CHIS 2013-2014
Child Questionnaire
Version 5.2
August 12, 2015

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

Collaborating Agencies:
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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2013 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

SECTION A – DEMOGRAPHICS PART I, HEALTH CONDITIONS

Gender

PROGRAMMING NOTE QC13_A1:
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = MKA AND GENDER OF CHILD IS KNOWN, SKIP TO QC13_A2;
ELSE CONTINUE WITH QC13_A1

QC13_A1   Some of the questions are based on (CHILD's) personal traits, like his or her age. So I will first ask you a few brief background questions.

Is (CHILD) male or female?

CA1

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

Age
QC13_A2   What is {his/her} date of birth?

CA2MON

```
            _____ MONTH  [HR: 1-12]

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

CA2DAY

```
            _____ DAY [HR: 1-31]
```

CA2YR

```
            _____ YEAR HR: 2001-2013]

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

PROGRAMMING NOTE QC13_A3:
IF QC13_A2 = -7 OR -8 (REFUSED/DON'T KNOW) CONTINUE WITH QC13_A3;
ELSE SKIP TO QC13_A4

QC13_A3   How old is {he/she}?

CA3

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

```
            _____ YEARS
            _____ MONTHS

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

Height and Weight

QC13_A4   About how tall is (CHILD) now without shoes?

CA4F/CA4I

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

_____ FEET   _____ INCHES

CA4M/CA4C

_____ METERS   _____ CENTIMETERS

CA4FMT

FEET/INCHES 1
METERS/CENTIMETERS 2
REFUSED .... -7
DON'T KNOW .... -8

QC13_A5   About how much does (CHILD) weigh now without shoes?

CA5P

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

_____ POUNDS

CA5K

_____ KILOGRAMS

CA5FMT

POUNDS...1
KILOGRAMS..2
REFUSED .... -7
DON'T KNOW .... -8

School Attendance

PROGRAMMING NOTE QC13_A6:
IF CAGE < 5 YEARS GO TO QC13_A8;
ELSE CONTINUE WITH QC13_A6 AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

QC13_A6   {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

CA42

YES 1	**[GO TO QC13_A8]**
NO...2	
ON VACATION 3	
HOME SCHOOLED 4	**[GO TO QC13_A8]**
REFUSED .... -7	
DON'T KNOW .... -8	

PROGRAMMING NOTE QC13_A7:
IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

QC13_A7   {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?

CA43

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

General Health
QC13_A8   In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?

CA6

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

Asthma
QC13_A9   Has a doctor <u>ever</u> told you that (CHILD) has asthma?

CA12

YES 1	
NO...2	**[GO TO QC13_A25]**
REFUSED .... -7	**[GO TO QC13_A25]**
DON'T KNOW .... -8	**[GO TO QC13_A25]**

QC13_A10   Does {he/she} still have asthma?

CA31

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

QC13_A11   During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?

CA32

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

PROGRAMMING NOTE QC13_A12:
IF QC13_A10 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) <u>AND</u> QC13_A11 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) GO TO QC13_A16;
ELSE CONTINUE WITH QC13_A12

QC13_A12   During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:

CA12B

                              Not at all, ...1
                              Less than every month, ...2
                              Every month, ...3
                              Every week, or 4
                              Every day? 5
                              REFUSED .... -7
                              DON'T KNOW .... -8

QC13_A13   During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

CA33

                              YES 1
                              NO 2   **[GO TO QC13_A15]**
                              REFUSED .... -7   **[GO TO QC13_A15]**
                              DON'T KNOW .... -8   **[GO TO QC13_A15]**

QC13_A14   Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

CA48

                      [ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]

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

QC13_A15   During the <u>past 12 months</u>, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?

CA44

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

QC13_A16   Is (CHILD) now taking a <u>daily</u> medication to control {his/her} asthma that was prescribed or given to you by a doctor?

CA12A

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

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

PROGRAMMING NOTE QC13_A17:
IF QC13_A10 = 1 (YES, STILL HAS ASTHMA) OR QC13_A11 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO QC13_A21;
ELSE CONTINUE WITH QC13_A17

QC13_A17   During the <u>past 12 months</u>, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:

CA40

        Not at all, ...1
        Less than every month,...2
        Every month, ...3
        Every week, or 4
        Every day? 5
        REFUSED .... -7
        DON'T KNOW .... -8

QC13_A18   During the <u>past 12 months</u>, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

CA41

        YES 1
        NO..2   **[GO TO QC13_A20]**
        REFUSED .... -7   **[GO TO QC13_A20]**
        DON'T KNOW .... -8   **[GO TO QC13_A20]**

QC13_A19   Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

CA49

        [ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]

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

QC13_A20   During the <u>past 12 months</u>, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?

CA45

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

QC13_A21   During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?

CA34

                         _____ NUMBER OF DAYS

                         CHILD NOT IN DAYCARE OR SCHOOL 93
                         REFUSED .... -7
                         DON'T KNOW .... -8

QC13_A22   Have (CHILD'S) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} asthma?

CA35

                                  YES 1
                                  NO..2   **[GO TO QC13_A24]**
                                  REFUSED .... -7   **[GO TO QC13_A24]**
                                  DON'T KNOW .... -8   **[GO TO QC13_A24]**

QC13_A23   Do you have a written or printed copy of this plan?

CA50

                 [IF NEEDED, SAY: "This can be an electronic or hard copy."]

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

QC13_A24   How confident are you that you can control and manage (CHILD's) asthma? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

CA51

                                  VERY CONFIDENT 1
                                  SOMEWHAT CONFIDENT......................................2
                                  NOT TOO CONFIDENT...3
                                  NOT AT ALL CONFIDENT 4
                                  REFUSED .... -7
                                  DON'T KNOW .... -8

Other Conditions

QC13_A25   Does (CHILD) currently have any physical, behavioral, or mental conditions that limit or prevent {him/her} from doing childhood activities usual for {his/her} age?

| CA7 |

YES 1
NO...2   **[GO TO QC13_B1]**
REFUSED .... -7   **[GO TO QC13_B1]**
DON'T KNOW .... -8   **[GO TO QC13_B1]**

QC13_A26   What condition does (CHILD) have?

| CA10A |

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

ADD/ADHD 1
ASPERGER'S SYNDROME 2
AUTISM... 3
CEREBRAL PALSY 4
CONGENITAL HEART DISEASE 5
CYSTIC FIBROSIS 6
DIABETES 7
DOWN'S SYNDROME... 8
EPILEPSY 9
DEAFNESS OR OTHER HEARING PROBLEM 10
MENTAL RETARDATION, OTHER THAN DOWN'S 11
MUSCULAR DYSTROPHY 12
NEUROMUSCULAR DISORDER... 13
ORTHOPEDIC PROBLEM (BONES OR JOINTS) 14
SICKLE CELL ANEMIA 15
BLINDNESS OR OTHER VISION PROBLEM.......................... 16
OTHER (SPECIFY: _____) 91
REFUSED ....-7
DON'T KNOW ....-8

PROGRAMMING NOTE QC13_A27:
IF QC13_A26 = 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 91, CONTINUE WITH QC13_ A27;
ELSE IF QC13_ A26 = 1 OR 2 OR 3 ONLY, SKIP TO QC13_A30

QC13_A27   During the <u>past 12 months</u>, has (CHILD) had to visit a hospital emergency room because of {his/her} (INSERT CONDITION(S) 4-91 FROM QC13_A26)?

| CA52 |

YES 1
NO...2   **[GO TO QC13_A29]**
REFUSED .... -7   **[GO TO QC13_A29]**
DON'T KNOW .... -8   **[GO TO QC13_A29]**

QC13_A28   Did you take (CHILD) to a hospital emergency room for {his/her} (INSERT CONDITION(S) 4-91 FROM QC13_A27) because you were unable to see {his/her} doctor?

CA53

[ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]

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

QC13_A29   During the <u>past 12 months</u>, was {he/she} admitted to the hospital overnight or longer for {his/her} (INSERT CONDITION(S) 4-91 FROM QC13_A27)?

CA54

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

QC13_A30   Have (CHILD's) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} (INSERT CONDITION(S) FROM QC13_A27)?

CA55

