CHIS 2009
Child Questionnaire
Version 5 (Spanish)
December 3, 2012

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

Collaborating Agencies:
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TABLE OF CONTENTS

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 2009 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A – Demographics Part I, Health Conditions

PROGRAMMING NOTE QC09_A1:
SET CADATE = CURRENT DATE (YYYYMMDD)
IF AR = MKA AND GENDER OF CHILD IS KNOWN, SKIP TO QC09_A2;
ELSE CONTINUE WITH QC09_A1

QC09_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.
Algunas de las preguntas están basadas en las características personales, tal como la edad de {NOMBRE/EDAD/SEXO DEL NIÑO}. Así es que voy a comenzar haciéndole unas breves preguntas sobre sus datos básicos.

Is (CHILD) male or female?
¿Es {NOMBRE/EDAD/SEXO DEL NIÑO} del sexo masculino o femenino?

CA1

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

QC09_A2   What is {his/her} date of birth?
¿Cuál es la fecha de nacimiento de {él/ella}?

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 [SR: 1995-2007]

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

PROGRAMMING NOTE QC09_A3:
IF QC09_A2 = -7 or -8 (REFUSED/DON'T KNOW) CONTINUE WITH QC09_A3;
ELSE SKIP TO QC09_A4

QC09_A3   How old is {he/she}?
                ¿Cuántos años tiene {él/ella}?

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

QC09_A4   How much did {he/she} weigh at birth?
                ¿Cuánto pesó {él/ella} al nacer?

CA13P/CA13O

_____ POUNDS _____ OUNCES

CA13K/CA13G

_____ KILOGRAMS ____GRAMS

CAFMT

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

QC09_A5   About how tall is (CHILD) now without shoes?
                ¿Más o menos cuánto mide {NOMBRE/EDAD/SEXO DEL NIÑO} ahora sin zapatos?

CA4F/CA4I

[IF NEEDED, SAY: "Your best guess is fine."]
[IF NEEDED, SAY: *"Está bien si me das un número aproximado."*]

_____ FEET   _____ INCHES

CA4M/CA4C

_____ METERS   _____ CENTIMETERS

CA4FMT

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

QC09_A6   About how much does (CHILD) weigh now without shoes?
¿Más o menos cuánto pesa {NOMBRE/EDAD/SEXO DEL NIÑO} ahora sin zapatos?

CA5P

[IF NEEDED, SAY: "Your best guess is fine."]
[IF NEEDED, SAY: *"Está bien si me das un número aproximado."*]

_____ POUNDS

CA5K

_____ KILOGRAMS

CA5FMT

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

PROGRAMMING NOTE QC09_A7:
IF CAGE < 5 YEARS GO TO QC09_A9;
ELSE CONTINUE WITH QC09_A7 AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

QC09_A7   {Not including pre-school or nursery school,} Did (CHILD) attend school last week?
{Sin incluir el pre-escolar o el jardín de infancia,} ¿Fue {NOMBRE/EDAD/SEXO DEL NIÑO} a la escuela la semana pasada?

CA42

YES 1   **[GO TO QC09_A9]**
NO...2
ON VACATION 3
HOME SCHOOLED 4   **[GO TO QC09_A9]**
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC09_A8:
IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

QC09_A8   {Not including pre-school or nursery school} Did (CHILD) attend school during the last school year?
{Sin incluir el pre-escolar o el jardín de infancia} ¿Fue {NOMBRE/EDAD/SEXO DEL NIÑO} a la escuela durante el último año escolar?

CA43

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

QC09_A9　　In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?
En general, ¿diría usted que la salud de {NOMBRE/EDAD/SEXO DEL NIÑO} es excelente, muy buena, buena, regular, o mala?

CA6

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

QC09_A10　　Has a doctor <u>ever</u> told you that (CHILD) has asthma?
¿Le ha dicho a usted <u>alguna vez</u> un médico que {NOMBRE/EDAD/SEXO DEL NIÑO} tenía asma?

CA12

```
                    YES ........................................................................1
                    NO...........................................................................2      [GO TO QC09_A26]
                    REFUSED ............................................................. -7      [GO TO QC09_A26]
                    DON'T KNOW ...................................................... -8      [GO TO QC09_A26]
```

QC09_A11　　Does {he/she} still have asthma?
¿Todavía tiene asma {NOMBRE/EDAD/SEXO DEL NIÑO}?

CA31

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

QC09_A12　　During the <u>past 12 months</u>, has {he/she} had an episode of asthma or an asthma attack?
Durante los <u>últimos 12 meses</u>, ¿ha tenido {él/ella} un episodio de asma o un ataque de asma?

CA32

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

> **PROGRAMMING NOTE QC09_A13**
> **IF QC09_A11 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND QC09_A12 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) GO TO QC09_A17;**
> **ELSE CONTINUE WITH QC09_A13**

QC09_A13   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...
Durante los últimos 12 meses, ¿con qué frecuencia tuvo {NOMBRE/EDAD/SEXO DEL NIÑO} síntomas de asma como tos, silbido al respirar, dificultad para respirar, ha sentido el pecho oprimido, o tenido flema? ¿Diría que…

```
CA12B
```

Not at all, ...1
Nunca tuvo síntomas 1
Less than every month, ...2
Los tuvo menos de una vez al mes 2
Every month, ...3
Todos los meses 3
Every week, or 4
Todas las semanas, o 4
Every day? 5
Todos los días? 5
REFUSED .... -7
DON'T KNOW .... -8

QC09_A14   During the past 12 months, has (CHILD) had to visit an emergency room because of {his/her} asthma?
Durante los últimos 12 meses, ¿han tenido que llevar a {NOMBRE/EDAD/SEXO DEL NIÑO} a la sala de emergencias de un hospital debido al asma?

```
CA33
```

YES 1
NO 2   **[GO TO QC09_A16]**
REFUSED .... -7   **[GO TO QC09_A16]**
DON'T KNOW .... -8   **[GO TO QC09_A16]**

QC09_A15   Did you take (CHILD) to an emergency room for {his/her} asthma because you were unable to see {his/her} doctor?
¿Llevó usted a {NOMBRE/EDAD/SEXO DEL NIÑO} a una sala de emergencias debido a su asma porque no pudo ver a su médico?

```
CA48
```

[INTERVIEWER NOTE: 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

QC09_A16   During the <u>past 12 months</u>, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?
Durante los <u>últimos 12 meses</u>, ¿fue {él/ella} admitido(a) en un hospital para pasar una noche o más tiempo debido al asma?

CA44

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

QC09_A17   Is (CHILD) now taking a <u>daily</u> medication to control {his/her} asthma that was prescribed or given to you by a doctor?
¿Está {NOMBRE/EDAD/SEXO DEL NIÑO} tomando ahora algún medicamento diario para controlar su asma que le haya sido dado o recetado por un médico?

CA12A

[IF NEEDED, SAY: "This includes both oral medicine and inhalers. This is different from inhalers used for quick relief."]
[IF NEEDED, SAY: "*Esto incluye medicamentos que se toman por boca o por inhalador. Esto es diferente de los inhaladores que se usan para alivio rápido.*"]

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

> **PROGRAMMING NOTE QC09_A18:**
> **IF QC09_A11 = 1 (YES, STILL HAS ASTHMA) OR QC09_A12 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO QC09_A22;**
> **ELSE CONTINUE WITH QC09_A18**

QC09_A18   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...
Durante los <u>últimos 12 meses</u>, ¿con qué frecuencia ha tenido {NOMBRE/EDAD/SEXO DEL NIÑO} síntomas de asma, como tos, resuello, o silbido o dificultad para respirar, opresión en el pecho o flema? Diría usted que...

CA40

> Not at all, ...1
> *Nunca...1*
> Less than every month,...2
> *Menos de una vez al mes 2*
> Every month, ...3
> *Todos los meses...3*
> Every week, or 4
> *Todas las semanas, o...4*
> Every day? 5
> *Todos los días?...5*
> REFUSED .... -7
> DON'T KNOW .... -8

QC09_A19   During the <u>past 12 months</u>, has (CHILD) had to visit an emergency room because of {his/her} asthma?
Durante los <u>últimos 12 meses</u>, ¿ha tenido {NOMBRE/EDAD/SEXO DEL NIÑO} que visitar la sala de emergencias de un hospital debido a su asma?

CA41

```
                    YES .......................................................................1
                    NO.........................................................................2    [GO TO QC09_A21]
                    REFUSED ............................................................. -7    [GO TO QC09_A21]
                    DON'T KNOW ........................................................ -8    [GO TO QC09_A21]
```

QC09_A20   Did you take (CHILD) to an emergency room for {his/her} asthma because you were unable to see {his/her} doctor?
¿Llevó usted a {NOMBRE/EDAD/SEXO DEL NIÑO} a una sala de emergencias debido a su asma porque no pudo ver a su médico?

