month _____ [Range: 1-12]

- 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 _____ [Range: 1-31]

Year _____ [Range: 2009-2021]

PROGRAMMING NOTE 'QC2021_A11' :
IF CAGE < 5 YEARS GO TO 'QC2021_A14' ;
ELSE CONTINUE WITH 'QC2021_A11' AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC2021_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, goto 'QC2021_A13'

If = 4, goto 'QC2021_A14'

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<p>NOTE: Please consult the CHIS 2021 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.</p>
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SECTION A: DEMOGRAPHICS PART I, HEALTH CONDITIONS

PROGRAMMING NOTE 'QC2021_A1' :
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = SKA AND GENDER OF CHILD IS KNOWN, SET 'QC2021_A1'=GENDER6 AND SKIP TO
'QC2021_A2' ;
ELSE CONTINUE WITH 'QC2021_A1'

'QC2021_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

'QC2021_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 'QC2021_A3' :
SET CHILD AGE='QC2021_A2';
IF CHILD AGE > 11, CONTINUE WITH 'QC2021_A3';
ELSEGO TO PN_ 'QC2021_A5'

'QC2021_A3' [CA2A] –Just to confirm, you said that (CHILD) is older than 11 years?

- 1 Yes
 2 No

If=1, go to 'QC2021_A4' AND CONTINUE WITH ADULT SECTION B

'QC2021_A4' [C_AGEXIT] - Thank you for confirming. Now, we'd like to ask questions about you.

PROGRAMMING NOTE 'QC2021_A5' :
IF 'QC2021_A2' = -3 OR [IF 'QC2021_A2' DAY NOT ANSWERED AND 'QC2021_A2' MONTH=
MONTH OF INTERVIEW] OR [IF 'QC2021_A2' MONTH OR YEAR NOT ANSWERED] OR IF
'QC2021_A3'=2, CONTINUE WITH 'QC2021_A5';
ELSE SKIP TO 'QC2021_A6'

'QC2021_A5' [CA3] - How old is {he/she}?

_____ Years
 _____ Months

'QC2021_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
 _____ Centimeters

- 1 Feet/inches
 2 Centimeters

'QC2021_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 'QC2021_A8' :
IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE 'QC2021_A11' ;
ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH 'QC2021_A8'

'QC2021_A8' [CA14] - Was (CHILD) ever breastfed or fed breast milk?

- 1 Yes
 2 No

If = 2, -3 goto 'QC2021_A10'

'QC2021_A9' [CA15] - How old was (CHILD) when { he/she} stopped breastfeeding altogether?

_____ Months old
 _____ Years old

- 93 Still breastfeeding

'QC2021_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 'QC2021_A11' :IF CAGE < 5 YEARS GO TO 'QC2021_A14' ; ELSE CONTINUE WITH 'QC2021_A11' AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC2021_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, goto 'CB22'

If = 4, goto 'QC2021_A14'

PROGRAMMING NOTE 'QC2021_A12' :IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC2021_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

If = 3, goto 'QC2021_A14'

PROGRAMMING NOTE 'QC2021_A13' :If 'QC2021_A11' = 1 (ATTENDED SCHOOL LAST WEEK) OR 'QC2021_A12' = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH 'QC2021_A13' ; ELSE SKIP TO PROGRAMMING NOTE 'CA6'

'QC2021_A13' [CB22] - What is the name of the school (CHILD) goes to or last attended?

_____ Name of school

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

'QC2021_A14' [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

'QC2021_A15' [CA12] - Has a doctor ever told you that (CHILD) has asthma?

- 1 Yes
- 2 No

If = 2, - 3, goto 'QC2021_A26'

'QC2021_A16' [CA31] - Does {he/she} still have asthma?

- 1 Yes
- 2 No

'QC2021_A17' [CA32] - During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?

