



**CHIS 2017
Child Questionnaire
Version 2.13 Spanish
October 3, 2019**

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

Collaborating Agencies:

- UCLA Center for Health Policy Research
- California Department of Health Care Services
- California Department of Public Health

Contact:

California Health Interview Survey

UCLA Center for Health Policy Research
10960 Wilshire Blvd, Suite 1550
Los Angeles, CA 90024
Telephone: (866) 275-2447
Fax: (310) 794-2686
Web: www.chis.ucla.edu

TABLE OF CONTENTS

SECTION A: DEMOGRAPHICS PART I, HEALTH CONDITIONS	4
Gender	4
Age	4
Height and Weight.....	5
Breastfeeding.....	6
School Attendance.....	7
General Health.....	8
Asthma.....	8
Asthma Symptoms (Imperial County)	9
Allergy Symptoms (Imperial County)	13
Other Conditions.....	17
SECTION B: DENTAL HEALTH.....	20
Delays in Care (Dental)	22
Emergency Room/Urgent Care (Dental)	23
SECTION C: DIET, PHYSICAL ACTIVITY, PARK USE.....	24
Dietary Intake	24
Commute from School to Home	25
Name of School	26
Physical Activity.....	27
Sedentary Time.....	27
Park Use.....	28
SECTION D: HEALTH CARE ACCESS AND UTILIZATION	30
Usual Source of Care.....	30
Emergency Room Visit	30
Visits to Medical Doctor.....	31
Personal Doctor	31
Care Coordination.....	32
Developmental Screening.....	32
Timely Appointments	34
Communication Problems with a Doctor.....	35
Delays in Care	36
SECTION E: PUBLIC PROGRAMS	39
TANF/CalWORKs	39
Food Stamps	39
WIC	40

SECTION F: PARENTAL INVOLVEMENT41
 First 5 California: “Talk, Read, Sing Program” 42
 First 5 California: Kit for New Parents..... 43

SECTION G: CHILD CARE AND SOCIAL COHESION45
 Child Care..... 45

SECTION H: DEMOGRAPHICS, PART II.....48
 Race/Ethnicity 48
 Country of Birth 53
 Citizenship, Immigration Status, Years in the US 54
 Country of Birth (Mother) 55
 Citizenship, Immigration Status, Years in the US (Mother)..... 56
 Citizenship, Immigration Status, Years in the US (Father)s 58
 Languages Spoken At Home 59
 Education of Primary Caretaker 60

SECTION H: DEMOGRAPHICS, PART III61
 Follow-up and Close..... 61

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 2017 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

'PN_QC2017_A1' [PN_CA1] -
PROGRAMMING NOTE CA1 :
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = SKA AND GENDER OF CHILD IS KNOWN, SKIP TO CA2 ;
ELSE CONTINUE WITH CA1

'QC2017_A1' [CA1] -

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

Algunas de las preguntas están basadas en las características personales, tal como la edad de (CHILD). Así es que voy a comenzar haciéndole unas breves preguntas sobre sus datos básicos.

Is (CHILD) male or female?

¿Es (CHILD) de sexo masculino o femenino?

- 01 MALE
- 02 FEMALE
- 7 REFUSED

'QC2017_A2' [CA2] -

What is {his/her} date of birth?

¿Cuál es la fecha de nacimiento de {él/ella}?

'CA2MON' [CA2MON] - _____ MONTH [HR: 1-12]

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

'CA2DAY' [CA2DAY] - _____ DAY [HR: 1-31]

'CA2YR' [CA2YR] - _____ YEAR [HR: 2004-2016]

- 7 REFUSED
- 8 DON'T KNOW

**'PN_QC2017_A3' [PN_CA3] -
PROGRAMMING NOTE CA3 :
IF CA2 = -7 OR -8 (REFUSED/DON'T KNOW) CONTINUE WITH CA3 ;
ELSE SKIP TO CA4**

'QC2017_A3' [CA3] -

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

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

'CA3YR' [CA3YR] - _____ YEARS

'CA3MON' [CA3MON] - _____ MONTHS

- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A4' [CA4] -

About how tall is (CHILD) now without shoes?
¿Más o menos cuánto mide (CHILD) ahora sin zapatos?

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

'CA4F/CA4I' [CA4F/CA4I] -
_____ FEET
_____ INCHES

'CA4M/CA4C' [CA4M/CA4C] -
_____ METERS
_____ CENTIMETERS

'CA4FMT' [CA4FMT] -

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

'QC2017_A5' [CA5] -

About how much does (CHILD) weigh now without shoes?
 ¿Más o menos cuánto pesa (CHILD) ahora sin zapatos?

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

'CA5P' [CA5P] - _____ POUNDS

'CA5K' [CA5K] - _____ KILOGRAMS

'CA5FMT' [CA5FMT] -

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

**'PN_QC2017_A6' [PN_CA14] -
 PROGRAMMING NOTE CA14 :
 IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE CA42 ;
 ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH CA14**

'QC2017_A6' [CA14] -

Was (CHILD) ever breastfed or fed breast milk?
 ¿Alguna vez se le dio pecho a (CHILD) o tomó leche materna?

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

If = 2, -7, -8, go to 'QC2017_A11'

'QC2017_A7' [CA15] -

How old was (CHILD) when {he/she} stopped breastfeeding altogether?
 ¿Qué edad tenía (CHILD) cuando se le dejó de dar pecho totalmente?

_____ DAYS
 _____ WEEKS
 _____ MONTHS
 _____ YEARS

'CA15M' [CA15M] - CA15M

'CA15Y' [CA15Y] - CA15Y

REDK_CA15

- 93 STILL BREASTFEEDING
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A8' [CA16] -

How old was (CHILD) when you began giving {him/her} baby food or other solid foods?

¿Qué edad tenía (CHILD) cuando usted comenzó a darle comida para bebés u otros alimentos sólidos?

[IF NEEDED SAY: "Solid food is anything other than milk, formula, juice, water, herbs or teas."]

[IF NEEDED SAY: "Alimentos sólidos son cualquier otro alimento que no sea leche, leche de fórmula, jugo, agua, hierbas o tés."]

_____ MONTHS

- 93 NO SOLID FOOD YET
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A9' [PN_CA42] -

PROGRAMMING NOTE CA42 :

IF CAGE < 5 YEARS GO TO CA6 ;

ELSE CONTINUE WITH CA42 AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC2017_A9' [CA42] -

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

{Sin incluir el pre-escolar o el jardín infantil,} ¿Asistió (CHILD) a la escuela la semana pasada?

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

If = 1, 4, go to 'QC2017_A11'

'PN_QC2017_A10' [PN_CA43] -

PROGRAMMING NOTE CA43 :

IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC2017_A10' [CA43] -

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

{Sin incluir el pre-escolar o el jardín infantil,} ¿Asistió (CHILD) a la escuela durante el último año escolar?

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

'QC2017_A11' [CA6] –

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

En general, ¿diría usted que la salud de (CHILD) es excelente, muy buena, buena, regular, o mala?

- 01 EXCELLENT
- 02 VERY GOOD
- 03 GOOD
- 04 FAIR
- 05 POOR
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A12' [CA12] –

Has a doctor ever told you that (CHILD) has asthma?

¿Le ha dicho a usted alguna vez un doctor que (CHILD) tenía asma?

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

If = 2, -7, -8, go to 'QC2017_A28'

'QC2017_A13' [CA31] –

Does {he/she} still have asthma?

¿Todavía tiene asma {él/ella}?

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

'QC2017_A14' [CA32] –

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

Durante los últimos 12 meses, ¿ha tenido {él/ella} un episodio de asma o un ataque de asma?

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

'PN_QC2017_A15' [PN_CA12B] -**PROGRAMMING NOTE CA12B :**

IF CA31 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND CA32 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) GO TO CA12A ;

ELSE IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO CA12A;

ELSE CONTINUE WITH CA12B

'QC2017_A15' [CA12B] –

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 (CHILD) síntomas de asma como tos, silbido al respirar, dificultad para respirar, ha sentido el pecho oprimido, o tenido flema? ¿Diría que...

- 01 Not at all,
- 01 *Nunca tuvo síntomas*
- 02 Less than every month,
- 02 *Los tuvo menos de una vez al mes*
- 03 Every month,
- 03 *Todos los meses*
- 04 Every week, or
- 04 *Todas las semanas, o*
- 05 Every day?
- 05 *Todos los días?*
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A16' [CA33] –

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

Durante los últimos 12 meses, ¿han tenido que llevar a (CHILD) a la sala de emergencias de un hospital debido al asma?

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

If = 2, -7, -8, go to 'QC2017_A18'

'QC2017_A17' [CA48] –

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

¿Llevó usted a (CHILD) a la sala de emergencias de un hospital debido al asma porque no pudo ver a su doctor?