CA49

[INTERVIEWER NOTE: 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
```

QC09_A21   During the <u>past 12 months</u>, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?
Durante los últimos 12 meses, ¿fue {él/ella} admitido(a) en un hospital para pasar una noche o más tiempo debido al asma?

CA45

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

QC09_A22   During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?
Durante los últimos 12 meses, ¿cuántos días no pudo {NOMBRE/EDAD/SEXO DEL NIÑO} ir a la escuela o a la guardería debido al asma?

CA34

[IF CHILD NOT IN DAYCARE OR SCHOOL ENTER 93]

```
                    _____ NUMBER OF DAYS

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

QC09_A23 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?
¿Han trabajado con usted los médicos u otros proveedores de salud en la preparación de un plan para que usted sepa cómo controlar el asma de {NOMBRE/EDAD/SEXO DEL NIÑO}?

CA35

     YES 1
     NO ....2 **[GO TO QC09_A25]**
     REFUSED .... -7 **[GO TO QC09_A25]**
     DON'T KNOW .... -8 **[GO TO QC09_A25]**

QC09_A24 Do you have a written or printed copy of this plan?
¿Tiene una copia escrita o impresa de este plan?

CA50

     [IF NEEDED, SAY: "This can be an electronic or hard copy."]
     [IF NEEDED, SAY: "*Puede ser una copia electrónica o impresa."]*

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

QC09_A25 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?
¿Cuánta confianza tiene en que puede controlar y ocuparse del asma de {NOMBRE/EDAD/SEXO DEL NIÑO}? ¿Diría usted que tiene mucha confianza, algo de confianza, poca confianza o ninguna confianza?

CA51

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

QC09_A26 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?
¿Tiene {NOMBRE/EDAD/SEXO DEL NIÑO} alguna condición física, de comportamiento, o mental que le limite o que le impida hacer las cosas que hacen la mayoría de los niños de su edad?

CA7

     YES 1
     NO..2 **[GO TO QC09_B1]**
     REFUSED .... -7 **[GO TO QC09_B1]**
     DON'T KNOW .... -8 **[GO TO QC09_B1]**

QC09_A27   What condition does (CHILD) have?
                 ¿Qué problema tiene {NOMBRE/EDAD/SEXO DEL NIÑO}?

CA10A

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

                 [PROBE: "Any others?"]
                 [PROBE: *"¿Algún otro?"*]

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 QC09_A28
IF QC09_A27 = 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 QC09_ A28;
ELSE IF QC09_ A27 = 1 OR 2 OR 3 ONLY, SKIP TO QC09_A31

QC09_A28   During the <u>past 12 months</u>, has (CHILD) had to visit an emergency room because of
                 {his/her} (INSERT CONDITION(S) 4-91 FROM QC09_A27)?
                 Durante los últimos 12 meses, ¿ha tenido {NOMBRE/EDAD/SEXO DEL NIÑO} que
                 visitar una sala de emergencias debido a su {INSERT CONDITION(S) 4-91 FROM
                 QC09_A27}?

CA52

YES	1	
NO	2	**[GO TO QC09_A30]**
REFUSED	-7	**[GO TO QC09_A30]**
DON'T KNOW	-8	**[GO TO QC09_A30]**

QC09_A29   Did you take (CHILD) to an emergency room for {his/her} (INSERT CONDITION(S) 4-91 FROM QC09_A27) because you were unable to see {his/her} doctor?
¿Llevó usted a {NOMBRE/EDAD/SEXO DEL NIÑO} a la sala de emergencias de un hospital debido a su (INSERT CONDITION(S) 4-91 FROM QC09_A27) porque no pudo ver a su médico?

CA53

[INTERVIEWER NOTE: 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

QC09_A30   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 QC09_A27)?
Durante los <u>últimos 12 meses</u>, ¿estuvo {él/ella} hospitalizado/a durante una noche debido a su {INSERT CONDITION(S) 4-91 FROM QC09_A27}?

CA54

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

QC09_A31   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 QC09_A27)?
¿Ha trabajado con usted el médico de {NOMBRE/EDAD/SEXO DEL NIÑO} u otro profesional de la salud para preparar un plan para que usted sepa cómo ocuparse de su {INSERT CONDITION(S) FROM QC09_A27}?

CA55

YES 1
NO 2   **[GO TO QC09_A33]**
REFUSED .... -7   **[GO TO QC09_A33]**
DON'T KNOW .... -8   **[GO TO QC09_A33]**

QC09_A32   Do you have a written or printed copy of this plan?
¿Tiene usted una copia escrita o impresa de este plan?

CA56

[IF NEEDED, SAY: "This can be an electronic or hard copy."]
[IF NEEDED, SAY: "*Puede ser una copia electrónica o impresa.*"]

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

QC09_A33   How confident are you that you can control and manage (CHILD's) (INSERT
CONDITION(S) FROM QC09_A27)? Would you say you are very confident, somewhat
confident, not too confident, or not at all confident?
*¿Cuánta confianza tiene en que puede controlar y ocuparse de la (INSERT
CONDITION(S) FROM QC09_A27)?*

