2001 California Health Interview Survey Child Questionnaire

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

Collaborating Agencies:
- ☐ UCLA Center for Health Policy Research
- ☐ California Department of Health Services
- ☐ Public Health Institute

California Health Interview Survey
UCLA Center for Health Policy Research
10911 Weyburn Avenue, Suite 300
Los Angeles, CA 90024
Email: chis@ucla.edu
www.chis.ucla.edu

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Section A

PROGRAMMING NOTE CA1: SET CADATE = CURRENT DATE (YYYYMMDD)	CADATE

CA1

CA1   Some of the questions in this survey are based on {CHILD NAME /AGE/SEX}'s personal traits,   **CA1**
like {his/her/his or her} age. So I will first ask you a few brief background questions.

Is {CHILD NAME /AGE/SEX} male or female?

```
MALE ................................................................................1
FEMALE ............................................................................2
REFUSED .........................................................................-7
```

CA2

CA2   What is {his/her/his or her} date of birth?   **CA2MON CA2DAY**
CA2YR

_____ MONTH   _____ DAY   _____ YEAR   [SKIP TO CA4]
[HR: 1-12]   [HR: 1-31]   [SR: 1988-2000]

```
REFUSED ........................................................................ -7
DON'T KNOW ................................................................. -8
```

1. JANUARY	7. JULY
2. FEBRUARY	8. AUGUST
3. MARCH	9. SEPTEMBER
4. APRIL	10. OCTOBER
5. MAY	11. NOVEMBER
6. JUNE	12. DECEMBER

CA3

CA3   How old is {he/she/he or she}?

CA3   _____ YEARS   [HR: 0-11]
CA3MON   _____ MONTHS   [HR: 0-30]
```
REFUSED ........................................................................ -7
DON'T KNOW ................................................................. -8
```

PROGRAMMING NOTE CA4: CALCULATE CAGE FROM CA2 OR CA3 FOR SKIP PATTERNS	CAGE

CA4

CA4   About how tall is {CHILD NAME /AGE/SEX} now without shoes?

CA4F CA4I   _____ FEET   _____ INCHES
[FT HR: 0-7; IN HR: 0-11]
CA4M CA4C   _____METERS   _____CENTIMETERS
CA4FMT   [M HR: 0-2; CM HR: 0-99
```
REFUSED ........................................................................ -7
DON'T KNOW ................................................................. -8
```

CA5

CA5   About how much does {CHILD NAME /AGE/SEX} weigh now without shoes?

CA5K   _____ POUNDS   [HR: 0-450]
CA5P   _____ KILOGRAMS   [HR: 0-220]
CA5FMT

                REFUSED .... -7
                DON'T KNOW .... -8

CA6

CA6   In general, would you say {CHILD NAME /AGE/SEX}'s health is excellent, very good, good, fair or **CA6**
           poor?

                EXCELLENT 1
                VERY GOOD..2
                GOOD 3
                FAIR 4
                POOR...5
                REFUSED .... -7
                DON'T KNOW .... -8

CA7

CA7   Does {he/she/he or she} currently have any physical, behavioral or mental conditions that limit **CA7**
           or prevent {his/her/his or her} ability to do childhood activities usual for {his/her/his or her} age?

                YES 1
                NO...2
                REFUSED .... -7
                DON'T KNOW .... -8

PROGRAMMING NOTE CA8:
IF CAGE < 5 SKIP TO PROGRAMMING NOTE CA10;
ELSE CONTINUE WITH CA8

CA8

CA8   Does {CHILD NAME /AGE/SEX} currently have any conditions that limit or prevent {his/her/his or **CA8**
           her} ability to attend school regularly?

                YES 1
                NO...2
                REFUSED .... -7
                DON'T KNOW .... -8

CA9

CA9   Does {he/she/he or she} currently have any conditions that limit or prevent {his/her/his or her} **CA9**
           ability to do regular school work?

                 YES 1
                NO...2
                REFUSED .... -7
                DON'T KNOW .... -8

PROGRAMMING NOTE CA10:
IF CA7 = 1 OR CA 8 = 1 OR CA9 = 1 (YES, CHILD HAS SOME LIMITATIONS), CONTINUE WITH CA10;
ELSE SKIP TO CA11

CA10

CA10   Is {CHILD NAME /AGE/SEX}'s condition physical, behavioral or mental?   **CA10 CA10OS**

PHYSICAL ……………………………………………………………1
BEHAVIORAL/MENTAL…………………………………………………2 [SKIP TO PROGRAMMING
                                                                NOTE CA10B]

BOTH …………………………………………………………… 3
OTHER (SPECIFY): _____ …………………………… 91[SKIP TO PROGRAMMING
                                                                 NOTE CA11]

REFUSED……………………………………………………… -7 [SKIP TO PROGRAMMING
                                                                NOTE CA11]

DON'T KNOW ……………………………………………… -8 [SKIP TO PROGRAMMING
                                                                NOTE CA11]

CA10A

CA10A   What physical condition does {CHILD NAME /AGE/SEX} have?   **CA10A_A - H**
[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: Any others?]

CA10A_1	ASTHMA ……………………………………………………	1
CA10A_2	CEREBRAL PALSY……………………………………………	2
CA10A_3	EPILEPSY……………………………………………………	3
CA10A_4	HEARING PROBLEM………………………………………	4
CA10A_5	NEUROMUSCULAR DISORDER ……………………………	5
CA10A_6	ORTHOPEDIC PROBLEM (BONES OR JOINTS) …………………	6
CA10A_7	VISION PROBLEM…………………………………………	7
CA10A_8 CA10AOS	OTHER (SPECIFY): _____ ………………………	91
	REFUSED……………………………………………………	-7
	DON'T KNOW ………………………………………………	-8

PROGRAMMING NOTE CA10B:
IF CA10 = 2 OR 3 (BOTH PHYSICAL AND BEHAVIORAL/MENTAL), CONTINUE WITH CA10B;
ELSE SKIP TO CA11

CA10B

CA10B   What behavioral or mental condition does {CHILD NAME /AGE/SEX} have?   **CA10B**

AUTISM …………………………………………………………… 1
ATTENTION DEFICIT DISORDER (ADD/ADHD) ………………………… 2
LEARNING DISABILITY…………………………………………… 3
MENTAL RETARDATION………………………………………… 4
CA10BOS   OTHER (SPECIFY): _____ ………………………… 91
REFUSED…………………………………………………… -7
DON'T KNOW ……………………………………………… -8

Section A

> **PROGRAMMING NOTE CA11:**
> **IF CAGE < 1, SKIP TO CB1;**
> **ELSE IF [CAGE => 1 AND < 5)] AND CA10B <> 2 (ADD/ADHD), SKIP TO CA12;**
> **ELSE CONTINUE WITH CA11**

CA11

CA11   Did a doctor or psychologist ever tell you {CHILD NAME /AGE/SEX} has attention deficit disorder,   **CA11**
ADD or ADHD?

```
YES ................................................................................. 1
NO.................................................................................. 2  [SKIP TO CA12]
REFUSED ...................................................................... -7 [SKIP TO CA12]
DON'T KNOW ................................................................. -8 [SKIP TO CA12]
```

CA11A

CA11A   In general, does {his/her/his or her} ADD or ADHD limit {his/her/his or her} school performance   **CA11A**
a lot, a little or not at all?

```
A LOT..............................................................................1
A LITTLE .........................................................................2
NOT AT ALL .....................................................................3
REFUSED........................................................................ -7
DON'T KNOW ................................................................. -8
```

CA11B

CA11B   In general, does {his/her/his or her} ADD or ADHD affect {his/her/his or her} ability to play   **CA11B**
normally with children {his/her/his or her} age a lot, a little or not at all?

```
A LOT..............................................................................1
A LITTLE .........................................................................2
NOT AT ALL .....................................................................3
REFUSED........................................................................ -7
DON'T KNOW ................................................................. -8
```

CA11C

CA11C   Does {he/she/he or she} currently take prescription medicine to control {his/her/his or her} ADD   **CA11C**
or ADHD?

```
YES ................................................................................1
NO..................................................................................2
REFUSED........................................................................ -7
DON'T KNOW ................................................................. -8
```

CA12

CA12   Did a doctor ever tell you {CHILD NAME /AGE/SEX} has asthma?   **CA12**

```
YES ................................................................................. 1
NO.................................................................................. 2  [SKIP TO CB1]
REFUSED ...................................................................... -7 [SKIP TO CB1]
DON'T KNOW ................................................................. -8 [SKIP TO CB1]
```

CA12A

CA12A   Does {CHILD NAME /AGE/SEX} currently take prescription medicine to control {his/her/his or   **CA12A**
her} asthma, including an inhaler?

         YES 1
         NO..2
         REFUSED.. -7
         DON'T KNOW .... -8

CA12B

CA12B   During the past 12 months, how often has {he/she/he or she} had asthma symptoms, such as   **CA12B**
coughing, wheezing, shortness of breath, chest tightness and phlegm production?

         NO SYMPTOMS IN THE PAST 12 MONTHS, ...1
         SYMPTOMS LESS THAN ONCE A MONTH 2
         SYMPTOMS 1 OR 2 TIMES A MONTH, ...3
         MORE THAN 2 TIMES A MONTH BUT NOT EVERY WEEK 4
         EVERY WEEK, BUT NOT EVERY DAY.......................................5
         EVERY DAY OR ALMOST EVERY DAY......................................6
         REFUSED.. -7
         DON'T KNOW .... -8

CA12C

CA12C   How often does {CHILD NAME /AGE/SEX}'s asthma limit {his/her/his or her} physical activity –   **CA12C**
would you say always, most of the time, sometimes, rarely or never?

         ALWAYS 1
         MOST OF THE TIME 2
         SOMETIMES 3
         RARELY...4
         NEVER 5
         REFUSED.. -7
         DON'T KNOW .... -8

Section B

CB1

CB1   During the past 12 months, that is since {DATE ONE YEAR AGO}, was {CHILD NAME /AGE/SEX} **CB1**
injured seriously enough that {he/she/he or she} got medical advice or treatment?

        YES 1
        NO.. 2 [SKIP TO PROGRAMMING
                                 NOTE CB6]
        REFUSED... -7 [SKIP TO PROGRAMMING
                                 NOTE CB6]
        DON'T KNOW .... -8 [SKIP TO PROGRAMMING
                                 NOTE CB6]

CB2

CB2   How many times in the past 12 months was {CHILD NAME /AGE/SEX} injured seriously enough **CB2**
that {he/she/he or she} got medical advice or treatment?

        _____ TIMES   [HR: 0-52; SR: 1-12]
        REFUSED... -7
        DON'T KNOW .... -8

CB3

CB3   What was the cause of the (most serious) injury?   **CB3**

        MOTOR VEHICLE - OCCUPANT INJURY......................................1
        MOTOR VEHICLE - PEDESTRIAN...2
        BICYCLE-RELATED 3
        ACCIDENTAL FALL 4
        HIT OR CUT BY FLYING OBJECT 5
        SWIMMING, BOATING, OTHER NEAR DROWNING......................6
        FIRE/BURN/SCALD 7
        ACCIDENTAL POISONING..8
        SPORTS RELATED 9
        OTHER 91
        REFUSED... -7
        DON'T KNOW .... -8

CB3A

CB3A   Was this injury caused by another person?   **CB3A**

        YES 1
        NO.. 2 [SKIP TO CB4]
        REFUSED... -7 [SKIP TO CB4]
        DON'T KNOW .... -8 [SKIP TO CB4]

CB3B

CB3B   Was it an accident, or did the person mean to do it?   **CB3B**

        ACCIDENT...1
        ON PURPOSE...2
        REFUSED... -7
        DON'T KNOW .... -8

CB4

CB4   Where was {he/she/he or she} when the injury happened --   **CB4**

at home, ... 1
at school, ... 2 [SKIP TO CB5]
at child care, ... 3 [SKIP TO CB5]
in a street or parking lot, ... 4 [SKIP TO CB5]
in a recreational area like a park or gym, ... 5 [SKIP TO CB5]
in a place of business like a mall or restaurant, or .... 6 [SKIP TO CB5]
somewhere else? .... 91[SKIP TO CB5]
REFUSED .... -7 [SKIP TO CB5]
DON'T KNOW .... -8 [SKIP TO CB5]

CB4A

CB4A   Was it inside or outside at home?   **CB4A**

INSIDE 1
OUTSIDE 2
REFUSED .... -7
DON'T KNOW .... -8

CB5

CB5   Did {he/she/he or she} reduce {his/her/his or her} physical activity because of this injury?   **CB5**

YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CB6:
IF CAGE < 6, SKIP TO CB9;
ELSE IF CAGE >= 6, CONTINUE WITH CB6

CB6

CB6   Has {CHILD NAME /AGE/SEX} ridden a bike in the past year?   **CB6**

YES 1
NO .... 2 [SKIP TO CB8]
REFUSED .... -7 [SKIP TO CB8]
DON'T KNOW .... -8 [SKIP TO CB8]

CB7

CB7   How often does {CHILD NAME /AGE/SEX} wear a helmet when riding a bicycle? Would you   **CB7**
say…

Always 1
Usually 2
Sometimes, or 3
Never 4
REFUSED .... -7
DON'T KNOW .... -8

CB8

CB8   Over the past month, has {CHILD NAME /AGE/SEX} taken any vitamin, mineral, herbal,   **CB8**
botanical, or other dietary supplements or pills?

    YES 1
    NO...2
    REFUSED.. -7
    DON'T KNOW .... -8

CB9

CB9   When {CHILD NAME /AGE/SEX} goes outside on a very sunny day for more than one hour, how   **CB9**
often do you use sunscreen of SPF 15 or greater on {CHILD NAME /AGE/SEX}'s skin? Would
you say, always, sometimes or never?

    ALWAYS 1
    SOMETIMES 2
    NEVER 3
    NEVER GO OUT IN THE SUN FOR MORE THAN 1 HOUR 4
    REFUSED.. -7
    DON'T KNOW .... -8

Section C

PROGRAMMING NOTE CC1:
IF CAGE > 2, SKIP TO CC2;
ELSE CONTINUE WITH CC1

CC1

CC1   These questions are about {CHILD NAME /AGE/SEX}'s dental health. Does {CHILD NAME   **CC1**
/AGE/SEX} have any teeth yet?

        YES 1
        NO.. 2 [SKIP TO CC8]
        REFUSED... -7 [SKIP TO CC8]
        DON'T KNOW .... -8 [SKIP TO CC8]

PROGRAMMING NOTE CC2:
IF CAGE > 2, DISPLAY "These questions are about {CHILD NAME /AGE/SEX}'s dental health."

CC2

CC2   {These questions are about {CHILD NAME /AGE/SEX}'s dental health.} Does {CHILD NAME   **CC2**
/AGE/SEX} use toothpaste when brushing {his/her/his or her} teeth?

        YES 1
        NO.. 2 [SKIP TO CC4]
        DOES NOT BRUSH TEETH .... 3 [SKIP TO CC4]
        REFUSED... -7 [SKIP TO CC4]
        DON'T KNOW .... -8 [SKIP TO CC4]

CC3

CC3   Does the toothpaste contain fluoride?   **CC3**

        YES 1
        NO...2
        REFUSED... -7
        DON'T KNOW .... -8

CC4

CC4   Does {CHILD NAME /AGE/SEX} now take prescription vitamins with fluoride or other kind of   **CC4**
fluoride tablets, drops or mouthwash either at home or at school or day care?

        YES 1
        NO...2
        REFUSED... -7
        DON'T KNOW .... -8

PROGRAMMING NOTE CC5:
IF CAGE < 2, SKIP TO CC8;
ELSE CONTINUE WITH CC5

CC5

CC5   About how long has it been since {CHILD NAME /AGE/SEX} last visited a dentist, dental   **CC5**
hygienist or orthodontist?

LESS THAN 6 MONTHS AGO ….………………………………………… 1
6 MONTHS UP TO 1 YEAR AGO….…………………………………… 2
1 YEAR UP TO 2 YEARS AGO ….……………………………………… 3
2 YEARS UP TO 5 YEARS AGO….……………………………………… 4   [SKIP TO CC7A]
MORE THAN 5 YEARS AGO….………………………………………… 5   [SKIP TO CC7A]
HAS NEVER VISITED ….………………………………………………… 0   [SKIP TO CC7A]
REFUSED….…………………………………………………………… -7 [SKIP TO CC7A]
DON'T KNOW ….……………………………………………………… -8 [SKIP TO CC7A]

CC6

CC6   Did {CHILD NAME /AGE/SEX} go for a routine check-up or cleaning or was it for a specific   **CC6**
problem?