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

- 01 YES
- 02 NO
- 03 DOESN'T HAVE DOCTOR
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A18' [PN_CA44] - PN_CA44

PROGRAMMING NOTE CA44:

IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO CA12A;

'QC2017_A18' [CA44] –

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

Durante los últimos 12 meses, ¿estuvo {él/ella} hospitalizado/a durante una o más noches debido al asma?

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

'QC2017_A19' [CA12A] –

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

¿Está (CHILD) tomando ahora algún medicamento diario para controlar su asma que le haya sido dado o recetado por un doctor?

[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 la boca o por inhalador. Esto es diferente de los inhaladores que se usan para alivio rápido."]

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

'PN_QC2017_A20' [PN_CA40] -

PROGRAMMING NOTE CA40 :

IF CA31 = 1 (YES, STILL HAS ASTHMA) OR CA32 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO CA34 ;

IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO CA34;

ELSE CONTINUE WITH CA40

'QC2017_A20' [CA40] –

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 ha tenido (CHILD) síntomas de asma, como tos, silbidos de pecho o dificultad para respirar, opresión en el pecho o flema? ¿Diría usted que...

- 01 Not at all,
- 01 *Nunca tuvo síntomas*
- 02 Less than every month,
- 02 *Los tuvo menos de una vez al mes*
- 03 Every month,
- 03 *Todos los meses*
- 04 Every week, or
- 04 *Todas las semanas, o*
- 05 Every day?
- 05 *Todos los días?*
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A21' [CA41] –

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

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

If = 2, -7, -8, go to 'QC2017_A23'

'QC2017_A22' [CA49] –

Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?
¿Llevó usted a (CHILD) a la sala de emergencias de un hospital debido al asma porque no pudo ver a su doctor?

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

- 01 YES
- 02 NO
- 03 DOESN'T HAVE DOCTOR
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A23' [PN_CA45] - PN_CA45**PROGRAMMING NOTE CA45:**

IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO CA34;

'QC2017_A23' [CA45] –

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

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

'QC2017_A24' [CA34] –

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 (CHILD) ir a la escuela o a la guardería debido al asma?

_____ NUMBER OF DAYS

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

'QC2017_A25' [CA35] –

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

¿Han trabajado con usted los doctores u otros proveedores de atención médica en la preparación de un plan para que usted sepa cómo controlar el asma de (CHILD)?

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

If = 2, -7, -8, go to 'QC2017_A27'

'QC2017_A26' [CA50] –

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

¿Tiene una copia escrita o impresa de este plan?

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

[IF NEEDED, SAY: "Puede ser una copia electrónica o impresa."]

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

'PN_QC2017_A27' [PN_CA51] -**PROGRAMMING NOTE CA51:**

IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO CA7;

'QC2017_A27' [CA51] –

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 manejar el asma de (CHILD)? ¿Diría usted que tiene mucha confianza, algo de confianza, poca o ninguna confianza?

- 01 VERY CONFIDENT
- 02 SOMEWHAT CONFIDENT
- 03 NOT TOO CONFIDENT
- 04 NOT AT ALL CONFIDENT
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A28' [PN_CA58] - PN_CA58

PROGRAMMING NOTE CA58:

IF CA12 = 1, THEN SKIP TO CA60;

ELSE IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS IMPERIAL COUNTY, THEN CONTINUE CA58;

ELSE SKIP TO CA60;

'QC2017_A28' [CA58] –

During the past 12 months, has (CHILD) had symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm when {he/she} DID NOT have a cold or respiratory infection?

Durante los últimos 12 meses, ¿ha tenido (CHILD) síntomas como tos, silbidos de pecho, dificultad para respirar, sintió el pecho oprimido o tuvo flema cuando NO tenía un resfriado o una infección respiratoria?

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

If = 2, -7, -8 go to 'PN_QC2017_A30'

'QC2017_A29' [CA59] –

How often did {he/she} have those symptoms? Would you say...

¿Con qué frecuencia tuvo {él/ella} esos síntomas? ¿Diría que...?

- 01 NOT AT ALL // *Nunca*
- 02 Once or twice in the past 12 months // *Una o dos veces en los últimos 12 meses*
- 03 Every couple of months // *Cada dos meses*
- 04 Every month, or // *Todos los meses, o*
- 05 Every week? // *Todas las semanas?*
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A30' [PN_CA60] - PN_CA60

PROGRAMMING NOTE CA60:

IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS IMPERIAL COUNTY, THEN CONTINUE WITH CA60;

ELSE SKIP TO CA34;

'QC2017_A30' [CA60] –

During the past 12 months, has (CHILD) been bothered by sneezing or a runny or blocked nose when {he/she} DID NOT have a cold or the flu?

Durante los últimos 12 meses, ¿tuvo (CHILD) estornudos o moqueo o congestión nasal cuando NO estaba resfriado(a) o con la gripe?

[IF R MENTIONS ALLERGY, CODED 'YES']

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

If = 2, -7, -8, goto 'QC2017_A32'

'QC2017_A31' [CA61] –

How often did {he/she} have those symptoms? Would you say...
 ¿Con qué frecuencia tuvo {él/ella} esos síntomas? ¿Diría que...?

- 01 NOT AT ALL
- 01 *Nunca*
- 02 Once or twice in the past 12 months
- 02 *Una o dos veces en los últimos 12 meses*
- 03 Every couple of months
- 03 *Cada dos meses*
- 04 Every month, or
- 04 *Todos los meses, o*
- 05 Every week?
- 05 *Todas las semanas?*
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A32' [CA62] –

During the past 12 months, has (CHILD) been bothered by watery, itchy, or burning eyes when {he/she} DID NOT have a cold or the flu?

Durante los últimos 12 meses, ¿tuvo (CHILD) los ojos llorosos o picazón o ardor en los ojos cuando NO estaba resfriado(a) o con la gripe?

[IF R MENTIONS ALLERGY, CODED 'YES']

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

If = 2, -7, -8, goto **'QC2017_A34'**

'QC2017_A33' [CA63] –

How often did {he/she} have those symptoms? Would you say...
 ¿Con qué frecuencia tuvo {él/ella} esos síntomas? ¿Diría que...?

- 01 NOT AT ALL
- 01 *Nunca*
- 02 Once or twice in the past 12 months
- 02 *Una o dos veces en los últimos 12 meses*
- 03 Every couple of months
- 03 *Cada dos meses*
- 04 Every month, or
- 04 *Todos los meses, o*
- 05 Every week?
- 05 *Todas las semanas?*
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_A34' [PN_CA64] - PN_CA64
PROGRAMMING NOTE CA64:
IF CHILD-FIRST INTERVIEW, THEN CONTINUE;
ELSE SKIP TO CA66;

'QC2017_A34' [CA64] –

How concerned are you with the air quality? Would you say...
¿Hasta qué punto le preocupa la calidad del aire? ¿Diría que...

- 01 Not a concern
- 01 *No le preocupa*
- 02 Moderate concern
- 02 *Le preocupa moderadamente*
- 03 Significant concern
- 03 *Le preocupa mucho?*
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A35' [CA65] –

Please rate the air quality in your neighborhood? Would you say...
Califique la calidad del aire en su vecindario. ¿Diría que es...?

- 01 Excellent
- 01 *Excelente,*
- 02 Very good
- 02 *muy buena,*
- 03 Good
- 03 *buena,*
- 04 Fair, or
- 04 *regular,*
- 05 Poor
- 05 *o mala*
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A36' [CA66] –

In the past 12 months, has (CHILD) had an illness or symptoms that you think was caused by pollution in the air outdoors?

En los últimos 12 meses, ¿ha tenido (CHILD) alguna enfermedad o síntomas que usted cree que fueron causados por la contaminación del aire exterior?

[IF NEEDED, SAY: Things like dust, smog, automobile exhaust, and chemicals can cause outdoor air pollution].

[IF NEEDED, SAY: Cosas tales como polvo, esmog, gases de escape de los automóviles y sustancias químicas pueden provocar la contaminación del aire exterior]

[NOTE: IF CHILD HAD EXPERIENCE AN ILLNESS OR SYMPTOMS WITHIN THE PAST 12 MONTHS THAT WAS CAUSED BY SOMETHING IN THE AIR HE OR SHE ENCOUNTERED MORE THAN 12 MONTHS AGO, THEN CODE 'YES']

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

'QC2017_A37' [CA67] –

The next questions are about the outdoor air quality and how it affects your activities.

Please think of the past 12 months. How many times did you reduce or change {his/her} outdoor activity levels because you thought the air quality was bad or was affecting how well {he/she} felt? Would you say...