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 QC09_B1:
IF CAGE < 1 YEAR, GO TO SECTION C;
IF CAGE > 2 YEARS, GO TO QC09_B2 AND DISPLAY "Now I'm going to ask about (CHILD)'s
dental health";
ELSE CONTINUE WITH QC09_B1
```

QC09_B1 These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?
Estas preguntas son acerca de la salud dental de {NOMBRE/EDAD/SEXO DEL NIÑO}.
¿Ya tiene dientes {NOMBRE/EDAD/SEXO DEL NIÑO}?

CC1

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

QC09_B2 {Now I'm going to ask about (CHILD)'s dental health}
{Ahora le voy a hacer preguntas acerca de la salud dental de {NOMBRE/EDAD/SEXO
DEL NIÑO}}

      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.
¿Más o menos hace cuánto tiempo fue la última vez que {NOMBRE/EDAD/SEXO DEL
NIÑO} fue a un dentista o una clínica dental? Incluya higienistas dentales y todo tipo de
especialistas dentales.

CC5

      HAS NEVER VISITED 0
      6 MONTHS AGO OR LESS.....................................1 **[GO TO QC09_C1]**
      MORE THAN 6 MONTHS UP TO 1YEAR AGO.......2 **[GO TO QC09_C1]**
      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 QC09_B3:
IF QC09_B2 = 0 (HAS NEVER VISITED), DISPLAY "nunca";
ELSE IF QC09_B2 ≥ 3 DISPLAY "durante el año pasado"

QC09_B3   What is the main reason your child has {never/not} visited a dentist {in the past year}?
¿Cuál es la razón principal por el que su niño/a no ha ido {nunca} al dentista {durante el año pasado}?

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

Section C – Diet, Physical Activity, Park Use

> **PROGRAMMING NOTE QC09_C1:**
> **IF CAGE < 2 YEARS, GO TO QC09_C13;**
> **ELSE CONTINUE WITH QC09_C1**

QC09_C1   Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks.
Ahora le voy a hacer preguntas acerca de los alimentos que su niño/a comió ayer, incluyendo comidas y bocados.

Yesterday, how many glasses or boxes of 100% fruit juice, such as orange or apple juice, did (CHILD) drink?
Ayer, ¿cuántos vasos o cartones de jugo 100% puro de fruta, como jugo de naranja o de manzana, bebió {NOMBRE/EDAD/SEXO DEL NIÑO}?

CC10

[IF NEEDED, SAY: "Only include 100% fruit juices."]
[IF NEEDED, SAY: *"Incluya solamente jugos 100% puros de fruta."*]

[INTERVIEWER NOTE: 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

QC09_C2   Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?
Ayer, ¿cuántas porciones de fruta, como una manzana o un plátano, comió {él/ella}?

CC13

[IF NEEDED, SAY: "Servings are self-defined. A serving is the child's regular portion of this food."]
[IF NEEDED, SAY: "*Cada persona define sus porciones. Una porción es la cantidad regular de este alimento que consume su niño en una sola vez. No cuente los jugos."*]

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

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

QC09_C3   Yesterday, how many servings of French fries, home fries, or hash browns did (CHILD) eat?
El día de ayer, ¿cuántas porciones de papas fritas de cualquier tipo comió {NOMBRE/EDAD/SEXO DEL NIÑO}?

CC14

[IF RESPONDENT ASKS, SAY: "Do not include potato chips."]
[IF RESPONDENT ASKS, SAY: *"Sin contar los 'chips' o papitas que vienen en bolsa."*]

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

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

QC09_C4   Yesterday, how many servings of other vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.
El día de ayer, ¿cuántas porciones de otros vegetales como ensalada verde, ejotes/judías verdes/vainas, o papas, comió {él/ella} ayer? No incluya las papas fritas.

CC31

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

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

QC09_C5   Yesterday, how many glasses or cans of soda, such as Coke, or other sweetened drinks, such as fruit punch or sports drinks did {he/she} drink? Do <u>not</u> count diet drinks.
Ayer, ¿cuántos vasos o latas de refresco como, Coca Cola, u otras bebidas azucaradas, como ponche de frutas o bebidas deportivas, bebió {NOMBRE/EDAD/SEXO DEL NIÑO}? <u>No</u> cuente las bebidas de dieta.

CC12

[INTERVIEWER NOTE: THIS ALSO INCLUDES ANY DRINKS WITH ADDED SUGAR, SUCH AS SUNNY DELIGHT, ICED TEA DRINKS, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, GATORADE, SWEETENED WATER DRINKS, AND ENERGY DRINKS.]

_____ GLASSES, CANS, OR BOTTLES   [HR: 0-20; SR 0-9]

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

QC09_C6   Yesterday, how many servings of sweets such as cookies, candy, doughnuts, pastries, cake, or popsicles did {he/she} have?
Ayer, ¿cuántas porciones de alimentos con alto contenido de azúcar como galletas, dulces, donuts, pasteles, o paletas heladas consumió {él/ella}?

CC24

[IF NEEDED, SAY: "Include pies and ice cream. Do not include sugar-free kinds but include low-fat kinds."]
[IF NEEDED, SAY: "*Incluya pasteles y nieves. No incluya dulces sin azúcar, pero sí los de bajo contenido de grasa.*"]

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

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

QC09_C7   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.
Ahora piense en la semana pasada. Durante los últimos 7 días, ¿cuántas veces comió {él/ella} comida rápida? Incluya la comida rápida consumida en la escuela o en el hogar, o en restaurants de comida rápida, comidas para llevar o comida de un "drive thru".

CC32

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

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

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

PROGRAMMING NOTE QC09_C8:
IF QC09_A7 = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH QC09_C8 AND DISPLAY
"How many days in the past week";
IF QC09_A8 = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH QC09_C8 AND DISPLAY
"During the school year, on how many days during a typical week";
ELSE GO TO PROGRAMMING NOTE QC09_C12

Now I'm going to ask you about physical activity.
Ahora le voy a hacer preguntas acerca de la actividad física.

QC09_C8   {How many days in the past week/ during the school year/ how many days during a typical week} did (CHILD) walk, bicycle, or skateboard home from school?
{¿Cuántos días de la semana pasada/ durante el año escolar/ cuántos días en una semana normal} fue a casa desde la escuela {NOMBRE/EDAD/SEXO DEL NIÑO} caminando, en bicicleta o en skateboard/patineta?

CC29

[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 QC09_C9:
IF QC09_C8 = 0 (DAYS), -7, OR -8, GO TO QC09_C10;
ELSE IF QC09_C8 > 0 (DAYS) CONTINUE WITH QC09_C9;
IF QC09_A7 = 1 (ATTENDED SCHOOL LAST WEEK) DISPLAY "does";
IF QC09_A8 = 1 (ATTENDED SCHOOL LAST YEAR) DISPLAY "did"

QC09_C9   About how many minutes {did/does} it take {him/her} without any stops?
Aproximadamente, ¿cuántos minutos se {tarda/tardó} {él/ella} sin hacer ninguna parada?

CC30

_____ MINUTES   **[GO TO QC09_C11]**

REFUSED .... -7   **[GO TO QC09_C11]**
DON'T KNOW .... -8   **[GO TO QC09_C11]**

QC09_C10   Could {he/she} walk or bike home from school in 30 minutes or less?
¿Podría {él/ella} ir desde la escuela a la casa caminando o en bicicleta, en 30 minutos o menos?

CC33

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

PROGRAMMING NOTE QC09_C11:
If QC09_A7 = 1 (ATTENDED SCHOOL LAST WEEK) OR QC09_A8 = 1 (ATTENDED SCHOOL LAST
YEAR) THEN CONTINUE WITH QC09_C11;
ELSE SKIP TO QC09_C12

QC09_C11   What is the name of the school (CHILD) goes to or last attended?
¿Cuál es el nombre de la escuela a la que va {NOMBRE/EDAD/SEXO DEL NIÑO} o la
última escuela a la que asistió?

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

PROGRAMMING NOTE QC09_C12:
IF CAGE < 5, SKIP TO QC09_C13;
ELSE CONTINUE WITH QC09_C12

QC09_C12   Not including school PE, on how many days of the past 7 days was (CHILD) physically
active for at least 60 minutes total?
Sin incluir la Educación Física (PE) en la escuela, ¿cuántos días durante los últimos 7
días realizó {NOMBRE/EDAD/SEXO DEL NIÑO} actividades físicas durante un total de
60 minutos por lo menos?

CC35

_____ DAYS [HR: 0-7]

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

> **PROGRAMMING NOTE QC09_C13:**
> **IF CAGE < 1 GO TO QC09_D1;**
> **ELSE CONTINUE WITH QC09_C13**

QC09_C13   Has (CHILD) been to a park in the past 30 days?
¿Ha ido {NOMBRE/EDAD/SEXO DEL NIÑO} a un parque durante los últimos 30 días?

CC37

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

QC09_C14   Is there a park, playground, or open space within walking distance of your home?
¿Hay algún parque, zona de recreo infantil o espacio abierto al que se pueda llegar caminando desde su casa?

CC36

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

QC09_C15   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
¿Está usted totalmente de acuerdo, de acuerdo, en desacuerdo, o totalmente en desacuerdo con la siguiente afirmación?
El parque o área de juego infantil más cercano a mi casa es seguro durante el día.

CC39

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

PROGRAMMING NOTE QC09_C16:
IF CAGE ≤ 1 YEAR GO TO QC09_D1;
ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC09_C16

QC09_C16   Thinking just about SATURDAYs AND SUNDAYs, about how many hours does (CHILD)
usually watch TV or play video games (such as PlayStation)?
Pensando solamente en los SÁBADOS Y DOMINGOS, ¿cuántas horas al día
usualmente mira {NOMBRE/EDAD/SEXO DEL NIÑO} la televisión o juega juegos de
video (como PlayStation)?

CG10

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

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

_____ HOURS

DOESN'T HAVE TV 93
MORE THAN ZERO, LESS THAN 1 HOUR 94
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC09_C17:
IF CAGE < 3 YEARS, GO TO QC09_D1;
ELSE IF CAGE ≥ 3 YEARS CONTINUE WITH QC09_C17

QC09_C17   About how many hours per day on a typical SATURDAY OR SUNDAY does (CHILD) use
a computer for fun, not schoolwork?
Más o menos, ¿cuántas horas en un típico SÁBADO O DOMINGO usa
{NOMBRE/EDAD/SEXO DEL NIÑO} una computadora como diversión, no para tareas
de la escuela?

CG11

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

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

_____ HOURS

DOESN'T HAVE ACCESS TO A PC 93
MORE THAN ZERO, LESS THAN 1 HOUR 94
REFUSED .... -7
DON'T KNOW .... -8

Section D – Health Care Access and Utilization

QC09_D1   The next questions are about where (CHILD) goes for health care.
Las siguientes preguntas son acerca de dónde va {NOMBRE/EDAD/SEXO DEL NIÑO} para servicios de salud.

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?
¿Hay un lugar done usted {lo/la} lleva usualmente cuando {él/ella} está enfermo(a) o cuando usted necesita consejo acerca de su salud?

CD1

YES 1
NO 2   **[GO TO QC09_D3]**
DOCTOR/(HIS/HER) DOCTOR 3
KAISER 4
MORE THAN ONE PLACE 5
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC09_D2:
IF QC09_D1 = 1, 5, -7, OR -8, DISPLAY "What kind of place do you take {him/her} to most often —a medical";
ELSE IF QC09_D1 = 3 DISPLAY "Is {his/her} doctor in a private";
ELSE IF QC09_D1 = 4, FILL QC09_D2 = 1 AND GO TO PN QC09_D3

QC09_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?
¿{A qué tipo de lugar (lo/la) lleva con más frecuencia – al consultorio médico, / Está el medico de (él/ella} en un consultorio médico privado,} una clínica o clínica de hospital, una sala de urgencias o algún otro lugar?

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

PROGRAMMING NOTE QC09_D3:
IF QC09_A14 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC09_A19 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC09_A28 = 1 (YES WENT TO ER PAST 12 MONTHS FOR OTHER CONDITION), MARK YES ON QC09_D3 AND GO TO QC09_D4;
ELSE CONTINUE WITH QC09_D3

QC09_D3   During the past 12 months did (CHILD) visit a hospital emergency room?
Durante los últimos 12 meses, ¿visitó {NOMBRE/EDAD/SEXO DEL NIÑO} una sala de urgencias de un hospital?

CD12

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

QC09_D4   During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?
Durante los últimos 12 meses, ¿cuántas veces ha visto {NOMBRE/EDAD/SEXO DEL NIÑO} a cualquier tipo de médico o doctor?

CD6

```
_____ TIMES

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

PROGRAMMING NOTE QC09_D5:
IF QC09_D4 > 0, GO TO PROGRAMMING NOTE QC09_D6;
ELSE IF QC09_D4 = 0, -7, OR -8, CONTINUE WITH QC09_D5

QC09_D5   About how long has it been since {he/she} last saw a medical doctor?
Más o menos, ¿hace cuánto tiempo fue la última vez que {él/ella} vio un médico?