```
YES .......................................................1
NO .........................................................2     [GO TO QC13_A32]
REFUSED ............................................... -7     [GO TO QC13_A32]
DON'T KNOW ........................................... -8     [GO TO QC13_A32]
```

QC13_A31   Do you have a written or printed copy of this plan?

CA56

[IF NEEDED, SAY: "This can be an electronic or hard copy."]

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

QC13_A32   How confident are you that you can control and manage (CHILD's) (INSERT CONDITION(S) FROM QC13_A27)? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

CA57

```
VERY CONFIDENT .................................................1
SOMEWHAT CONFIDENT ......................................2
NOT TOO CONFIDENT..........................................3
NOT AT ALL CONFIDENT .....................................4
REFUSED ............................................... -7
DON'T KNOW ........................................... -8
```

SECTION B – DENTAL HEALTH

PROGRAMMING NOTE QC13_B1:
IF CAGE > 2 YEARS, GO TO QC13_B2 AND DISPLAY "Now I'm going to ask about (CHILD)'s dental health";
ELSE CONTINUE WITH QC13_B1

QC13_B1   These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

> **CC1**

> YES 1
> NO 2   **[GO TO SECTION C]**
> REFUSED .... -7   **[GO TO SECTION C]**
> DON'T KNOW .... -8   **[GO TO SECTION C]**

QC13_B2   {Now I'm going to ask about (CHILD)'s dental health.}

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

> **CC5**

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

PROGRAMMING NOTE QC13_B3:
IF QC13_B2 = 0 (HAD NEVER VISTED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH QC13_B3;
ELSE SKIP TO QC13_B4;

IF QC13_B2 = 0 (HAS NEVER VISITED), DISPLAY "never";
ELSE IF QC13_B2 ≥ 3 DISPLAY "not" AND "in the past year"

QC13_B3   What is the main reason your child has {never/not} visited a dentist {in the past year}?

> **CB23**

> NO REASON TO GO/NO PROBLEMS 1
> NOT OLD ENOUGH 2
> COULD NOT AFFORD IT/TOO EXPENSIVE/NO INSURANCE . 3
> FEAR, DISLIKES GOING 4
> DO NOT HAVE/KNOW A DENTIST 5
> CANNOT GET TO THE OFFICE/CLINIC 6
> NO DENTIST AVAILABLE/NO APPOINTMENTS AVAILABLE .. 7
> DIDN'T KNOW WHERE TO GO 8
> HOURS NOT CONVENIENT 9
> SPEAK A DIFFERENT LANGUAGE 10
> OTHER 91
> REFUSED .... -7
> DON'T KNOW .... -8

QC13_B4   Do you now have any type of insurance that pays for part or all of your child's dental care?

[**IF NEEDED**: Include dental insurance, prepaid dental plans such as HMOs, or government plans such as Medi-Cal or Healthy Families]

CC7A

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

SECTION C – DIET, PHYSICAL ACTIVITY, PARK USE

Dietary Intake

PROGRAMMING NOTE QC13_C1:
IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE QC13_C18;
ELSE CONTINUE WITH QC13_C1

QC13_C1   Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many glasses or boxes of 100% fruit juice, such as orange or apple juice, did (CHILD) drink?

CC10

[IF NEEDED, SAY: "Only include 100% fruit juices."]

[PART OF A GLASS COUNTS AS 1 GLASS. ASK R TO ESTIMATE NUMBER OF GLASSES IF DRINKING FROM A BOTTLE, CAN, OR CARTON.]

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

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

QC13_C2   Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

CC13

[IF NEEDED, SAY: "Servings are self-defined. A serving is the child's regular portion of this food."]

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

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

QC13_C3   Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.

CC31

_____ SERVINGS   [HR: 0-20; SR 0-4]

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

QC13_C4   [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did your child drink? Do not include diet soda.

CC49

[IF NEEDED, SAY: "Do not include canned or bottled juices or teas."]

_____ GLASSES, CANS OR BOTTLES

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

QC13_C5 [Yesterday,] how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

CC50

[IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: FRUIT JUICES OR DRINKS YOU MADE AT HOME AND ADDED SUGAR TO, KOOL-AID, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, AND VITAMIN WATER. DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER, OR FRUIT-FLAVORED TEAS.]

    _____ GLASSES, CANS, OR BOTTLES

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

Fast Food
QC13_C6 Now think about the *past week.* In the past 7 days, how many times did {he/she} eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout, or drive thru.

CC32

[IF NEEDED, SAY: "Such as food you get at McDonald's, KFC, Panda Express or Taco Bell."]

    _____ TIMES [HR: 0-20; SR 0-4]

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

Food Environment

> **PROGRAMMING NOTE QC13_C7:**
> **IF QC13_A7 = 1 (ATTENDED SCHOOL LAST WEEK) OR QC13_A8 =1 (ATTENDED SCHOOL LAST SCHOOL YEAR), CONTINUE WITH QC13_C7;**
> **ELSE GO TO QC13_C18**

QC13_C7   Does (CHILD)'s school usually serve students fast food made by restaurants like McDonald's, Burger King, Taco Bell, or Pizza Hut?

CC47

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

> **PROGRAMMING NOTE QC13_C8:**
> **IF QC13_A8 = 1 (ATTENDED SCHOOL LAST SCHOOL YEAR), THEN DISPLAY "During a typical week, how many times does";**
> **IF QC13_A7 = 1 (ATTENDED SCHOOL LAST WEEK), THEN DISPLAY "During the past week, how many times did"**

QC13_C8   {During a typical week, how many times does/During the past week, how many times did} (CHILD) eat the lunch served in the school cafeteria?

CC48

_____ TIMES   [SR: 0-5; HR: 0-7]

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

Commute from School to Home

> **PROGRAMMING NOTE QC13_C9:**
> **IF QC13_A7 = 4 (HOME SCHOOLED LAST WEEK) OR IF QC13_A8= 3 (HOME SCHOOLED LAST YEAR), GO TO PROGRAMMING NOTE QC13_C16;**
> **ELSE IF QC13_A7 = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH QC13_C9 AND DISPLAY "How many days in the past week";**