Las preguntas que siguen son sobre la calidad del aire exterior y sobre cómo afecta sus actividades. Piense en los últimos 12 meses. ¿Cuántas veces redujo o cambió el nivel de las actividades al aire libre de {su hijo/su hija} porque pensó que la calidad del aire era mala o estaba afectando cómo se sentía {su hijo/su hija}? ¿Diría que...?

[IF NEEDED: For example, avoiding outdoor exercise or strenuous outdoor activity.]

[IF NEEDED: Por ejemplo, evitar ejercicios o actividad intensa al aire libre.]

- 1 None
- 1 *Ninguna*
- 2 1 to 3 times,
- 2 *De 1 a 3 veces*
- 3 4 to 6 times, or
- 3 *De 4 a 6 veces, o*
- 4 More than 6 times?
- 4 *Más de 6 veces?*
- 5 REFUSED
- 6 DON'T KNOW

'PN_QC2017_A38' [PN_CA68] - PN_CA68
PROGRAMMING NOTE CA68:
IF CHILD-FIRST INTERVIEW, THEN CONTINUE;
ELSE SKIP TO CA7;

'QC2017_A38' [CA68] –

Information on air quality that may be distributed to help inform the public about air pollution levels. Have you ever heard or read about the air quality index or air quality alerts where you live?

Información sobre la calidad del aire que puede distribuirse para ayudar a informar al público sobre los niveles de contaminación del aire. ¿Alguna vez ha escuchado o ha leído algo sobre el índice de calidad del aire o las alertas sobre la calidad del aire en donde vive?

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

'QC2017_A39' [CA69] –

Did you reduce or change {his/her} outdoor activity level based on the air quality index or air quality alerts?

¿Redució o cambió usted el nivel de actividades al aire libre de {su hijo/su hija} debido al índice de calidad del aire o a las alertas sobre la calidad del aire?

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

'QC2017_A40' [CA7] –

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

¿Tiene (CHILD) alguna condición física, de comportamiento o mental que le limite o que le impida hacer las cosas que hacen normalmente los niños de su edad?

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

If = 2, -7, -8, go to 'QC2017_A45'

'QC2017_A41' [CA10A] –

What condition does (CHILD) have?

¿Qué problema tiene (CHILD)?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

- 01 ADD/ADHD
- 02 ASPERGER'S SYNDROME
- 03 AUTISM
- 04 CEREBRAL PALSY
- 05 CONGENITAL HEART DISEASE
- 06 CYSTIC FIBROSIS
- 07 DIABETES
- 08 DOWN'S SYNDROME
- 09 EPILEPSY
- 10 DEAFNESS OR OTHER HEARING PROBLEM
- 11 MENTAL RETARDATION, OTHER THAN DOWN'S
- 12 MUSCULAR DYSTROPHY
- 13 NEUROMUSCULAR DISORDER
- 14 ORTHOPEDIC PROBLEM (BONES OR JOINTS)
- 15 SICKLE CELL ANEMIA
- 16 BLINDNESS OR OTHER VISION PROBLEM
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, go to 'QC2017_A45'

'QC2017_A42' [CA55] –

Have (CHILD's) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} **(INSERT CONDITION(S) FROM CA10A)?**

*¿Ha trabajado con usted el doctor de (CHILD) u otro proveedor de atención médica para preparar un plan para que usted sepa cómo manejar su **(INSERT CONDITION(S) FROM CA10A)?***

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

If = 2, -7, -8, go to 'QC2017_A44'

'QC2017_A43' [CA56] –

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

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

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

'QC2017_A44' [CA57] –

How confident are you that you can control and manage (CHILD's) **(INSERT CONDITION(S) FROM CA10A)**? 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 manejar esta(s) condición(es) de (CHILD): **(INSERT CONDITION(S) FROM CA10A)**? ¿Diría usted que tiene mucha confianza, algo de confianza, poca o ninguna confianza?*

- 01 VERY CONFIDENT
- 02 SOMEWHAT CONFIDENT
- 03 NOT TOO CONFIDENT
- 04 NOT AT ALL CONFIDENT
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_A45' [CA17] –

Does (CHILD) currently need or use medicine prescribed by a doctor, other than vitamins?
Necesita o usa actualmente medicamento recetado por un médico, aparte de las vitaminas?

[IF NEEDED, SAY: "This only applies to medications prescribed by a doctor. Over-the-counter medications such as cold or headache medication, or other vitamins, minerals, or supplements purchased without a prescription are not included."]

[IF NEEDED, SAY: "Esto solo es para medicamentos recetados por un médico. No se incluyen medicamentos que se venden sin receta, tales como para resfriados o dolor de cabeza, u otras vitaminas, minerales o suplementos de venta libre".]

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

If =2, -7,-8, go to 'QC2017_A48'

'QC2017_A46' [CA18] –

Is {his/her} need for prescription medicine because of any medical, behavior, or other health condition?
¿La necesidad de {su hijo/su hija} de medicamentos recetados se debe a alguna afección médica, de conducta o a otra afección de salud?

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

If =2, -7,-8, go to 'QC2017_A48'

'QC2017_A47' [CA19] –

Is this a condition that has lasted or is expected to last for 12 months or longer?
¿Es esta una afección que ha durado o se espera que dure 12 meses o más?

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

'QC2017_A48' [CA23] –

Does (CHILD) need or get special therapy, such as physical, occupational or speech therapy?
¿(CHILD) necesita o recibe una terapia especial, como fisioterapia, terapia ocupacional o terapia del habla?

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

If =2, -7,-8, goto 'PN_QC2017_B1'

'QC2017_A49' [CA24] –

Is {his/her} need for special therapy because of any medical, behavior, or other health condition?
¿La necesidad de {su hijo/su hija} de una terapia especial se debe a alguna afección médica, de conducta o a otra afección de salud?

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

If =2, -7,-8, goto 'PN_QC2017_B1'

'QC2017_A50' [CA25] –

Is this a condition that has lasted or is expected to last for 12 months or longer?
¿Es esta una afección que ha durado o se espera que dure 12 meses o más?

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

SECTION B: DENTAL HEALTH

'Intro' [Intro] –

Now I'm going to ask about (CHILD)'s dental health.
Ahora le voy a preguntar sobre la salud dental de (CHILD).

'PN_QC2017_B1' [PN_CC1] -
PROGRAMMING NOTE CC1:
IF CAGE > 2 YEARS, GO TO CB33; AND DISPLAY "Now I'm going to ask you about (CHILD)'s dental health" ;
ELSE CONTINUE WITH CC1

'QC2017_B1' [CC1] –

These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?
Estas preguntas son acerca de la salud dental de (CHILD). ¿Ya tiene dientes (CHILD)?

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

If = 2, -7, -8, go to 'SECTION C – DIET, PHYSICAL ACTIVITY, PARK USE'

'PN_QC2017_B2' [PN_CB33] - PN_CB33
PROGRAMMING NOTE CB33:
IF CAGE ≥ 4 CONTINUE WITH CB33;
ELSE SKIP TO CC5

'QC2017_B2' [CB33] –

{Now I'm going to ask you about (CHILD)'s dental health} Did you take your child to the dentist before the age of 4?
{Ahora voy a preguntarle sobre la salud dental de (CHILD)} ¿Llevó a su hijo(a) al dentista antes de los 4 años de edad?

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

'QC2017_B3' [CC5] –

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 su niño(a) fue a un dentista o una clínica dental? Incluya higienistas dentales y todo tipo de especialistas dentales

- 00 HAS NEVER VISITED
- 01 6 MONTHS AGO OR LESS
- 02 MORE THAN 6 MONTHS UP TO 1 YEAR AGO
- 03 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- 04 MORE THAN 2 YEARS UP TO 5 YEARS AGO
- 05 MORE THAN 5 YEARS AGO
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QC2017_B4' [PN_CB23] -
PROGRAMMING NOTE CB23 :
IF CC5 = 0 (HAD NEVER VISITED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH CB23 ;
ELSE SKIP TO CC16 ;**

**IF CC5 = 0 (HAS NEVER VISITED), DISPLAY "never";
ELSE IF CC5 ≥ 3 DISPLAY "not" AND "in the past year"**

'QC2017_B4' [CB23] –

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

¿Cuál es la razón principal por la que su niño/a {no ha ido nunca/ no ha ido} al dentista durante el año pasado?

- 01 NO REASON TO GO/NO PROBLEMS
- 02 NOT OLD ENOUGH
- 03 COULD NOT AFFORD IT/TOO EXPENSIVE/NO INSURANCE
- 04 FEAR, DISLIKES GOING
- 05 DO NOT HAVE/KNOW A DENTIST
- 06 CANNOT GET TO THE OFFICE/CLINIC
- 07 NO DENTIST AVAILABLE/NO APPOINTMENTS AVAILABLE
- 08 DIDN'T KNOW WHERE TO GO
- 09 HOURS NOT CONVENIENT
- 10 SPEAK A DIFFERENT LANGUAGE
- 91 OTHER
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QC2017_B5' [PN_CC16] -
If CC5 =0, go to 'QC2017_B6'**

'QC2017_B5' [CC16] –

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

¿Va a un dentista o a un lugar en particular para que (CHILD) reciba atención dental?