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
```

PROGRAMMING NOTE QC09_D6:
IF QC09_D1 = 1 OR 3 OR 4 OR 5 AND [QC09_A11 = 1 (STILL HAS ASTHMA) OR QC09_A12 = 1 (EPISODE OF ASTHMA IN PAST 12 MONTHS) OR QC09_A26 = 1 (HAS OTHER CONDITION)],
CONTINUE WITH QC09_D6;
ELSE SKIP TO PN QC09_D7

QC09_D6   Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?
¿Tiene {él/ella} un médico de cabecera o un proveedor de cuidados médicos que es su proveedor principal?

CD33

[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]
[IF NEEDED, SAY: "*Puede ser un médico general, un especialista, un asistente médico, una enfermera, u otro proveedor de cuidados médicos.*"]

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

PROGRAMMING NOTEQC09_D7:
IF QC09_A11 = 1 (STILL HAS ASTHMA) OR QC09_A12 = 1 (EPISODE OF ASTHMA IN PAST 12 MONTHS) OR QC09_A26 = 1 AND [QC09_D4 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QC09_D5 = 1 (SAW DOCTOR LESS THAN A YEAR AGO)], CONTINUE WITH QC09_D7;
ELSE SKIP TO QC09_D9

QC09_D7   During the past 12 months, did you phone or e-mail the doctor's office with a medical question about (CHILD)?
Durante los últimos 12 meses, ¿llamó por teléfono o envió un correo electrónico a la oficina del médico con una pregunta médica acerca de {NOMBRE/EDAD/SEXO DEL NIÑO}?

CD34

YES 1
NO 2   **[GO TO QC09_D9]**
REFUSED .... -7   **[GO TO QC09_D9]**
DON'T KNOW .... -8   **[GO TO QC09_D9]**

QC09_D8   How often did you get an answer as soon as you needed it? Would you say...
¿Con qué frecuencia consiguió una respuesta tan pronto como la necesitaba? ¿Diría usted que…

CD35

Never, ...1
Nunca, ...1
Sometimes, ...2
Algunas veces, ...2
Usually, or 3
Normalmente, o 3
Always? 4
Siempre? 4
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QC09_D9:
IF QC09_D1 = 1, 3, 4, OR 5 AND QC09_D6 = 1 AND QC09_A11 = 1 OR QC09_A12 = 1 OR QC09_A26
= 1, CONTINUE WITH QC09_D9;
ELSE SKIP TO QC09_D10

QC09_D9 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?
¿Hay alguien en la oficina del médico de {NOMBRE/EDAD/SEXO DEL NIÑO} o en una clínica que le ayude a coordinar el cuidado de su salud con otros médicos o servicios, como pruebas o tratamiento?

CD36

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

QC09_D10 During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for (CHILD)?
Durante los últimos 12 meses, ¿tardó en comprar o no compró alguna medicina que el doctor recetó para {NOMBRE/EDAD/SEXO DEL NIÑO}?

CE1

YES 1
NO...2 **[GO TO QC09_D14]**
REFUSED .... -7 **[GO TO QC09_D14]**
DON'T KNOW .... -8 **[GO TO QC09_D14]**

QC09_D11 Was cost or lack of insurance a reason why you delayed or did not get the prescription?
¿Fue el costo o la falta de seguro una razón por la que postergó la compra o no compró la medicina recetada?

CE12

YES 1
NO...2 **[GO TO QC09_D14]**
REFUSED .... -7 **[GO TO QC09_D14]**
DON'T KNOW .... -8 **[GO TO QC09_D14]**

PROGRAMMING NOTE QC09_D12:
IF QC09_A11 = 1 (STILL HAS ASTHMA) OR QC09_A12 = 1 (EPISODE OF ASTHMA PAST 12
MONTHS), CONTINUE WITH QC09_D12;
ELSE SKIP TO QC09_D13

QC09_D12 Was this prescription for {his/her} asthma?
Esta receta, ¿era para su asma?

CD37

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

> **PROGRAMMING NOTE QC09_D13:**
> **IF QC09_A26 = 1 (HAS OTHER CONDITION), CONTINUE WITH QC09_D13;**
> **ELSE SKIP TO QC09_D14**

QC09_D13   Was this prescription for {his/her} (INSERT CONDITION(S) FROM QC09_A27)?
Esta receta, ¿era para su (INSERT CONDITION(S) FROM QC09_A27)?

CD38

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

QC09_D14   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?
*Durante los últimos 12 meses, ¿tuvo que postergar o dejar de recibir algún otro tipo de
atención médica que usted creyó que {NOMBRE/EDAD/SEXO DEL NIÑO} necesitaba--
tal como ver un médico, un especialista u otro profesional de salud?*

CE7

                    YES 1
                    NO...2   **[GO TO QT09_D18]**
                    REFUSED .... -7   **[GO TO QT09_D18]**
                    DON'T KNOW .... -8   **[GO TO QT09_D18]**

QC09_D15   Was cost or lack of insurance a reason why you delayed or did not get the medical care
you felt (he/she) needed?
*¿Fue el costo o la falta de seguro una razón por la que retrasó o no obtuvo la atención
médica que usted sentía que {él/ella} necesitaba?*

CE13

                    YES 1
                    NO...2   **[GO TO QT09_D18]**
                    REFUSED .... -7   **[GO TO QT09_D18]**
                    DON'T KNOW .... -8   **[GO TO QT09_D18]**

> **PROGRAMMING NOTE QC09_D16:**
> **IF QC09_A11 = 1 (STILL HAS ASTHMA) OR QC09_A12 = 1(EPISODE OF ASTHMA PAST 12**
> **MONTHS), CONTINUE WITH QC09_D16;**
> **ELSE SKIP TO QC09_D17**

QC09_D16   Was this medical care for {his/her} asthma?
Este cuidado médico, ¿era para su asma?

CD39

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

```
PROGRAMMING NOTE QC09_D17:
IF QC09_A26 = 1 (HAS OTHER CONDITION), CONTINUE WITH QC09_D17;
ELSE SKIP TO QC09_D18
```

QC09_D17   Was this medical care for {his/her} (INSERT CONDITION(S) FROM QC09_A27)?
Este cuidado médico, ¿era para su (INSERT CONDITION(S) FROM QC09_A27)?

CD40

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

QC09_D18   When (CHILD) had {his/her} last routine physical exam, did you and a doctor talk about {his/her} nutrition or healthy eating?
Cuando {NOMBRE/EDAD/SEXO DEL NIÑO} tuvo su último examen físico de rutina, ¿hablaron usted y un doctor acerca de su nutrición o de sus hábitos de comida saludable?

CD32

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

```
PROGRAMMING NOTE QC09C_D19:
IF CAGE < 6 MONTHS, GO TO QC09_E1;
ELSE IF CAGE ≥ 6 MONTHS, CONTINUE WITH QC09_D19
```

QC09_D19   During the past 12 months did (CHILD) get a flu shot or the nasal flu vaccine, called "Flumist"?
Durante los últimos 12 meses, ¿recibió {NOMBRE/EDAD/SEXO DEL NIÑO} la vacuna contra la gripe en una inyección o en forma de vacuna nasal llamada "Flumist"?

CD30

[IF NEEDED, SAY: "A flu shot is usually given in the Fall and protects against influenza for the flu season."]
[IF NEEDED, SAY: *"La vacuna contra la gripe normalmente se administra en el otoño y protege contra la gripe durante la temporada de esta enfermedad."***]**

YES 1
NO..2   **[GO TO QC09_E1]**
REFUSED .... -7   **[GO TO QC09_E1]**
DON'T KNOW .... -8   **[GO TO QC09_E1]**

QC09_D20 Did {he/she} have the flu shot or the nasal flu vaccine?
¿Le pusieron una inyección, o le dieron la vacuna nasal?

CD41