> **IF QC13_A8 = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH QC13_C9 AND DISPLAY "During the school year, on how many days during a typical week";**
> **ELSE GO TO PROGRAMMING NOTE QC13_C16**

Now I'm going to ask you about physical activity.

QC13_C9   {How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) walk home from school?

CC40

[INTERVIEWER NOTE: IF R SAYS CHILD BIKES OR SKATEBOARDS HOME, SAY, "I'll ask about those next."]

[IF CHILD DOES NOT GO DIRECTLY HOME FROM SCHOOL, INCLUDE # OF DAYS WALKED, ETC. TO CHILDCARE, RELATIVE'S HOME, AFTER-SCHOOL PROGRAM, ETC.]

_____ DAYS

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

PROGRAMMING NOTE QC13_C10:
IF QC13_C9= 0 (DAYS), -7, OR -8, GO TO QC13_C11;
ELSE IF QC13_C9 > 0 (DAYS) CONTINUE WITH QC13_C10;
IF QC13_A7 = 1 (ATTENDED SCHOOL LAST WEEK) DISPLAY "does";
IF QC13_A8 = 1 (ATTENDED SCHOOL LAST YEAR) DISPLAY "did"

QC13_C10   About how many minutes {did/does} it take {him/her} without any stops?

  CC41

                        _____ MINUTES   **[GO TO QC13_C12]**

                        REFUSED .... -7   **[GO TO QC13_C12]**
                        DON'T KNOW .... -8   **[GO TO QC13_C12]**

QC13_C11   Could {he/she} walk home from school in 30 minutes or less?

  CC42

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

QC13_C12   {How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) bike or skateboard home from school?

  CC43

                        [INTERVIEWER NOTE: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES, ROLLERSHOES OR NON-MOTORIZED SCOOTERS HOME FROM SCHOOL.]

                        [IF CHILD DOES NOT GO DIRECTLY HOME FROM SCHOOL, INCLUDE # OF DAYS WALKED, ETC. TO CHILDCARE, RELATIVE'S HOME, AFTER-SCHOOL PROGRAM, ETC.]

                        _____ DAYS

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

PROGRAMMING NOTE QC13_C13:
IF QC13_C12= 0 (DAYS), -7 OR -8, GO TO PROGRAMMING NOTE QC13_C14;
ELSE IF QC13_C12> 0 DAYS, CONTINUE WITH QC13_C13;
IF QC13_A7 = 1, DISPLAY "does";
ELSE IF QC13_A8 = 1, DISPLAY "did"

QC13_C13   About how many minutes {did/does} it take {him/her} without any stops?

  CC44

                        [IF NEEDED, SAY: "To bicycle or skateboard home from school."]

                        _____ MINUTES   **[GO TO PN QC13_C14]**

                        REFUSED…………………………………….........-7   **[GO TO PN QC13_C15]**
                        DON'T KNOW………………………………………-8   **[GO TO PN QC13_C15]**

PROGRAMMING NOTE QC13_C14:
IF QC13_C10 ≤ 30 MINUTES OR QC13_C11 = 1 THEN GO TO PROGRAMMING NOTE QC13_C15;
ELSE CONTINUE WITH QC13_C14

QC13_C14   Could {he/she} bike or skateboard home from school in 30 minutes or less?

CC45

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

Name of School

PROGRAMMING NOTE QC13_C15:
If QC13_A7 = 1 (ATTENDED SCHOOL LAST WEEK) OR QC13_A8 = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH QC13_C15;
ELSE SKIP TO PROGRAMMING NOTE QC13_C16

QC13_C15   What is the name of the school (CHILD) goes to or last attended?

CB22

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

> _____NAME OF SCHOOL

> CHILD NOT IN SCHOOL..0
> PRE-SCHOOL/DAYCARE 1
> KINDERGARTEN...2
> ELEMENTARY...3
> INTERMEDIATE 4
> JUNIOR HIGH..5
> MIDDLE SCHOOL 6
> CHARTER..7
> OTHER SPECIFY:_____ 91
> REFUSED .... -7
> DON'T KNOW .... -8

Physical Activity

PROGRAMMING NOTE QC13_C16:
IF CAGE < 5, SKIP TO PN QC13_C18;
ELSE CONTINUE WITH QC13_C16

QC13_C16   Not including school PE, on how many days of the past 7 days was (CHILD) physically active for at least 60 minutes total?

CC35

> _____ DAYS [HR: 0-7]

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

QC13_C17   During a typical week, on how many days is (CHILD) physically active for at least 60 minutes total per day? Do not include PE.

CC51

[IF NEEDED, SAY: "Add up the time (he/she) was active for each day of the past 7. Then tell me how many days (he/she) active for at least 60 minutes."]

_____ DAYS [HR: 0-7]

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

Sedentary Time

PROGRAMMING NOTE QC13_C18
IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE QC13_C19
ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC13_C18

QC13_C18   The next questions are about the time {your child/CHILD} spends mostly sitting when {he/she} is <u>not</u> in school or doing homework. During the weekends, about how much time does {your child/CHILD} spend on a typical or usual weekend day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

CC53

___HOURS   MINUTES

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

PROGRAMMING NOTE QC13_C19:
IF CAGE ≤ 1 YEAR GO TO PN QC13_C20;
ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC13_C19

QC13_C19   During the weekdays, about how much time does {your child/CHILD} spend on a typical or usual week day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

CC52

_____ HOURS   MINUTES

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

Park Use

| PROGRAMMING NOTE QC13_C20: |
| IF CAGE < 1 GO TO QC13_D1; |
| ELSE CONTINUE WITH QC13_C20 |

QC13_C20   Has (CHILD) been to a park in the past 30 days?

| CC37 |

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

QC13_C21   Is there a park, playground, or open space within 30 minutes walking distance of your home?

| CC36 |

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

QC13_C22   Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

The park or playground closest to where I live is safe during the day.

| CC39 |

> STRONGLY AGREE 1
> AGREE...2
> DISAGREE..3
> STRONGLY DISAGREE..4
> DON'T KNOW ....-7
> REFUSED ....-8

QC13_C23   The park or playground closest to where I live is safe at night.

| CC46 |

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

> STRONGLY AGREE 1
> AGREE...2
> DISAGREE..3
> STRONGLY DISAGREE..4
> REFUSED ....-7
> DON'T KNOW ....-8

SECTION D – HEALTH CARE ACCESS AND UTILIZATION

Usual Source of Care

QC13_D1   The next questions are about where (CHILD) goes for health care.

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

CD1