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

'QC2017_B6' [CC17] –

During the past 12 months, was there any time your child needed dental care, but you could not afford it?

Durante los últimos 12 meses, ¿hubo algún momento en que su hijo(a) necesitó atención dental pero usted no pudo pagarla?

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

'QC2017_B7' [CC7A] –

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

¿Tiene usted actualmente alguna clase de seguro que pague por todo o parte del cuidado dental de (CHILD)?

[IF NEEDED: Include dental insurance, prepaid dental plans such as HMOs, or government plans such as Medi-Cal or Covered California]

[IF NEEDED, SAY: "Incluya seguros dentales, planes dentales pre pagados como HMOs, o planes del gobierno como Medi-Cal o Healthy Families."]

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

If =2, -7,-8, go to 'QC2017_B9'

'QC2017_B8' [CB34B] –

Who pays for this dental insurance, not counting co-pays or deductibles you may have?

¿Quién paga el seguro médico dental, sin contar los copagos o los deducibles que pueda tener?

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

'QC2017_B9' [CC7B] –

Do you use any free community or public dental programs for {CHILD}'s dental care?

¿Usa usted algún programa dental público o comunitario gratuito para la atención dental de {CHILD}?

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

'QC2017_B10' [CB27] –

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

Durante los últimos 12 meses, ¿hubo algún momento en que necesitó cuidado dental, incluso una revisión general, pero no lo obtuvo?

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

If = 2, -7, -8, go to 'QC2017_B12'

'QC2017_B11' [CB28] –

What is the ONE MAIN reason {he/she} didn't get the dental care?

¿Cuál es la RAZÓN PRINCIPAL por la que {él/ella} no obtuvo el seguro dental?

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

OTHER_CB28

'QC2017_B12' [CB29] –

During the past 12 months, did (CHILD) have to visit a hospital emergency room because of a dental problem?

Durante los últimos 12 meses, ¿tuvo (CHILD) que ir a la sala de emergencias de un hospital debido a un problema dental?

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

'PN_QC2017_B13' [PN_CC18] -

PROGRAMMING NOTE CC18:

**IF (CA42=1 OR 4) OR (CA43=1 OR3) [CHILD ATTENDS SCHOOL] CONTINUE WITH CC18;
ELSE GO TO SECTION C**

'QC2017_B13' [CC18] –

During the past 12 months, did {he/she} miss any time from school because of a dental problem? Do not count time missed for cleaning or a check-up.

Durante los últimos 12 meses, ¿{su hijo/su hija} faltó en algún momento a la escuela debido a un problema dental?

No cuente las faltas por limpieza o control. Durante los últimos 12 meses, ¿{su hijo/su hija} faltó algún día a la escuela debido a un problema dental?

- 01 YES
- 02 NO
- 03 DOESN'T ATTEND SCHOOL
- 7 REFUSED
- 8 DON'T KNOW

SECTION C: DIET, PHYSICAL ACTIVITY, PARK USE

**'PN_QC2017_C1' [PN_CC13] -
PROGRAMMING NOTE CC13 :
IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE CC53 ;**

ELSE CONTINUE WITH CC13

'QC2017_C1' [CC13] –

Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks.

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

Ahora le voy a hacer preguntas acerca de los alimentos que su niño(a) comió ayer, incluyendo comidas y bocadillos o `snacks`. Ayer, ¿cuántas porciones de fruta, como una manzana o un plátano, comió {él/ella}?

[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(a)."]

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

- 7 REFUSED
- 8 DON'T KNOW

'QC2017_C2' [CC31] –

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

¿Cuántas porciones de vegetales como ensalada verde, ejotes/judías verdes/vainas, o papas, comió {él/ella} ayer? No incluya las papas fritas.

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

- 7 REFUSED
- 8 DON'T KNOW

'QC2017_C3' [CC49] –

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

[Ayer,] ¿Cuántos vasos o latas de soda con azúcar, como Coca Cola, bebió su niño(a)? No incluya la soda de dieta.

_____ GLASSES, CANS OR BOTTLES

REDK_CC49

- 7 REFUSED
- 8 DON'T KNOW

'QC2017_C4' [CC50] –

[Yesterday,] how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?
 [Ayer,] ¿Cuántos vasos o latas de bebidas azucaradas de fruta, bebidas deportivas o bebidas energéticas bebió su niño(a)?

**[IF NEEDED, SAY: “Such as lemonade, Gatorade, Snapple, or Red Bull.”]
 [IF NEEDED, SAY: “Como limonada, Gatorade, Snapple o 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

- 7 REFUSED
- 8 DON'T KNOW

**'PN_QC2017_C5' [PN_CC40] -
 PROGRAMMING NOTE CC40 :
 IF CA42 = 4 (HOME SCHOOLED LAST WEEK) OR IF CA43 = 3 (HOME SCHOOLED LAST YEAR), GO TO PROGRAMMING NOTE CC35 ;
 ELSE IF CA42 = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH CC40 AND DISPLAY “How many days in the past week”;
 IF CA43 = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH CC40 AND DISPLAY “During the school year, on how many days during a typical week”;
 ELSE GO TO PROGRAMMING NOTE CC35**

'QC2017_C5' [CC40] –

Now I'm going to ask you about physical activity.
 Ahora voy a preguntarle sobre actividades físicas

{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?
 Durante la semana pasada, ¿Cuántos días / Durante el año escolar, ¿cuántos días en una semana normal,} caminó (CHILD) a casa de regreso de la escuela?

**[INTERVIEWER NOTE: IF R SAYS CHILD BIKES OR SKATEBOARDS HOME, SAY, “I'll ask about those next.”]
 [INTERVIEWER NOTE: IF R SAYS CHILD BIKES OR SKATEBOARDS HOME, SAY, “La próxima pregunta es sobre eso.”]**

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

_____ DAYS

- 7 REFUSED
- 8 DON'T KNOW

'QC2017_C6' [CC43] –

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

{Durante la semana pasada, ¿cuántos días,/ Durante el año escolar, ¿cuántos días en una semana normal,} regresó (CHILD) a casa desde la escuela en bicicleta o en skateboard/patineta?

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

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

_____ DAYS

- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_C7' [PN_CB22] -

PROGRAMMING NOTE CB22 :

If CA42 = 1 (ATTENDED SCHOOL LAST WEEK) OR CA43 = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH CB22 ;

ELSE SKIP TO PROGRAMMING NOTE CC35

'QC2017_C7' [CB22] –

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

¿Cuál es el nombre de la escuela a la que va (CHILD) o de la última escuela a la que asistió?

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

'TEXT_NAM_CB22' [TEXT_NAM_CB22] - _____ NAME OF SCHOOL

'TYP_CB22' [TYP_CB22] - TYP_CB22

- 00 CHILD NOT IN SCHOOL
- 01 PRE-SCHOOL/DAYCARE
- 02 KINDERGARTEN
- 03 ELEMENTARY
- 04 INTERMEDIATE
- 05 JUNIOR HIGH
- 06 MIDDLE SCHOOL
- 07 CHARTER
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_CB22

**'PN_QC2017_C8' [PN_CC35] -
PROGRAMMING NOTE CC35 :
IF CAGE < 5, SKIP TO PN CC53 ;
ELSE CONTINUE WITH CC35**

'QC2017_C8' [CC35] –

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 (CHILD) actividades físicas durante un total de 60 minutos por lo menos?

_____ DAYS [HR: 0-7]

- 7 REFUSED
 -8 DON'T KNOW

'CC51 ' [CC51] –

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

En una semana típica, ¿cuántos días hace (CHILD) actividad física durante por lo menos 60 minutos en total al día? No incluya la clase de Educación Física.

[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."]

[IF NEEDED, SAY: "Sume el tiempo que hizo actividad física para cada día de los últimos 7 días. Luego dígame cuántos días hizo actividad física durante 60 minutos por lo menos."]

_____ DAYS [HR: 0-7]

- 7 REFUSED
 -8 DON'T KNOW

**'PN_QC2017_C10' [PN_CC53] -
PROGRAMMING NOTE CC53
IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE CC52
ELSE IF CAGE > 1 YEAR, CONTINUE WITH CC53**

'QC2017_C10' [CC53] –

The next questions are about the time {your child/CHILD} spends mostly sitting when {he/she} is not in school or doing homework. During the weekends, about how much time does {your child/CHILD} spend on a typical or usual weekend day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?
Las siguientes preguntas se refieren al tiempo que {su niño(a)/CHILD} pasa mayormente sentado(a) cuando no está en la escuela o haciendo sus tareas escolares. En los fines de semana, aproximadamente ¿cuánto tiempo pasa {su niño(a)/CHILD} sentado(a) viendo televisión, jugando juegos en la computadora, hablando con amigos o haciendo otras actividades en las que está sentado(a)?