ROUTINE CHECK-UP OR CLEANING….…………………………………1
HAD A DENTAL PROBLEM ….………………………………………2
BOTH ….……………………………………………………………3
OTHER ….………………………………………………………… 91
REFUSED….……………………………………………………… -7
DON'T KNOW ….………………………………………………… -8

CC7A

CC7A   Do you have any kind of dental insurance for {CHILD NAME /AGE/SEX}?   **CC7A**

YES ….…………………………………………………………………1 [SKIP TO PROGRAMMING
                       NOTE CC8]

NO….…………………………………………………………………2
REFUSED….……………………………………………………… -7
DON'T KNOW ….………………………………………………… -8

CC7B

CC7B   Do you use any free community or public dental programs for {CHILD NAME /AGE/SEX}'s dental   **CC7B**
care?

YES ….…………………………………………………………………1
NO….…………………………………………………………………2
REFUSED….……………………………………………………… -7
DON'T KNOW ….………………………………………………… -8

PROGRAMMING NOTE CC8:
IF CAGE => 6, SKIP TO CC10;
ELSE CONTINUE WITH CC8

CC8

CC8   When {CHILD NAME /AGE/SEX} goes to sleep or takes a nap, does {he/she/he or she} sleep   **CC8**
with something in {his/her/his or her} mouth, like a thumb, bottle or pacifier?

YES ….………………………………………………………………… 1
NO….………………………………………………………………… 2 [SKIP TO CC10]
REFUSED….…………………………………………………………… -7 [SKIP TO CC10]
DON'T KNOW ….……………………………………………………… -8 [SKIP TO CC10]

CC9A

CC9A   What does {he/she/he or she} sleep with?   **CC9A**

        NURSING AT MOTHER'S BREAST .... 1 [SKIP TO CC10]
        BOTTLE 2
        PACIFIER .... 3 [SKIP TO CC10]
        THUMB/FINGER .... 4 [SKIP TO CC10]
        OTHER .... 91[SKIP TO CC10]
        REFUSED... 6 [SKIP TO CC10]
        DON'T KNOW .... 7 [SKIP TO CC10]

CC9B

CC9B   What is in the bottle? (for example, milk, water, juice)   **CC9B**

        MILK 1
        JUICE OR OTHER SUGARY DRINK.. 2 [SKIP TO PROGRAMMING NOTE CC10]
        WATER...3 [SKIP TO PROGRAMMING NOTE CC10]
        OTHER ....91 [SKIP TO PROGRAMMING NOTE CC10]
        REFUSED...-7 [SKIP TO PROGRAMMING NOTE CC10]
        DON'T KNOW ....-8 [SKIP TO PROGRAMMING NOTE CC10]

CC9C

CC9C   Is it usually plain milk, chocolate milk, or milk with sugar added?   **CC9C**

        PLAIN MILK..1
        CHOCOLATE MILK/MILK WITH SUGAR ADDED 2
        OTHER 91
        REFUSED...-7
        DON'T KNOW ....-8

PROGRAMMING NOTE CC10:
IF CAGE < 2, SKIP TO CD1;
ELSE CONTINUE WITH CC10

CC10

CC10   Not counting the time {CHILD NAME /AGE/SEX} was in school or day care, please tell me about   **CC10**
    the following foods {CHILD NAME /AGE/SEX} ate yesterday. How many glasses of real, 100%
    fruit juice did {he/she/he or she} drink yesterday?

                  [CODE ANY PART OF A GLASS AS ONE GLASS]
        _____ GLASSES   [HR: 0-20; SR: 0-9]
        REFUSED...-7
        DON'T KNOW ....-8

CC11

CC11   How many glasses of milk did {he/she/he or she} drink yesterday?   **CC11**
                  [CODE ANY PART OF A GLASS AS ONE GLASS]
        _____ GLASSES   [HR: 0-20; SR: 0-9]
        REFUSED...-7
        DON'T KNOW ....-8

CC12

CC12   And how many glasses or cans of soda like Coke or 7-Up (did {he/she/he or she} drink yesterday)?   **CC12**

[CODE ANY PART OF A GLASS OR PART OF A CAN OF SODA AS ONE GLASS OR CAN]

    _____ GLASSES OR CANS   [HR: 0-20; SR: 0-9]
REFUSED .... -7
DON'T KNOW .... -8

CC13

CC13   How many servings of fruit, such as an apple or a banana (did {he/she/he or she} have yesterday)?   **CC13**

    _____ SERVINGS   [HR: 0-20; SR: 0-9]
REFUSED .... -7
DON'T KNOW .... -8

CC14

CC14   How many servings of potatoes or french fries (did {he/she/he or she} have yesterday)?   **CC14**

    _____ SERVINGS   [HR: 0-20; SR: 0-5]
REFUSED .... -7
DON'T KNOW .... -8

CC15

CC15   How many servings of vegetables like corn, green beans, lettuce or other vegetables (did {he/she/he or she} have yesterday)?   **CC15**

    _____ SERVINGS   [HR: 0-20; SR: 0-4]
REFUSED .... -7
DON'T KNOW .... -8

Section D

CD1

CD1   The next questions are about where {CHILD NAME /AGE/SEX} goes for health care. Is there a   **CD1**
place you USUALLY take {him/her/him or her} to when {he/she/he or she} is sick or you need
advice about {his/her/his or her} health?

        YES ....1 [SKIP TO PROGRAMMING
                NOTE CD3]

        NO..2

        DOCTOR/ HIS/HER DOCTOR ....3 [SKIP TO PROGRAMMING
                NOTE CD3]

        KAISER..4 [SKIP TO PROGRAMMING
                NOTE CD3]

        MORE THAN ONE PLACE ....5 [SKIP TO PROGRAMMING
                NOTE CD3]

        REFUSED..-7 [SKIP TO PROGRAMMING
                NOTE CD3]

        DON'T KNOW ....-8 [SKIP TO PROGRAMMING
                NOTE CD3]

CD2

CD2   What is the ONE main reason {CHILD NAME /AGE/SEX} does NOT have a usual source of   **CD2**
health care?

        SELDOM OR NEVER GETS SICK ....1 [SKIP TO CD6]
        RECENTLY MOVED INTO THE AREA ....2 [SKIP TO CD6]
        DON'T KNOW WHERE TO GO FOR CARE................................3 [SKIP TO CD6]
        USUAL PLACE IN THIS AREA NO LONGER AVAILABLE.................4 [SKIP TO CD6]
        CAN'T FIND PROVIDER WHO SPEAKS MY LANGUAGE ....5 [SKIP TO CD6]
        LIKES DIFFERENT PLACES FOR HEALTH CARE NEEDS ....6 [SKIP TO CD6]
        NO INSURANCE OR LOST INSURANCE ....7 [SKIP TO CD6]
        DON'T USE DOCTORS/TREAT CHILD MYSELF ....8 [SKIP TO CD6]
        COST OF MEDICAL CARE..9 [SKIP TO CD6]
        OTHER REASON ....91 [SKIP TO CD6]
        REFUSED...-7 [SKIP TO CD6]
        DON'T KNOW ....-8 [SKIP TO CD6]

> **PROGRAMMING NOTE CD3:**
> **IF CD1 = (1, 5, -7 OR -8), DISPLAY "What kind of place do you take {him/her/him or her} to most often -- a medical doctor's office";**
> **ELSE IF CD1 = 3, DISPLAY "Is {his/her/his or her} doctor in a private doctor's office";**
> **ELSE IF CD1 = 4, FILL CD3 = 1 AND SKIP TO CD6**

CD3

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

        DOCTOR'S OFFICE/KAISER/OTHER HMO .... 1 [SKIP TO CD6]
        CLINIC/HEALTH CENTER/HOSPITAL CLINIC 2
        EMERGENCY ROOM .... 3 [SKIP TO CD6]
CD3OS   SOME OTHER PLACE (SPECIFY): _____............. 91[SKIP TO CD6]
        NO ONE PLACE .... 94[SKIP TO CD6]
        REFUSED... -7 [SKIP TO CD6]
        DON'T KNOW .... -8 [SKIP TO CD6]

Section D

CD3B

CD3B   Is it an HMO clinic, a county or government clinic, a community clinic, a hospital clinic or   **CD3B**
emergency room, a chiropractic clinic, or some other kind of clinic or office?

[IF "SOME OTHER KIND OF CLINIC," PROBE FOR TYPE.]

HMO CLINIC/KAISER/PRIVATE DOCTOR'S OFFICE 1
COUNTY OR GOVERNMENT CLINIC/COMMUNITY/
    NEIGHBORHOOD CLINIC OR HEALTH CENTER 2
HOSPITAL/MEDICAL CENTER OR CLINIC/
    OUTPATIENT DEPARTMENT 3
VA/VETERANS HOSPITAL/MILITARY HOSPITAL OR CLINIC 4
EMERGENCY ROOM 5
URGENT CARE CLINIC 6
CHIROPRACTIC CLINIC OR OFFICE 7
INDIAN HEALTH SERVICE (IHS), TRIBAL
    OR URBAN INDIAN CLINIC 8
SCHOOL CLINIC 9
OTHER CLINIC OR OFFICE 91
REFUSED .... -7
DON'T KNOW .... -8

CD6

CD6   During the past 12 months, that is since {12 MONTH REF. DATE}, how many times has {CHILD   **CD6**
NAME /AGE/SEX} seen a medical doctor?

_____ TIMES   [HR: 0-365; SR: 0-12]
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CD7:
IF CD6 = (0, -7, -8) (NONE, REF/DK), CONTINUE WITH CD7;
ELSE IF CD6 > 0, SKIP TO CD8

CD7

CD7   About how long has it been since {he/she/he or she} last saw a medical doctor?   **CD7**

ONE YEAR AGO OR LESS 1
MORE THAN 1 YEAR UP TO 2 YEARS AGO 2
MORE THAN 2 YEARS UP TO 3 YEARS AGO 3
MORE THAN 3 YEARS AGO 4
NEVER 5
REFUSED .... -7
DON'T KNOW .... -8

CD8

CD8   Have you received reminders from the doctor or clinic about when it is time for {CHILD NAME   **CD8**
/AGE/SEX} to get {his/her/his or her} shots?

YES 1
NO 2
DON'T HAVE DOCTOR/CLINIC 3
REFUSED .... -7
DON'T KNOW .... -8

CD9

CD9   Do you have at your home {CHILD NAME /AGE/SEX}'s official immunization record, the "yellow card"?   **CD9**

YES 1
NO...2
REFUSED.. -7
DON'T KNOW .... -8

CD10

CD10   Have you ever had difficulties getting shots for {CHILD NAME /AGE/SEX}?   **CD10**

YES 1
NO.. 2 [SKIP TO CD12]
REFUSED.. -7   [SKIP TO CD12]
DON'T KNOW .... -8   [SKIP TO CD12]

CD11

CD11   What difficulties have you experienced getting {his/her/his or her} shots?   **CD11_A - H**

[CODE ALL THAT APPLY. CTRL-P TO EXIT]

[PROBE: Any other difficulties?]

CD11_1   CHILD CARE 1
CD11_2   GETTING AN APPOINTMENT 2
CD11_3   COST 3
CD11_4   TRANSPORTATION 4
CD11_5   KNOWING WHEN THE SHOTS ARE DUE 5
CD11_6   KNOWING WHERE TO GO 6
CD11_7   TIME OFF WORK 7
CD11_8   OTHER 91
REFUSED.. -7
DON'T KNOW .... -8

CD12

CD12   During the past 12 months, did {CHILD NAME /AGE/SEX} visit a hospital emergency room?   **CD12**

YES 1
NO.. 2 [SKIP TO CD14]
REFUSED.. -7 [SKIP TO CD14]
DON'T KNOW .... -8 [SKIP TO CD14]

PROGRAMMING NOTE CD13:
IF ANY CA10A_A THROUGH CA10A_H = 1 (ASTHMA) OR CA12 = 1 (YES), CONTINUE WITH CD13;
ELSE SKIP TO PROGRAMMING NOTE CD13A

CD13

CD13   Were any of the visits because of {his/her/his or her} asthma?   **CD13AST**

YES 1
NO...2
REFUSED.. -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE CD13A:**
> **IF ANY CA10A_A THROUGH CA10A_H = 2 (CEREBRAL PALSY), CONTINUE WITH CD13A;**
> **ELSE SKIP TO PROGRAMMING NOTE CD13B**

CD13A

CD13A   (Were any of the visits) ... because of {his/her/his or her} cerebral palsy?   **CD13CER**

    YES 1
    NO...2
    REFUSED .... -7
    DON'T KNOW .... -8

> **PROGRAMMING NOTE CD13B:**
> **IF ANY CA10A_A THROUGH CA10A_H = 3 (EPILEPSY), CONTINUE WITH CD13B;**
> **ELSE SKIP TO PROGRAMMING NOTE CD13C**

CD13B

CD13B   (Were any of the visits) ... because of {his/her/his or her} epilepsy?   **CD13EPI**

    YES 1
    NO...2
    REFUSED .... -7
    DON'T KNOW .... -8

> **PROGRAMMING NOTE CD13C:**
> **IF ANY CA10A_A THROUGH CA10A_H = 4 (HEARING PROBLEM), CONTINUE WITH CD13C;**
> **ELSE SKIP TO PROGRAMMING NOTE CD13D**

CD13C

CD13C   (Were any of the visits) ... because of {his/her/his or her} hearing problem?   **CD13HEA**

    YES 1
    NO...2
    REFUSED .... -7
    DON'T KNOW .... -8

> **PROGRAMMING NOTE CD13D:**
> **IF ANY CA10A_A THROUGH CA10A_H = 5 (NEUROMUSCULAR DISORDER), CONTINUE WITH CD13D;**
> **ELSE SKIP TO PROGRAMMING NOTE CD13E**

CD13D

CD13D   (Were any of the visits) ... because of {his/her/his or her} neuromuscular disorder?   **CD13NEU**

    YES 1
    NO...2
    REFUSED .... -7
    DON'T KNOW .... -8

> **PROGRAMMING NOTE CD13E:**
> **IF ANY CA10A_A THROUGH CA10A_H = 6 (ORTHOPEDIC PROBLEM), CONTINUE WITH CD13E;**
> **ELSE SKIP TO PROGRAMMING NOTE CD13F**

CD13E

CD13E   (Were any of the visits) ... because of {his/her/his or her} orthopedic problem?   **CD13ORT**

    YES 1
    NO...2
    REFUSED .... -7
    DON'T KNOW .... -8

PROGRAMMING NOTE CD13F:
IF ANY CA10A_A THROUGH CA10A_H = 7 (VISION PROBLEM), CONTINUE WITH CD13F;
ELSE SKIP TO PROGRAMMING NOTE CD13G

CD13F

CD13F   (Were any of the visits) ... because of {his/her/his or her} vision problem?   **CD13VIS**

        YES 1
        NO...2
        REFUSED... -7
        DON'T KNOW .... -8

PROGRAMMING NOTE CD13G:
IF ANY CA10A_A THROUGH CA10A_H = 8 (OTHER SPECIFY PHYSICAL CONDITION), CONTINUE WITH CD13G;

ELSE SKIP TO PROGRAMMING NOTE CD13M

CD13G

CD13G   (Were any of the visits) ... because of {his/her/his or her} {OTHER SPECIFY PHYSICAL   **CD13PHS**
        CONDITION}?

        YES 1
        NO...2
        REFUSED... -7
        DON'T KNOW .... -8

PROGRAMMING NOTE CD13M:
IF CB1 = 1 (YES, SERIOUS INJURY), CONTINUE WITH CD13M;
ELSE SKIP TO PROGRAMMING NOTE CD13N

CD13M

CD13M   (Were any of the visits) ... because of {his/her/his or her} injury that we talked about before?   **CD13INJ**

        YES 1
        NO...2
        REFUSED... -7
        DON'T KNOW .... -8

PROGRAMMING NOTE CD13N:
IF [CA10 = 1 (YES, PHYSICAL CONDITION) OR 3 (YES, BOTH)] AND CA10A_A = -7 OR -8 (REF/DK), CONTINUE
WITH CD13N;
ELSE SKIP TO PROGRAMMING NOTE CD13Q

CD13N

CD13N   (Were any of the visits) ... because of {his/her/his or her} physical condition that we talked about   **CD13PHY**
        before?