```
YES ......................................................................1
NO .......................................................................2      [GO TO QC13_D3]
DOCTOR/(HIS/HER) DOCTOR ..............................3
KAISER .................................................................4
MORE THAN ONE PLACE .....................................5
REFUSED .............................................................. -7
DON'T KNOW ........................................................ -8
```

PROGRAMMING NOTE QC13_D2:
IF QC13_D1 = 1, 5, -7, OR -8, DISPLAY "What kind of place do you take {him/her} to most often —a medical";
ELSE IF QC13_D1 = 3 DISPLAY "Is {his/her} doctor in a private";
ELSE IF QC13_D1 = 4, FILL QC13_D2 = 1 AND GO TO PN QC13_D3

QC13_D2   {What kind of place do you take {him/her} to most often—a medical/Is {his/her} doctor a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

CD3

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

Emergency Room Visit

PROGRAMMING NOTE QC13_D3:
IF QC13_A14 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC13_A19 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC13_A28 = 1 (YES WENT TO ER PAST 12 MONTHS FOR OTHER CONDITION), MARK YES ON QC13_D3 AND GO TO QC13_D4;
ELSE CONTINUE WITH QC13_D3

QC13_D3   During the past 12 months, did (CHILD) visit a hospital emergency room?

CD12

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

Visits to Medical Doctor
QC13_D4   During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

> [!NOTE]
> **CD6**

     _____ TIMES

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

PROGRAMMING NOTE QC13_D5:
IF QC13_D4 > 0, GO TO PROGRAMMING NOTE QC13_D6;
ELSE IF QC13_D4 = 0, -7, OR -8, CONTINUE WITH QC13_D5

QC13_D5   About how long has it been since {he/she} last saw a medical doctor?

> [!NOTE]
> **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

Personal Doctor

PROGRAMMING NOTE QC13_D6:
IF QC13_D1 = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH QC13_D6;
ELSE SKIP TO PROGRAMMING NOTE QC13_D7

QC13_D6   Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

> [!NOTE]
> **CD33**

[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]

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

Patient-Centered Care

PROGRAMMING NOTEQC13_D7:
IF QC13_D6 = 1 (HAS A PERSONAL DOCTOR) OR [QC13_D4 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QC13_D5 = 1 (SAW DOCTOR LESS THAN A YEAR AGO)], CONTINUE WITH QC13_D7;
ELSE SKIP TO PROGRAMMING NOTE QC13_D9

QC13_D7   During the past 12 months, did you phone or e-mail the doctor's office with a medical question about (CHILD)?

CD34

YES 1
NO 2   **[GO TO PN QC13_D9]**
REFUSED .... -7   **[GO TO PN QC13_D9]**
DON'T KNOW .... -8   **[GO TO PN QC13_D9]**

QC13_D8   How often did you get an answer as soon as you needed it? Would you say...

CD35

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

PROGRAMMING NOTEQC13_D9:
IF QC13_D6 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QC13_D9;
ELSE SKIP TO QC13_D11

QC13_D9   How often does (CHILD)'s doctor or medical provider listen carefully to you? Would you say…

CD43

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

QC13_D10   How often does (CHILD's) doctor or medical provider explain clearly what you need to do to take care of (CHILD)'s health? Would you say…

CD44

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

Timely Appointments

PROGRAMMING NOTE QC13_D11:
IF CHINSURE ≠ 2 (INSURED OR INSURANCE STATUS UNKNOWN) OR QC13_D1 = 1, 3, 4, OR 5
(HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH QC13_D11;
ELSE GO TO PROGRAMMING NOTE QC13_D13

QC13_D11   In the past 12 months, did you try to get an appointment to see (CHILD)'s doctor or medical provider within two days because (CHILD) was sick or injured?

CD55

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

YES 1
NO 2   **[GO TO QC13_D13]**
REFUSED .... -7   **[GO TO QC13_D13]**
DON'T KNOW .... -8   **[GO TO QC13_D13]**

QC13_D12   How often were you able to get an appointment within two days? Would you say…

CD45

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

Care Coordination

PROGRAMMING NOTE QC13_D13:
IF QC13_D1 = 1, 3, 4, OR 5 (HAS USUAL SOURCE OF CARE) AND QC13_D6 = 1 (HAS PERSONAL
DOCTOR) AND QC13_A11 = 1 (HAS ASTHMA) OR QC13_A12 = 1 (HAD ASTHMA ATTACK) OR
QC13_A26 = 1 (HAS OTHER CONDITION), CONTINUE WITH QC13_D13;
ELSE SKIP TO PROGRAMMING NOTE QC13_D14

QC13_D13   Is there anyone at (CHILD's) doctor's office or clinic who helps coordinate {his/her} care with other doctors or services such as tests or treatments?

CD36

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

Communication Problems with a Doctor

> **PROGRAMMING NOTE QC13_D14:**
> **IF [QC13_D4 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QC13_D5 = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH QC13_D14;**
> **ELSE GO TO QC13_D19**

QC13_D14   The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

CD25