- 1 Yes
- 2 No

PROGRAMMING NOTE 'QC2021_A18':
IF 'QC2021_A16' = 1 (YES, STILL HAS ASTHMA) OR 'QC2021_A17' = 1 (YES, EPISODE IN LAST 12 MOS), CONTINUE WITH 'QC2021_A18';
ELSE GO TO 'QC2021_A20'

'QC2021_A18' [CA33] - During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

- 1 Yes
- 2 No

If = 2, -3 goto 'QC2021_A20'

'QC2021_A19' [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

'QC2021_A20' [CA12A] - Is (CHILD) now taking a daily 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 'QC2021_A21' :
IF 'QC2021_A16' = 1 (YES, STILL HAS ASTHMA) OR 'QC2021_A17' = 1 (YES, EPISODE IN LAST 12 MOS), GO TO 'QC2021_A23' ;ELSE CONTINUE WITH 'QC2021_A21'

'QC2021_A21' [CA41] - During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

- 1 Yes
- 2 No

If = 2, -3 goto 'QC2021_A23'

'QC2021_A22' [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

'QC2021_A23' [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

'QC2021_A24' [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 goto 'QC2021_A26'

'QC2021_A25' [CA50] - Do you have a written or printed copy of this plan?

This can be an electronic or hard copy.

- 1 Yes
- 2 No

'QC2021_A26' [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, goto 'PN_QC2021_A28'

'QC2021_A27' [CA10A] - What condition does (CHILD) have?

Select 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: _____)

'QC2021_A28' [CA17] - Does (CHILD) currently need or use medicine prescribed 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 goto 'QC2021_A31'

'QC2021_A29' [CA18] - Is {his/her} need for prescription medicine because of any medical, behavior, or other health condition?

- 1 Yes
- 2 No

If =2, -3 goto 'QC2021_A31'

'QC2021_A30' [CA19] - Is this a condition that has lasted or is expected to last for 12 months or longer?

- 1 Yes
- 2 No

'QC2021_A31' [CA23] - Does (CHILD) need or get special therapy, such as physical, occupational or speech therapy?

- 1 Yes
- 2 No

If =2, -3 goto 'PN_CC1BB'

'QC2021_A32' [CA24] - Is {his/her} need for special therapy because of any medical, behavior, or other health condition?

- 1 Yes
- 2 No

If =2, -3 goto 'PN_CC1BB'

'QC2021_A33' [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 'QC2021_B1' :IF CAGE > 2 YEARS, GO TO 'QC2021_B2'; ELSE CONTINUE WITH 'QC2021_B1'

'QC2021_B1' [CC1B] - These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

- 1 Yes
- 2 No

If = 2, -3 goto PN_'QC2021_C1'

'QC2021_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 'CB38': IF 'QC2021_B2' =1,2, THEN CONTINUE WITH 'QC2021_B3', ELSE GO TO 'CB40'

'QC2021_B3' [CB38] - How many times has your child received a dental service within the last 12 months?

- 01 None
- 02 Once
- 03 Twice
- 04 Three times
- 05 Four times
- 06 Five times or more

If =1, -3 goto 'QC2021_B5'

PROGRAMMING NOTE 'QC2021_B4': IF 'QC2021_B3' >2 THEN DISPLAY "SERVICES" ELSE IF 'QC2021_B3'=1, THEN DISPLAY "SERVICE"

'QC2021_B4' [CB39] - Where did your child receive the dental service(s) within the last 12 months?

Select all that apply

- 01 Free health/dental event
- 02 Dentist office
- 03 Hospital
- 04 Other

'QC2021_B5' [CB40] - Where have you received educational information about oral health or preventive dental treatments for your child?

- 01 Have not received any educational information
- 02 From dental office
- 03 From my child's school
- 04 From social media or online
- 05 From family or friends
- 06 From community events/health fairs
- 07 From pediatrician
- 08 From other sources

PROGRAMMING NOTE 'QC2021_B6' :
IF 'QC2021_B2' = 0 (HAD NEVER VISITED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH 'QC2021_B6' ;
ELSE SKIP TO 'QC2021_B4' ;
IF 'QC2021_B2' = 0 (HAS NEVER VISITED), DISPLAY "never";
ELSE IF 'QC2021_B2' ≥ 3 DISPLAY "not" AND "in the past year"

'QC2021_B6' [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 'QC2021_B7': If 'QC2021_B2' =0, goto 'QC2021_B8';
ELSE CONTINUE WITH 'QC2021_B7'

'QC2021_B7' [CC16B] - Is there a particular dentist or place you usually go to for (CHILD)'s dental care?