_____ HOURS

_____ MINUTES

- 7 REFUSED
 -8 DON'T KNOW

'PN_QC2017_C11' [PN_CC52] -

PROGRAMMING NOTE CC52 :
IF CAGE ≤ 1 YEAR GO TO PN CC37 ;
ELSE IF CAGE > 1 YEAR, CONTINUE WITH CC52

'QC2017_C11' [CC52] –

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?

Entre semana, aproximadamente ¿cuánto tiempo pasa {su niño(a)/CHILD} sentado(a) viendo televisión, jugando juegos en la computadora, hablando con amigos o haciendo otras actividades en las que está sentado(a)?

_____ HOURS

_____ MINUTES

- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_C12' [PN_CC37] -

PROGRAMMING NOTE CC37 :
IF CAGE < 1 GO TO CD1 ;
ELSE CONTINUE WITH CC37

'QC2017_C12' [CC37] –

Has (CHILD) been to a park, playground, or open space in the past 30 days?

¿Ha ido (CHILD) a un parque, área de juego infantil o espacio abierto durante los últimos 30 días?

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

'QC2017_C13' [CC36] –

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

¿Hay algún parque, área de juego infantil o espacio abierto al que se pueda llegar caminando desde su casa en menos de 30 minutos?

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

'QC2017_C14' [CC39] –

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

¿Está usted totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo con la siguiente afirmación?

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

El parque o área de juego infantil más cercano a mi casa es seguro durante el día.

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

'QC2017_C15' [CC46] –

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

El parque o área de juego infantil más cercano a mi casa es seguro en la noche

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

[IF NEEDED, SAY: "¿Está totalmente de acuerdo, de acuerdo, en desacuerdo, o totalmente en desacuerdo?"]

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

SECTION D: HEALTH CARE ACCESS AND UTILIZATION

'QC2017_D1' [CD1] –

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

Las siguientes preguntas son acerca de dónde va (CHILD) para servicios de salud

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

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

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

If = 2, go to 'PN_QC2017_D3'

'PN_QC2017_D2' [PN_CD3] -

PROGRAMMING NOTE CD3:

IF CD1 = 1, 5, -7, OR -8, DISPLAY "What kind of place do you take {him/her} to most often—a medical";

ELSE IF CD1 = 3 DISPLAY "Is {his/her} doctor in a private";

ELSE IF CD1 = 4, FILL CD3 = 1 AND GO TO PN CD12

'QC2017_D2' [CD3] –

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

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

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

'PN_QC2017_D3' [PN_CD12] -

PROGRAMMING NOTE CD12:

IF CA33 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF CA41 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA), MARK YES ON CD12 AND GO TO CD6;

ELSE CONTINUE WITH CD12

'QC2017_D3' [CD12] –

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

Durante los últimos 12 meses, ¿tuvo que llevar a (CHILD) a la sala de emergencias de un hospital?

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

'QC2017_D4' [CD6] –

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 (CHILD) a cualquier tipo de doctor en medicina?

_____ TIMES

- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_D5' [PN_CD7] -

PROGRAMMING NOTE CD7 :

IF CD6 > 0, GO TO PROGRAMMING NOTE CD33 ;

ELSE IF CD6 = 0, -7, OR -8, CONTINUE WITH CD7

'QC2017_D5' [CD7] –

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 doctor?

- 01 ONE YEAR AGO OR LESS
- 02 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- 03 MORE THAN 2 YEARS UP TO 3 YEARS AGO
- 04 MORE THAN 3 YEARS AGO
- 05 NEVER
- 7 REFUSED
- 8 DON'T KNOW

'PN_QC2017_D6' [PN_CD33] -

PROGRAMMING NOTE CD33 :

IF CD1 = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH CD33 ;

ELSE SKIP TO PROGRAMMING NOTE PN_CF40

'QC2017_D6' [CD33] –

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

¿Tiene {él/ella} un doctor de cabecera o un proveedor de atención médica que es su proveedor principal?

[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 atención médica."]

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

**'PN_QC2017_D7' [PN_CD36] -
PROGRAMMING NOTE CD36:
IF CD1 = 1, 3, 4, OR 5 (HAS USUAL SOURCE OF CARE) AND CD33 = 1 (HAS PERSONAL DOCTOR) AND AND [CA31 =1 (HAS ASTHMA) OR CA32 = 1 (HAD ASTHMA ATTACK) OR CA7 = 1 (HAS OTHER CONDITION),
CONTINUE WITH CD36;
ELSE SKIP TO PROGRAMMING NOTE PN_CF40**

'QC2017_D7' [CD36] –

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

¿Hay alguien en la oficina o clínica del doctor de que ayude a coordinar el cuidado de su salud con otros doctores o servicios, como pruebas o tratamientos?

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

**'PN_QC2017_D8' [PN_CF40] -
PROGRAMMING NOTE CF40 :
IF CAGE < 1, SKsIP to CD55
ELSE IF CAGE ≥ 1, CONTINUE WITH CF40**

'QC2017_D8' [CF40] –

Many professionals such as health providers, teachers and counselors do developmental screening tests. Tests check how a child is growing, learning and behaving compared with children of the same age.

Muchos profesionales como los proveedores de salud, maestros y consejeros hacen pruebas preliminares de desarrollo. Estas pruebas verifican el crecimiento, aprendizaje y comportamiento del niño en comparación con otros niños de la misma edad

Did (CHILD)'s doctor, other health providers, teachers or school counselors ever do an assessment or tests of (CHILD)'s development?

¿Alguna vez el doctor de (CHILD), otros proveedores de salud, maestros o consejeros escolares le han hecho una evaluación o pruebas de desarrollo a (CHILD)?

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

'QC2017_D9' [CF41] –

Did {his/her} doctor, other health providers, teachers or school counselors ever have (CHILD) rollover, pick up small objects, stack blocks, throw a ball, or recognize different colors?

¿Alguna vez el doctor de su niño(a), otros proveedores de salud, maestros o consejeros escolares le pidió a (CHILD) que se rodara, recogiera objetos pequeños, pusieran bloque sobre otros, lanzara una pelota o reconociera colores diferentes?

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

'QC2017_D10' [CF42] –

Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?

¿Alguna vez le pidieron que marcara en una lista las preocupaciones que tiene usted sobre su aprendizaje, desarrollo o comportamiento?

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

'QC2017_D11' [CF43] –

Did they ever have you fill out a checklist of activities that (CHILD) can do, such as certain physical tasks, whether {her/she} can draw certain objects, or ways {he/she} can communicate with you?

¿Alguna vez le pidieron que marcara en una lista las actividades que puede hacer (CHILD), como ciertas tareas físicas, si puede dibujar ciertos objetos o de qué maneras se puede comunicar con usted?

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

'QC2017_D12' [CF44] –

Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

¿Alguna vez le preguntaron si tiene usted preocupaciones acerca de su aprendizaje, desarrollo o comportamiento?

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

'PN_QC2017_D13' [PN_CF45] -

PROGRAMMING NOTE CF45 :

IF CA10A =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETARDATION) GO TO CF46 ;

ELSE CONTINUE WITH CF45

'QC2017_D13' [CF45] –

Did a doctor or other professional ever note a concern about (CHILD) that should be monitored carefully?

¿Alguna vez un doctor u otro profesional mencionó alguna preocupación acerca de (CHILD) que debería ser observada con atención?

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

'QC2017_D14' [CF46] –

Did they ever refer {him/her} to a specialist regarding his development?

¿Alguna vez le refirieron a un especialista en relación con su desarrollo?

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

'QC2017_D15' [CF47] –

Did they ever refer {him/her} for speech, language or hearing testing?

¿Alguna vez le refirieron a {él/ella} a que se hiciera pruebas del habla, idioma u oído?

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

'PN_QC2017_D16' [PN_CD55] -**PROGRAMMING NOTE CD55 :**

IF KID1ST = 'Y 'OR CHINSURE = 1 (INSURED OR INSURANCE STATUS UNKNOWN) OR CD1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH CD55 ; ELSE GO TO PROGRAMMING NOTE CD25

'QC2017_D16' [CD55] –

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

En los últimos 12 meses, ¿trató usted de hacer una cita para ver al doctor o proveedor de atención médica de (CHILD) en dos días a más tardar porque (CHILD) estaba enfermo(a) o lesionado(a)?

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

[IF NEEDED, SAY: "No incluya urgencias."]

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

If = 2, -7, -8, go to 'PN_QC2017_D18'

'QC2017_D17' [CD45] –

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

¿Con qué frecuencia pudo conseguir una cita en dos días a más tardar? ¿Diría que...