```
FLU SHOT ........................................................1
NASAL/FLUMIST ................................................2
BOTH ...............................................................3
REFUSED .......................................................... -7
DON'T KNOW ..................................................... -8
```

PROGRAMMING NOTE QC09_D21:
IF QC09_D20 = 1 DISPLAY "flu shot";
IF QC09_D20 = 2 DISPLAY "nasal flu vaccine";
ELSE DISPLAY "vaccine"

QC09_D21 At what kind of place did {he/she} get {his/her} last {flu shot/ nasal flu vaccine/ vaccine}?
¿Dónde fue {él/ella} a ponerse su {inyección más reciente contra la gripe/ vacuna nasal más reciente contra la gripe/ última vacuna}?

CD42

```
DOCTOR'S OFFICE, KAISER, OR HMO .................1
COMMUNITY HEALTH CENTER, HEALTH DEPT.,
HEALTH DEPT CLINIC, OR OTHER TYPE OF
CLINIC ..............................................................2
A STORE ...........................................................3
PARENT'S WORKPLACE .......................................4
A SENIOR, RECREATION, OR COMMUNITY
CENTER ............................................................5
HOSPITAL OR EMERGENCY ROOM ....................6
PLACE OF WORSHIP ...........................................7
SCHOOL .............................................................8
DON'T KNOW ..................................................... -7
REFUSED .......................................................... -8
```

Section E – Public Programs

PROGRAMMING NOTE SECTION E:
IF POVERTY = 1, 2, 3, OR 5 (INCOME LESS THAN OR EQUAL TO 300% OF POVERTY LEVEL),
CONTINUE WITH QC09_E1;
ELSE SKIP TO QC09_F1

QC09_E1   Is (CHILD) now on TANF or CalWORKS?
¿Está {NOMBRE/EDAD/SEXO DEL NIÑO} actualmente en TANF o 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."]

[IF NEEDED, SAY: "*TANF quiere decir 'Asistencia Temporaria a Familias Necesitadas,' y CalWORKS significa 'Oportunidades de Trabajo y Responsabilidad hacia los Niños de California.' Ambos reemplazaron al AFDC, el antiguo programa de bienestar de California."***]**

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

QC09_E2   Is (CHILD) receiving Food Stamps?
¿Recibe {CHILD NAME/AGE/SEX} Food Stamps o Estampillas para Comida?

CE11A

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]
[IF NEEDED, SAY: *"Usted podría recibir beneficios como estampillas o a través de una tarjeta EBT. EBT son las iniciales en inglés de Transferencia Electrónica de Beneficios y también se conoce como la tarjeta Golden State Advantage."*]**

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