```
                          YES ........................................................... 1   [GO TO QC13_D16]
                          NO ............................................................ 2
                          NEVER ACCOMPANIED CHILD TO DOCTOR ...... 3
                          REFUSED ................................................... -7
                          DON'T KNOW ............................................. -8
```

> **PROGRAMMING NOTE QC13_D15:**
> **IF QC13_D14 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA13_G4 > 1 (ADULT R SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QC13_D15;**
> **ELSE SKIP TO QC13_D16;**

QC13_D15   In what language does (CHILD)'s doctor speak to you?

CD31

```
                          ENGLISH ................................................... 1   [GO TO QC13_D17]
                          SPANISH ................................................... 2   [GO TO QC13_D19]
                          CANTONESE .............................................. 3   [GO TO QC13_D19]
                          VIETNAMESE ............................................. 4   [GO TO QC13_D19]
                          TAGALOG .................................................. 5   [GO TO QC13_D19]
                          MANDARIN ................................................ 6   [GO TO QC13_ D19 ]
                          KOREAN .................................................... 7   [GO TO QC13_ D19]
                          ASIAN INDIAN LANGUAGES ........................ 8   [GO TO QC13_D19]
                          RUSSIAN ................................................... 9   [GO TO QC13_D19]
                          OTHER1 (SPECIFY):_____ .............. 91  [GO TO QC13_D19]
                          REFUSED ................................................. -7   [GO TO QC13_D19]
                          DON'T KNOW ........................................... -8   [GO TO QC13_D19]
```

> **PROGRAMMING NOTE QC13_D16:**
> **IF QC13_D14 = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH QC13_D16;**
> **ELSE SKIP TO QC13_D19;**

QC13_D16   Was this because you and the doctor spoke different languages?

CD26

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

QC13_D17   Did you need someone to help you understand the doctor?

CD27

YES 1	
NO...2	**[GO TO QC13_D19]**
REFUSED .... -7	**[GO TO QC13_D19]**
DON'T KNOW .... -8	**[GO TO QC13_D19]**

QC13_D18   Who was this person who helped you understand the doctor?

CD28

MINOR CHILD (UNDER AGE 18) 1
AN ADULT FAMILY MEMBER OR FRIEND
OF MINE 2
NON-MEDICAL OFFICE STAFF 3
MEDICAL STAFF INCLUDING NURSES AND
DOCTORS 4
PROFESSIONAL INTERPRETER (BOTH IN
PERSON AND ON THE TELEPHONE) 5
OTHER (PATIENTS, SOMEONE ELSE).................6
DID NOT HAVE SOMEONE TO HELP....................7
REFUSED .... -7
DON'T KNOW .... -8

Delays in Care
QC13_D19   During the past 12 months, did you either delay or not get a medicine that a doctor
prescribed for (CHILD)?

CE1

YES 1	
NO...2	**[GO TO QC13_D25]**
REFUSED .... -7	**[GO TO QC13_D25]**
DON'T KNOW .... -8	**[GO TO QC13_D25]**

QC13_D20   Was cost or lack of insurance a reason why you delayed or did not get the prescription?

CE12

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

PROGRAMMING NOTE QC13_D21:
IF QC13_A11 = 1 (STILL HAS ASTHMA) OR QC13_A12 = 1 (EPISODE OF ASTHMA PAST 12
MONTHS), CONTINUE WITH QC13_D21;
ELSE SKIP TO PROGRAMMING NOTE QC13_D22

QC13_D21   Was this prescription for {his/her} asthma?

CD37

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

PROGRAMMING NOTE QC13_D22:
IF QC13_A26 = 1 (HAS OTHER CONDITION), CONTINUE WITH QC13_D22;
ELSE SKIP TO QC13_D23

QC13_D22   Was this prescription for {his/her} (INSERT CONDITION(S) FROM QC13_A27)?

CD38

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

QC13_D23   During the past 12 months, did you delay or not get any other medical care you felt
                 (CHILD) needed—such as seeing a doctor, a specialist, or other health professional?

CE7

> YES …………………………………………………..1
> NO…………………………………………………...2   **[GO TO PN QC13_D30]**
> REFUSED…………………………………………….-7   **[GO TO PN QC13_D30]**
> DON'T KNOW……………………………………….-8   **[GO TO PN QC13_D30]**

QC13_D24   Did (CHILD) get the care eventually?

CD66

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

QC13_D25   Was cost or lack of insurance a reason why you delayed or did not get the medical care
                 you felt (he/she) needed?

CE13

> YES 1
> NO…………………………………………………...2   **[GO TO PN QC13_ D27]**
> REFUSED…………………………………………….-7   **[GO TO PN QC13_ D27]**
> DON'T KNOW……………………………………….-8   **[GO TO PN QC13_ D27]**

QC13_D26   Was that the <u>main</u> reason?

CD67

> YES 1   **[GO TO PN QC13_D28]**
> NO...2
> REFUSED .... -7   **[GO TO PN QC13_D28]**
> DON'T KNOW .... -8   **[GO TO PN QC13_D28]**

QC13_D27   What was the <u>one</u> main reason why you delayed getting the care you felt (he/she) needed?

CD68

> COULDN'T GET APPOINTMENT 1
> MY INSURANCE NOT ACCEPTED 2
> INSURANCE DID NOT COVER 3
> LANGUAGE PROBLEMS 4
> TRANSPORTATION PROBLEMS..........................5
> HOURS NOT CONVENIENT...................................6
> NO CHILD CARE FOR CHILDREN AT HOME 7
> FORGOT OR LOST REFERRAL.............................8
> I DIDN'T HAVE TIME 9
> COULDN'T AFFORD/COST TOO MUCH 10
> NO INSURANCE.. 11
> OTHER (SPECIFY_____)............................ 91
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QC13_D28:
IF QC13_A11 = 1 (STILL HAS ASTHMA) OR QC13_A12 = 1(EPISODE OF ASTHMA PAST 12 MONTHS), CONTINUE WITH QC13_D28;
ELSE SKIP TO QC13_D29

QC13_D28   Was this medical care for {his/her} asthma?

CD39

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

PROGRAMMING NOTE QC13_D29:
IF QC13_A26 = 1 (HAS OTHER CONDITION), CONTINUE WITH QC13_D29;
ELSE SKIP TO PROGRAMMING NOTE QC13_D30

QC13_D29   Was this medical care for {his/her} (INSERT CONDITION(S) FROM QC13_A27)?

CD40

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

QC13_J30   During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?

CD69

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

QC13_J31   During the past 12 months, were you told by a doctor's office or clinic that they would not accept your child as a new patient?

CD70

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

QC13_J32   During the past 12 months, were you told by a doctor's office or clinic that they did not accept your child's health care coverage?

CD71

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

Flu Shot

PROGRAMMING NOTE QC13_D33:
IF CAGE < 6 MONTHS, GO TO QC13_D34;
ELSE IF CAGE ≥ 6 MONTHS, CONTINUE WITH QC13_D33

QC13_D33   During the past 12 months, did (CHILD) get a flu shot or the nasal flu vaccine, called "Flumist"?

CD30

[IF NEEDED, SAY: "A flu shot is usually given in the Fall and protects against influenza for the flu season."]

> YES 1
> NO..2
> YES .... -7
> NO.. -8

Internet Use

PROGRAMMING NOTE QC13_D34:
IF MKAID=ADULTID AND AJ108 ≠ 1 THEN AUTOCODE QC13_D34 = AJ108 AND GO TO QC13_D43;
ELSE CONTINUE WITH QC13_D34;

QC13_D34   The next questions are about using the Internet to get health information

Do you ever go on-line to use the Internet?

CD46

> YES 1
> NO..2   **[GO TO QC13_D43]**
> REFUSED .... -7   **[GO TO QC13_D43]**

DON'T KNOW .... -8   **[GO TO QC13_D43]**

QC13_D35   In the past 12 months, have you gone on-line to look for information that would help you with ...

...(CHILD)'s health?

CD47

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

QC13_D36   [In the past 12 months, have you gone on-line to look for information that would help you with...]

...how {he/she} is developing physically?

CD48

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

QC13_D37   [In the past 12 months, have you gone on-line to look for information that would help you with...]

...{his/her} speech?

CD49

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

QC13_D38   [In the past 12 months, have you gone on-line to look for information that would help you with...]

...how well {he/she} can hear?

CD50

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

QC13_D39   [In the past 12 months, have you gone on-line to look for information that would help you with...]

...{his/her} diet or nutrition?

CD51

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

QC13_D40   [In the past 12 months, have you gone on-line to look for information that would help you with...]

...{his/her} physical activity?

CD52

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

QC13_D41   [In the past 12 months, have you gone on-line to look for information that would help you with...]

...{his/her} behavior?

CD53

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

PROGRAMMING NOTE QC13_D42:
IF QC13_D35= 2 AND QC13_D36 = 2 AND QC13_D37 = 2 AND QC13_ D38 = 2 AND QC13_D39 = 2
AND QC13_D40= 2 AND QC13_D41 = 2, GO TO PROGRAMMING NOTE QC13_D43;
ELSE CONTINUE WITH QC13_D42

QC13_D42   In the past 12 months, did you talk to a doctor or other medical provider about child health information you found on-line?

CD54

                    YES 1
                    NO...2
                    DID NOT FIND INFORMATION ON-LINE 3
                    REFUSED .... -7
                    DON'T KNOW .... -8

First 5 California: Kit for New Parents
QC13_D43   Did you know that First 5 California, a state agency, provides a free *Kit for New Parents* to the parents of newborns?

CF35

                    YES 1
                    NO...2   **[GO TO QC13_E1]**
                    REFUSED .... -7   **[GO TO QC13_E1]**
                    DON'T KNOW .... -8   **[GO TO QC13_E1]**

QC13_D44   Have you ever received this *Kit for New Parents*?

CF36

                    YES 1
                    NO...2   **[GO TO QC13_E1]**
                    REFUSED .... -7   **[GO TO QC13_E1]**
                    DON'T KNOW .... -8   **[GO TO QC13_E1]**

QC13_D45   Did you receive the *Kit for New Parents* during the past year?

CD57

```
                        YES ...........................................................................1
                        NO.............................................................................2    [GO TO QC13_E1]
                        REFUSED ............................................................... -7    [GO TO QC13_E1]
                        DON'T KNOW .......................................................... -8    [GO TO QC13_E1]
```

QC13_D46   Did you use any of the materials from the *Kit for New Parents*?

CF39MOD