- 1 Yes
- 2 No

'QC2021_B8' [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

'QC2021_B9' [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 goto 'QC2021_B14'

'QC2021_B10' [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

'QC2021_B11' [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 goto 'QC2021_B13'

'QC2021_B12' [CB37] - For that dental insurance plan, who else pays part of the cost?

Select 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

'QC2021_B13' [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 goto 'QC2021_B15'

**PROGRAMMING NOTE 'QC2021_B14': IF 'QC2021_B9'=2, DISPLAY " does not have any insurance";
ELSE DISPLAY "did not have any dental insurance"**

'QC2021_B14' [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}?

- 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: _____)

'QC2021_B15' [CC7B] - Do you use any free community or public dental programs for {CHILD}'s dental care?

- 1 Yes
- 2 No

'QC2021_B16' [CB27] - During the past 12 months, was there any time when (CHILD) needed dental care, including check-ups, but didn't get it?

- 1 Yes
- 2 No

If = 2, -3 goto 'QC2021_B18'

'QC2021_B17' [CB28] - What is the one main 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: _____)

'QC2021_B18' [CB29] - During the past 12 months, did (CHILD) have to visit a hospital emergency room because of a dental problem?

- 1 Yes
- 2 No

'QC2021_B19' [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 'QC2021_B20':
IF ('QC2021_A11'=1 OR 4) OR ('QC2021_A12'=1 OR 3) [CHILD ATTENDS SCHOOL] CONTINUE
WITH 'QC2021_B20';
ELSE GO TO PN_'QC2021_C1'

'QC2021_B20' [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

If=2,3, -3 goto 'QC2021_C1'

'QC2021_B21' [CC19] - How many days of school did (he/she) miss because of dental problems?

_____ DAYS

- 99 Less than one day

SECTION C: DIET, PHYSICAL ACTIVITY, PARK USE

'QC2021_C1' [CC50] - Yesterday, how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

Such as lemonade, Gatorade, Snapple, or Red Bull.

_____ Glasses, cans or bottles [HR 0-15;SR 0-7]

SECTION D: HEALTH CARE ACCESS AND UTILIZATION

'QC2021_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

If = 2, goto 'PN_QC2021_D3'

PROGRAMMING NOTE 'QC2021_D2' : IF 'QC2021_D1' = 1, -3, DISPLAY "What kind of place do you take {him/her} to most often—a medical"

'QC2021_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 'QC2021_D3' :
IF 'QC2021_A18' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF 'QC2021_A21' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR 'QC2021_B15'=1 (YES WENT TO ER PAST 12 MONTHS FOR DENTAL PROBLEM), MARK YES ON 'QC2021_D3' AND GO TO 'QC2021_D4' ;
ELSE CONTINUE WITH 'QC2021_D3'

'QC2021_D3' [CD12] - During the past 12 months, did (CHILD) visit a hospital emergency room?

- 01 Yes
- 02 No

'QC2021_D4' [CD6] - During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

_____Times [HR:0-365]

PROGRAMMING NOTE 'QC2021_D5' :
IF 'QC2021_D4' > 0, GO TO PROGRAMMING NOTE 'QC2021_D6' ;
ELSE IF 'QC2021_D4' = 0, -3 CONTINUE WITH 'QC2021_D5'

'QC2021_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 'QC2021_D6' :IF 'QC2021_D1' = 1 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH 'QC2021_D6' ;ELSE SKIP TO PROGRAMMING NOTE PN_'QC2021_D8'