```
PROGRAMMING NOTE QC09_E3:
IF CAGE > 6, GO TO QC09_F1;
ELSE CONTINUE WITH QC09_E3
```

QC09_E3   Is (CHILD) on WIC now?
             ¿Está (NOMBRE/EDAD/SEXO DEL NIÑO) actualmente recibiendo WIC?

| CE11C |

[IF NEEDED, SAY: "WIC means 'Supplemental Food Program for Women, Infants and Children.'']
[IF NEEDED, SAY: "*WIC quiere decir 'Programa de Alimentación Suplementaria para Mujeres, Lactantes, y Niños.*"]

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

Section F – Parental Involvement, Concerns, Mental Health

PROGRAMMING NOTE QC09_F1:
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE QC09_F4 INTRO;
ELSE CONTINUE WITH QC09_F1

QC09_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)?
*En una semana normal, ¿cuántos días usted o cualquier otro miembro de la familia le lee
cuentos o mira libros con dibujos junto con {NOMBRE/EDAD/SEXO DEL NIÑO}?*

CG14

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

QC09_F2   [In a usual week, about how many days do you or any other family member] play music
or sing songs with (CHILD)?
*[En una semana normal, ¿aproximadamente cuántos días usted o cualquier otro
miembro de la familia] toca música o canta canciones con {NOMBRE/EDAD/SEXO DEL
NIÑO}?*

CG15

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

QC09_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?
*[En una semana normal, ¿aproximadamente cuántos días usted o cualquier otro
miembro de la familia] sale con {NOMBRE/EDAD/SEXO DEL NIÑO}, por ejemplo al
parque, a una tienda o a una zona de recreo?*

CG16

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

PROGRAMMING NOTE QC09_F4 INTRO:
IF CAGE < 4 MONTHS, GO TO QC09_F25;
IF CAGE ≥ 6 YEARS, GO TO QC09_F10;
ELSE IF CAGE ≥ 4 MONTHS AND < 6 YEARS, CONTINUE WITH QC09_F4 INTRO

*QUESTIONS QC09_F4-QC09_F14 ARE DRAWN FROM THE SURVEY EDITION OF PARENTS'
EVALUATION OF DEVELOPMENTAL STATUS (PEDS) AND DO NOT HAVE AN IMMEDIATE CLINICAL
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QC09_F4 INTRO

The next questions are about concerns you may have about your child. After each one,
tell me if you are concerned a lot, a little, or not at all.
*Las siguientes preguntas son acerca de las preocupaciones que usted podría tener
acerca de su niño. Para cada una, dígame si a usted esto le preocupa mucho, un poco, o
nada.*

PROGRAMMING NOTE QC09_F4:
IF CAGE > 9 MONTHS GO TO QC09_F5;
ELSE IF CAGE ≤ 9 MONTHS CONTINUE WITH QC09_F4

QC09_F4   How your child makes speech sounds, [Are you concerned a lot, a little, or not at all?]
*La manera en que su niño suena al hablar, [¿Le preocupa esto mucho, un poco, o
nada?]*

CG17

A LOT...1	**[GO TO QC09_F6]**
A LITTLE...2	**[GO TO QC09_F6]**
NOT AT ALL...3	**[GO TO QC09_F6]**
REFUSED .... -7	**[GO TO QC09_F6]**
DON'T KNOW .... -8	**[GO TO QC09_F6]**

QC09_F5   How your child talks and makes words, [Are you concerned a lot, a little, or not at all?]
*La manera en que su niño habla y hace palabras, [¿Le preocupa esto mucho, un poco, o
nada?]*

CG17A

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

PROGRAMMING NOTE QC09_F6:
IF CAGE < 18 MONTHS, GO TO QC09_F7;
ELSE IF CAGE ≥ 18 MONTHS CONTINUE WITH QC09_F6

QC09_F6   How well your child understands what you say, [Are you concerned a lot, a little, or not at all?]
Qué tan bien entiende su niño lo que usted dice, [¿Le preocupa esto mucho, un poco, o nada?]

CG18

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

QC09_F7   How your child uses {his/her} hands and fingers to do things, [Are you concerned a lot, a little, or not at all?]
La manera en que su niño usa las manos y los dedos para hacer cosas, [¿Le preocupa esto mucho, un poco, o nada?]

CG19

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

QC09_F8   How well your child uses {his/her} arms and legs, [Are you concerned a lot, a little, or not at all?]
Qué tan bien su niño usa los brazos y las piernas, [¿Le preocupa esto mucho, un poco, o nada?

CG20

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

QC09_F9   How well your child can see or hear, [Are you concerned a lot, a little, or not at all?]
Qué tan bien su niño puede ver u oír, [¿Le preocupa esto mucho, un poco, o nada?]

CG21

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

> **PROGRAMMING NOTE QC09_F10:**
> **IF CAGE IS ≤ 9 MONTHS, GO TO QC09_F25;**
> **IF CAGE > 6 YEARS, GO TO QC09_F15;**
> **ELSE IF CAGE = 10 MONTHS TO 6 YEARS, CONTINUE WITH QC09_F10**

QC09_F10   How your child gets along with others, [Are you concerned a lot, a little, or not at all?]
La manera en que se lleva su niño con otros, [¿Le preocupa esto mucho, un poco, o nada?]

CG22

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

QC09_F11   Your child's feelings and moods, [Are you concerned a lot, a little, or not at all?]
Los sentimientos y estados de ánimo de su niño, [¿Le preocupa esto mucho, un poco, o nada?]

CG23

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

QC09_F12   How your child behaves, [Are you concerned a lot, a little, or not at all?]
La manera en que se comporta su niño, [¿Le preocupa esto mucho, un poco, o nada?]

CG24

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

QC09_F13   How your child is learning to do things for {himself/herself}, [Are you concerned a lot, a little, or not at all?]
La manera en que su niño está aprendiendo a hacer cosas por sí mismo, [¿Le preocupa esto mucho, un poco, o nada?]

CG25

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

QC09_F14   Whether your child can do what other children {his/her} age can do, [Are you concerned a lot, a little, or not at all?]
Si acaso su niño puede hacer lo que otros niños de su edad pueden hacer, [¿Le preocupa esto mucho, un poco, o nada?]

CG26

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

QC09_F15   Did a doctor or other professional ever refer {him/her} to a specialist regarding his development?
¿Le recomendó alguna vez un médico u otro profesional que le llevara a un especialista con relación a su desarrollo?

CF46

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

QC09_F16   Did they ever refer {him/her} for speech, language or hearing testing?
¿Le recomendaron alguna vez a él o ella que hiciera pruebas del habla, idioma u oído?

CF47

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

THE NEXT 7 ITEMS (QC09_F17-QCO7_F23) ARE INCLUDED IN THIS SURVEY WITH PERMISSION AS INDICATED:

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PROGRAMMING NOTE QC09_F17:
IF CAGE < 4 YEARS, GO TO QC09_F25;
ELSE CONTINUE WITH QC09_F17

I am going to read a list of items that describe children. For each item, please tell me if it has been not true, somewhat true, or certainly true of (CHILD) during the past six months. *Voy a leerle una lista de cosas que describen a los niños. Para cada cosa, por favor dígame si no ha sido cierto, si sí ha sido cierto, o si definitivamente ha sido cierto en el caso de {NOMBRE/EDAD/SEXO DEL NIÑO} durante los últimos seis meses.*

QC095_F17 {He/She} is generally well behaved, usually does what adults request [...during the past 6 months].
Por lo general es obediente, y normalmente hace lo que le piden los adultos [... en los últimos 6 meses]

| CG28 |

     NOT TRUE...1
     SOMEWHAT TRUE 2
     CERTAINLY TRUE 3
     REFUSED .... -7
     DON'T KNOW .... -8

QC09_F18 {He/She} has many worries or often seems worried [...during the past 6 months].
Se preocupa de muchas cosas o siempre se ve preocupado(a) [...en los últimos 6 meses]

| CG29 |

     NOT TRUE...1
     SOMEWHAT TRUE 2
     CERTAINLY TRUE 3
     REFUSED .... -7
     DON'T KNOW .... -8

QC09_F19 {He/She} is often unhappy, depressed or tearful [...during the past 6 months].
Está a menudo triste, deprimido(a) o con lágrimas en los ojos [...en los últimos 6 meses]

| CG30 |

     NOT TRUE...1
     SOMEWHAT TRUE 2
     CERTAINLY TRUE 3
     REFUSED .... -7
     DON'T KNOW .... -8

QC09_F20　　{He/She} gets along better with adults than with other children […during the past 6 months].
Se lleva mejor con adultos que con otros niños [...en los últimos 6 meses]

CG31

NOT TRUE...1
SOMEWHAT TRUE 2
CERTAINLY TRUE 3
REFUSED .... -7
DON'T KNOW .... -8

QC09_F21　　{He/She} has good attention span, sees chores or homework through to the end.
Tiene buena atención, se concentra en tareas o deberes escolares hasta que los termina.

CG32

NOT TRUE...1
SOMEWHAT TRUE 2
CERTAINLY TRUE 3
REFUSED .... -7