        YES 1
        NO...2
        REFUSED... -7
        DON'T KNOW .... -8

PROGRAMMING NOTE CD13Q:
IF CA10 = 91 (OTHER SPECIFY), CONTINUE WITH CD13Q;
ELSE SKIP TO CD14

CD13Q

CD13Q   (Were any of the visits) ... because of {his/her/his or her} {OTHER SPECIFY CONDITION FROM   **CD13OTH**
CA10}?

    YES 1
    NO...2
    REFUSED.. -7
    DON'T KNOW .... -8

CD14

CD14   During the past 12 months, was {CHILD NAME /AGE/SEX} a patient in a hospital overnight or   **CD14**
longer?

    YES 1
    NO.. 2 [SKIP TO CD16]
    REFUSED.. -7 [SKIP TO CD16]
    DON'T KNOW .... -8 [SKIP TO CD16]

PROGRAMMING NOTE CD15:
IF ANY CA10A_A THROUGH CA10A_H = 1 (ASTHMA) OR CA12 = 1 (YES), CONTINUE WITH CD15;
ELSE SKIP TO PROGRAMMING NOTE CD15A

CD15

CD15   Was {he/she/he or she} hospitalized because of {his/her/his or her} asthma?   **CD15AST**

    YES 1
    NO...2
    REFUSED.. -7
    DON'T KNOW .... -8

PROGRAMMING NOTE CD15A:
IF ANY CA10A_A THROUGH CA10A_H = 2 (CEREBRAL PALSY), CONTINUE WITH CD15A;
ELSE SKIP TO PROGRAMMING NOTE CD15B

CD15A

CD15A   (Was {he/she/he or she} hospitalized) ... because of {his/her/his or her} cerebral palsy?   **CD15CER**

    YES 1
    NO...2
    REFUSED.. -7
    DON'T KNOW .... -8

PROGRAMMING NOTE CD15B:
IF ANY CA10A_A THROUGH CA10A_H = 3 (EPILEPSY), CONTINUE WITH CD15B;
ELSE SKIP TO PROGRAMMING NOTE CD15C

CD15B

CD15B   (Was {he/she/he or she} hospitalized) ... because of {his/her/his or her} epilepsy?   **CD15EPI**

    YES 1
    NO...2
    REFUSED.. -7
    DON'T KNOW .... -8

PROGRAMMING NOTE CD15C:
IF ANY CA10A_A THROUGH CA10A_H = 4 (HEARING PROBLEM), CONTINUE WITH CD15C;
ELSE SKIP TO PROGRAMMING NOTE CD15D

CD15C

CD15C   (Was {he/she/he or she} hospitalized) ... because of {his/her/his or her} hearing problem?   **CD15HEA**

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CD15D:
IF ANY CA10A_A THROUGH CA10A_H = 5 (NEUROMUSCULAR DISORDER), CONTINUE WITH CD15D;
ELSE SKIP TO PROGRAMMING NOTE CD15E

CD15D

CD15D   (Was {he/she/he or she} hospitalized) ... because of {his/her/his or her} neuromuscular   **CD15NEU**

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CD15E:
IF ANY CA10A_A THROUGH CA10A_H = 6 (ORTHOPEDIC PROBLEM), CONTINUE WITH CD15E;
ELSE SKIP TO PROGRAMMING NOTE CD15F

CD15E

CD15E   (Was {he/she/he or she} hospitalized) ... because of {his/her/his or her} orthopedic problem?   **CD15ORT**

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CD15F:
IF ANY CA10A_A THROUGH CA10A_H = 7 (VISION PROBLEM), CONTINUE WITH CD15F;
ELSE SKIP TO PROGRAMMING NOTE CD15G

CD15F

CD15F   (Was {he/she/he or she} hospitalized) ... because of {his/her/his or her} vision problem?   **CD15VIS**

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CD15G:
IF ANY CA10A_A THROUGH CA10A_H = 8 (OTHER SPECIFY PHYSICAL CONDITION), CONTINUE WITH CD15G;

ELSE SKIP TO PROGRAMMING NOTE CD15M

CD15G

CD15G   (Was {he/she/he or she} hospitalized) ... because of {his/her/his or her} {OTHER SPECIFY   **CD15PHS**
PHYSICAL CONDITION}?

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CD15M:
IF CB1 = 1 (YES, SERIOUS INJURY), CONTINUE WITH CD15M;
ELSE SKIP TO PROGRAMMING NOTE CD15N

CD15M

CD15M   (Was {he/she/he or she} hospitalized) ... because of {his/her/his or her} injury that we talked   **CD15INJ**
about before?

```
YES ...................................................................................1
NO..........................................................................................2
REFUSED.............................................................................. -7
DON'T KNOW ....................................................................... -8
```

PROGRAMMING NOTE CD15N:
IF [CA10 = 1 (YES, PHYSICAL CONDITION) OR 3 (YES, BOTH)] AND CA10A_A = -7 OR -8 (REF/DK), CONTINUE
WITH CD15N;
ELSE SKIP TO PROGRAMMING NOTE CD15Q

CD15N

CD15N   (Was {he/she/he or she} hospitalized) ... because of {his/her/his or her} physical condition that   **CD15PHY**
we talked about before?

```
YES ...................................................................................1
NO..........................................................................................2
REFUSED.............................................................................. -7
DON'T KNOW ....................................................................... -8
```

PROGRAMMING NOTE CD15Q:
IF CA10 = 91 (OTHER SPECIFY), CONTINUE WITH CD15Q;
ELSE SKIP TO CD16

CD15Q

CD15Q   (Was {he/she/he or she) hospitalized) ... because of {his/her/his or her} {OTHER SPECIFY   **CD15OTH**
CONDITION FROM CA10}?

```
YES ...................................................................................1
NO..........................................................................................2
REFUSED.............................................................................. -7
DON'T KNOW ....................................................................... -8
```

CD16

CD16   During the past 12 months, did you take {CHILD NAME /AGE/SEX} to another country, such as   **CD16**
Mexico or any other country, for either medical or dental care?

```
YES .................................................................................. 1
NO.................................................................................. 2 [SKIP TO CD18C]
REFUSED.......................................................................... -7 [SKIP TO CD18C]
DON'T KNOW .................................................................... -8 [SKIP TO CD18C]
```

CD17

CD17   Was this for medical care, or dental care, or both?   **CD17**

```
MEDICAL.......................................................................... 1
DENTAL ............................................................................ 2 [SKIP TO CD18B
BOTH ............................................................................... 3
REFUSED.......................................................................... -7 [SKIP TO CD18C]
DON'T KNOW .................................................................... -8 [SKIP TO CD18C]
```

CD18A

CD18A   And what country did you take {him/her/him or her} to for medical care?   **CD18A**

MEXICO 1
ANOTHER COUNTRY 2
BOTH MEXICO AND ANOTHER COUNTRY.................................3
REFUSED...-7
DON'T KNOW ....-8

```
PROGRAMMING NOTE CD18B:
IF CD17 <> 2 (DENTAL) OR 3 (BOTH), SKIP TO CD18C;
ELSE CONTINUE WITH CD18B
```

CD18B

CD18B   And what country did you take {him/her/him or her} to for dental care?   **CD18B**

MEXICO 1
ANOTHER COUNTRY 2
BOTH MEXICO AND ANOTHER COUNTRY.................................3
REFUSED...-7
DON'T KNOW ....-8

CD18C

CD18C   And during the past 12 months, did you or anyone else go to another country, such as Mexico or   **CD18C**
any other country, to buy any prescription medicine for {him/her/him or her}?

YES 1
NO... 2 [SKIP TO PROGRAMMING
NOTE CD19
REFUSED... -7 [SKIP TO PROGRAMMING
NOTE CD19
DON'T KNOW .... -8 [SKIP TO PROGRAMMING
NOTE CD19

CD18D

CD18D   And what country was that?   **CD18D**

MEXICO 1
ANOTHER COUNTRY 2
BOTH MEXICO AND ANOTHER COUNTRY.................................3
REFUSED... -7
DON'T KNOW .... -8

```
PROGRAMMING NOTE CD19:
IF CD7 = 5 (NEVER), SKIP TO CD22;
ELSE CONTINUE WITH CD19
```

CD19

CD19   The LAST time {CHILD NAME /AGE/SEX} visited a doctor, what kind of a place was it--a   **CD19**
MEDICAL doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

**[IF R GIVES SPECIFIC NAME OF PLACE, PROBE ONCE FOR CATEGORIES; IF R CONTINUES
TO GIVE SPECIFIC NAME, CODE AS "SOME OTHER PLACE (SPECIFY)."]**

DOCTOR'S OFFICE/KAISER/OTHER HMO .... 1 [SKIP TO CD22]
CLINIC/HEALTH CENTER/HOSPITAL CLINIC 2
EMERGENCY ROOM .... 3 [SKIP TO CD22]
CD19OS   SOME OTHER PLACE (SPECIFY): _____ .... 91[SKIP TO CD22]
REFUSED.. -7 [SKIP TO CD22]
DON'T KNOW .... -8 [SKIP TO CD22]

On Dec. 20, 2000, the end of the question text for CD20 was changed from "some other kind of place" to "some other clinic or office."

CD20

CD20   Was it an HMO clinic, a county or government clinic, a community clinic, a hospital clinic or   **CD20**
emergency room, a chiropractic clinic, or some other clinic or office?

[IF "SOME OTHER KIND OF PLACE", PROBE FOR TYPE; READ LIST ONLY IF NECESSARY]

HMO CLINIC/KAISER/PRIVATE DOCTOR'S OFFICE 1
COUNTY OR GOVERNMENT CLINIC/COMMUNITY/
NEIGHBORHOOD CLINIC OR HEALTH CENTER 2
HOSPITAL/MEDICAL CENTER OR CLINIC/
OUTPATIENT DEPARTMENT... 3
VA/VETERANS HOSPITAL/MILITARY HOSPITAL OR CLINIC 4
EMERGENCY ROOM 5
URGENT CARE CLINIC.. 6
CHIROPRACTIC CLINIC OR OFFICE 7
INDIAN HEALTH SERVICE (IHS), TRIBAL
OR URBAN INDIAN CLINIC 8
SCHOOL CLINIC.. 9
OTHER CLINIC OR OFFICE 91
REFUSED.. -7
DON'T KNOW .... -8

On Dec. 20, 2000, the question text for CD22 was changed from "talk to" to "see or talk to."

CD22

CD22   Other than a medical doctor, did you see or talk to any OTHER kind of health person about   **CD22**
{CHILD NAME /AGE/SEX} during the PAST 12 MONTHS?

**[IF NEEDED, SAY: "A health person such as an acupuncturist, a nurse practitioner, a
physician assistant, a chiropractor, an herbalist, a pharmacist, a healer, a botanica or
some other type?"]**

YES 1
NO... 2 [SKIP TO CE1]
REFUSED.. -7 [SKIP TO CE1]
DON'T KNOW .... -8 [SKIP TO CE1]

CD23

CD23   What OTHER kinds of health persons did you see or talk to about {him/her/him or her}?   **CD23_A - L**

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]

[IF NEEDED, PROBE FOR TYPE OF PERSON OR PROFESSIONAL.]

CD23_1	ACUPUNCTURIST………………………………………………………	1
CD23_2	CHIROPRACTOR ……………………………………………………	2
CD23_3	HERBALIST, HERBAL HEALER, BOTANICA……………………………	3
CD23_4	NATUROPATH, HOMEOPATH …………………………………………	4
CD23_5	SPIRITUALIST…………………………………………………………	5
CD23_6	NURSE, NURSE PRACTITIONER, NURSE MIDWIFE …………………	6
CD23_7	MIDWIFE NON-NURSE ………………………………………………	7
CD23_8	PHYSICIAN'S ASSISTANT ……………………………………………	8
CD23_9	PHARMACIST …………………………………………………………	9
CD23_10	DENTAL HEALTH PROVIDER …………………………………………	10
CD23_11	MENTAL HEALTH PROVIDER…………………………………………	11
CD23_12	MEDICAL DOCTOR …………………………………………………	12
CD23_13	OTHER ………………………………………………………………	91
	REFUSED……………………………………………………………	-7
	DON'T KNOW ………………………………………………………	-8

Section E

On Dec. 20, 2000, the word "medicine" was replaced with "prescription" in CE1

CE1

CE1   During the past 12 months, did you delay or not get a prescription that a doctor ordered for {CHILD NAME /AGE/SEX}?   **CE1**

YES ....1 [IF NO CONDITION OR INJURY, SKIP TO CE3]

NO..2 [SKIP TO CE4]

REFUSED... -7 [SKIP TO CE4]

DON'T KNOW .... -8 [SKIP TO CE4]

On Dec. 20, 2000, the word "medicine" was deleted from the question text for CE2.
PROGRAMMING NOTE CE2:
IF ANY CA10A_A THROUGH CA10A_H = 1 (ASTHMA) OR CA12 = 1 (YES), CONTINUE WITH CE2;
ELSE SKIP TO PROGRAMMING NOTE CE2A

CE2

CE2   When that happened, was the prescription related to {CHILD NAME /AGE/SEX}'s asthma?   **CE2AST**

YES 1

NO..2

REFUSED... -7

DON'T KNOW .... -8

PROGRAMMING NOTE CE2A:
IF ANY CA10A_A THROUGH CA10A_H = 2 (CEREBRAL PALSY), CONTINUE WITH CE2A;
ELSE SKIP TO PROGRAMMING NOTE CE2B

CE2A

CE2A   (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s cerebral palsy?   **CE2CER**

YES 1

NO.. 2

REFUSED... -7

DON'T KNOW .... -8

PROGRAMMING NOTE CE2B:
IF ANY CA10A_A THROUGH CA10A_H = 3 (EPILEPSY), CONTINUE WITH CE2B;
ELSE SKIP TO PROGRAMMING NOTE CE2C

CE2B

CE2B   (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s epilepsy?   **CE2EPI**

YES 1

NO..2

REFUSED... -7

DON'T KNOW .... -8

PROGRAMMING NOTE CE2C:
IF ANY CA10A_A THROUGH CA10A_H = 4 (HEARING PROBLEM), CONTINUE WITH CE2C;
ELSE SKIP TO PROGRAMMING NOTE CE2D

CE2C

CE2C   (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s   **CE2HEA**
hearing problem?

YES 1
NO...2
REFUSED.. -7
DON'T KNOW .... -8

PROGRAMMING NOTE CE2D:
IF ANY CA10A_A THROUGH CA10A_H = 5 (NEUROMUSCULAR DISORDER), CONTINUE WITH CE2D;
ELSE SKIP TO PROGRAMMING NOTE CE2E

CE2D

CE2D   (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s   **CE2NEU**
neuromuscular disorder?

YES 1
NO...2
REFUSED.. -7
DON'T KNOW .... -8

PROGRAMMING NOTE CE2E:
IF ANY CA10A_A THROUGH CA10A_H = 6 (ORTHOPEDIC PROBLEM), CONTINUE WITH CE2E;
ELSE SKIP TO PROGRAMMING NOTE CE2F

CE2E

CE2E   (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s   **CE2ORT**
orthopedic problem?

YES 1
NO...2
REFUSED.. -7
DON'T KNOW .... -8

PROGRAMMING NOTE CE2F:
IF ANY CA10A_A THROUGH CA10A_H = 7 (VISION PROBLEM), CONTINUE WITH CE2F;
ELSE SKIP TO PROGRAMMING NOTE CE2G

CE2F

CE2F   (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s   **CE2VIS**
vision problem?

YES 1
NO...2
REFUSED.. -7
DON'T KNOW .... -8

PROGRAMMING NOTE CE2G:
IF ANY CA10A_A THROUGH CA10A_H = 8 (OTHER SPECIFY PHYSICAL CONDITION), CONTINUE WITH CE2G;

ELSE SKIP TO PROGRAMMING NOTE CE2H

CE2G

CE2G (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s **CE2PHS**
{OTHER SPECIFY PHYSICAL CONDITION}?

    YES 1
    NO...2
    REFUSED .... -7
    DON'T KNOW .... -8

PROGRAMMING NOTE CE2H:
IF CA10B = 1 (AUTISM), CONTINUE WITH CE2H;
ELSE SKIP TO PROGRAMMING NOTE CE2I

CE2H

CE2H (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s **CE2AUT**
autism?

    YES 1
    NO...2
    REFUSED .... -7
    DON'T KNOW .... -8

PROGRAMMING NOTE CE2I:
IF CA10B = 2 (ADD/ADHD) OR CA11 = 1 (YES), CONTINUE WITH CE2I;
ELSE SKIP TO PROGRAMMING NOTE CE2J

CE2I

CE2I (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s **CE2ATT**
attention deficit disorder?