- 01 Never,
- 01 *Nunca*
- 02 Sometimes,
- 02 *A veces*
- 03 Usually, or
- 03 *Normalmente, o*
- 04 Always?
- 04 *Siempre?*
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QC2017_D18' [PN_CD25] -
PROGRAMMING NOTE CD25:
IF [CD6 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR CD7 = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH CD25;
ELSE GO TO CE1**

'QC2017_D18' [CD25] –

The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?
La última vez que llevó a (CHILD) al doctor, ¿tuvo usted alguna dificultad para entender al doctor?

- 01 YES
- 02 NO
- 03 NEVER ACCOMPANIED CHILD TO DOCTOR
- 7 REFUSED
- 8 DON'T KNOW

If = 1, go to 'PN_QC2017_D20'

**'PN_QC2017_D19' [PN_CD31] -
PROGRAMMING NOTE CD31:
IF CD25 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND
[INTERVIEW NOT CONDUCTED IN ENGLISH OR AH36 > 1 (ADULT R SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH CD31;
SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME CD31 WAS ASKED;
ELSE SKIP TO CD26;**

'QC2017_D19' [CD31] –

In what language does (CHILD)'s doctor speak to you?
¿En qué idioma le habla a usted el doctor de su niño(a)?

- 01 ENGLISH
- 02 SPANISH
- 03 CANTONESE
- 04 VIETNAMESE
- 05 TAGALOG
- 06 MANDARIN
- 07 KOREAN
- 08 ASIAN INDIAN LANGUAGES
- 09 RUSSIAN
- 91 OTHER1 (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, go to 'QC2017_D21'

If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, go to 'QC2017_D23'

**'PN_QC2017_D20' [PN_CD26] -
PROGRAMMING NOTE CD26 :
IF CD25 = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH CD26 ;
ELSE SKIP TO CE1 ;**

'QC2017_D20' [CD26] –

Was this because you and the doctor spoke different languages?

¿Se debió esto a que usted y el doctor hablan diferentes idiomas?

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

'QC2017_D21' [CD27] –

Did you need someone to help you understand the doctor?

¿Necesitó usted que otra persona le ayudara para comprender al doctor?

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

If = 2, -7, -8, go to 'QC2017_D23'

'QC2017_D22' [CD28] –

Who was this person who helped you understand the doctor?

¿Quién fue esta persona que le ayudó entender al doctor?

- 01 MINOR CHILD (UNDER AGE 18)
- 02 AN ADULT FAMILY MEMBER OR FRIEND OF MINE
- 03 NON-MEDICAL OFFICE STAFF
- 04 MEDICAL STAFF INCLUDING NURSES AND DOCTORS
- 05 PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE)
- 06 OTHER (PATIENTS, SOMEONE ELSE)
- 07 DID NOT HAVE SOMEONE TO HELP
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_D23' [CE1] –

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, ¿tuvo usted que postergar la compra o no comprar una medicina que el doctor le recetó a (CHILD)?

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

If = 2, -7, -8, go to 'QC2017_D25'

'QC2017_D24' [CE12] –

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?

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

'QC2017_D25' [CE7] –

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

Durante los últimos 12 meses, ¿tuvo que postergar o dejar de recibir algún otro tipo de atención médica que usted creyó que (CHILD) necesitaba--tal como ver un doctor, un especialista u otro profesional de salud?

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

If = 2, -7, -8, go to 'QC2017_D30'

'QC2017_D26' [CD66] –

Did (CHILD) get the care eventually?

¿Recibió (CHILD) el cuidado finalmente?

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

'QC2017_D27' [CE13] –

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

¿Fue el costo o la falta de seguro una razón por la que postergó o dejó sin recibir la atención médica que usted creyó que {él/ella} necesitaba?

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

If = 2, -7, -8, go to 'QC2017_D29'

'QC2017_D28' [CD67] –

Was that the main reason?

¿Fue esa la razón principal?

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

If = 1, -7, -8, go to 'QC2017_D30'

'QC2017_D29' [CD68] –

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

¿Cuál fue la razón principal por la que se demoró en obtener el cuidado que usted creía que {él/ella} necesitaba?

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

'QC2017_D30' [CD69] –

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

Durante los últimos 12 meses, ¿tuvo usted alguna dificultad para encontrar un doctor general o proveedor de atención médica que viera a su niño(a)?

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

'QC2017_D31' [CD70] –

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

Durante los últimos 12 meses, ¿le dijeron en el consultorio de un doctor o en una clínica que no aceptarían a su niño(a) como paciente nuevo(a)?

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

'QC2017_D32' [CD71] –

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

Durante los últimos 12 meses, ¿le dijeron en el consultorio de un doctor o en una clínica que no aceptaban el seguro de salud de su niño(a)?

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

SECTION E: PUBLIC PROGRAMS

'PN_SECTION E' [PN_SECTION E] -

PROGRAMMING NOTE SECTION E:

IF [POVERTY = 1, 2, 3, 4 or 5 (INCOME LESS THAN OR EQUAL TO 300% OF POVERTY LEVEL)
OR POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND KIDS1ST ≠ "Y"] OR KIDS1ST = "Y",
CONTINUE WITH CE11 ;

ELSE SKIP TO CG14

'QC2017_E1' [CE11] –

Is (CHILD) now on TANF or CalWORKs?

¿Está (CHILD) actualmente en TANF o CalWORKS?

[IF NEEDED, SAY: "TANF means 'Temporary Assistance to Needy Families,' and CalWORKs means 'California Work Opportunities and Responsibilities to Kids.' Both replaced AFDC, California's old welfare entitlement program."]

[IF NEEDED, SAY: "TANF quiere decir Asistencia Temporal 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."]

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

'QC2017_E2' [CE11A] –

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

¿Recibe (CHILD) Food Stamps o Estampillas para Comida, lo que se conoce también como CalFresh?

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

[IF NEEDED, SAY: "Usted recibe beneficios 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."]

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

**'PN_QC2017_E3' [PN_CE11C] -
PROGRAMMING NOTE CE11C :
IF CAGE > 6, GO TO CG14 ;
ELSE CONTINUE WITH CE11C**

'QC2017_E3' [CE11C] –

Is (CHILD) on WIC now?

¿Está (CHILD) actualmente recibiendo WIC?

[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.']

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

SECTION F: PARENTAL INVOLVEMENT

**'PN_QC2017_F1' [PN_CG14] -
PROGRAMMING NOTE CG14 :
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE CF64 ;
ELSE CONTINUE WITH CG14**

'QC2017_F1' [CG14] –

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

En una semana normal, ¿cuántos días usted o cualquier otro miembro de la familia le leyó cuentos o miró libros con dibujos junto con (CHILD)?

- 01 EVERY DAY
- 02 3-6 DAYS
- 03 1-2 DAYS
- 04 NEVER
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_F2' [CG15] –

[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 (CHILD)?

- 01 EVERY DAY
- 02 3-6 DAYS
- 03 1-2 DAYS
- 04 NEVER
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_F3' [CG16] –

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

[En una semana normal, ¿aproximadamente cuántos días usted o cualquier otro miembro de la familia] sale con (CHILD), por ejemplo al parque, a una tienda o a una zona de recreo?

- 01 EVERY DAY
- 02 3-6 DAYS
- 03 1-2 DAYS
- 04 NEVER
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QC2017_F4' [PN_CF64] -
PROGRAMMING NOTE CF64 :
IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH CF64 ;
ELSE GO TO CF35**

'QC2017_F4' [CF64] –

Have you seen or heard messages encouraging you to talk, read and sing with your child?

¿Ha visto o escuchado mensajes animándole a que hable, lea y cante con su niño(a)?

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

If =2, -7,-8, go to 'QC2017_F8'

'QC2017_F5' [CF65] –

Would you say that you talk with your child less, about the same, or more after hearing that message?

¿Diría usted que habla con su niño(a) menos, casi igual o más después de escuchar ese mensaje?

- 01 LESS
- 02 ABOUT THE SAME
- 03 MORE
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_F6' [CF66] –

Would you say that you sing with your child less, about the same, or more after hearing that message?

¿Diría usted que canta con su niño(a) menos, casi igual o más después de escuchar ese mensaje?

- 01 LESS
- 02 ABOUT THE SAME
- 03 MORE
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_F7' [CF67] –

Would you say that you read with your child less, about the same, or more after hearing that message?

¿Diría usted que lee con su niño(a) menos, casi igual o más después de escuchar ese mensaje?

- 01 LESS
- 02 ABOUT THE SAME
- 03 MORE
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_F8' [CF35] –

Did you know that First 5 California, a state agency, provides a free Kit for New Parents to the parents of newborns?
¿Sabía usted que First 5 California, una agencia estatal, proporciona un Kit para Padres Nuevos (Kit for New Parents) gratis a los padres de niños recién nacidos?