'QC2021_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 'QC2021_D7':
IF 'QC2021_D1' = 1 (HAS USUAL SOURCE OF CARE) AND 'QC2021_D6' = 1 (HAS PERSONAL DOCTOR) AND ['QC2021_A16' =1 (HAS ASTHMA) OR 'QC2021_A17' = 1 (HAD ASTHMA ATTACK) OR 'QC2021_A26' = 1 (HAS OTHER CONDITION), CONTINUE WITH 'QC2021_D7'; ELSE SKIP TO PROGRAMMING NOTE PN_'QC2021_D8'

'QC2021_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 NOTE CF40 :
IF CAGE < 1, SKIP to PN_'QC2021_D21'
ELSE IF CAGE ≥ 1, CONTINUE WITH 'QC2021_D8'

'QC2021_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

'QC2021_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

'QC2021_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

'QC2021_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

'QC2021_D12' [CF44] - Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

- 1 Yes
- 2 No

PROGRAMMING NOTE 'QC2021_D13' :
IF 'QC2021_A27' =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETARDATION) GO TO 'QC2021_D14' ;
ELSE CONTINUE WITH 'QC2021_D13'

'QC2021_D13' [CF45] - Did a doctor or other professional ever note a concern about (CHILD) that should be monitored carefully?

- 1 Yes
- 2 No

'QC2021_D14' [CF46] - Did they ever refer {him/her} to a specialist regarding his development?

- 1 Yes
- 2 No

'QC2021_D15' [CF47] - Did they ever refer {him/her} for speech, language or hearing testing?

- 1 Yes
- 2 No

'QC2021_D16' [CD55] - In the past 12 months, did you try to get an appointment to see (CHILD)'s doctor or medical provider within two days because (CHILD) was sick or injured?

Do not include emergencies.

- 1 Yes
- 2 No

If = 2, -3 goto 'PN_QC2021_D18'

'QC2021_D17' [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 'QC2021_D18' :

**IF ['QC2021_D4' > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR 'QC2021_D5' = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH 'QC2021_D18' ;
ELSE GO TO 'QC2021_D23'**

'QC2021_D18' [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, goto 'PN_QC2021_D20'

PROGRAMMING NOTE 'QC2021_D19' :

**IF 'QC2021_D18' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR AH36 > 1 (ADULT R SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH 'QC2021_D19' ;
SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QC2021_D19' WAS ASKED;
ELSE SKIP TO 'QC2021_D20' ;**

'QC2021_D19' [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, goto 'QC2021_D21'

If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -3 goto 'QC2021_D22'

PROGRAMMING NOTE 'QC2021_D20' :

**IF 'QC2021_D18' = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH 'QC2021_D20' ;
ELSE SKIP TO 'QC2021_D23' ;**

'QC2021_D20' [CD26] - Was this because you and the doctor spoke different languages?

- 1 Yes
- 2 No

'QC2021_D21' [CD27] - Did you need someone to help you understand the doctor?

- 1 Yes
- 2 No

If = 2, -3 goto 'QC2021_D22'

'QC2021_D22' [CD28] - Who was this person who helped you understand the doctor?

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

'QC2021_D23' [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 goto 'QC2021_D25'

'QC2021_D24' [CE12] - Was cost or lack of insurance a reason why you delayed or did not get the prescription?

- 1 Yes
- 2 No

'QC2021_D25' [CE7] - During the past 12 months, did you delay or not get any other medical care you felt (CHILD) needed—such as seeing a doctor, a specialist, or other health professional?

- 1 Yes
- 2 No

If = 2, -3 goto 'QC2021_D29'

'QC2021_D26' [CD66] - Did (CHILD) get the care eventually?

- 1 Yes
- 2 No

'QC2021_D27' [CE13] - Was cost or lack of insurance a reason why you delayed or did not get the medical care you felt (he/she) needed?

- 1 Yes
- 2 No

If = 2, -3 goto 'QC2021_D29'

'QC2021_D28' [CD67] - Was that the main reason?