```
                        YES ...........................................................................1
                        NO.............................................................................2    [GO TO QC13_E1]
                        REFUSED ............................................................... -7    [GO TO QC13_E1]
                        DON'T KNOW .......................................................... -8    [GO TO QC13_E1]
```

QC13_D47   On a scale of 1-10 with 10 being the most useful and 1 the least, how useful was the *Kit for New Parents*?

CF37MOD

_____ RESPONDENT'S NUMBER FROM 1 (WORST) TO 10 (BEST)

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

SECTION E – PUBLIC PROGRAMS

TANF/CalWORKs

> **PROGRAMMING NOTE SECTION E:**
> **IF POVERTY = 1, 2, 3, OR 5 (INCOME LESS THAN OR EQUAL TO 300% OF POVERTY LEVEL),**
> **CONTINUE WITH QC13_E1;**
> **ELSE SKIP TO QC13_F1**

QC13_E1   Is (CHILD) now 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

Food Stamps
QC13_E2   Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

CE11A

[IF NEEDED, SAY: "You receive benefits through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]

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

WIC

> **PROGRAMMING NOTE QC13_E3:**
> **IF CAGE > 6, GO TO QC13_F1;**
> **ELSE CONTINUE WITH QC13_E3**

QC13_E3   Is (CHILD) on WIC now?

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 – PARENTAL INVOLVEMENT

PROGRAMMING NOTE QC13_F1:
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE QC13_G1;
ELSE CONTINUE WITH QC13_F1

QC13_F1   In a usual week, about how many days do you or any other family members read stories or look at picture books with (CHILD)?

CG14

        EVERY DAY...1
        3-6 DAYS 2
        1-2 DAYS 3
        NEVER...4
        REFUSED .... -7
        DON'T KNOW .... -8

QC13_F2   [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

CG15

        EVERY DAY...1
        3-6 DAYS 2
        1-2 DAYS 3
        NEVER...4
        REFUSED .... -7
        DON'T KNOW .... -8

QC13_F3   [In a usual week, about how many days do you or any other family member] take (CHILD) out somewhere, for example, to the park, store, or playground?

CG16

        EVERY DAY...1
        3-6 DAYS 2
        1-2 DAYS 3
        NEVER...4
        REFUSED .... -7
        DON'T KNOW .... -8

SECTION G – CHILD CARE AND SOCIAL COHESION

Child Care

PROGRAMMING NOTE QC13_G1:
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

QC13_G1   These next questions are about childcare. By childcare we mean any arrangement where someone other than the parents, legal guardian, or stepparents takes care of (CHILD). {This includes preschool and nursery school, but not kindergarten.}

Do you currently have any kind of regular childcare arrangements for (CHILD) for 10 hours or more per week?

CG1

YES 1
NO...2   **[GO TO QC13_G14]**
REFUSED .... -7   **[GO TO QC13_G14]**
DON'T KNOW .... -8   **[GO TO QC13_G14]**

QC13_G2   Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

CG2

_____ HOURS [SR: 10-168 HRS]

REFUSED .... -7   **[GO TO QC13_G14]**
DON'T KNOW .... -8   **[GO TO QC13_G14]**

PROGRAMMING NOTE QC13_G3:
IF QC13_G2 < 10 (HOURS IN CHILDCARE), GO TO QC13_G14;
ELSE CONTINUE WITH QC13_G3

QC13_G3   During a typical week does (CHILD) receive childcare from...a grandparent or other family member?

CG3A

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

QC13_G4   [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in your home?

CG3E

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

QC13_G5   [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in his or her home?

CG3F

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

QC13_G6   [Does (CHILD) receive childcare from]...a childcare center that is not in someone's home?

CG3D

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

PROGRAMMING NOTE QC13_G7:
IF CAGE ≥ 7 YEARS, GO TO PROGRAMMING NOTE QC13_G13;
ELSE CONTINUE WITH QC13_G7

QC13_G7   [Does (CHILD) receive childcare from]...a Head Start or state preschool program?

CG3B

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

QC13_G8   [Does (CHILD) receive childcare from]...some other preschool or nursery school?

CG3C

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

PROGRAMMING NOTE QC13_G9:
IF QC13_G6 = 1 OR QC13_G7 = 1 OR QC13_G8 = 1, CONTINUE WITH QC13_G9;
ELSE GO TO PROGRAMMING NOTE QC13_G13

QC13_G9   Please tell me if you strongly agree, agree, disagree, strongly disagree, or you're not sure about the following statements.

Your child's preschool is a good place for your child to be.

CG44

> STRONGLY AGREE...1
> AGREE...2
> DISAGREE..3
> STRONGLY DISAGREE...4
> NOT SURE..5

QC13_G10   The staff at your child's preschool is doing good things for your child.

CG45

     STRONGLY AGREE...1
     AGREE..2
     DISAGREE..3
     STRONGLY DISAGREE..4
     NOT SURE..5

QC13_G11   You have confidence in the people at your child's preschool.

CG46

     STRONGLY AGREE...1
     AGREE..2
     DISAGREE..3
     STRONGLY DISAGREE..4
     NOT SURE..5

QC13_G12   Your child's preschool is doing a good job at preparing children for their futures.

CG47

     STRONGLY AGREE...1
     AGREE..2
     DISAGREE..3
     STRONGLY DISAGREE..4
     NOT SURE..5

PROGRAMMING NOTE QC13_G13:
IF [QC13_G3 OR QC13_G4 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF [QC13_G5 ≠ 1 AND QC13_G6 ≠ 1 AND QC13_G7 ≠ 1 AND QC13_G8 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO QC13_G14;
ELSE CONTINUE WITH QC13_G13;
IF ONLY ONE OF QC13_G5, QC13_G6, QC13_G7, OR QC13_G8 = 1, DISPLAY "Is this" AND "provider";
ELSE DISPLAY, "Are all of these" AND "providers"

QC13_G13   {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

QC13_G14   In the past 12 months, was there a time when you could not find childcare when you needed it for (CHILD) for a week or longer?

CG5

YES 1
NO...2   **[GO TO QC13_G16]**
REFUSED .... -7   **[GO TO QC13_G16]**
DON'T KNOW .... -8   **[GO TO QC13_G16]**

QC13_G15   What is the main reason you were unable to find childcare for (CHILD) at that time?

CG6

[IF NEEDED, SAY: "Main reason is the most important reason."]

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 91
REFUSED ....-7
DON'T KNOW ....-8

Social Cohesion

PROGRAMMING NOTE QC13_G16:
IF CHILD-FIRST INTERVIEW AND NO AR OR IF QC13_G16 THROUGH QC13_G20 NOT ANSWERED IN ADULT INTERVIEW, CONTINUE WITH QC13_G16;
ELSE SKIP TO QC13_H1

QC13_G16   These next questions are about your neighborhood.

Tell me if you strongly agree, agree, disagree or strongly disagree with the following statements:

People in my neighborhood are willing to help each other.

CG39

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE...2
DISAGREE...3
STRONGLY DISAGREE...4
REFUSED .... -7
DON'T KNOW .... -8

QC13_G17   People in this neighborhood can be trusted.

CG41

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

     STRONGLY AGREE...1
     AGREE...2
     DISAGREE...3
     STRONGLY DISAGREE...4
     REFUSED .... -7
     DON'T KNOW .... -8

QC13_G18   You can count on adults in this neighborhood to watch out that children are safe and don't get into trouble.

CG34

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

     STRONGLY AGREE...1
     AGREE...2
     DISAGREE...3
     STRONGLY DISAGREE...4
     REFUSED .... -7
     DON'T KNOW .... -8

Safety
QC13_G19   Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?

CG42

     ALL OF THE TIME 1
     MOST OF THE TIME 2
     SOME OF THE TIME...3
     NONE OF THE TIME 4
     REFUSED .... -7
     DON'T KNOW .... -8

SECTION H – DEMOGRAPHICS, PART II

Race/Ethnicity

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

QC13_H1   Is (CHILD) Latino or Hispanic?

CH1

[IF NEEDED, SAY: "Such as Mexican or Central or South American?"]

YES 1
NO..2   **[GO TO QC13_H3]**
REFUSED .... -7   **[GO TO QC13_H3]**
DON'T KNOW .... -8   **[GO TO QC13_H3]**

QC13_H2   And what is {his/her} Latino or Hispanic ancestry or origin? – such as Mexican, Salvadorian, Cuban, Honduran – and if {he/she} has more than one, tell me all of them.

CH2

[IF NECESSARY GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

MEXICAN/MEXICAN AMERICAN/CHICANO 1
SALVADORAN...4
GUATEMALAN 5
COSTA RICAN..6
HONDURAN 7
NICARAGUAN 8
PANAMANIAN 9
PUERTO RICAN.. 10
CUBAN.. 11
SPANISH-AMERICAN (FROM SPAIN) 12
OTHER LATINO (SPECIFY: _____) ... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC13_H3:
IF QC13_H1 = 1 (YES-CHILD IS LATINO), DISPLAY, "You said your child is Latino or Hispanic. Also,"
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QC13_H3, CONTINUE WITH PROGRAMMING NOTE QC13_H4;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QC13_H3   {You said your child is Latino or Hispanic. Also,} Please tell me which one or more of the following you would use to describe (CHILD): Would you describe {him/her} as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

CH3

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

[CODE ALL THAT APPLY]

WHITE .... 1 **[GO TO QC13_H10]**
BLACK OR AFRICAN AMERICAN .... 2 **[GO TO QC13_H10]**   **IF**
ASIAN .... 3 **[GO TO QC13_H8]**   **ONLY**
AMERICAN INDIAN, ALASKA NATIVE .... 4 **[GO TO QC13_H4]**   **ONE**
OTHER PACIFIC ISLANDER .... 5 **[GO TO QC13_H9]**   **RACE**
NATIVE HAWAIIAN .... 6 **[GO TO QC13_H10]**
OTHER (SPECIFY: _____) .... 91 **[GO TO QC13_H10]**
REFUSED .... -7 **[GO TO QC13_H10]**
DON'T KNOW .... -8 **[GO TO QC13_H10]**

PROGRAMMING NOTE QC13_H4:
IF QC13_H3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QC13_H4;
ELSE GO TO PROGRAMMING NOTE QC13_H8

QC13_H4   You said American Indian/Alaska Native, and what is (CHILD)'s tribal heritage? If {he/she} has more than one tribe, tell me all of them.

CH4

[CODE ALL THAT APPLY]

APACHE 1
BLACKFEET 2
CHEROKEE 3
CHOCTAW 4
MEXICAN AMERICAN INDIAN 5
NAVAJO 6
POMO 7
PUEBLO 8
SIOUX 9
YAQUI 10
OTHER TRIBE [Ask for spelling] (SPECIFY:_____) ... 91
REFUSED .... -7
DON'T KNOW .... -8

QC13_H5   Is (CHILD) an enrolled member in a federally or state recognized tribe?

CH5