    YES 1
    NO...2
    REFUSED .... -7
    DON'T KNOW .... -8

PROGRAMMING NOTE CE2J:
IF CA10B = 3 (LEARNING DISABILITY), CONTINUE WITH CE2J;
ELSE SKIP TO PROGRAMMING NOTE CE2K

CE2J

CE2J (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s **CE2LEA**
learning disability?

    YES 1
    NO...2
    REFUSED .... -7
    DON'T KNOW .... -8

PROGRAMMING NOTE CE2K:
IF CA10B = 4 (MENTAL RETARDATION), CONTINUE WITH CE2K;
ELSE SKIP TO PROGRAMMING NOTE CE2L

CE2K

CE2K   (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s   **CE2RET**
mental retardation?

        YES 1
        NO...2
        REFUSED.. -7
        DON'T KNOW .... -8

PROGRAMMING NOTE CE2L:
IF CA10B = 5 (OTHER SPECIFY BEHAVIORAL/MENTAL CONDITION), CONTINUE WITH CE2L;
ELSE SKIP TO PROGRAMMING NOTE CE2M

CE2L

CE2L   (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s   **CE2MNS**
{OTHER SPECIFY BEHAVIORAL OR MENTAL CONDITION}?

        YES 1
        NO...2
        REFUSED.. -7
        DON'T KNOW .... -8

PROGRAMMING NOTE CE2M:
IF CB1 = 1 (YES, SERIOUS INJURY), CONTINUE WITH CE2M;
ELSE SKIP TO PROGRAMMING NOTE CE2N

CE2M

CE2M   (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s   **CE2INJ**
injury that we talked about before?

        YES 1
        NO...2
        REFUSED.. -7
        DON'T KNOW .... -8

PROGRAMMING NOTE CE2N:
IF [CA10 = 1 (YES, PHYSICAL CONDITION) OR 3 (YES, BOTH)] AND CA10A_A = -7 OR -8 (REF/DK), CONTINUE
WITH CE2N;
ELSE SKIP TO PROGRAMMING NOTE CE2O

CE2N

CE2N   (When that happened, was the prescription medicine related to) ... {CHILD NAME /AGE/SEX}'s   **CE2PHY**
physical condition that we talked about before?

        YES 1
        NO...2
        REFUSED.. -7
        DON'T KNOW .... -8

PROGRAMMING NOTE CE2O:
IF [CA10 = 2 (YES, BEHAVIORAL/MENTAL CONDITION) OR 3 (YES, BOTH)] AND CA10B = -7 OR –8 (REF/DK),
CONTINUE WITH CE2O;
ELSE SKIP TO PROGRAMMING NOTE CE2Q

CE2O

CE2O   (When that happened, was the prescription medicine related to) … {CHILD NAME /AGE/SEX}'s   **CE2MEN**
        behavioral or mental condition that we talked about before?

                YES 1
                NO..2
                REFUSED .... -7
                DON'T KNOW .... -8

PROGRAMMING NOTE CE2Q:
IF CA10 = 91 (OTHER SPECIFY), CONTINUE WITH CE2Q;
ELSE SKIP TO CE3

CE2Q

CE2Q   (When that happened, was the prescription medicine related to) … {CHILD NAME /AGE/SEX}'s   **CE2OTH**
        {OTHER SPECIFY CONDITION FROM CA10}?

                YES 1
                NO..2
                REFUSED .... -7
                DON'T KNOW .... -8

CE3

CE3   Why did you delay or not get the prescription for {him/her/him or her}?   **CE3_A – CE3_L**
                        [CODE ALL THAT APPLY. CTRL-P TO EXIT.]
                        [PROBE: "Any other reasons?"]

CE3_1   COULDN'T AFFORD/COST TOO MUCH 1
CE3_2   NO INSURANCE 2
CE3_3   PHARMACY WOULDN'T TAKE/ACCEPT MY INSURANCE 3
CE3_4   INSURANCE WOULDN'T APPROVE, COVER, PAY FOR CARE 4
CE3_5   TOOK A FRIEND/FAMILY'S MEDICINE WE ALREADY HAD 5
CE3_6   LANGUAGE PROBLEMS 6
CE3_7   TRANSPORTATION PROBLEMS 7
CE3_8   HOURS NOT CONVENIENT 8
CE3_9   NO CHILD CARE FOR CHILDREN AT HOME 9
CE3_10   PROCRASTINATION/LAZY 10
CE3_11   FORGOT/LOST PRESCRIPTION 11
CE3_12   OTHER 91
                  REFUSED .... -7
                  DON'T KNOW .... -8

CE4

CE4   During the past 12 months, did you delay or not get a test or treatment that a doctor ordered for   **CE4**
        {CHILD NAME /AGE/SEX}?

                YES ....1 [IF NO CONDITION OR
                                                                                              INJURY, SKIP TO CE6]

                NO..2 [SKIP TO CE7]
                REFUSED .... -7 [SKIP TO CE7]
                DON'T KNOW .... -8 [SKIP TO CE7]

PROGRAMMING NOTE CE5:
IF ANY CA10A_A THROUGH CA10A_H = 1 (ASTHMA) OR CA12 = 1 (YES), CONTINUE WITH CE5;
ELSE SKIP TO PROGRAMMING NOTE CE5A

CE5

CE5 When that happened, was the test or treatment related to {CHILD NAME /AGE/SEX}'s asthma? **CE5AST**

    YES 1
    NO...2
    REFUSED .... -7
    DON'T KNOW .... -8

PROGRAMMING NOTE CE5A:
IF ANY CA10A_A THROUGH CA10A_H = 2 (CEREBRAL PALSY), CONTINUE WITH CE5A;
ELSE SKIP TO PROGRAMMING NOTE CE5B

CE5A

CE5A (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s **CE5CER**
    cerebral palsy?

    YES 1
    NO...2
    REFUSED .... -7
    DON'T KNOW .... -8

PROGRAMMING NOTE CE5B:
IF ANY CA10A_A THROUGH CA10A_H = 3 (EPILEPSY), CONTINUE WITH CE5B;
ELSE SKIP TO PROGRAMMING NOTE CE5C

CE5B

CE5B (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s **CE5EPI**
    epilepsy?

    YES 1
    NO...2
    REFUSED .... -7
    DON'T KNOW .... -8

PROGRAMMING NOTE CE5C:
IF ANY CA10A_A THROUGH CA10A_H = 4 (HEARING PROBLEM), CONTINUE WITH CE5C;
ELSE SKIP TO PROGRAMMING NOTE CE5D

CE5C

CE5C (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s **CE5HEA**
    hearing problem?

    YES 1
    NO...2
    REFUSED .... -7
    DON'T KNOW .... -8

PROGRAMMING NOTE CE5D:
IF ANY CA10A_A THROUGH CA10A_H = 5 (NEUROMUSCULAR DISORDER), CONTINUE WITH CE5D;
ELSE SKIP TO PROGRAMMING NOTE CE5E

CE5D

CE5D (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s **CE5NEU**
    neuromuscular disorder?

    YES 1
    NO...2
    REFUSED .... -7
    DON'T KNOW .... -8

> **PROGRAMMING NOTE CE5E:**
> **IF ANY CA10A_A THROUGH CA10A_H = 6 (ORTHOPEDIC PROBLEM), CONTINUE WITH CE5E;**
> **ELSE SKIP TO PROGRAMMING NOTE CE5F**

CE5E

CE5E   (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s   **CE5ORT**
orthopedic problem?

        YES 1
        NO..2
        REFUSED... -7
        DON'T KNOW .... -8

> **PROGRAMMING NOTE CE5F:**
> **IF ANY CA10A_A THROUGH CA10A_H = 7 (VISION PROBLEM), CONTINUE WITH CE5F;**
> **ELSE SKIP TO PROGRAMMING NOTE CE5G**

CE5F

CE5F   (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s vision   **CE5VIS**
problem?

        YES 1
        NO..2
        REFUSED... -7
        DON'T KNOW .... -8

> **PROGRAMMING NOTE CE5G:**
> **IF ANY CA10A_A THROUGH CA10A_H = 8 (OTHER SPECIFY PHYSICAL CONDITION), CONTINUE WITH CE5G;**
>
> **ELSE SKIP TO PROGRAMMING NOTE CE5H**

CE5G

CE5G   (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s   **CE5PHS**
{OTHER SPECIFY PHYSICAL CONDITION}?

        YES 1
        NO..2
        REFUSED... -7
        DON'T KNOW .... -8

> **PROGRAMMING NOTE CE5H:**
> **IF CA10B = 1 (AUTISM), CONTINUE WITH CE5H;**
> **ELSE SKIP TO PROGRAMMING NOTE CE5I**

CE5H

CE5H   (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s   **CE5AUT**
autism?

        YES 1
        NO..2
        REFUSED... -7
        DON'T KNOW .... -8

PROGRAMMING NOTE CE5I:
IF CA10B = 2 (ADD/ADHD) OR CA11 = 1 (YES), CONTINUE WITH CE5I;
ELSE SKIP TO PROGRAMMING NOTE CE5J

CE5I

CE5I   (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s   **CE5ATT**
attention deficit disorder?

YES 1
NO...2
REFUSED... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CE5J:
IF CA10B = 3 (LEARNING DISABILITY), CONTINUE WITH CE5J;
ELSE SKIP TO PROGRAMMING NOTE CE5K

CE5J

CE5J   (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s   **CE5LEA**
learning disability?

YES 1
NO...2
REFUSED... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CE5K:
IF CA10B = 4 (MENTAL RETARDATION), CONTINUE WITH CE5K;
ELSE SKIP TO PROGRAMMING NOTE CE5L

CE5K

CE5K   (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s mental   **CE5RET**
retardation?

YES 1
NO...2
REFUSED... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CE5L:
IF CA10B = 5 (OTHER SPECIFY BEHAVIORAL/MENTAL CONDITION), CONTINUE WITH CE5L;
ELSE SKIP TO PROGRAMMING NOTE CE5M

CE5L

CE5L   (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s   **CE5MNS**
{OTHER SPECIFY BEHAVIORAL OR MENTAL CONDITION}?

YES 1
NO...2
REFUSED... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CE5M:
IF CB1 = 1 (YES, SERIOUS INJURY), CONTINUE WITH CE5M;
ELSE SKIP TO PROGRAMMING NOTE CE5N

CE5M

CE5M   (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s injury   **CE5INJ**
          that we talked about before?

                    YES 1
                    NO..2
                    REFUSED.. -7
                    DON'T KNOW .... -8

PROGRAMMING NOTE CE5N:
IF [CA10 = 1 (YES, PHYSICAL CONDITION) OR 3 (YES, BOTH)] AND CA10A_A = -7 OR -8 (REF/DK), CONTINUE
WITH CE5N;
ELSE SKIP TO PROGRAMMING NOTE CE5O

CE5N

CE5N   (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s   **CE5PHY**
          physical condition that we talked about before?

                    YES 1
                    NO..2
                    REFUSED.. -7
                    DON'T KNOW .... -8

PROGRAMMING NOTE CE5O:
IF [CA10 = 2 (YES, BEHAVIORAL/MENTAL CONDITION) OR 3 (YES, BOTH)] AND CA10B = -7 OR -8 (REF/DK),
CONTINUE WITH CE5O;
ELSE SKIP TO PROGRAMMING NOTE CE5Q

CE5O

CE5O   (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s   **CE5MEN**
          behavioral or mental condition that we talked about before?

                    YES 1
                    NO..2
                    REFUSED.. -7
                    DON'T KNOW .... -8

PROGRAMMING NOTE CE5Q:
IF CA10 = 91 (OTHER SPECIFY), CONTINUE WITH CE5Q;
ELSE SKIP TO CE6

CE5Q

CE5Q   (When that happened, was the test or treatment related to) ... {CHILD NAME /AGE/SEX}'s   **CE5OTH**
          {OTHER SPECIFY CONDITION FROM CA10}?

                    YES 1
                    NO..2
                    REFUSED.. -7
                    DON'T KNOW .... -8

CE6

CE6   Why did you delay or not get the test or treatment?   **CE6_A - CE6_K**

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any other reasons?"]

CE6_1	COULDN'T AFFORD/COST TOO MUCH………………………………… 1	
CE6_2	NO INSURANCE ………………………………………………………. 2	
CE6_3	THEY WOULDN'T TAKE/ACCEPT MY INSURANCE …………………. 3	
CE6_4	INSURANCE WOULDN'T APPROVE, COVER, PAY FOR CARE ……… 4	
CE6_5	LANGUAGE PROBLEMS …………………………………………….. 5	
CE6_6	TRANSPORTATION PROBLEMS …………………………………… 6	
CE6_7	HOURS NOT CONVENIENT ……………………………………….. 7	
CE6_8	NO CHILD CARE FOR CHILDREN AT HOME……………………….. 8	
CE6_9	PROCRASTINATION/LAZY …………………………………………. 9	
CE6_10	FORGOT/LOST REFERRAL ……………………………………….. 10	
CE6_11	OTHER ……………………………………………………………. 91	
	REFUSED…………………………………………………………. -7	
	DON'T KNOW ……………………………………………………. -8	

CE7

CE7   During the past 12 months, did you delay or not get any other medical care that you felt   **CE7**
{he/she/he or she} needed—such as seeing a doctor, a specialist or other health professional?

        YES ……………………………………………………………………. 1
        NO…………………………………………………………………….. 2 [SKIP TO CE10]
        REFUSED……………………………………………………………. -7   [SKIP TO CE10]
        DON'T KNOW ………………………………………………………. -8   [SKIP TO CE10]

PROGRAMMING NOTE CE8:
IF ANY CA10A_A THROUGH CA10A_H = 1 (ASTHMA) OR CA12 = 1 (YES), CONTINUE WITH CE8;
ELSE SKIP TO PROGRAMMING NOTE CE8A

CE8

CE8   When this happened, was this care related to {CHILD NAME /AGE/SEX}'s asthma?   **CE8AST**

        YES …………………………………………………………………….1
        NO……………………………………………………………………..2
        REFUSED……………………………………………………………. -7
        DON'T KNOW ………………………………………………………. -8

PROGRAMMING NOTE CE8A:
IF ANY CA10A_A THROUGH CA10A_H = 2 (CEREBRAL PALSY), CONTINUE WITH CE8A;
ELSE SKIP TO PROGRAMMING NOTE CE8B

CE8A

CE8A   (When this happened, was this care related to) ... {CHILD NAME /AGE/SEX}'s cerebral palsy?   **CE8CER**

        YES …………………………………………………………………….1
        NO……………………………………………………………………..2
        REFUSED……………………………………………………………. -7
        DON'T KNOW ………………………………………………………. -8

PROGRAMMING NOTE CE8B:
IF ANY CA10A_A THROUGH CA10A_H = 3 (EPILEPSY), CONTINUE WITH CE8B;
ELSE SKIP TO PROGRAMMING NOTE CE8C

CE8B

CE8B   (When this happened, was this care related to) ... {CHILD NAME /AGE/SEX}'s epilepsy?   **CE8EPI**

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CE8C:
IF ANY CA10A_A THROUGH CA10A_H = 4 (HEARING PROBLEM), CONTINUE WITH CE8C;
ELSE SKIP TO PROGRAMMING NOTE CE8D

CE8C

CE8C   (When this happened, was this care related to) ... {CHILD NAME /AGE/SEX}'s hearing problem?   **CE8HEA**

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CE8D:
IF ANY CA10A_A THROUGH CA10A_H = 5 (NEUROMUSCULAR DISORDER), CONTINUE WITH CE8D;
ELSE SKIP TO PROGRAMMING NOTE CE8E

CE8D

CE8D   (When this happened, was this care related to) ... {CHILD NAME /AGE/SEX}'s neuromuscular   **CE8NEU**
disorder?

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CE8E:
IF ANY CA10A_A THROUGH CA10A_H = 6 (ORTHOPEDIC PROBLEM), CONTINUE WITH CE8E;
ELSE SKIP TO PROGRAMMING NOTE CE8F

CE8E

CE8E   (When this happened, was this care related to) ... {CHILD NAME /AGE/SEX}'s orthopedic   **CE8ORT**
problem?

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CE8F:
IF ANY CA10A_A THROUGH CA10A_H = 7 (VISION PROBLEM), CONTINUE WITH CE8F;
ELSE SKIP TO PROGRAMMING NOTE CE8G

CE8F

CE8F   (When this happened, was this care related to) ... {CHILD NAME /AGE/SEX}'s vision problem?   **CE8VIS**

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE CE8G:
IF ANY CA10A_A THROUGH CA10A_H = 8 (OTHER SPECIFY PHYSICAL CONDITION), CONTINUE WITH CE8G;

ELSE SKIP TO PROGRAMMING NOTE CE8H

CE8G

CE8G   (When this happened, was this care related to) ... {CHILD NAME /AGE/SEX}'s {OTHER SPECIFY   **CE8PHS**
             PHYSICAL CONDITION}?