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

If =2, -7,-8, go to 'QC2017_F13'

'QC2017_F9' [CF36] –

Have you ever received this Kit for New Parents?
¿Ha recibido alguna vez este Kit para Padres Nuevos?

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

If =2, -7,-8, go to 'QC2017_F13'

'QC2017_F10' [CD57] –

Did you receive the Kit for New Parents during the past year?
¿Recibió el Kit para Padres Nuevos durante el último año?

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

If =2, -7,-8, go to 'QC2017_F13'

'QC2017_F11' [CF39] –

Did you use any of the materials from the Kit for New Parents?
¿Usó alguno de los materiales del Kit para Padres Nuevos?

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

If =2, -7,-8, go to 'QC2017_F13'

'QC2017_F12' [CF37] –

On a scale of 1-10 with 10 being the most useful and 1 the least, how useful was the Kit for New Parents?
En una escala del 1 al 10, donde 10 significa muy útil y 1 significa poco útil, ¿qué tan útil le resultó el Kit para Padres Nuevos?

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

- 7 REFUSED
- 8 DON'T KNOW

**'PN_QC2017_F13' [PN_CF30] -
PROGRAMMING NOTE CF30: :
IF CAGE ≥ 4, CONTINUE WITH CF30
ELSE SKIP TO CG1**

'QC2017_F13' [CF30] –

Overall, do you think your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

En general, ¿cree usted que su hijo(a) tiene dificultades en algunas de las siguientes áreas: emociones, concentración, conducta o poder relacionarse con otras personas?

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

If =2, -7,-8, go to 'QC2017_F15'

'QC2017_F14' [CF31] –

Are these difficulties minor, definite, or severe?

¿Estas dificultades son menores, definidas o graves?

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

'QC2017_F15' [CF32] –

During the past 12 months, did (CHILD) receive any psychological or emotional counseling?

Durante los últimos 12 meses, ¿recibió (CHILD) orientación psicológica o emocional?

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

SECTION G: CHILD CARE AND SOCIAL COHESION

**'PN_QC2017_G1' [PN_CG1] -
PROGRAMMING NOTE CG1 :
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH**

'QC2017_G1' [CG1] –

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

Las siguientes preguntas son acerca de cuidado infantil. Por cuidado infantil, queremos decir cualquier arreglo donde alguien que no sea uno de los padres o tutores legales cuida a . Esto incluye pre-escolar 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 por 10 o más horas a la semana?

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

If = 2, -7, -8, go to 'PN_KCG39'

'QC2017_G2' [CG2] –

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

En total, ¿cuántas horas está en cuidado infantil durante una semana típica? Incluya todas las combinaciones de arreglos de cuidado infantil.

_____ HOURS [HR: 1-168, SR: 10-168 HRS]

- 1 REFUSED
- 2 DON'T KNOW

**'PN_QC2017_G3' [PN_CG3A] -
PROGRAMMING NOTE CG3A :
IF CG2 < 10 (HOURS IN CHILDCARE), GO TO CG5 ;
ELSE CONTINUE WITH CG3A**

'QC2017_G3' [CG3A] –

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

En una semana típica, ¿recibe cuidado de parte de... uno de sus abuelos u otro miembro de la familia?

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

'QC2017_G4' [CG3E] –

[Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in your home?
[¿Recibe (CHILD) cuidado]...de alguien que no es miembro de la familia y que viene a su casa a cuidar a (CHILD)?

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

'QC2017_G5' [CG3F] –

[Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in his or her home?
[¿Recibe (CHILD) cuidado]...de parte de una persona que no es miembro de la familia y que cuida a (CHILD) en su propia casa?

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

'QC2017_G6' [CG3D] –

[Does (CHILD) receive childcare from]...a childcare center that is not in someone's home?
[¿Recibe (CHILD) cuidado]...en una guardería que no está en la casa de una persona?

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

**'PN_QC2017_G7' [PN_CG3B] -
 PROGRAMMING NOTE CG3B :
 IF CAGE ≥ 7 YEARS, GO TO NEXT SECTION ;
 ELSE CONTINUE WITH CG3B**

'QC2017_G7' [CG3B] –

[Does (CHILD) receive childcare from]...a Head Start or state preschool program?
[¿Recibe (CHILD) cuidado]...en Head Start o un programa pre-escolar del estado?

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

'QC2017_G8' [CG3C] –

[Does (CHILD) receive childcare from]...some other preschool or nursery school?
[¿Recibe (CHILD) cuidado]...en algún otro tipo de pre-escolar o guardería?

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

**'PN_QC2017_G9' [PN_CG3G] -
PROGRAMMING NOTE CG3G :**
IF [CG3A OR CG3E = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF [CG3F ≠ 1 AND CG3D ≠ 1 AND CG3B ≠ 1 AND CG3C ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO CG5 ;
ELSE CONTINUE WITH CG3G ;
IF ONLY ONE OF CG3F , CG3D , CG3B , OR CG3C = 1, DISPLAY "Is this" AND "provider";
ELSE DISPLAY, "Are all of these" AND "providers"

'QC2017_G9' [CG3G] –

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

{Este/ Todos estos} proveedor(es) de cuidado infantil, ¿{tiene/tienen} licencia en el estado de California?

- 1 YES (ALL LICENSED)
- 2 NO (NONE LICENSED)
- 3 SOME LICENSED AND SOME NOT
- 4 REFUSED
- 5 DON'T KNOW

'QC2017_G10' [CG5] –

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

En los últimos 12 meses, ¿hubo algún momento en que usted no pudo encontrar cuidado infantil para (CHILD) por una semana o más cuando lo necesitaba?

- 1 YES
- 2 NO
- 3 REFUSED
- 4 DON'T KNOW

If = 2, -7, -8, go to SECTION H

'QC2017_G11' [CG6] –

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

¿Cuál es la razón principal por la que no pudo encontrar quien cuidara a (CHILD) esa vez?

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

[IF NEEDED, SAY: "El motivo principal es la razón más importante."]

- 01 COULDN'T AFFORD ANY CHILD CARE
- 02 COULDN'T FIND A PROVIDER WITH A SPACE
- 03 THE HOURS AND LOCATION DIDN'T FIT MY NEEDS
- 04 COULDN'T AFFORD THE QUALITY OF CHILDCARE I WANTED
- 05 COULDN'T FIND THE QUALITY OF CHILDCARE I WANTED
- 91 OTHER REASON
- 07 REFUSED
- 08 DON'T KNOW

SECTION H: DEMOGRAPHICS, PART II

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

Para poder estar seguros de que hemos incluido niños de todas las razas y grupos étnicos en California, necesito hacerle unas pocas preguntas finales acerca de la ascendencia de (CHILD).

'QC2017_H1' [CH1] –

Is (CHILD) Latino or Hispanic?

¿Es (CHILD) de origen latino o hispano?

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

[IF NEEDED, SAY: "Tal como mexicano, centroamericano/a o sudamericano/a."]

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

If = 2, -7, -8, go to 'PN_QC2017_H3'

'QC2017_H2' [CH2] –

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

¿Y cuál es su ascendencia u origen latino o hispano? Por ejemplo, mexicano, salvadoreño, cubano, hondureño – y si tiene más de uno, dígamelos todos.

[IF NECESSARY GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

- 01 MEXICAN/MEXICAN AMERICAN/CHICANO
- 04 SALVADORAN
- 05 GUATEMALAN
- 06 COSTA RICAN
- 07 HONDURAN
- 08 NICARAGUAN
- 09 PANAMANIAN
- 10 PUERTO RICAN
- 11 CUBAN
- 12 SPANISH-AMERICAN (FROM SPAIN)
- 91 OTHER LATINO (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER LATINO (SPECIFY: _____)

**'PN_QC2017_H3' [PN_CH3] -
PROGRAMMING NOTE CH3 :
IF CH1 = 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 CH3 , CONTINUE WITH
PROGRAMMING NOTE CH4 ;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES**

'QC2017_H3' [CH3] –

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

{Usted dijo su hijo(a) es hispano(a) o latino(a),} Además, por favor dígame cuál o cuáles de los siguientes términos usaría usted para describir a (CHILD): ¿nativo de Hawái, de otra isla del Pacífico, indígena americano, nativo de Alaska, asiática, negra, afroamericana, o blanco?