```
                                  YES .............................................................1
                                  NO ..............................................................2      [GO TO QC13_H8]
                                  REFUSED ....................................................-7      [GO TO QC13_H8]
                                  DON'T KNOW ............................................-8      [GO TO QC13_H8]
```

QC13_H6   In which Tribe is (CHILD) enrolled?

CH6

APACHE
```
      MESCALERO APACHE, NM  .............................................. 1
      APACHE (NOT SPECIFIED) ............................................... 2
      OTHER APACHE (SPECIFY: _____) .......... 91
```
BLACKFEET
```
      BLACKFOOT / BLACKFEET .................................................. 3
```
CHEROKEE
```
      WESTERN CHEROKEE ....................................................... 4
      CHEROKEE (NOT SPECIFIED) ......................................... 5
      OTHER CHEROKEE (SPECIFY: _____) ...... 92
```
CHOCTAW
```
      CHOCTAW OKLAHOMA ....................................................... 6
      CHOCTAW (NOT SPECIFIED ............................................. 7
      OTHER CHOCTAW (SPECIFY: _____) ....... 93
```
NAVAJO
```
      NAVAJO (NOT SPECIFIED) ............................................... 8
```
POMO
```
      HOPLAND BAND, HOPLAND RANCHERIA  ...................... 9
      SHERWOOD VALLEY RANCHERIA ................................ 10
      POMO (NOT SPECIFIED) ............................................... 11
      OTHER POMO (SPECIFY: _____) .............. 94
```
PUEBLO
```
      HOPI ................................................................................. 12
      YSLETA DEL SUR PUEBLO OF TEXAS ........................... 13
      PUEBLO (NOT SPECIFIED) ............................................. 14
      OTHER PUEBLO (SPECIFY: _____) ........... 95
```
SIOUX
```
      OGLALA/PINE RIDGE SIOUX ........................................... 15
      SIOUX (NOT SPECIFIED) ................................................ 16
      OTHER SIOUX (SPECIFY: _____) .............. 96
```
YAQUI
```
      PASCUA YAQUI TRIBE OF ARIZONA .............................. 17
      YAQUI (NOT SPECIFIED) ................................................ 18
      OTHER YAQUI (SPECIFY: _____) .............. 97
```
OTHER
```
      OTHER (SPECIFY: _____) ........................ 98
      REFUSED ..........................................................................-7
      DON'T KNOW ....................................................................-8
```

C-42

QC13_H7   Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

CH6A

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

PROGRAMMING NOTE QC13_H8:
IF QC13_H3 = 3 (ASIAN) CONTINUE WITH QC13_H8;
ELSE GO TO PROGRAMMING NOTE QC13_H9

QC13_H8   You said Asian, and what specific ethnic group is {he/she}, such as Chinese, Filipino, Vietnamese? If {he/she} is more than one, tell me all of them.

CH7

[CODE ALL THAT APPLY]

```
BANGLADESHI.......................................................1
BURMESE ............................................................2
CAMBODIAN .......................................................3
CHINESE ..............................................................4
FILIPINO ...............................................................5
HMONG .................................................................6
INDIAN (INDIA) .....................................................7
INDONESIAN.........................................................8
JAPANESE ............................................................9
KOREAN ............................................................ 10
LAOTIAN ............................................................. 11
MALAYSIAN........................................................ 12
PAKISTANI .......................................................... 13
SRI LANKAN....................................................... 14
TAIWANESE ....................................................... 15
THAI .................................................................... 16
VIETNAMESE ..................................................... 17
OTHER ASIAN (SPECIFY: _____).. 91
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE QC13_H9:
IF QC13_H3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QC13_H9;
ELSE GO TO QC13_H10

QC13_H9   You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}, such as Samoan, Tongan, or Guamanian? If {he/she} is more than one, tell me all of them.

CH7A

[CODE ALL THAT APPLY]

SAMOAN/AMERICAN SAMOAN...1
GUAMANIAN 2
TONGAN...3
FIJIAN 4
OTHER PACIFIC ISLANDER (SPECIFY:_____) 91
REFUSED ....-7
DON'T KNOW ....-8

Country of Birth

PROGRAMMING NOTE QC13_H10:
IF MKA = AR AND AI56C ≠ -1 (THIS QUESTION ALREADY ASKED DURING ADULT SURVEY), SKIP TO QC13_H14;
ELSE CONTINUE WITH QC13_H10

QC13_H10   In what country was (CHILD) born?

CH8

UNITED STATES..1
AMERICAN SAMOA 2
CANADA 3
CHINA 4
EL SALVADOR 5
ENGLAND..6
FRANCE 7
GERMANY..8
GUAM 9
GUATEMALA 10
HUNGARY 11
INDIA... 12
IRAN.. 13
IRELAND.. 14
ITALY 15
JAPAN.. 16
KOREA... 17
MEXICO 18
PHILIPPINES 19
POLAND 20
PORTUGAL 21
PUERTO RICO 22
RUSSIA 23
TAIWAN 24
VIETNAM 25
VIRGIN ISLANDS 26
OTHER (SPECIFY:_____) 91
REFUSED .... -7
DON'T KNOW .... -8

Citizenship, Immigration Status, Years in the US

PROGRAMMING NOTE QC13_H11:
IF QC13_H10 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING
NOTE QC13_H14;
ELSE CONTINUE WITH QC13_H11

QC13_H11   Is (CHILD) a citizen of the United States?

CH8A

> YES 1   **[GO TO QC13_H13]**
> NO..2
> APPLICATION PENDING..3
> REFUSED .... -7
> DON'T KNOW .... -8

QC13_H12   Is (CHILD) a permanent resident with a green card?

CH9

[IF NEEDED, SAY: "People usually call this a green card but the color can also be pink, blue or white."]

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

QC13_H13   About how many years has (CHILD) lived in the United States?