                        YES 1
                        NO..2
                        REFUSED .... -7
                        DON'T KNOW .... -8

PROGRAMMING NOTE CE8H:
IF CA10B = 1 (AUTISM), CONTINUE WITH CE8H;
ELSE SKIP TO PROGRAMMING NOTE CE8I

CE8H

CE8H   (When this happened, was this care related to) ... {CHILD NAME /AGE/SEX}'s autism?   **CE8AUT**

                        YES 1
                        NO..2
                        REFUSED .... -7
                        DON'T KNOW .... -8

PROGRAMMING NOTE CE8I:
IF CA10B = 2 (ADD/ADHD) OR CA11 = 1 (YES), CONTINUE WITH CE8I;
ELSE SKIP TO PROGRAMMING NOTE CE8J

CE8I

CE8I   (When this happened, was this care related to) ... {CHILD NAME /AGE/SEX}'s attention deficit   **CE8ATT**
             disorder?

                        YES 1
                        NO..2
                        REFUSED .... -7
                        DON'T KNOW .... -8

PROGRAMMING NOTE CE8J:
IF CA10B = 3 (LEARNING DISABILITY), CONTINUE WITH CE8J;
ELSE SKIP TO PROGRAMMING NOTE CE8K

CE8J

CE8J   (When this happened, was this care related to) ... {CHILD NAME /AGE/SEX}'s learning   **CE8LEA**

                        YES 1
                        NO..2
                        REFUSED .... -7
                        DON'T KNOW .... -8

PROGRAMMING NOTE CE8K:
IF CA10B = 4 (MENTAL RETARDATION), CONTINUE WITH CE8K;
ELSE SKIP TO PROGRAMMING NOTE CE8

CE8K

CE8K   (When this happened, was this care related to) ... {CHILD NAME /AGE/SEX}'s mental   **CE8RET**
             retardation?

                        YES 1
                        NO..2
                        REFUSED .... -7
                        DON'T KNOW .... -8

PROGRAMMING NOTE CE8L:
IF CA10B = 5 (OTHER SPECIFY BEHAVIORAL/MENTAL CONDITION), CONTINUE WITH CE8L;
ELSE SKIP TO PROGRAMMING NOTE CE8M

CE8L

CE8L   (When this happened, was this care related to) ... {CHILD NAME /AGE/SEX}'s {OTHER SPECIFY   **CE8MNS**
       BEHAVIORAL OR MENTAL CONDITION}?

               YES 1
               NO..2
               REFUSED... -7
               DON'T KNOW .... -8

PROGRAMMING NOTE CE8M:
IF CB1 = 1 (YES, SERIOUS INJURY), CONTINUE WITH CE8M;
ELSE SKIP TO PROGRAMMING NOTE CE8N

CE8M

CE8M   (When this happened, was this care related to) ... {CHILD NAME /AGE/SEX}'s injury that we   **CE8INJ**
       talked about before?

               YES 1
               NO..2
               REFUSED... -7
               DON'T KNOW .... -8

PROGRAMMING NOTE CE8N:
IF [CA10 = 1 (YES, PHYSICAL CONDITION) OR 3 (YES, BOTH)] AND CA10A_A = -7 OR -8 (REF/DK), CONTINUE
WITH CE8N;
ELSE SKIP TO PROGRAMMING NOTE CE8O

CE8N

CE8N   (When this happened, was this care related to) ... {CHILD NAME /AGE/SEX}'s physical condition   **CE8PHY**
       that we talked about before?

               YES 1
               NO..2
               REFUSED... -7
               DON'T KNOW .... -8

PROGRAMMING NOTE CE8O:
IF [CA10 = 2 (YES, BEHAVIORAL/MENTAL CONDITION) OR 3 (YES, BOTH)] AND CA10B = -7 OR -8 (REF/DK),
CONTINUE WITH CE8O;
ELSE SKIP TO PROGRAMMING NOTE CE8Q

CE8O

CE8O   (When this happened, was this care related to) … {CHILD NAME /AGE?SEX}'s behavioral or   **CE8MEN**
       mental condition that we talked about before?

               YES 1
               NO..2
               REFUSED... -7
               DON'T KNOW .... -8

PROGRAMMING NOTE CE8Q:
IF CA10 = 91 (OTHER SPECIFY), CONTINUE WITH CE8Q;
ELSE SKIP TO CE9

CE8Q

CE8Q   (When this happened, was this care related to) … {CHILD NAME /AGE/SEX}'s {OTHER SPECIFY   **CE8OTH**
      CONDITION FROM CA10}?

          YES 1
          NO...2
          REFUSED.. -7
          DON'T KNOW .... -8

CE9

CE9   Why did you delay or not get the care you felt {CHILD NAME /AGE/SEX} needed?   **CE9_A - CE9_K**
                 [CODE ALL THAT APPLY. CTRL-P TO EXIT.]
                 [PROBE: "Any other reasons?"]

CE9_1   COULDN'T AFFORD/COST TOO MUCH...................................... 1
CE9_2   NO INSURANCE 2
CE9_3   THEY WOULDN'T TAKE/ACCEPT MY INSURANCE 3
CE9_4   INSURANCE WOULDN'T APPROVE, COVER, PAY FOR CARE 4
CE9_5   LANGUAGE PROBLEMS 5
CE9_6   TRANSPORTATION PROBLEMS 6
CE9_7   HOURS NOT CONVENIENT 7
CE9_8   NO CHILD CARE FOR CHILDREN AT HOME 8
CE9_9   PROCRASTINATION/LAZY 9
CE9_10   FORGOT/LOST REFERRAL 10
CE9_11   OTHER 91
            REFUSED.. -7
            DON'T KNOW .... -8

CE10

CE10   Thinking of your experiences with receiving health care in the past 12 months for {CHILD NAME   **CE10**
       /AGE/SEX}, have you felt that you were discriminated against for any reason?

          YES 1
          NO... 2 [SKIP TO CE11]
          REFUSED... -7 [SKIP TO CE11]
          DON'T KNOW .... -8 [SKIP TO CE11]

CE10A

CE10A   What do you think was the reason you were discriminated against?   CE10A_A -
                                                                                              CE10A_G

[CODE ALL THAT APPLY. CTRL-P TO EXIT.
PROBE: "Any others?"]

CE10A_1	AGE	1
CE10A_2	RACE OR ETHNIC GROUP	2
CE10A_3	LANGUAGE/ACCENT	3
CE10A_4	HEALTH OR DISABILITY	4
CE10A_5	BODY WEIGHT..	5
CE10A_6	INSURANCE TYPE (MEDI-CAL, OTHER)	6
CE10A_7	INCOME LEVEL...	7
CE10A_8	RELIGION...	8
CE10A_9	SEXUAL ORIENTATION	9
CE10A_10	GENDER/SEX	10
CE10A_11CE10AOS	SOME OTHER REASON (SPECIFY): _____	91
	REFUSED...	-7
	DON'T KNOW	-8

CE11

CE11   Is {CHILD NAME /AGE/SEX} currently on TANF or CalWORKS?   CE11

> **[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."]**

YES 1
NO..2
REFUSED... -7
DON'T KNOW .... -8

CE11A

CE11A   Is {CHILD NAME /AGE/SEX} currently receiving Food Stamps?   CE11A

YES 1
NO..2
REFUSED... -7
DON'T KNOW .... -8

PROGRAMMING NOTE E11C:
IF CAGE > 6, SKIP TO CF1;
ELSE CONTINUE WITH E11C

CE11C

CE11C   Is {CHILD NAME /AGE/SEX} currently on WIC?   CE11C

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

YES 1
NO..2
REFUSED... -7
DON'T KNOW .... -8

Section F

> *On Dec. 20, 2000, the word "traditional" was replaced with "original" in CF1*

CF1

CF1   These next questions are about health insurance {CHILD NAME /AGE/SEX} may have. Is   **CF1**
he/she/he or she} covered by Medi-CAL?

> **[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families,
> pregnant women, and disabled or elderly people."]**

> **[NOTE: INCLUDE HMO OR MANAGED CARE PLANS, AS WELL AS ORIGINAL MEDI-CAL.]**

YES ....1 [SKIP TO CF3]
NO...2
REFUSED .... -7 [SKIP TO CF2]
DON'T KNOW .... -8 [SKIP TO CF2]

PROGRAMMING NOTE CF1A: **BASE.POVERTY**
IF [POVERTY = 1 (<= 100% FPL) OR 2 (> 100% BUT <= 200% FPL) OR 3 (> 200% BUT <= 300% FPL) OR 5
(UNKNOWN)] AND CF1 = 2 (NO), CONTINUE WITH CF1A;
ELSE IF POVERTY = 4 (> 300% FPL), SKIP TO CF3;
ELSE CONTINUE WITH CF1A

CF1A

CF1A   What is the ONE main reason why {CHILD NAME /AGE/SEX} is not enrolled in the Medi-CAL   **CF1A**
program?

PAPERWORK TOO DIFFICULT 1
DIDN'T KNOW IF ELIGIBLE 2
INCOME TOO HIGH, NOT ELIGIBLE 3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS 4
OTHER NOT ELIGIBLE 5
DON'T BELIEVE IN HEALTH INSURANCE 6
DON'T NEED IT BECAUSE HEALTHY 7
ALREADY HAVE INSURANCE 8
DIDN'T KNOW IT EXISTED 9
DON'T LIKE/WANT WELFARE...10
OTHER 91
REFUSED... -7
DON'T KNOW .... -8

CF2

CF2   Is {CHILD NAME /AGE/SEX} covered by the Healthy Families Program?}   **CF2**

> **[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance
> for children up to age 19."]**

YES ....1 [SKIP TO PROGRAMMING
                                                                              NOTE CF3]
NO...2
REFUSED .... -7 [SKIP TO PROGRAMMING
                                                                              NOTE CF3]
DON'T KNOW .... -8 [SKIP TO PROGRAMMING
                                                                              NOTE CF3]

CF2A

CF2A   What is the ONE main reason why {CHILD NAME /AGE/SEX} is not enrolled in the Healthy   **CF2A**
          Families Program?

> PAPERWORK TOO DIFFICULT ….……………………………………1
> DIDN'T KNOW IF ELIGIBLE …..……………………………………2
> INCOME TOO HIGH, NOT ELIGIBLE …..………………………….3
> NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS……….4
> OTHER NOT ELIGIBLE …..………………………………………….5
> DON'T BELIEVE IN HEALTH INSURANCE …..……………………6
> DON'T NEED IT BECAUSE HEALTHY …..………………………….7
> ALREADY HAVE INSURANCE ….…………………………………8
> DIDN'T KNOW IT EXISTED …..……………………………………9
> DON'T LIKE/WANT WELFARE….…………………………………10
> OTHER ….……………………………………………………………91
> REFUSED….………………………………………………………… -7
> DON'T KNOW …..…………………………………………………… -8

PROGRAMMING NOTE CF3:
IF CF1 = 1 (YES) OR CF2 = 1 (YES), SKIP TO PROGRAMMING NOTE CF10;
ELSE CONTINUE WITH CF3

CF3

CF3   Is {CHILD NAME /AGE/SEX} covered by a health insurance plan or HMO through your own or   **CF3**
         someone else's employment or union?

> YES ….……………………………………………………………… 1 [SKIP TO CF5]
> NO….………………………………………………………………… 2
> REFUSED….………………………………………………………… -7
> DON'T KNOW …..…………………………………………………… -8

CF4

CF4   Is {CHILD NAME /AGE/SEX} covered by a health insurance plan that you purchased directly from   **CF4**
          an insurance company or HMO? Do not include a plan that pays only for certain illnesses,
         such as cancer or stroke, or only gives you "extra cash" if you are in a hospital?

> YES ….……………………………………………………………………1
> NO….…………………………………………………………………2 [SKIP TO PROGRAMMING
>   NOTE CF6]
> REFUSED….………………………………………………… -7 [SKIP TO PROGRAMMING
>   NOTE CF6]
> DON'T KNOW …..………………………………………………… -8 [SKIP TO PROGRAMMING
>   NOTE CF6]

> *On. Jan. 8, 2001, the definition of "copay" in question CF5 was changed to read "while someone else pays" instead of "while a health plan pays."*

CF5

CF5 Who pays the monthly premium cost for this health plan, not counting any co-pays or **CF5_A - CF5_F**
deductibles you may have?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any other person or program?"]

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."

"A deductible is the amount you pay for medical care before the health plan starts paying."

"Premium is the monthly charge for the cost of your health insurance plan."]

[IF R SAYS GOVERNMENT, PROBE: "Is this Medi-CAL, Healthy Families, or some other government program, or is it a benefit of being a government employee?"

IF GOVERNMENT IS EMPLOYER, ENTER: "EMPLOYER OR UNION"]

CF5_1   FAMILY IN THIS HOUSEHOLD ……………………………………………1
CF5_2   EMPLOYER OR UNION……………………………………………………2
CF5_3   SOMEONE OUTSIDE HOUSEHOLD……………………………………3
CF5_4   MEDI-CAL (MEDICAID) …………………………………………………4
CF5_5   HEALTHY FAMILIES PROGRAM…………………………………………5
CF5_6   OTHER ……………………………………………………………………91
       REFUSED……………………………………………………………… -7
       DON'T KNOW ………………………………………………………… -8

> *On Dec. 20, 2000, the word "VA" was added to the list of military care types in the question in CF6.*
>
> **PROGRAMMING NOTE CF6:**
> **IF CF1 = 1 OR CF2 = 1 OR CF3 = 1 OR CF4 = 1 (COVERAGE BY MEDI-CAL, HEALTHY FAMILIES, OR HEALTH INSURANCE THROUGH EMPLOYER, UNION, OR DIRECT PURCHASE), SKIP TO PROGRAMMING NOTE CF10; ELSE CONTINUE WITH CF6**

CF6

CF6 Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military **CF6**
health care?

    YES …………………………………………………………………………1 [SKIP TO PROGRAMMING
                            NOTE CF10]

    NO…………………………………………………………………………2
    REFUSED……………………………………………………………… -7
    DON'T KNOW ………………………………………………………… -8

CF7

CF7   Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP",   **CF7**
or something else?

        [IF NEEDED, SAY: "AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP
                   means Major Risk Medical Insurance Program"]

        AIM…………………………………………………………………………1 [SKIP TO PROGRAMMING
                                                NOTE CF10]

        "MISTER MIP"/MRMIP …………………………………………………2 [SKIP TO PROGRAMMING
                                                  NOTE CF10]

        NO OTHER PLAN……………………………………………………… 3

CF7OS   SOMETHING ELSE (SPECIFY): _____ …………… 91[SKIP TO PROGRAMMING
                                                  NOTE CF10]

        REFUSED………………………………………………………… -7
        DON'T KNOW ………………………………………………………… -8

CF8

CF8   Does {he/she/he or she} have any health insurance coverage through a plan that I missed?   **CF8**

        YES …………………………………………………………………… 1
        NO………………………………………………………………… 2 [SKIP TO PROGRAMMING
                                                  NOTE CF10]

        REFUSED………………………………………………………… -7 [SKIP TO PROGRAMMING
                                                  NOTE CF10]

        DON'T KNOW …………………………………………………… -8 [SKIP TO PROGRAMMING
                                                  NOTE CF10]

On Dec. 20, 2000, the word "VA" was added to response category 7 for CF9.

PROGRAMMING NOTE CF9:
**IF "4" SELECTED, DISPLAY "Just to verify, you said that {CHILD NAME /AGE/SEX} gets health insurance
through MEDICARE?"**

CF9

CF9   What type of health insurance does {he/she/he or she} have? Does it come through Medi-CAL,   **CF9_A - CF9_I**
Healthy Families, an employer or union, or from some other source?
                      [CODE ALL THAT APPLY. CTRL-P TO EXIT.]
                           [PROBE: "Any others?"]