- 1 Yes
- 2 No

If = 1, -3 goto 'QC2021_D30'

'QC2021_D29' [CD68] - What was the one 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: _____)

'QC2021_D30' [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

'QC2021_D31' [CD70] - During the past 12 months, were you told by a doctor's office or clinic that they would not accept your child as a new patient?

- 1 Yes
- 2 No

'QC2021_D32' [CD71] - During the past 12 months, were you told by a doctor's office or clinic that they did not accept your child's health care coverage?

- 1 Yes
- 2 No

SECTION F: PARENTAL INVOLVEMENT

PROGRAMMING NOTE 'QC2021_F1' :
IF CAGE > 5 YEARS GO TO 'CC39' ;
ELSE CONTINUE WITH 'QC2021_F1'

'QC2021_F1' [CG14] - In a usual week, about how many days do you or any other family member read stories or look at picture books with (CHILD)?

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

'QC2021_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

'QC2021_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

'QC2021_F4' [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

PROGRAMMING NOTE 'QC2021_F5' :IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH 'QC2021_F5' ;ELSE GO TO 'QC2021_F9'

'QC2021_F5' [CF64] - Have you seen or heard messages encouraging you to talk, read and sing with your child?

- 01 Yes
- 02 No

If =2, -3 goto "CF70"

'QC2021_F6' [CF65] - Do you talk with your child less, about the same, or more after hearing that message?

- 01 Less
- 02 About the same
- 03 More

'QC2021_F7' [CF66] - Do you sing with your child less, about the same, or more after hearing that message?

- 01 Less
- 02 About the same
- 03 More

'QC2021_F8' [CF67] - Do you read with your child less, about the same, or more after hearing that message?

- 01 Less
- 02 About the same
- 03 More

PROGRAMMING NOTE 'QC2021_F9' :IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH 'QC2021_F9' ;ELSE GO TO 'QC2021_F12'

'QC2021_F9' [CF70]- Where do you get books or e-books for your child?

Select all that apply

- 01 Purchased/received books as gifts
- 02 Purchased e-books online
- 03 Borrowed books from the library
- 04 Borrowed e-books from the library
- 05 Borrowed books from friends or family
- 06 Got free e-books or materials from the internet
- 07 Received books from children's book program
- 91 Other (specify: _____)

'QC2021_F10' [CF69]- How many children's books do you or your child own?

Your best guess is fine.

- 01 Specify: _____ [0-9999]

'QC2021_F11' [CF68]- What challenges prevent you or other family members from reading to your young child?

Select all that apply

- 01 Don't have books for child at home
- 02 Don't have books for child in my family's language
- 03 Child not interested in reading
- 04 Don't have enough time
- 91 Other, specify:
- 05 Do not have challenges

'QC2021_F12' [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 goto 'PN_QC2021_F17'

'QC2021_F13' [CF36] - Have you ever received this Kit for New Parents?

- 01 Yes
- 02 No

If =2, -3 goto 'PN_QC2021_F17'

'QC2021_F14' [CD57] - Did you receive the Kit for New Parents during the past year?

- 01 Yes
- 02 No

If =2, -3 goto 'PN_QC2021_F17'

'QC2021_F15' [CF39] - Did you use any of the materials from the Kit for New Parents?

- 01 Yes
- 02 No

If =2, -3 goto 'PN_QC2021_F17'

'QC2021_F16' [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 'QC2021_F17': IF CAGE ≥ 4, CONTINUE WITH 'QC2021_F17'
ELSE SKIP TO 'QC2021_G1'**

'QC2021_F17' [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 goto 'QC2021_F19'

'QC2021_F18' [CF31] - Are these difficulties minor, definite, or severe?

- 1 Minor
- 2 Definite
- 3 Severe

'QC2021_F19' [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 'QC2021_G1' :
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

'QC2021_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 goto 'QC2021_G10'

'QC2021_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 'QC2021_G3' :IF 'QC2021_G2' < 10 (HOURS IN CHILDCARE), GO TO 'QC2021_G10' ;ELSE CONTINUE WITH 'QC2021_G3'

'QC2021_G3' [CG3A] - During a typical week does (CHILD) receive childcare from...a grandparent or other family member?