CH10

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS {OR}

CH10YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH10FMT

> NUMBER OF YEARS 1
> YEAR FIRST CAME TO LIVE IN US 2
> REFUSED .... -7
> DON'T KNOW .... -8

Country of Birth (Mother)

> **PROGRAMMING NOTE QC13_H14:**
> **IF MKA = MOTHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE)**
> **THEN SKIP TO QC13_H18;**
> **ELSE, CONTINUE WITH QC13_H14 AND DISPLAY "was his mother/was her mother"**

QC13_H14   In what country {were you/was his mother/was her mother} born?

CH11

[SELECT FROM MOST LIKELY COUNTRIES]

[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

UNITED STATES	1
AMERICAN SAMOA	2
CANADA	3
CHINA	4
EL SALVADOR	5
ENGLAND	6
FRANCE	7
GERMANY	8
GUAM	9
GUATEMALA	10
HUNGARY	11
INDIA	12
IRAN	13
IRELAND	14
ITALY	15
JAPAN	16
KOREA	17
MEXICO	18
PHILIPPINES	19
POLAND	20
PORTUGAL	21
PUERTO RICO	22
RUSSIA	23
TAIWAN	24
VIETNAM	25
VIRGIN ISLANDS	26
OTHER (SPECIFY:_____)	91
REFUSED	-7
DON'T KNOW	-8

Citizenship, Immigration Status, Years in the US (Mother)

PROGRAMMING NOTE QC13_H15 AND QC13_H16:
IF QC13_H14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC13_H18;
ELSE CONTINUE WITH QC13_H15 AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY "Are you";
ELSE DISPLAY "Is {his/her} mother"

QC13_H15   {Are you/Is {his/her} mother} a citizen of the United States?

CH11A

[IF R SAYS SHE IS A NATURALIZED CITIZEN, CODE YES]

YES 1   **[GO TO QC13_H17]**
NO..2
APPLICATION PENDING.......................................3
REFUSED .... -7
DON'T KNOW .... -8

QC13_H16   {Are you/Is {his/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 QC13_H17:
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC13_H17 AND DISPLAY "have you";
ELSE CONTINUE WITH QC13_H17 AND DISPLAY "has {his/her} mother"

QC13_H17   About how many years {have you/has {his/her} mother} lived in the United States?

CH13

_____ NUMBER OF YEARS [HR: 0-AGE] {OR}

CH13YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH13FMT

NUMBER OF YEARS 1
YEAR FIRST CAME TO LIVE IN US 2
MOTHER DECEASED..3
NEVER LIVED IN U.S..4
REFUSED .... -7
DON'T KNOW .... -8

Country of Birth (Father)

PROGRAMMING NOTE QC13_H18:
IF MKA = FATHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE THEN SKIP TO QC13_H22;
ELSE CONTINUE WITH QC13_H18 AND DISPLAY, "was {his/her} father"

QC13_H18   In what country {were you/was his father/was her father} born?

CH14

[SELECT FROM MOST LIKELY COUNTRIES]

[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

```
UNITED STATES.....................................................1
AMERICAN SAMOA ..............................................2
CANADA ...............................................................3
CHINA ...................................................................4
EL SALVADOR .....................................................5
ENGLAND .............................................................6
FRANCE ...............................................................7
GERMANY ............................................................8
GUAM ...................................................................9
GUATEMALA ..................................................... 10
HUNGARY .......................................................... 11
INDIA.................................................................. 12
IRAN................................................................... 13
IRELAND............................................................ 14
ITALY ................................................................. 15
JAPAN................................................................ 16
KOREA............................................................... 17
MEXICO ............................................................. 18
PHILIPPINES ..................................................... 19
POLAND ............................................................ 20
PORTUGAL ....................................................... 21
PUERTO RICO .................................................. 22
RUSSIA ............................................................. 23
TAIWAN ............................................................ 24
VIETNAM .......................................................... 25
VIRGIN ISLANDS .............................................. 26
OTHER (SPECIFY:_____) .... 91
REFUSED ......................................................... -7
DON'T KNOW .................................................... -8
```

Citizenship, Immigration Status, Years in the US (Father)

> PROGRAMMING NOTE QC13_H19 AND QC13_H20:
> IF QC13_H18 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC13_H22;
> ELSE CONTINUE WITH QC13_H19 AND IF RESPONDENT IS FATHER OF CHILD DISPLAY "Are you";
> ELSE SAY "Is {his/her} father"

QC13_H19   {Are you/Is {his/her} father} a citizen of the United States?

CH14A

[IF R SAYS HE IS A NATURALIZED CITIZEN, CODE YES]

YES 1   **[GO TO PN QC13_H21]**
NO..2
APPLICATION PENDING 3
REFUSED .... -7
DON'T KNOW .... -8

QC13_H20   {Are you/Is {his/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 QC13_H21:
> IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC13_H21 AND DISPLAY "have you";
> ELSE, CONTINUE WITH QC13_H21 AND DISPLAY "has {his/her} father"

QC13_H21   About how many years {have you/has {his/her} father} lived in the United States?

CH16

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

CH16YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH16FMT

NUMBER OF YEARS 1
YEAR FIRST CAME TO LIVE IN U.S. 2
FATHER DECEASED 3
NEVER LIVED IN U.S...4
REFUSED .... -7
DON'T KNOW .... -8

Languages Spoken At Home

PROGRAMMING NOTE QC13_H22:
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE QC13_H23;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH QC13_H22

QC13_H22   In general, what languages are spoken in (CHILD)'s home?

CH17

[PROBE: "Any others?"]

ENGLISH 1
SPANISH 2
CANTONESE..3
VIETNAMESE 4
TAGALOG 5
MANDARIN 6
KOREAN 7
ASIAN INDIAN LANGUAGES.................................8
RUSSIAN 9
OTHER1 (SPECIFY:_____) 91
OTHER2 (SPECIFY:_____) 92
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC13_H23:
IF INTERVIEW CONDUCTED IN ENGLISH AND QC13_H22 > 1 (TWO OR MORE LANGUAGES
SPOKEN AT HOME), CONTINUE WITH QC13_H23 AND DISPLAY "Compared to the language
spoken in (CHILD)'s home,";
ELSE IF QC13_H22 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC13_H24

QC13_H23   {Compared to other languages spoken in (CHILD)'s home,} would you say you speak
English....

CH18

Very well,..1
Fairly well, ...2
Not well, or 3
Not at all? 4
REFUSED .... -7
DON'T KNOW .... -8

Education of Primary Caretaker

PROGRAMMING NOTE QC13_H24:
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC13_H24;
ELSE GO TO PROGRAMMING NOTE QC13_H26

QC13_H24   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) 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 GRAND OR PROF SCHOOL 20
MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD) 21
2-YEAR JUNIOR OR COMMUNITY COLLEGE
1ST YEAR 22
2ND YEAR 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 .... -8

Follow-up and Close

PROGRAMMING NOTE QC13_H25:
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC13_H25;
ELSE GO TO END

QC13_H25   Those are my final questions. I appreciate your patience. Finally, do you think you would
be willing to do a follow-up to this survey some time in the future?

CG38

            YES 1
            MAYBE/PROBABLY YES..2
            DEFINITELY NOT..3
            REFUSED .... -7
            DON'T KNOW .... -8

END   Thank you. You have helped with a very important statewide survey. If you have any
questions, you can contact Dr. Ponce, the Principal Investigator. Do you want that
number? **[IF YES, SAY:** Dr. Ponce can be reached toll-free at 1-866-275-2447. **IF NO,
SAY:** Goodbye.**]**