CF9_1   THROUGH CURRENT OR FORMER EMPLOYER/UNION ………………1
               THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE
CF9_2   GROUP OR OTHER ORGANIZATION …………………………………2
               PURCHASED DIRECTLY FROM A HEALTH PLAN
CF9_3   (BY R OR ANYONE ELSE) ………………………………………………3
CF9_4   MEDICARE ……………………………………………………………4
CF9_5   MEDI-CAL…………………………………………………………………5
CF9_6   HEALTHY FAMILIES ……………………………………………………6
               CHAMPUS/CHAMP-VA, TRICARE, VA,
CF9_7   OR SOME OTHER MILITARY HEALTH CARE ………………………7
               INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM,
CF9_8   URBAN INDIAN CLINIC …………………………………………………8
CF9_9   OTHER GOVERNMENT HEALTH PLAN …………………………………91
CF9_10   OTHER NON-GOVERNMENT HEALTH PLAN …………………………92
         REFUSED………………………………………………………………… -7
         DON'T KNOW …………………………………………………………… -8

PROGRAMMING NOTE CF10:
IF CF1 = 1 OR CF2 = 1 OR CF3 =1 OR CF4 =1 OR CF6 =1 OR CF7 = [1, 2, 91] OR CF8 = 1 OR CF9 = [1-7, 91, OR
92] (ANY COVERAGE BY MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, UNION, DIRECT PURCHASE, MILITARY,
OTHER GOVERNMENT PROGRAMS OR ANY OTHER TYPE), CONTINUE WITH PROGRAMMING NOTE CF10A;
ELSE SKIP TO CF18

CF10

PROGRAMMING NOTE CF10A:
IF AR IS PARENT OF CHILD AND AR IS INSURED (AI1 = 1 OR AI6 = 1 OR AI7 = 1 OR AI8 = 1 OR AI11 = 1 OR
AI16 = 1 OR AI17 = 1 OR AI19 = [1-7, 91, OR 92]) AND AR = MKA, CONTINUE WITH CF10A AND DISPLAY,
"you";
IF AR IS PARENT OF CHILD AND AR IS INSURED (AI1 = 1 OR AI6 = 1 OR AI7 =1 OR AI8 = 1 OR AI11 =1 OR
AI16 = 1 OR AI17 = 1 OR AI19 = [1-7, 91, OR 92]) AND AR <> MKA, CONTINUE WITH CF10A AND DISPLAY,
"ADULT RESPONDENT NAME";
ELSE SKIP TO CF11

CF10A

CF10A   Does {CHILD NAME /AGE/SEX} have the same insurance as {you/ADULT RESPONDENT   **CF10A**
         NAME}?

                  YES .... 1 [SKIP TO CF14]
                  NO.. 2
                  REFUSED... -7
                  DON'T KNOW .... -8

CF11

CF11   Thinking of {CHILD NAME /AGE/SEX}'s main health plan, did you have to sign {him/her/him or   **CF11**
         her} up with a primary care doctor, a group of doctors, or a clinic that you must take {him/her/him
         or her} to for routine care?

                  YES 1
                  NO..2
                  REFUSED... -7
                  DON'T KNOW .... -8

CF12

CF12   In this plan, do you have to get approval or a referral for {CHILD NAME /AGE/SEX} to see a   **CF12**
         specialist such as a skin doctor?

                  YES 1
                  NO..2
                  REFUSED... -7
                  DON'T KNOW .... -8

CF13

CF13   Will this plan pay for any of the costs of visits to doctors who are NOT part of the plan, excluding   **CF13**
         emergencies and referrals?

                  YES 1
                  NO..2
                  REFUSED... -7
                  DON'T KNOW .... -8

CF14

CF14   Is {CHILD NAME /AGE/SEX} covered for prescription drugs?   **CF14**

        YES 1
        NO...2
        REFUSED ....-7
        DON'T KNOW ....-8

CF15

CF15   Is {he/she/he or she} covered for eye exams?   **CF15**

        YES 1
        NO...2
        REFUSED ....-7
        DON'T KNOW ....-8

CF16

CF16   Is {he/she/he or she} covered for glasses?   **CF16**

        YES ....1 [SKIP TO PROGRAMMING NOTE CF24]

        NO...2 [SKIP TO PROGRAMMING NOTE CF24]

        REFUSED ....-7 [SKIP TO PROGRAMMING NOTE CF24]

        DON'T KNOW ....-8 [SKIP TO PROGRAMMING NOTE CF24]

CF18

CF18   What is the ONE MAIN reason {CHILD NAME /AGE/SEX} does not have any health insurance?   **CF18**

        CHANGED EMPLOYER/LOST JOB 1
        EMPLOYER DOES NOT OFFER 2
        NOT ELIGIBLE DUE TO WORKING STATUS 3
        NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS................ 4
        NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS.......... 5
        CAN'T AFFORD/TOO EXPENSIVE.. 6
        FAMILY SITUATION CHANGED 7
        LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.)................ 8
        DON'T BELIEVE IN INSURANCE.. 9
        HEALTHY -- NO NEED.. 10
        PAYS FOR OWN CARE -- NO NEED 11
        GETS HEALTH CARE FREE -- NO NEED 12
        HAD INSURANCE ALL 12 MONTHS, JUST NOW LOST........................13
        DENIED COVERAGE, NOT SPECIFIED/DOESN'T QUALIFY 14
        NOT SPECIFIED
        DO HAVE COVERAGE, BUT DON'T KNOW TYPE 15
        SWITCHED INSURANCE COMPANIES, DELAY BETWEEN.............. 16
        DIDN'T LIKE INSURANCE OFFERED/DIDN'T WANT IT.................... 17
CF18OS   OTHER (SPECIFY) _____ 91
        REFUSED.. -7
        DON'T KNOW .... -8

CF20

CF20   Was {CHILD NAME /AGE/SEX} covered by health insurance at any time during the past 12 months?   **CF20**

        YES .... 1 [SKIP TO CF22]
        NO... 2
        REFUSED... -7
        DON'T KNOW .... -8

CF21

CF21   How long has it been since {CHILD NAME /AGE/SEX} last had health insurance?   **CF21**

MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO……1 [SKIP TO CG1]
MORE THAN 3 YEARS AGO……………………………………2 [SKIP TO CG1]
NEVER HAD HEALTH INSURANCE COVERAGE ………………………3 [SKIP TO CG1]
REFUSED…………………………………………………………… -7 [SKIP TO CG1]
DON'T KNOW/NOT SURE……………………………………… -8 [SKIP TO CG1]

CF22

CF22   For how many of the last 12 months did {he/she/he or she} have health insurance?   **CF22**

[NOTE: IF LESS THAN ONE MONTH, ENTER 1]

_____ MONTHS   [HR: 0-12]
REFUSED…………………………………………………………… -7
DON'T KNOW …………………………………………………… -8

On Dec. 20, 2000, the phrase "some other type of coverage" was replaced with "some other plan" in CF23.

CF23

CF23   During those months when {CHILD NAME /AGE/SEX} had health insurance, was {his/her/his or   **CF23_A - CF23_D**
her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some
other plan?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any others?"]

CF23_1   MEDI-CAL………………………………………………………… 1 [SKIP TO CG1]
CF23_2   HEALTHY FAMILIES …………………………………………… 2 [SKIP TO CG1]
CF23_3   THROUGH CURRENT OR FORMER EMPLOYER/UNION …………… 3 [SKIP TO CG1]
CF23_4   OTHER HEALTH PLAN ………………………………………… 91   [SKIP TO CG1]
REFUSED…………………………………………………………… -7   [SKIP TO CG1]
DON'T KNOW …………………………………………………… -8   [SKIP TO CG1]

PROGRAMMING NOTE CF24:
IF CF1 = 1 OR CF2 = 1 OR CF3 =1 OR CF4 =1 OR CF6 =1 OR CF7 = [1, 2, 91] OR CF8 = 1 (ANY COVERAGE BY MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, UNION, DIRECT PURCHASE, MILITARY, OTHER GOVERNMENT PROGRAMS OR ANY OTHER TYPE), CONTINUE WITH CF24;
ELSE SKIP TO CG1

CF24

CF24   Thinking about {his/her/his or her} current health insurance, did {CHILD NAME /AGE/SEX} have   **CF24**
this same insurance for ALL of the past 12 months?

YES ……………………………………………………………… 1 [SKIP TO CG1]
NO………………………………………………………………… 2
REFUSED…………………………………………………………… -7
DON'T KNOW …………………………………………………… -8

CF25

CF25   When {he/she/he or she} wasn't covered by {his/her/his or her} current health insurance, did   **CF25**
{he/she/he or she} have any other health insurance?

YES ……………………………………………………………… 1
NO………………………………………………………………… 2 [SKIP TO CF28]
REFUSED…………………………………………………………… -7 [SKIP TO CF28]
DON'T KNOW …………………………………………………… -8 [SKIP TO CF28]

CF26

CF26   Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?   **CF26_A - CF26_D**

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any others?"]

CF26_1	MEDI-CAL	1
CF26_2	HEALTHY FAMILIES	2
CF26_3	THROUGH CURRENT OR FORMER EMPLOYER/UNION	3
CF26_4	OTHER HEALTH PLAN	91
	REFUSED	-7
	DON'T KNOW	-8

CF27

CF27   During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?   **CF27**

YES 1
NO... 2 [SKIP TO CG1]
REFUSED .... -7   [SKIP TO CG1]
DON'T KNOW .... -8   [SKIP TO CG1]

CF28

CF28   For how many of the past 12 months did {he/she/he or she} have no health insurance?   **CF28**

_____ MONTHS   [IF < 1 MONTH, ENTER "1"]   [HR: 1-12]
REFUSED .... -7
DON'T KNOW .... -8

CF29

CF29   What is the ONE MAIN reason {CHILD NAME /AGE/SEX} did not have any health insurance during the time {he/she/he or she} wasn't covered?   **CF29**

[IF R SAYS, "No need," PROBE WHY]

CHANGED EMPLOYER/LOST JOB 1
EMPLOYER DID NOT OFFER 2
NOT ELIGIBLE DUE TO WORKING STATUS 3
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS............... 4
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS.......... 5
COULDN'T AFFORD/TOO EXPENSIVE 6
FAMILY SITUATION CHANGED 7
LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.)............... 8
DIDN'T BELIEVE IN INSURANCE 9
HEALTHY -- NO NEED 10
PAID FOR OWN CARE -- NO NEED 11
GOT HEALTH CARE FREE -- NO NEED 12
HAD INSURANCE ALL 12 MONTHS, JUST NOW LOST 13
DENIED COVERAGE, NOT SPECIFIED/DOESN'T QUALIFY 14
NOT SPECIFIED
DO HAVE COVERAGE, BUT DON'T KNOW TYPE 15
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN.............. 16
DIDN'T LIKE INSURANCE OFFERED/DIDN'T WANT IT 17

CF29OS   OTHER (SPECIFY) _____ 91
REFUSED .... -7
DON'T KNOW .... -8

Section G

PROGRAMMING NOTE CG1:
IF CAGE < 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

CG1

CG1   These next questions are about childcare. By childcare, we mean any kind of arrangement   **CG1**
where someone other than the parents, legal guardian, or step parents takes care of {CHILD
NAME /AGE/SEX} for 10 or more hours per week on a regular basis. {This includes preschool
and nursery school, but not kindergarten.}

Do you currently have any kind of regular childcare arrangements for {CHILD NAME /AGE/SEX}?

          YES 1
          NO.. 2 [SKIP TO CG5]
          REFUSED... -7 [SKIP TO CG5]
          DON'T KNOW .... -8 [SKIP TO CG5]

CG2

CG2   Altogether, how many hours is {CHILD NAME /AGE/SEX} in childcare during a typical week?   **CG2**
Include all combinations of care arrangements.

          _____ HOURS   [HR: 1-168; SR: 1-60]
          REFUSED... -7 [SKIP TO CG5]
          DON'T KNOW .... -8 [SKIP TO CG5]

PROGRAMMING NOTE CG3A:
IF CG2 < 10 (HOURS IN CHILDCARE), SKIP TO CG5;
ELSE CONTINUE WITH CG3A

CG3A

CG3A   Does {CHILD NAME /AGE/SEX} receive childcare from a grandparent or other family member   **CG3A**
during a typical week?

          YES 1
          NO..2
          REFUSED.. -7
          DON'T KNOW .... -8

CG3B

CG3B   (Does {CHILD NAME /AGE/SEX} receive childcare) ... from a Head Start or state preschool   **CG3B**
program (during a typical week)?

          YES 1
          NO..2
          REFUSED.. -7
          DON'T KNOW .... -8

CG3C

CG3C   (Does {CHILD NAME /AGE/SEX} receive childcare) ... from some other preschool or nursery   **CG3C**
school (during a typical week)?

          YES 1
          NO..2
          REFUSED.. -7
          DON'T KNOW .... -8

CG3D

CG3D   (Does {CHILD NAME /AGE/SEX} receive childcare) ... from a childcare center that is not in someone's home (during a typical week)?   **CG3D**

        YES 1
        NO...2
        REFUSED... -7
        DON'T KNOW .... -8

CG3E

CG3E   (Does {CHILD NAME /AGE/SEX} receive childcare) ... from a non-family member who cares for {CHILD NAME /AGE/SEX} in your home (during a typical week)?   **CG3E**

        YES 1
        NO...2
        REFUSED... -7
        DON'T KNOW .... -8

CG3F

CG3F   (Does {CHILD NAME /AGE/SEX} receive childcare) ... from a non-family member who cares for {CHILD NAME /AGE/SEX} in his or her home (during a typical week)?   **CG3F**

        YES 1
        NO...2
        REFUSED... -7
        DON'T KNOW .... -8

PROGRAMMING NOTE CG3G:
IF CG3A = 1 OR CG3E = 1, SKIP TO CG4;
ELSE IF CG3B <> 1 AND CG3C <> 1 AND CG3D <> 1 AND CG3F <> 1, SKIP TO CG4;
ELSE IF ONLY ONE OF CG3B, CG3C, CG3D, OR CG3F = 1, CONTINUE WITH CG3G AND DISPLAY "Is this" AND "provider";
ELSE CONTINUE WITH CG3G AND DISPLAY "Are all of these" AND "providers"

CG3G

CG3G   {Is this/Are all of these} child care provider{s} licensed by the state of California?   **CG3G**

        YES (ALL LICENSED)..1
        NO (NONE LICENSED) 2
        SOME LICENSED AND SOME NOT 3
        REFUSED... -7
        DON'T KNOW .... -8

CG4

CG4   Overall, how satisfied are you with these childcare arrangements? Would you say very satisfied, somewhat satisfied, or are you not satisfied at all?   **CG4**

        VERY SATISFIED...1
        SOMEWHAT SATISFIED 2
        NOT AT ALL SATISFIED..3
        REFUSED... -7
        DON'T KNOW .... -8

CG5

CG5   In the past 12 months, was there a time when you could not find childcare for {CHILD NAME   **CG5**
/AGE/SEX} for a week or longer when you needed it?

YES 1
NO.. 2 [SKIP TO PROGRAMMING
NOTE CG7]
REFUSED.. -7 [SKIP TO PROGRAMMING
NOTE CG7]
DON'T KNOW .... -8 [SKIP TO PROGRAMMING
NOTE CG7]

CG6

CG6   What is the main reason you were unable to find childcare for {CHILD NAME /AGE/SEX} at that   **CG6**
time?

COULDN'T AFFORD ANY CHILD CARE 1
COULDN'T FIND A PROVIDER WITH A SPACE 2
THE HOURS AND LOCATION DIDN'T FIT MY NEEDS 3
COULDN'T AFFORD THE QUALITY OF CHILDCARE I WANTED 4
COULDN'T FIND THE QUALITY OF CHILDCARE I WANTED 5
OTHER REASON 6
REFUSED...-7
DON'T KNOW ....-8

PROGRAMMING NOTE CG7:
IF CAGE <= 3, SKIP TO CG12;
ELSE CONTINUE WITH CG7

CG7

CG7   Sometimes it is difficult to make arrangements to look after children all the time.   **CG7**

Does {CHILD NAME /AGE/SEX} take care of {himself / herself} for more than one-half hour on a
regular basis?

YES 1
NO..2
REFUSED.. -7
DON'T KNOW .... -8

On Dec. 22, 2000, "ENTER 1" was changed to "ENTER 94" and a response category was added to CG8.

CG8

CG8   Thinking about {CHILD NAME /AGE/SEX}'s free time on MONDAY THROUGH FRIDAY, on a   **CG8**
typical day, about how many hours does {he/she/he or she} usually watch TV or play video
games (such as Playstation)?

[IF > 0, BUT < 1, ENTER "94"]

_____ HOURS   [HR: 0-20, 93, 94; SR: 0-10, 93, 94]   1
DOESN'T HAVE TV.. 93
MORE THAN ZERO, LESS THAN 1 HOUR 94
REFUSED.. -7
DON'T KNOW .... -8

On Dec. 22, 2000, "ENTER 1" was changed to "ENTER 94" and a response category was added to CG9.