- 01 Yes
 02 No

'QC2021_G4' [CG3E] - ... a non-family member who cares for (CHILD) in your home?

- 1 Yes
 2 No

'QC2021_G5' [CG3F] - ...a non-family member who cares for (CHILD) in his or her home?

- 1 Yes
 2 No

'QC2021_G6' [CG3D] - ...a childcare center that is not in someone's home?

- 1 Yes
 2 No

PROGRAMMING NOTE 'QC2021_G7' :IF CAGE ≥ 7 YEARS, GO TO 'QC2021_G10' ; ELSE CONTINUE WITH 'QC2021_G7'

'QC2021_G7' [CG3B] - ...a Head Start or state preschool program?

- 1 Yes
 2 No

'QC2021_G8' [CG3C] - ... some other preschool or nursery school?

- 1 Yes
- 2 No

PROGRAMMING NOTE 'QC2021_G9' :
IF ['QC2021_G3' OR 'QC2021_G4' = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF ['QC2021_G5' ≠ 1 AND 'QC2021_G6' ≠ 1 AND 'QC2021_G7' ≠ 1 AND 'QC2021_G8' ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO 'QC2021_G10' ;
ELSE CONTINUE WITH 'QC2021_G9' ;
IF ONLY ONE OF 'QC2021_G5', 'QC2021_G6', 'QC2021_G7', OR 'QC2021_G8' = 1, DISPLAY "Is this" AND "provider";
ELSE DISPLAY, "Are all of these" AND "providers"

'QC2021_G9' [CG3G] - Thinking about the care the child receives from a non-family member outside your home, {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

'QC2021_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 goto 'QC2021_H1'

'QC2021_G11' [CG6] - What is the main 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.

'QC2021_H1' [CH1] - Is (CHILD) Latino or Hispanic?

- 1 Yes
 2 No

If = 2, -3 goto 'PN_QC2021_H3'

'QC2021_H2' [CH2] - And what is {his/her} Latino or Hispanic ancestry or origin?

Select 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 'QC2021_H3' :

IF 'QC2021_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 'QC2021_H3' , CONTINUE WITH PROGRAMMING NOTE 'QC2021_H6' ;

ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QC2021_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

Select all that apply

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

If = 6, 91, -3 And Only One Race, goto 'PN_QC2021_H12'

If = 3, And Only One Race, goto 'PN_QC2021_H10'

If = 4, And Only One Race, goto 'PN_QC2021_H6'

If = 5, And Only One Race, goto 'PN_QC2021_H11'

If =1, go to 'QC2021_H4'

If =2, go to 'QC2021_H5'

PROGRAMMING NOTE 'QC2021_H4' :
IF 'QC2021_H3' = 1 (WHITE), CONTINUE WITH 'QC2021_H4';
ELSE GO TO PROGRAMMING NOTE 'QC2021_H5'

'QC2021_H4' [CH3A]- What are your child's white origin or origins?

For example, German, Irish, English, Italian, Armenian, Iranian, etc.

- 1 (Specify: _____)

PROGRAMMING NOTE 'QC2021_H5' :
IF 'QC2021_H3' = 2 (BLACK OR AFRICAN AMERICAN), CONTINUE WITH 'QC2021_H5';
ELSE GO TO PROGRAMMING NOTE 'QC2021_H6'

'QC2021_H5' [CH3B]- What are your child's Black origin or origins?

For example, African American, Nigerian, Ethiopian, Jamaican, Haitian, Ghanaian, etc.

- 1 (Specify: _____)

PROGRAMMING NOTE 'QC2021_H6' :
IF 'QC2021_H3' = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH 'QC2021_H6' ;
ELSE GO TO PROGRAMMING NOTE 'QC2021_H10'

'QC2021_H6' [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.

Select 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: _____)

'QC2021_H7' [CH5] - Is (CHILD) an enrolled member in a federally or state recognized tribe?