DON'T KNOW .... -8

QC09_F22　　Overall, do you think your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?
En general, ¿cree usted que su hijo/hija tiene dificultades en alguna de las siguientes áreas: emociones, concentración, comportamiento, o ser capaz de llevarse bien con otras personas?

CF30

YES 1
NO..2　　**[GO TO QC09_F24]**
REFUSED .... -7　　**[GO TO QC09_F24]**
DON'T KNOW .... -8　　**[GO TO QC09_F24]**

QC09_F23　　Are these difficulties minor, definite, or severe?
¿Son estas dificultades pequeñas, definidas, o graves?

CF31

MINOR 1
DEFINITE...2
SEVERE...3
REFUSED .... -7
DON'T KNOW .... -8

QC09_F24　　During the past 12 months did (CHILD) receive any psychological or emotional counseling?
Durante los últimos 12 meses, ¿recibió {NOMBRE/EDAD/SEXO DEL NIÑO} cualquier orientación psicológica o emocional?

CF32

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

> **PROGRAMMING NOTE QC09_F25:**
> **IF QC09_C16 = 93 (DOESN'T HAVE TV) OR CAGE < 1 YEAR, GO TO QC09_F29;**
> **ELSE CONTINUE WITH QC09_F25**

QC09_F25   The next questions are about television programming your child might watch.
Las preguntas siguientes se tratan de los programas de televisión que quizás vea su hijo/hija.
Have you heard about the PBS TV show "Sid the Science Kid"?
¿Ha escuchado algo acerca de la serie de televisión de PBS llamada, "Sid the Science Kid"?

CF60

YES 1
NO..2   **[GO TO QC09_F29]**
REFUSED .... -7   **[GO TO QC09_F29]**
DON'T KNOW .... -8   **[GO TO QC09_F29]**

QC09_F26   Has (CHILD) seen the PBS TV show "Sid the Science Kid"?
¿Ha visto {NOMBRE/EDAD/SEXO DEL NIÑO} la serie de televisión de PBS TV "Sid the Science Kid"?

CF61

YES 1
NO..2   **[GO TO QC09_F29]**
DOESN'T WATCH TV 3   **[GO TO QC09_F29]**
REFUSED .... -7   **[GO TO QC09_F29]**
DON'T KNOW .... -8   **[GO TO QC09_F29]**

QC09_F27   Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:
Dígame, por favor, si está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo con las siguientes afirmaciones:

(CHILD) is learning science from Sid.
{NOMBRE/EDAD/SEXO DEL NIÑO} está aprendiendo ciencias con Sid.

CF62

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "*¿Está usted totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?*"]

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

QC09_F28   "Sid the Science Kid" increases preschoolers' interest in science.
"Sid the Science Kid" aumenta el interés de los niños de edad preescolar por las ciencias.

CF63

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "*¿Está usted totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?"]*

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

QC09_F29   Do you know that First 5 California, a state agency, provides a free Parent Kit to parents of young children?
¿Sabía que First 5 California, una agencia estatal, proporciona gratuitamente a los padres de niños pequeños un paquete informativo?

CF35

YES...1
NO...2   **[GO TO QC09_G1]**
REFUSED .... -7   **[GO TO QC09_G1]**
DON'T KNOW .... -8   **[GO TO QC09_G1]**

QC09_F30   Have you ever received this Parent Kit?
¿Ha recibido alguna vez este paquete informativo?

CF36

YES...1
NO...2   **[GO TO QC09_G1]**
REFUSED .... -7   **[GO TO QC09_G1]**
DON'T KNOW .... -8   **[GO TO QC09_G1]**

QC09_F31   Did you use any of the materials from this Parent Kit?
¿Ha usados algunos de los materiales del paquete informativo para los padres de familia?

CF39

YES...1
NO...2   **[GO TO QC09_G1]**
REFUSED .... -7   **[GO TO QC09_G1]**
DON'T KNOW .... -8   **[GO TO QC09_G1]**

QC09_F32   On a scale of 1-10, with 10 being most useful and 1 the least, how useful was the Parent Kit?
En una escala de 1 a 10, donde 10 es muy útil y 1 nada útil, ¿qué tan útil fue para usted el paquete informativo?

CF37

_____RESPONDENT'S NUMBER FROM 1 (WORST) TO 10 (BEST)

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

Section G – Child Care, Neighborhood Cohesion

PROGRAMMING NOTE QC09_G1:
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

QC09_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]
Las siguientes preguntas son acerca del cuidado infantil. Por cuidado infantil, queremos decir cualquier arreglo donde alguien cuida a {CHILD NAME/AGE/SEX} además de los padres, guardianes legales o padrastros o madrastras. [Esto incluye pre-kínder y guarderías pero no kindergarten]

Do you currently have any kind of regular childcare arrangements for (CHILD) for 10 hours or more per week?
¿Tiene usted actualmente algún tipo de arreglo regular para cuidar a {CHILD NAME/AGE/SEX} por 10 o más horas a la semana?

CG1

YES 1
NO..2   **[GO TO QC09_G10]**
REFUSED .... -7   **[GO TO QC09_G10]**
DON'T KNOW .... -8   **[GO TO QC09_G10]**

QC09_G2   Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.
En total, ¿cuántas horas está {NOMBRE/EDAD/SEXO DEL NIÑO} en cuidado infantil durante una semana típica? Incluya todas las combinaciones de arreglos de cuidado infantil.

CG2

_____ HOURS [SR: 10-168 HRS]

REFUSED .... -7   **[GO TO QC09_G10]**
DON'T KNOW .... -8   **[GO TO QC09_G10]**

PROGRAMMING NOTE QC09_G3:
IF QC09_G2 < 10 (HOURS IN CHILDCARE), GO TO QC09_G10;
ELSE CONTINUE WITH QC09_G3

QC09_G3   During a typical week does (CHILD) receive childcare from...a grandparent or other family member?
En una semana típica, ¿Recibe {CHILD NAME/AGE/SEX} cuidado de parte de uno de sus abuelos u otro miembro de la familia?

CG3A

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

PROGRAMMING NOTE QC09_G4:
IF CAGE ≥ 7 YEARS, GO TO QC09_G6;
ELSE CONTINUE WITH QC09_G4

QC09_G4   [Does (CHILD) receive childcare from]... a Head Start or state preschool program?
[¿Recibe {CHILD NAME/AGE/SEX} cuidado de]… Head Start o un programa preescolar del estado [durante una semana típica]?

CG3B

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

QC09_G5   [Does (CHILD) receive childcare from]... some other preschool or nursery school?
[¿Recibe {CHILD NAME/AGE/SEX} cuidado de]… algún otro tipo de pre-escolar o guardería [durante una semana típica]?

CG3C

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

QC09_G6   [Does (CHILD) receive childcare from]... a childcare center that is not in someone's home?
[¿Recibe {CHILD NAME/AGE/SEX} cuidado de]… una guardería que no está en la casa de una persona [durante una semana típica]?

CG3D

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

QC09_G7   [Does (CHILD) receive childcare from]... a non-family member who cares for (CHILD) in your home?
[¿Recibe {CHILD NAME/AGE/SEX} cuidado de]… una persona que no es miembro de la familia y que viene a su casa a cuidar a {CHILD NAME/AGE/SEX} [durante una semana típica]?

CG3E

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

QC09_G8   [Does (CHILD) receive childcare from]... a non-family member who cares for (CHILD) in his or her home?
[¿Recibe {CHILD NAME/AGE/SEX} cuidado de]… una persona que no es miembro de la familia y que cuida a {CHILD NAME/AGE/SEX} en su propia casa [durante una semana típica]?

CG3F

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

PROGRAMMING NOTE QC09_G9:
IF [QC09_G3 OR QC09_G7 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF [QC09_G4 ≠ 1 AND QC09_G5 ≠ 1 AND QC09_G6 ≠ 1 AND QC09_G8 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO QC09_G10;
ELSE CONTINUE WITH QC09_G9;
IF ONLY ONE OF QC09_G4, QC09_G5, QC09_G6, OR QC09_G8 = 1, DISPLAY "Is this" AND "provider";
ELSE DISPLAY, "Are all of these" AND "providers"

QC09_G9   {Is this/ Are all of these} child care provider{s} licensed by the state of California?
¿{Es este proveedor/ Están todos estos proveedores} de cuidado infantil licenciado(s) por el estado de California?

CG3G

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

QC09_G10   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?
En los últimos 12 meses, ¿hubo un momento en que usted no pudo encontrar cuidado infantil para {NOMBRE/EDAD/SEXO DEL NIÑO} por una semana o más cuando lo necesitaba?

CG5

YES 1
NO 2   **[GO TO QC09_G12]**
REFUSED .... -7   **[GO TO QC09_G12]**
DON'T KNOW .... -8   **[GO TO QC09_G12]**

QC09_G11   What is the main reason you were unable to find childcare for (CHILD) at that time?
¿Cuál es el motivo principal por la que no pudo encontrar quien cuidara a {CHILD NAME/AGE/SEX} esa vez?

CG6

[IF NEEDED, SAY: "Main reason is the most important reason."]
**[IF NEEDED, SAY: "*El motivo principal es la razón más importante."]*