CG9

CG9   And about how many hours on MONDAY THROUGH FRIDAY does {CHILD NAME /AGE/SEX}, on **CG9**
a typical day, use a computer for fun, not schoolwork?

[IF > 0, BUT < 1, ENTER "94"]

_____ HOURS   [HR: 0-20, 93, 94; SR: 0-10, 93, 94]   1
DOESN'T HAVE ACCESS TO A PC**………………………………………**93
MORE THAN ZERO, LESS THAN 1 HOUR **……………………………**94
REFUSED**………………………………………………………** -7
DON'T KNOW **……………………………………………………** -8

On Dec. 22, 2000, "ENTER 1" was changed to "ENTER 94" and a response category was added to CG10.

PROGRAMMING NOTE CG10:
IF CG8 = 93, SKIP TO PROGRAMMING NOTE CG11;
ELSE CONTINUE WITH CG10

CG10

CG10   Now, thinking about SATURDAY AND SUNDAY weekend days, on a typical weekend day, about **CG10**
how many hours does {CHILD NAME /AGE/SEX} usually watch TV or play video games (such
as Playstation)?

[IF > 1 HOUR, VERIFY: "That's {xx} hours PER DAY?"]

[IF > 0, BUT < 1, ENTER "94"]

_____ HOURS   [HR: 0-20, 94; SR: 0-10, 94]   1
MORE THAN ZERO, LESS THAN 1 HOUR **……………………………**94
REFUSED**………………………………………………………** -7
DON'T KNOW **……………………………………………………** -8

---

(1) On Dec. 20, 2000, the question text was changed from "And still thinking about SATURDAY AND
SUNDAY, on a typical weekend day, about how many hours… to "About how many hours on a typical
SATURDAY OR SUNDAY…"; (2) On Dec. 22, 2000, "ENTER 1" was changed to "ENTER 94" and a response
category was added.

PROGRAMMING NOTE CG11:
IF CG9 = 93 (DOESN'T HAVE ACCESS TO A PC), SKIP TO CG12;
ELSE CONTINUE WITH CG11

CG11

CG11   About how many hours on a typical SATURDAY OR SUNDAY does {CHILD NAME /AGE/SEX} **CG11**
use a computer for fun, not schoolwork?

[IF > 1 HOUR, VERIFY: "That's {xx} hours PER DAY?"]

[IF > 0, BUT < 1, ENTER "94"]

_____ HOURS   [HR: 0-20, 94; SR: 0-10, 94]   1
MORE THAN ZERO, LESS THAN 1 HOUR **……………………………**94
REFUSED**………………………………………………………** -7
DON'T KNOW **……………………………………………………** -8

CG12

CG12   About how often does (your/CHILD NAME/AGE/SEX's) family get together with friends or   **CG12**
relatives?

ONCE A YEAR OR LESS……………………………………………………1
A FEW TIMES A YEAR………………………………………………………2
ABOUT ONCE A MONTH……………………………………………………3
TWO OR THREE TIMES A MONTH, OR …………………………………4
ABOUT ONCE A WEEK OR MORE ………………………………………5
REFUSED……………………………………………………………………… -7
DON'T KNOW ………………………………………………………………… -8

PROGRAMMING NOTE CG13:   **CG13SUB**
IF MKA IS CHILD'S ONLY PARENT IN THE HH (SC17 = [1 OR 2] AND MKA IS ADULT R AND SC14B <> 1),
DISPLAY "Do you";
ELSE IF MKA IS CHILD'S MOTHER (SC17 = 1) AND THE FATHER IS IN THE HH (SC14B = 1 OR SC15D = 1),
DISPLAY "Do you or {his/her/his or her} father";
ELSE IF MKA IS CHILD'S FATHER (SC17 = 2) AND THE MOTHER IS IN THE HH (SC14B = 1 OR SC15D = 1),
DISPLAY "Do you or {his/her/his or her} mother";
ELSE IF MKA IS NOT CHILD'S PARENT (SC17 <> [1 OR 2] AND THE MOTHER ONLY (ADULT R IS FEMALE AND
 SC14B <> 1) OR FATHER ONLY (ADULT R IS MALE AND SC14B <> 1) OR BOTH (SC14B = 1 OR SC15D = 1)
IS IN THE HH, DISPLAY "Does {his/her/his or her} {mother/father/mother or father};
ELSE IF MKA IS ONLY ADULT IN HH AND CHILD DOES NOT HAVE A TEEN MOTHER (SC15B <> 1), DISPLAY
"Do you";
ELSE DISPLAY "Do you or anyone else in the household"

THE CONDITION CATEGORIES IN THIS NOTE ARE SET IN A DERIVED VARIABLE NAMED CG13SUB SO THAT
ANALYSTS WILL HAVE A NEASIER WAY OF SEEING WHAT DISPLAYS WERE ACTUALLY USED. THE
VALUES OF CG12SUB ARE:

1 = MKA IS SOLE PARENT IN HH
2 = MKA IS MOTHER & FATHER IN HH
3 = MKA IS FATHER & MOTHER IN HH
4 = MKA NOT PARENT & MOTHER ONLY IN HH
5 = MKA NOT PARENT & FATHER ONLY IN HH
6 = MKA NOT PARENT & MOTHER & FATHER IN HH
7 = MKA NOT PARENT/SOLE ADULT & NO TEEN MOM
8 = MKA NOT PARENT & TEEN MOM BUT NO DAD
9 = MKA/CHILD RELATION NOT KNOWN, NO PARENT

CG13

CG13   About how many times IN A TYPICAL WEEK {do you (or ({his/her/his or her}   **CG13**
{mother/father})/anyone else in the household)/does {his/her/his or her} {mother/father/mother
or father} read a book or story to {CHILD NAME /AGE/SEX}?

_____ TIMES   [HR: 0-20]
REFUSED……………………………………………………………………… -7
DON'T KNOW ………………………………………………………………… -8

Section H

On Dec. 20, 2000, an introductory sentence was added to CH1.

CH1

CH1   So we can be sure we have included children of all races and ethnic groups in California, I need   **CH1**
to ask a final few questions about {CHILD NAME /AGE/SEX}'s background."

Is {CHILD NAME /AGE/SEX} of Latino or Hispanic origin?

```
YES ..................................................................................... 1
NO......................................................................................... 2  [SKIP TO CH3]
REFUSED............................................................................. -7 [SKIP TO CH3]
DON'T KNOW ...................................................................... -8 [SKIP TO CH3]
```

CH2

CH2   And what is {his/her/his or her} Latino or Hispanic ancestry or origin? – such as Mexican,   **CH2_A - CH2_M**
Chicano, Salvadoran – and if {he/she/he or she} has more than one, tell me all of them.

[CODE ALL THAT APPLY. CTRL-P TO EXIT]

[IF NEEDED, GIVE MORE EXAMPLES.]

CH2_1	MEXICAN/MEXICANO	1
CH2_2	MEXICAN AMERICAN	2
CH2_3	CHICANO	3
CH2_4	SALVADORAN	4
CH2_5	GUATEMALAN	5
CH2_6	COSTA RICAN	6
CH2_7	HONDURAN	7
CH2_8	NICARAGUAN..	8
CH2_9	PANAMANIAN..	9
CH2_10	PUERTO RICAN	10
CH2_11	CUBAN	11
CH2_12	SPANISH-AMERICAN (FROM SPAIN)............................	12
CH2_13 CH2OS	OTHER LATINO (SPECIFY): _____	91
	REFUSED...	-7
	DON'T KNOW	-8

PROGRAMMING NOTE CH3:
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR CH3, CONTINUE WITH PROGRAMMING
NOTE CH4;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

CH3

CH3   Also, please tell me which one OR MORE of the following you would use to describe {CHILD   **CH3_A - CH3_G**
        NAME /AGE/SEX}: Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native,
        Asian, Black, African American, or White?

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

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

CH3_1	NATIVE HAWAIIAN ……………………………………………………1	[SKIP TO CH8 IF ONLY ONE RACE]
CH3_2	OTHER PACIFIC ISLANDER……………………………………………2	[SKIP TO CH7A IF ONLY ONE RACE]
CH3_3	AMERICAN INDIAN OR ALASKA NATIVE ………………………………3	[SKIP TO CH 4 IF ONLY ONE RACE]
CH3_4	ASIAN, …………………………………………………………………4	[SKIP TO CH7]
CH3_5	BLACK OR AFRICAN AMERICAN…………………………………………5	[SKIP TO CH8 IF ONLY ONE RACE]
CH3_6	WHITE …………………………………………………………………6	[SKIP TO CH8 IF ONLY ONE RACE]
CH3_7 CH3OS	OTHER (SPECIFY):_____ ……………91	[SKIP TO CH8 IF ONLY ONE RACE]
	REFUSED…………………………………………………………… -7	[SKIP TO CH8]
	DON'T KNOW …………………………………………………… -8	[SKIP TO CH8]

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*On Dec. 20, 2000, CH4 was changed from a "single answer" to a "mark all" question and the
introductory phrase was added.*

PROGRAMMING NOTE CH4:
IF CH3 = 3 (AMERICAN INDIAN OR ALASKA NATIVE) AND [1 (NATIVE HAWAIIAN) OR 2 (OTHER PACIFIC
ISLANDER) OR 4 (ASIAN) OR 5 (BLACK OR AFRICAN AMERICAN) OR 6 (WHITE) OR 91 (OTHER (Specify))],
CONTINUE WITH CH4;
ELSE SKIP TO PROGRAMMING NOTE CH7

CH4

CH4   You said American Indian or Alaska Native, and what is {CHILD NAME /AGE/SEX}'s tribal   **CH4_A - CH4_L**
        heritage? If {he/she/he or she} has more than one tribe, tell me all of them.

CH4_1	APACHE………………………………………………………………… 1
CH4_2	BLACKFEET …………………………………………………………… 2
CH4_3	CHEROKEE……………………………………………………………… 3
CH4_4	CHICKASAW …………………………………………………………… 4
CH4_5	CHOCTAW……………………………………………………………… 5
CH4_6	CROW …………………………………………………………………… 6
CH4_7	HOPI …………………………………………………………………… 7
CH4_8	KIOWA…………………………………………………………………… 8
CH4_9	LAKOTA/NAKOTA/DAKOTA/SIOUX …………………………………… 9
CH4_10	NAVAJO………………………………………………………………… 10
CH4_11	OJIBWE/ANISHINABE/CHIPPEWA ……………………………………… 11
CH4_12 CH4OS	OTHER TRIBE [Ask for spelling] (SPECIFY): _____ …… 91
	REFUSED……………………………………………………………… -7
	DON'T KNOW ………………………………………………………… -8

CH5

CH5 Is {CHILD NAME /AGE/SEX} an enrolled member in a federally or state recognized tribe? **CH5**

     YES 1

     NO... 2 [SKIP TO PROGRAMMING
                                    NOTE CH6A]

     REFUSED .... -7 [SKIP TO PROGRAMMING
                                    NOTE CH6A]

     DON'T KNOW .... -8 [SKIP TO PROGRAMMING
                                    NOTE CH6A]

CH6

CH6 In which Tribe is {CHILD NAME /AGE/SEX} enrolled? **CH6**

   APACHE
     JICARILLA APACHE, NM 1
     MESCALERO APACHE, NM 2
     SAN CARLOS APACHE TRIBE, AZ 3
   CHEROKEE
     CHEROKEE NATION, OK 4
     EASTERN BAND OF CHEROKEE, NC 5
   SIOUX
     CHEYENNE RIVER SIOUX, SD 6
     CROW CREEK SIOUX, SD..7
     OGLALA/PINE RIDGE SIOUX, SD 8
     ROSEBUD SIOUX TRIBE, SD 9
     SISSETON-WAHPETON SIOUX TRIBE, LAKE TRAVERSE, SD 10
     STANDING ROCK SIOUX TRIBE OF ND & SD 11
   BLACKFEET
     BLACKFEET, MT... 12
   CHICKASAW
     CHICKASAW NATION, OK 13
   CHOCTAW
     CHOCTAW NATION, OK 14
   CROW
     CROW TRIBE, MT 15
   HOPI
     HOPI TRIBE, AZ 16
   KIOWA
     KIOWA TRIBE, OK... 17
   CHIPPEWA
     MCT/MINNESOTA CHIPPEWA TRIBE 18
     TURTLE MOUNTAIN BAND OF CHIPPEWA, ND 19
   NAVAJO
     NAVAJO NATION, AZ, NM, & UT 20
   OTHER
CH6OS   OTHER (SPECIFY): _____ 91
     REFUSED .... -7
     DON'T KNOW .... -8

PROGRAMMING NOTE CH6A:
IF (CF7 > 1 AND CF8 > 1) OR (CF7 > 1 AND CF8 = 1 AND CF9_8 <> 8), CONTINUE WITH CH6A;
ELSE SKIP TO PROGRAMMING NOTE CH7

CH6A

CH6A   Does {CHILD NAME /AGE/SEX} get any health care services through the Indian Health Service,   **CH6A**
a Tribal Health Program, or an Urban Indian clinic?

```
            YES ...........................................................................1
            NO................................................................................2
            REFUSED....................................................................-7
            DON'T KNOW ...........................................................-8
```

PROGRAMMING NOTE CH7:
IF CH3 = 4 (ASIAN) AND [1 (NATIVE HAWAIIAN) OR 2 (OTHER PACIFIC ISLANDER) OR 3 (AMERICAN INDIAN
OR ALASKA NATIVE) OR 5 (BLACK OR AFRICAN AMERICAN) OR 6 (WHITE) OR 91 (OTHER (Specify))],
CONTINUE WITH CH7;
ELSE SKIP TO PROGRAMMING NOTE CH7A

CH7

CH7   You said Asian, and what specific ethnic group is {he/she/he or she}, such as Chinese, Filipino,   **CH7_A - CH7_R**
Vietnamese? If {he/she/he or she} is more than one, tell me all of them.

[CODE ALL THAT APPLY. CTRL-P TO EXIT]

CH7_1	BANGLADESHI 1	
CH7_2	BURMESE 2	
CH7_3	CAMBODIAN 3	
CH7_4	CHINESE... 4	
CH7_5	FILIPINO 5	
CH7_6	HMONG 6	
CH7_7	INDIAN (INDIA).. 7	
CH7_8	INDONESIAN 8	
CH7_9	JAPANESE... 9	
CH7_10	KOREAN 10	
CH7_11	LAOTIAN 11	
CH7_12	MALAYSIAN 12	
CH7_13	PAKISTANI.. 13	
CH7_14	SRI LANKAN... 14	
CH7_15	TAIWANESE 15	
CH7_16	THAI 16	
CH7_17	VIETNAMESE 17	
CH7_18 CH7OS	OTHER ASIAN (SPECIFY): _____............................ 91	
	REFUSED... -7	
	DON'T KNOW .... -8	

PROGRAMMING NOTE CH7A:
IF CH3 = 2 (PACIFIC ISLANDER) AND [1 (NATIVE HAWAIIAN) OR 3 (AMERICAN INDIAN OR ALASKA NATIVE)
OR 4 (ASIAN) OR 5 (BLACK OR AFRICAN AMERICAN) OR 6 (WHITE) OR 91 (OTHER (Specify))], CONTINUE
WITH CH7A;
ELSE SKIP TO CH8

CH7A

CH7A   You said Other Pacific Islander. What specific ethnic group is {he/she/he or she}, such as   **CH7A_A - CH7A_E**
        Samoan, Tongan, or Guamanian? If {he/she/he or she} is more than one, tell me all of them.