- 1 Yes
- 2 No

If = 2, -3 goto 'PN_QC2021_H10'

'QC2021_H8' [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: _____)

'QC2021_H9' [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 'QC2021_H10' :IF 'QC2021_H3' = 3 (ASIAN) CONTINUE WITH 'QC2021_H10' ;
 ELSE GO TO PROGRAMMING NOTE 'QC2021_H11'**

'QC2021_H10' [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.

Select 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 'QC2021_H11' :IF 'QC2021_H3' = 5 (PACIFIC ISLANDER) CONTINUE WITH 'QC2021_H11' ;ELSE GO TO 'QC2021_H12'

'QC2021_H11' [CH7A] - You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}?

Select all that apply.

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

'QC2021_H12' [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 'QC2021_H13' :
IF 'QC2021_H12' = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO
PROGRAMMING NOTE 'QC2021_H16' ;
ELSE CONTINUE WITH 'QC2021_H13'

'QC2021_H13' [CH8A] - Is (CHILD) a citizen of the United States?

- 1 Yes
- 2 No
- 3 Application pending

If = 1, goto 'QC2021_H15'

PROGRAMMING NOTE 'QC2021_H14' :
IF 'QC2021_H12' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QC2021_H16'

'QC2021_H14' [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

'QC2021_H15' [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 'QC2021_H16' :
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 'QC2021_H16' AND DISPLAY "was his mother/was her mother"

'QC2021_H16' [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 'QC2021_H17' AND 'QC2021_H18' :
IF 'QC2021_H16' = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE 'QC2021_H20' ;
ELSE CONTINUE WITH 'QC2021_H17' AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY "Are you";
ELSE DISPLAY "Is {his/her} mother"

'QC2021_H17' [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, goto 'PN_QC2021_H19'

PROGRAMMING NOTE 'QC2021_H18' :
IF 'QC2021_H16' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QC2021_H20'

'QC2021_H18' [CH12] - {Are you/Is {his/her} mother} a permanent resident with a green card?

- 1 Yes
- 2 No
- 3 Application pending

PROGRAMMING NOTE 'QC2021_H19' :
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH 'QC2021_H19' AND DISPLAY "have you";
ELSE CONTINUE WITH 'QC2021_H19' AND DISPLAY "has {his/her} mother"

'QC2021_H19' [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 'QC2021_H20' :
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 'QC2021_H16' AND DISPLAY "was his father/was her father"

'QC2021_H20' [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 'QC2021_H21' AND 'QC2021_H22' :
IF 'QC2021_H20' = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE 'QC2021_H24' ;
ELSE CONTINUE WITH 'QC2021_H21' AND IF RESPONDENT IS FATHER OF CHILD DISPLAY "Are you";
ELSE SAY "Is {his/her} father"

'QC2021_H21' [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, goto 'PN_QC2021_H23'

PROGRAMMING NOTE 'QC2021_H22' :
IF 'QC2021_H20' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QC2021_H24'

'QC2021_H22' [CH15] - {Are you/Is {his/her} father} a permanent resident with a green card?

- 1 Yes
- 2 No
- 3 Application pending

PROGRAMMING NOTE 'QC2021_H23' :
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH 'QC2021_H23' AND DISPLAY "have you";
ELSE, CONTINUE WITH 'QC2021_H23' AND DISPLAY "has {his/her} father"

'QC2021_H23' [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

PROGRAMMING NOTE 'QC2021_H24' :
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE 'CH18' ;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH 'QC2021_H24'

'QC2021_H24' [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 'QC2021_H25' :
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC2021_H25' ;
ELSE GO TO PROGRAMMING NOTE KAG8

'QC2021_H25' [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 'QC2021_H26':
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC2021_H26';
ELSE GO TO 'QC2021_H27'

'QC2021_H26' [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

'QC2021_H27' [CG38] Those are the final questions about your child. Before we continue the survey with questions for about you, do you think you would be willing to do a follow-up to this survey about your child sometime in the future?

- 1 Yes
- 2 No