```
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
```

PROGRAMMING NOTE QC09_G12:
IF CHILD-FIRST INTERVIEW AND NO AR OR IF QC09_G12 THROUGH QC09_G16 NOT ANSWERED IN ADULT INTERVIEW, CONTINUE WITH QC09_G12;
ELSE SKIP TO QC09_G17

QC09_G12   These next questions are about your neighborhood.
Estas próximas preguntas son acerca de su vecindario o barrio.

Tell me if you strongly agree, agree, disagree or strongly disagree with the following statements:
Dígame si está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo con las siguientes afirmaciones:

People in my neighborhood are willing to help each other.
La gente de mi vecindario o barrio está dispuesta a ayudarse unos a otros.

CG39

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
**[IF NEEDED, SAY: "*¿Está usted totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?"]*

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

QC09_G13   People in my neighborhood do <u>not</u> get along with each other.
Las personas de este vecindario generalmente <u>no </u>se llevan bien unas con otras.

CG40

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "*¿Está usted totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?"*]

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

QC09_G14   People in this neighborhood can be trusted.
Se puede confiar en la gente de este vecindario.

CG41

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "*¿Está usted totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?"*]

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

QC09_G15   You can count on adults in this neighborhood to watch out that children are safe and
don't get into trouble.
*Usted puede contar con que los adultos en este vecindario prestan atención a los niños
para que estén a salvo y no se metan en problemas.*

CG34

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "*¿Está usted totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?"*]

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

QC09_G16   Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?
¿Se siente seguro en su vecindario siempre, casi siempre, algunas veces o nunca?

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

PROGRAMMING NOTE QC09_G17:
IF NOT ANSWERED IN ADULT (AM36) CONTINUE WITH QC09_G17;
ELSE GO TO SECTION H

QC09_G17   In the past 12 months, have you done any volunteer work or community service that you have not been paid for?
Durante los últimos 12 meses, ¿ha hecho algún trabajo voluntario o ha prestado algún servicio a la comunidad por el que no recibió ningún pago?

CG43

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

Section H – Demographics, Part II

So we can be sure we have included children of all races and ethnic groups in California, I need to ask a few questions about (CHILD)'s background.
Para poder estar seguros de que hemos incluido a los niños de todas las razas y grupos étnicos en California, necesito hacerle unas pocas preguntas finales acerca de la ascendencia de {NOMBRE/EDAD/SEXO DEL NINO}.

QC09_H1   Is (CHILD) Latino or Hispanic?
¿Es {NOMBRE/EDAD/SEXO DEL NIÑO} de origen latino o hispano?

CH1

[IF NEEDED, SAY: "Such as Mexican or Central or South American?"]
[IF NEEDED, SAY: "*¿Tal como mexicano, centroamericano/a o sudamericano/a?*"]

YES 1
NO..2   **[GO TO QC09_H3]**
REFUSED .... -7   **[GO TO QC09_H3]**
DON'T KNOW .... -8   **[GO TO QC09_H3]**

QC09_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.
¿Y cuál es la descendencia u origen latino o hispano? - Por ejemplo, mexicano, salvadoreño, cubano, hondureño --y si usted tiene más de uno, dígamelos todos.

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 QC09_H3:
IF QC09_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 QC09_H3, CONTINUE WITH PROGRAMMING NOTE QC09_H4;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QC09_H3　　{You said your child is Latino or Hispanic} 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?
Por favor dígame cuál o cuáles de los siguientes términos usaría usted para describir a {NOMBRE/EDAD/SEXO DEL NIÑO}: ¿nativo de Hawái, de otra isla del Pacífico, indígena americano, nativo de Alaska, asiático, negro, afroamericano o blanco?

CH3

[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]
[CODE ALL THAT APPLY]

WHITE.. 1	**[GO TO QC09_H10]**	
BLACK OR AFRICAN AMERICAN 2	**[GO TO QC09_H10]**	**IF**
ASIAN 3	**[GO TO QC09_H8]**	**ONLY**
AMERICAN INDIAN, ALASKA NATIVE........ 4	**[GO TO QC09_H4]**	**ONE**
OTHER PACIFIC ISLANDER 5	**[GO TO QC09_H9]**	**RACE**
NATIVE HAWAIIAN 6	**[GO TO QC09_H10]**	
OTHER (SPECIFY: _____) 91	**[GO TO QC09_H10]**	
REFUSED .... -7	**[GO TO QC09_H10]**	
DON'T KNOW .... -8	**[GO TO QC09_H10]**	

PROGRAMMING NOTE QC09_H4:
IF QC09_H3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QC09_H4;
ELSE GO TO PROGRAMMING NOTE QC09_H8

QC09_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.
Usted dijo indígena americano o nativo de Alaska, ¿De qué tribu desciende {NOMBRE/EDAD/SEXO DEL NIÑO}? Si {él/ella} es de más de una tribu, por favor dígamelas todas.

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

QC09_H5   Is (CHILD) an enrolled member in a federally or state recognized tribe?
¿Es {NOMBRE/EDAD/SEXO DEL NIÑO} un miembro inscrito en una tribu federal o estatal reconocida?

CH5

YES 1
NO..2   **[GO TO QC09_H8]**
REFUSED .... -7   **[GO TO QC09_H8]**
DON'T KNOW .... -8   **[GO TO QC09_H8]**

QC09_H6   In which Tribe is (CHILD) enrolled?
¿En qué tribu está inscrito(a) {CHILD NAME/AGE/SEX}?

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

QC09_H7   Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?
¿Recibe {NAME/EDAD/SEXO DEL NIÑO} algún servicio de salud a través del Servicio Indio de Salud, un Programa de Salud Tribal o una clínica India Urbana?

CH6A

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

PROGRAMMING NOTE QC09_H8:
IF QC09_H3 = 3 (ASIAN) CONTINUE WITH QC09_H8;
ELSE GO TO PROGRAMMING NOTE QC09_H9

QC09_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.
Usted dijo asiático(a), y ¿de qué grupo étnico específico es {NOMBRE/EDAD/SEXO DEL NIÑO}, tal como chino, filipino, o vietnamita? Si {él/ella} es de más de un grupo, dígamelos todos.

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 QC09_H9:
IF QC09_H3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QC09_H9;
ELSE GO TO QC09_H10

QC09_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.
Usted dijo que {él/ella} es de otra isla del Pacífico, ¿De qué grupo étnico específico es {él/ella}, tal como samoano, tongano o guamaniano? Si {él/ella} es de más de un grupo, dígamelos todos.

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

> **PROGRAMMING NOTE QC09_H10:**
> **IF MKA = AR AND AI56C ≠ -1 (THIS QUESTION ALREADY ASKED DURING ADULT SURVEY), SKIP TO QC09_H14;**
> **ELSE CONTINUE WITH QC09_H10**

QC09_H10   In what country was (CHILD) born?
                 ¿En qué país nació {CHILD NAME/AGE/SEX}?

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

> **PROGRAMMING NOTE QC09_H11:**
> **IF QC09_H10 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC09_H14;**
> **ELSE CONTINUE WITH QC09_H11**

QC09_H11   Is (CHILD) a citizen of the United States?
                 ¿Es {NOMBRE/EDAD/SEXO DEL NIÑO} ciudadano/a de Estados Unidos?

CH8A

YES	1	**[GO TO QC09_H13]**
NO	2	
APPLICATION PENDING	3	
REFUSED	-7	
DON'T KNOW	-8	

QC09_H12   Is (CHILD) a permanent resident with a green card?
¿Es {NOMBRE/EDAD/SEXO DEL NIÑO} un residente permanente con tarjeta verde?

CH9

[IF NEEDED, SAY: "People usually call this a green card but the color can also be pink, blue or white."]
[IF NEEDED, SAY: *"La gente usualmente la llama la "tarjeta verde" o "Green Card" pero también puede ser de color rosa, azul o Blanca."]*

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

QC09_H13   About how many years has (CHILD) lived in the United States?
Más o menos, ¿cuántos años ha vivido {NOMBRE/EDAD/SEXO DEL NIÑO} en los Estados Unidos?

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

> **PROGRAMMING NOTE QC09_H14:**
> **IF MKA = MOTHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE)**
> **THEN SKIP TO QC09_H18;**
> **ELSE, CONTINUE WITH QC09_H14 AND DISPLAY "was his mother/was her mother"**

QC09_H14   In what country {were you/ was his/her mother} born?
¿En qué país nació la madre de {NOMBRE/EDAD/SEXO DEL NIÑO}?

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

PROGRAMMING NOTE QC09_H15 AND QC09_H16:
IF QC09_H14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING
NOTE QC09_H18;
ELSE CONTINUE WITH QC09_H15 AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY "Are
you";
ELSE DISPLAY "Is {his/her} mother"

QC09_H15   {Are you/ is his/her mother} a citizen of the United States?
             ¿{Es usted/ Es la madre de (él/ella)} ciudadana de Estados Unidos?

CH11A

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

                  YES 1   **[GO TO QC09_H17]**
                  NO 2
                  APPLICATION PENDING 3
                  REFUSED .... -7
                  DON'T KNOW .... -8

QC09_H16   {Are you/ is his/her mother} a permanent resident with a green card?
             ¿{Es usted/ Es la madre de (él/ella)} residente permanente con tarjeta verde?

CH12

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

PROGRAMMING NOTE QC09_H17:
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC09_H17 AND DISPLAY "have you";
ELSE CONTINUE WITH QC09_H17 AND DISPLAY "has {his/her} mother"

QC09_H17   About how many years {have you/ has his/her mother} lived in the United States?
             *Más o menos, ¿cuántos años ha vivido {usted/ la madre de {él/ella}} en los Estados
             Unidos?*

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

PROGRAMMING NOTE QC09_H18:
IF MKA = FATHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE THEN SKIP TO QC09_H22;
ELSE CONTINUE WITH QC09_H18 AND DISPLAY, "was {his/her} father"

QC09_H18   In what country {were you/ was his/her father} born?
¿En qué país nació {usted/ el padre de {él/ella}}?

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

PROGRAMMING NOTE QC09_H19 AND QC09_H20:
IF QC09_H18 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING
NOTE QC09_H22;
ELSE CONTINUE WITH QC09_H19 AND IF RESPONDENT IS FATHER OF CHILD DISPLAY "Are
you";
ELSE SAY "Is {his/her} father"

QC09_H19   {Are you/ is his/her father} a citizen of the United States?
              ¿Es {usted / el padre de {él/ella}} ciudadano de los Estados Unidos?

CH14A

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

                        YES 1   [GO TO PN QC09_H21]
                        NO 2
                        APPLICATION PENDING.......................................3
                        REFUSED .... -7
                        DON'T KNOW .... -8

QC09_H20   {Are you/ is his/her father} a permanent resident with a green card?
              ¿Es {usted / el padre de {él/ella}} residente permanente con tarjeta verde?

CH15

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

PROGRAMMING NOTE QC09_H21:
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC09_H21 AND DISPLAY "have you";
ELSE, CONTINUE WITH QC09_H21 AND DISPLAY "has {his/her} father"

QC09_H21   About how many years {have you/ has his/her father} lived in the United States?
              *Aproximadamente, ¿cuántos años ha vivido {usted / el padre de {él/ella}} en los Estados
              Unidos?*

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

PROGRAMMING NOTE QC09_H22:
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE QC09_H23;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH QC09_H22

QC09_H22   In general, what languages are spoken in (CHILD)'s home?
             En general, ¿qué idiomas se hablan en el hogar de {NOMBRE/EDAD/SEXO DEL NIÑO}?

CH17

             [PROBE: "Any others?]
             [PROBE: "*¿Cualquier otro idioma?*"]

                     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 QC09_H23:
IF INTERVIEW CONDUCTED IN ENGLISH AND QC09_H22 > 1 (TWO OR MORE LANGUAGES
SPOKEN AT HOME), CONTINUE WITH QC09_H23 AND DISPLAY "Compared to the language
spoken in (CHILD)'s home,";
ELSE IF QC09_H22 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC09_H24

QC09_H23   {Compared to other languages spoken in (CHILD)'s home,} would you say you speak
             English....
             {En comparación con otras lenguas que se hablan en casa de {NOMBRE/EDAD/SEXO DEL NIÑO}, ¿Diría que usted habla inglés…

CH18

                     Very well,...1
                     Muy bien,...1
                     Fairly well, ...2
                     Bien, ...2
                     Not well, or 3
                     No muy bien, o...3
                     Not at all? 4
                     No lo habla? 4
                     REFUSED .... -7
                     DON'T KNOW .... -8

> **PROGRAMMING NOTE QC09_H24:**
> **IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC09_H24;**
> **ELSE GO TO PROGRAMMING NOTE QC09_H26**

QC09_H24   What is the highest grade of education you have completed and received credit for?
¿Cuál es el nivel de educación más alto que usted ha completado y por el cual ha recibido reconocimiento?

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

PROGRAMMING NOTE QC09_H25:
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC09_H25;
ELSE GO TO END

QC09_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 sometime in the future?
Esas son mis últimas preguntas. Le agradezco su paciencia. Finalmente, ¿estaría dispuesto(a) a hacer una entrevista de seguimiento a esta encuesta en algún momento en el futuro?

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. Brown, the Principal Investigator. Do you want that number? **[IF YES, SAY:** Dr. Brown can be reached toll-free at 1-866-275-2447. **IF NO, SAY:** Goodbye.**]**

*Gracias. Nos ha ayudado en un estudio sobre salud muy importante para el estado de California. Si tiene alguna pregunta acerca del estudio, puede llamar al Investigador Principal, Dr. E. Richard Brown. ¿Quieres el número? **[IF YES, SAY:** El número de teléfono gratis del Dr. Brown es 1-866-275-2447. **IF NO, SAY:** Gracias y adiós.**]**