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

CH7A_1	SAMOAN/AMERICAN SAMOAN………………………………………	1
CH7A_2	GUAMANIAN ……………………………………………………………	2
CH7A_3	TONGAN …………………………………………………………………	3
CH7A_4	FIJIAN ……………………………………………………………………	4
CH7A_5 CH7AOS	OTHER PACIFIC ISLANDER (SPECIFY): _____ ……	91
	REFUSED……………………………………………………………………	-7
	DON'T KNOW ……………………………………………………………	-8

CH8

CH8   In what country was {CHILD NAME /AGE/SEX} born?   **CH8**

UNITED STATES ………………………………………………………	1
AMERICAN SAMOA ……………………………………………………	2
CAMBODIA ……………………………………………………………	3
CANADA ………………………………………………………………	4
CHINA …………………………………………………………………	5
CUBA …………………………………………………………………	6
EL SALVADOR ………………………………………………………	7
ENGLAND………………………………………………………………	8
GERMANY ……………………………………………………………	9
GUAM…………………………………………………………………	10
GUATEMALA …………………………………………………………	11
HONG KONG …………………………………………………………	12
INDIA …………………………………………………………………	13
IRAN …………………………………………………………………	14
JAPAN …………………………………………………………………	15
KOREA …………………………………………………………………	16
MEXICO ………………………………………………………………	17
NICARAGUA……………………………………………………………	18
PAKISTAN ……………………………………………………………	19
PERU …………………………………………………………………	20
PHILIPPINES …………………………………………………………	21
RUSSIA………………………………………………………………	22
TAIWAN ………………………………………………………………	23
VIETNAM………………………………………………………………	24
VIRGIN ISLANDS ……………………………………………………	25

CH8OS	OTHER (SPECIFY):_____ …………………………	91
	REFUSED………………………………………………………………	-7
	DON'T KNOW ……………………………………………………………	-8

> **PROGRAMMING NOTE CH8A:**
> **IF CH8 = 1, 2, 10, OR 25 (UNITED STATES OR ITS TERRITORIES), SKIP TO CH11;**
> **ELSE CONTINUE WITH CH8A**

CH8A

CH8A   Is {CHILD NAME /AGE/SEX} a citizen of the United States?   **CH8A**

        YES .... 1 [SKIP TO CH10]
        NO... 2
        APPLICATION PENDING 3
        REFUSED.. -7
        DON'T KNOW .... -8

CH9

CH9   Is {CHILD NAME /AGE/SEX} a permanent resident with a green card?   **CH9**

        YES 1
        NO...2
        APPLICATION PENDING 3
        REFUSED.. -7
        DON'T KNOW .... -8

CH10

CH10   About how many years has {CHILD NAME /AGE/SEX} lived in the United States?   **CH10 CH10YR**
        CH10FMT

        _____(NUMBER OF YEARS)   [IF < 1 YEAR, ENTER "1"]
                             [HR: 0-11]
      OR
        _____YEAR (FIRST CAME TO LIVE IN U.S.)
                             [HR: 1988-2000]
        REFUSED.. -7
        DON'T KNOW .... -8

CH11

CH11   In what country {were you/was his mother/was her mother} born?   **CH11**

UNITED STATES	1
AMERICAN SAMOA	2
CAMBODIA	3
CANADA	4
CHINA	5
CUBA	6
EL SALVADOR	7
ENGLAND	8
GERMANY	9
GUAM	10
GUATEMALA	11
HONG KONG	12
INDIA	13
IRAN	14
JAPAN	15
KOREA	16
MEXICO	17
NICARAGUA	18
PAKISTAN	19
PERU	20
PHILIPPINES	21
RUSSIA	22
TAIWAN	23
VIETNAM	24
VIRGIN ISLANDS	25

CH11OS   OTHER (SPECIFY):_____ 91

REFUSED .... -7

DON'T KNOW .... -8

PROGRAMMING NOTE CH11A:
IF CH11 = 1, 2, 10 OR 25 (UNITED STATES OR ITS TERRITORIES), SKIP TO CH14;
ELSE IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS PARENT)
 AND AA3 FOR ADULT R = 2 (FEMALE), THEN CH11A = AH39 AND CH12 = AH40 AND SKIP TO
PROGRAMMING NOTE CH13;
ELSE IF MKA <> ADULT R AND MKA IS MOTHER OF CHILD, CONTINUE WITH CH11A AND CH12 (IF
APPLICABLE) AND DISPLAY "Are you" IN BOTH QUESTIONS;
ELSE, CONTINUE WITH CH11A AND CH12 (IF APPLICABLE) AND DISPLAY "Is {his/her/his or her} mother" IN
 BOTH QUESTIONS

CH11A

CH11A   {Are you/Is {his/her/his or her} mother} a citizen of the United States?   **CH11A**

YES ……………………………………………………………………1 [SKIP TO PROGRAMMING
NOTE CH13]

NO…………………………………………………………………2
APPLICATION PENDING ……………………………………………3
REFUSED……………………………………………………………-7
DON'T KNOW …………………………………………………… -8

CH12

CH12   {Are you/Is {his/her/his or her} mother} a permanent resident with a green card?   **CH12**

YES ……………………………………………………………………1
NO…………………………………………………………………2
APPLICATION PENDING ……………………………………………3
REFUSED……………………………………………………………-7
DON'T KNOW …………………………………………………… -8

PROGRAMMING NOTE CH13:
IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS PARENT) AND
AA3 FOR ADULT R = 2 (FEMALE), THEN CH13 = AH41 AND SKIP TO PROGRAMMING NOTE CH14;
ELSE IF MKA <> ADULT R AND MKA IS MOTHER OF CHILD, CONTINUE WITH CH13 AND DISPLAY "have you";

ELSE, CONTINUE WITH CH13 AND DISPLAY "has his mother/has her mother"

CH13

CH13   About how many years {have you/has his mother/has her mother} lived in the United States?   **CH13 CH13YR**
                                                                                                CH13FMT

_____ NUMBER OF YEARS   [IF < 1 YEAR, ENTER "1"]
   OR
_____ YEAR TO FIRST COME AND LIVE IN U.S.
MOTHER/FATHER DECEASED..3
REFUSED……………………………………………………………… -7
DON'T KNOW …………………………………………………………… -8

PROGRAMMING NOTE CH14:
IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS PARENT) AND
AA3 FOR ADULT R = 1 (MALE), THEN CH14 = AH33 AND SKIP TO PROGRAMMING NOTE CH14A;
ELSE IF MKA <> ADULT R AND MKA IS FATHER OF CHILD, CONTINUE WITH CH14 AND DISPLAY "were you";

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

CH14

CH14   In what country {were you/was his father/was her father} born?   **CH14**

UNITED STATES	1
AMERICAN SAMOA	2
CAMBODIA	3
CANADA	4
CHINA	5
CUBA	6
EL SALVADOR	7
ENGLAND	8
GERMANY	9
GUAM	10
GUATEMALA	11
HONG KONG	12
INDIA	13
IRAN	14
JAPAN	15
KOREA	16
MEXICO	17
NICARAGUA	18
PAKISTAN	19
PERU	20
PHILIPPINES	21
RUSSIA	22
TAIWAN	23
VIETNAM	24
VIRGIN ISLANDS	25

CH14OS   OTHER (SPECIFY):_____ 91
REFUSED .... -7
DON'T KNOW .... -8

Section H

PROGRAMMING NOTE CH14A:
IF CH14 = 1, 2, 10, OR 25 (UNITED STATES OR ITS TERRITORIES), SKIP TO CH17;
ELSE IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS PARENT)
 AND AA3 FOR ADULT R = 1 (MALE), THEN CH14A = AH39 AND CH15 = AH40 AND SKIP TO PROGRAMMING
NOTE CH16;
ELSE IF MKA <> ADULT R AND MKA IS FATHER OF CHILD, CONTINUE WITH CH14A AND CH15 (IF
APPLICABLE) AND DISPLAY "Are you" IN BOTH QUESTIONS;
ELSE, CONTINUE WITH CH14A AND CH15 (IF APPLICABLE) AND DISPLAY "Is {his/her/his or her} father" IN
BOTH QUESTIONS

CH14A

CH14A {Are you/Is {his/her/his or her} father} a citizen of the United States?   **CH14A**

YES .……………………………………………………………………1 [SKIP TO PROGRAMMING
NOTE CH16]

NO.…………………………………………………………………2
APPLICATION PENDING .……………………………………………3
REFUSED.…………………………………………………………… -7
DON'T KNOW .……………………………………………………… -8

CH15

CH15 {Are you/Is {his/her/his or her} father} a permanent resident with a green card?   **CH15**

YES .……………………………………………………………………1
NO.…………………………………………………………………2
APPLICATION PENDING .……………………………………………3
REFUSED.…………………………………………………………… -7
DON'T KNOW .……………………………………………………… -8

PROGRAMMING NOTE CH16:
IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS PARENT) AND
AA3 FOR ADULT R = 1 (MALE), THEN CH16 = AH41 AND SKIP TO PROGRAMMING NOTE CH17;
ELSE IF MKA <> ADULT R AND MKA IS FATHER OF CHILD, CONTINUE WITH CH16 AND DISPLAY "have you";

ELSE, CONTINUE WITH CH16 AND DISPLAY "has his father/has her father"

CH16

CH16 About how many years {have you/has his father/has her father} lived in the United States?   **CH16 CH16YR
CH16FMT**

_____ NUMBER OF YEARS   [IF < 1 YEAR, ENTER "1"]
  OR
_____ YEAR TO FIRST COME AND LIVE IN U.S.
MOTHER/FATHER DECEASED...3
REFUSED.…………………………………………………………… -7
DON'T KNOW .……………………………………………………… -8

PROGRAMMING NOTE CH17:
IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS PARENT),
THEN CH17 = AH36 AND SKIP TO PROGRAMMING NOTE CH18;
ELSE IF MKA <> ADULT R, CONTINUE WITH CH17

CH17

CH17   In general, what languages are spoken in {CHILD NAME /AGE/SEX}'s home?   **CH17_A - CH17_K**

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any others?"]

CH17_1	ENGLISH…………………………………………………………………	1
CH17_2	SPANISH…………………………………………………………………	2
CH17_3	CANTONESE ……………………………………………………………	3
CH17_4	VIETNAMESE ……………………………………………………………	4
CH17_5	TAGALOG………………………………………………………………	5
CH17_6	MANDARIN ……………………………………………………………	6
CH17_7	KOREAN ………………………………………………………………	7
CH17_8	ASIAN INDIAN LANGUAGES …………………………………………	8
CH17_9	RUSSIAN………………………………………………………………	9
CH17_10 CH17OS1	OTHER1 (SPECIFY):_____ …………………………………	91
CH17_11 CH17OS2	OTHER2 (SPECIFY):_____ …………………………………	92
	REFUSED…………………………………………………………………	-7
	DON'T KNOW ……………………………………………………………	-8

PROGRAMMING NOTE CH18:
IF CH17 = ONLY ENGLISH, SKIP TO CH22;
ELSE IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS
PARENT), THEN CH18 = AH37 AND SKIP TO PROGRAMMING NOTE CH19;
ELSE IF MKA <> ADULT R, CONTINUE WITH CH18

CH18

CH18   Would you say you speak English …   **CH18**

Very well, …………………………………………………………………1
Fairly well, or…………………………………………………………2
Not well?………………………………………………………………3
REFUSED…………………………………………………………… -7
DON'T KNOW ……………………………………………………… -8

General Note: If interview is conducted in a language other than English, use the following response
categories: very well, well, not well, not at all.

PROGRAMMING NOTE CH19:
ELSE IF MKA = ADULT R AND CHILD IS LISTED IN SC13A AND ENUM.RESPAR = 1 (RESPONDENT IS
PARENT), THEN CH19 = AH38 AND SKIP TO PROGRAMMING NOTE CH22;
ELSE IF MKA <> ADULT R, CONTINUE WITH CH19

CH19

CH19   If you have to speak English on the telephone, would you say you can speak English …   **CH19**

Very well, …………………………………………………………………1
Fairly well, or…………………………………………………………2
Not well?………………………………………………………………3
REFUSED…………………………………………………………… -7
DON'T KNOW ……………………………………………………… -8

General Note: If interview is conducted in a language other than English, use the following response
categories: very well, well, not well, not at all.

PROGRAMMING NOTE CH22:
IF MKA IS NOT SAMPLED ADULT, ASK CH22;
ELSE SKIP TO CH24

CH22

CH22   What is the highest grade of education you have completed and received credit for?   **CH22**

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

HIGH SCHOOL OR EQUIVALENT
9TH GRADE 9
10TH GRADE 10
11TH GRADE 11
12TH GRADE 12

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

GRADUATE OR PROFESSIONAL SCHOOL
1ST YEAR GRAD OR PROF SCHOOL 18
2ND YEAR GRAD OR PROF SCHOOL (MA/MS) 19
3RD YEAR GRAD OR PROF SCHOOL...........................20
MORE THAN 3 YEARS GRAD OR PROF SCHOOL (Ph.D) 21

2-YEAR JUNIOR OR COMMUNITY COLLEGE
1ST YEAR...22
2ND YEAR (AA/AS)...23

VOCATIONAL, BUSINESS, OR TRADE SCHOOL
1ST YEAR...24
2ND YEAR 25
MORE THAN 2 YEARS 26

HAD NO FORMAL EDUCATION 30

REFUSED...-7
DON'T KNOW (OUT OF RANGE) ....-8

CH24

CH24   Besides yourself, is there another adult living in this household who is also responsible for   **CH24**
{CHILD NAME /AGE/SEX}?

YES 1
NO.. 2 [SKIP TO END]
REFUSED...-7 [SKIP TO END]
DON'T KNOW ....-8 [SKIP TO END]

CH25

CH25   What is the relationship of that adult to the child?   **CH25**

MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER) 1
FATHER (BIRTH/ADOPTIVE/STEP/FOSTER) 2
SISTER (INCLUDING STEP/ADOPTED/FOSTER) 3
BROTHER (INCLUDING STEP/ADOPTED/FOSTER) 4
GRANDMOTHER 5
GRANDFATHER 6
AUNT 7
UNCLE 8
COUSIN 9
OTHER RELATIVE 10
NONRELATIVE...11
REFUSED..-7
DON'T KNOW ....-8

CH26

CH26   What is the highest grade of education that adult has completed or received credit for?   **CH26**

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

HIGH SCHOOL OR EQUIVALENT
9TH GRADE 9
10TH GRADE...10
11TH GRADE...11
12TH GRADE...12

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

GRADUATE OR PROFESSIONAL SCHOOL
1ST YEAR GRAD OR PROF SCHOOL 18
2ND YEAR GRAD OR PROF SCHOOL (MA/MS) 19
3RD YEAR GRAD OR PROF SCHOOL...............................20
MORE THAN 3 YEARS GRAD OR PROF SCHOOL (Ph.D) 21

2-YEAR JUNIOR OR COMMUNITY COLLEGE
1ST YEAR..22
2ND YEAR (AA/AS)..23

VOCATIONAL, BUSINESS, OR TRADE SCHOOL
1ST YEAR..24
2ND YEAR 25
MORE THAN 2 YEARS 26

HAD NO FORMAL EDUCATION 30

REFUSED..-7
DON'T KNOW (OUT OF RANGE) ....-8

CH27

CH27   Is there any other adult living in this household who is also responsible for {CHILD NAME /AGE/SEX}?   **CH27**

YES 1
NO.. 2 [SKIP TO END]
REFUSED... -7 [SKIP TO END]
DON'T KNOW .... -8 [SKIP TO END]

CH28

CH28   And what is the relationship of that adult to the child?   **CH28**

[NOTE: IF THERE IS MORE THAN ONE "OTHER ADULT," SELECT THE ADULT WITH THE LOWEST CODE ON THIS LIST (1 = LOWEST, 11 = HIGHEST)

MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER) 1
FATHER (BIRTH/ADOPTIVE/STEP/FOSTER) 2
SISTER (INCLUDING STEP/ADOPTED/FOSTER)..........................3
BROTHER (INCLUDING STEP/ADOPTED/FOSTER) 4
GRANDMOTHER 5
GRANDFATHER 6
AUNT 7
UNCLE 8
COUSIN 9
OTHER RELATIVE 10
NONRELATIVE..11
REFUSED...-7
DON'T KNOW ....-8

CH29

CH29   Finally, what is the highest grade of education that adult has completed or received credit for?   **CH29**

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

        HIGH SCHOOL OR EQUIVALENT
            9TH GRADE 9
            10TH GRADE 10
            11TH GRADE 11
            12TH GRADE 12

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

        GRADUATE OR PROFESSIONAL SCHOOL
            1ST YEAR GRAD OR PROF SCHOOL 18
            2ND YEAR GRAD OR PROF SCHOOL (MA/MS) 19
            3RD YEAR GRAD OR PROF SCHOOL......................... 20
            MORE THAN 3 YEARS GRAD OR PROF SCHOOL (Ph.D) 21

        2-YEAR JUNIOR OR COMMUNITY COLLEGE
            1ST YEAR.. 22
            2ND YEAR (AA/AS) 23

        VOCATIONAL, BUSINESS, OR TRADE SCHOOL
            1ST YEAR.. 24
            2ND YEAR 25
            MORE THAN 2 YEARS 26

            HAD NO FORMAL EDUCATION 30

            REFUSED.. -7
            DON'T KNOW (OUT OF RANGE) .... -8

END

END   That was my last question. Thank you very much for taking the time to participate in this
        statewide survey.