**[IF R SAYS "NATIVE AMERICAN" CODE AS "4"]
[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]
[CODE ALL THAT APPLY]**

- 01 WHITE
- 02 BLACK OR AFRICAN AMERICAN
- 03 ASIAN
- 04 AMERICAN INDIAN OR ALASKA NATIVE
- 05 OTHER PACIFIC ISLANDER
- 06 NATIVE HAWAIIAN
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 6, 91, -7, -8, And Only One Race, go to 'PN_QC2017_H9'

If = 3, And Only One Race, go to 'PN_QC2017_H7'

If = 4, And Only One Race, go to 'PN_QC2017_H4'

If = 5, And Only One Race, go to 'PN_QC2017_H8'

OTHER_CH3

**'PN_QC2017_H4' [PN_CH4] -
PROGRAMMING NOTE CH4 :
IF CH3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH CH4 ;
ELSE GO TO PROGRAMMING NOTE CH7**

'QC2017_H4' [CH4] –

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

Usted dijo indígena americano o nativo de Alaska, ¿De qué tribu descende (CHILD)? Si {él/ella} es de más de una tribu, por favor dígamelas todas.

[CODE ALL THAT APPLY]

- 01 APACHE
- 02 BLACKFOOT/BLACKFEET
- 03 CHEROKEE
- 04 CHOCTAW
- 05 MEXICAN AMERICAN INDIAN
- 06 NAVAJO
- 07 POMO
- 08 PUEBLO
- 09 SIOUX
- 10 YAQUI
- 91 OTHER TRIBE (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_CH4

'QC2017_H5' [CH5] –

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

¿Es (CHILD) un miembro inscrito en una tribu federal o estatal reconocida?

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

If = 2, -7, -8, go to 'PN_QC2017_H7'

'CH6' [CH6] –

Which tribe are you enrolled in?

¿En qué tribu está inscrito(a) (CHILD)?

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

'APACHE_C' [APACHE_C] - APACHE_C

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

OTHER_APACHE_C

'BLACKFEET_C' [BLACKFEET_C] - BLACKFEET_C

- 3 BLACKFOOT/BLACKFEET

'CHEROKEE_C' [CHEROKEE_C] - CHEROKEE_C

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

OTHER_CHEROKEE_C

'CHOCTAW_C' [CHOCTAW_C] - CHOCTAW_C

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

OTHER_CHOCTAW_C

'NAVAJO_C' [NAVAJO_C] - NAVAJO_C

- 8 NAVAJO (NOT SPECIFIED)

'POMO_C' [POMO_C] - POMO_C

- 09 HOPLAND BAND, HOPLAND RANCHERIA
- 10 SHERWOOD VALLEY RANCHERIA
- 11 POMO (NOT SPECIFIED)
- 94 OTHER POMO (SPECIFY: _____)

OTHER_POMO_C

'PUEBLO_C' [PUEBLO_C] - PUEBLO_C

- 12 HOPI
- 13 YSLETA DEL SUR PUEBLO OF TEXAS
- 14 PUEBLO (NOT SPECIFIED)
- 95 OTHER PUEBLO (SPECIFY: _____)

OTHER_PUEBLO_C

'SIOUX_C' [SIOUX_C] - SIOUX_C

- 15 OGLALA/PINE RIDGE SIOUX_
- 16 _SIOUX (NOT SPECIFIED)_
- 96 OTHER SIOUX (SPECIFY: _____)

OTHER_SIOUX_C

'YAQUI_C' [YAQUI_C] - YAQUI_C

- 17 PASCUA YAQUI TRIBE OF ARIZONA_
- 18_YAQUI (NOT SPECIFIED)_
- 97 OTHER YAQUI (SPECIFY: _____)

OTHER_YAQUI_C

OTHER_C

- 98 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_OTHER_C

'QC2017_H6' [CH6A] –

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

¿Recibe (CHILD) algún servicio de salud a través del Servicio Indio de Salud, un Programa de Salud Tribal o una clínica India Urbana?

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

**'PN_QC2017_H7' [PN_CH7] -
PROGRAMMING NOTE CH7 :
IF CH3 = 3 (ASIAN) CONTINUE WITH CH7 ;
ELSE GO TO PROGRAMMING NOTE CH7A**

'QC2017_H7' [CH7] –

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

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

[CODE ALL THAT APPLY]

- 01 BANGLADESHI
- 02 BURMESE
- 03 CAMBODIAN
- 04 CHINESE
- 05 FILIPINO
- 06 HMONG
- 07 INDIAN (INDIA)
- 08 INDONESIAN
- 09 JAPANESE
- 10 KOREAN
- 11 LAOTIAN
- 12 MALAYSIAN
- 13 PAKISTANI
- 14 SRI LANKAN
- 15 TAIWANESE
- 16 THAI
- 17 VIETNAMESE
- 91 OTHER ASIAN (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QC2017_H8' [PN_CH7A] -
PROGRAMMING NOTE CH7A :
IF CH3 = 5 (PACIFIC ISLANDER) CONTINUE WITH CH7A ;
ELSE GO TO CH8**

'QC2017_H8' [CH7A] –

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

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

[CODE ALL THAT APPLY]

- 01 SAMOAN/AMERICAN SAMOAN
- 02 GUAMANIAN
- 03 TONGAN
- 04 FIJIAN
- 91 OTHER PACIFIC ISLANDER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QC2017_H9' [CH8] - In what country was (CHILD) born?

¿En qué país nació (CHILD)?

- 01 UNITED STATES
- 02 AMERICAN SAMOA
- 03 CANADA
- 04 CHINA
- 05 EL SALVADOR
- 06 ENGLAND
- 07 FRANCE
- 08 GERMANY
- 09 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_CH8

'PN_QC2017_H10' [PN_CH8A] -

PROGRAMMING NOTE CH8A:

**IF CH8 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE CH11;
ELSE CONTINUE WITH CH8A**

'QC2017_H10' [CH8A] –

Is (CHILD) a citizen of the United States?

¿Es (CHILD) ciudadano(a) de Estados Unidos?

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

If = 1, go to 'QC2017_H12'

'QC2017_H11' [CH9] –

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

¿Es (CHILD) residente permanente con tarjeta verde?

[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."]

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

'QC2017_H12' [CH10] –

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

¿Más o menos cuántos años ha vivido (CHILD) en los Estados Unidos?

**[FOR LESS THAN A
YEAR, ENTER 1 YEAR]**

_____ NUMBER OF YEARS {OR}

'CH10YR' [CH10YR] - _____ YEAR FIRST CAME TO LIVE IN U.S.

'CH10FMT' [CH10FMT] - CH10FMT

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

**'PN_QC2017_H13' [PN_CH11] -
PROGRAMMING NOTE CH11 :
IF SKA = 1 (MOTHER OF CHILD), THEN
[IF SKA = AR AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE), THEN SKIP TO PN_CH14 ;
ELSE IF [SKA = AR AND AH33 = -1 (NOT ALREADY ASKED IN ADULT QUESTIONNAIRE)] OR SKA ≠ AR,
CONTINUE WITH CH11 AND DISPLAY "were you";]
ELSE, CONTINUE WITH CH11 AND DISPLAY "was his mother/was her mother"**

'QC2017_H13' [CH11] –

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

¿En qué país nació {usted/ la madre de (CHILD)}?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- 01 UNITED STATES
- 02 AMERICAN SAMOA
- 03 CANADA
- 04 CHINA
- 05 EL SALVADOR
- 06 ENGLAND
- 07 FRANCE
- 08 GERMANY
- 09 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QC2017_H14' [PN_CH11A] -
PROGRAMMING NOTE CH11A AND CH12 :
IF CH11 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE CH14 ;
ELSE CONTINUE WITH CH11A AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY "Are you";
ELSE DISPLAY "Is {his/her} mother"**

'QC2017_H14' [CH11A] –

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

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

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

If = 1, go to 'PN_QC2017_H16'

'QC2017_H15' [CH12] –

{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?

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

**'PN_QC2017_H16' [PN_CH13] -
PROGRAMMING NOTE CH13 :
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH CH13 AND DISPLAY "have you";
ELSE CONTINUE WITH CH13 AND DISPLAY "has {his/her} mother"**

'QC2017_H16' [CH13] –

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 Estados Unidos?

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

'CH13YR' [CH13YR] - _____ YEAR FIRST CAME TO LIVE IN U.S.

'CH13FMT' [CH13FMT] - CH13FMT

- 01 NUMBER OF YEARS
- 02 YEAR FIRST CAME TO LIVE IN US
- 03 MOTHER DECEASED
- 04 NEVER LIVED IN U.S
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QC2017_H17' [PN_CH14] -
PROGRAMMING NOTE CH14 :
IF SKA = 2 (FATHER OF CHILD), THEN
[IF MKA = AR AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE), THEN SKIP TO CH17 ;
ELSE IF SKA = AR AND AH33 = -1 (NOT ALREADY ASKED IN ADULT QUESTIONNAIRE) OR SKA ≠ AR,
CONTINUE WITH CH14 AND DISPLAY "were you";]
ELSE CONTINUE WITH CH14 AND DISPLAY, "was {his/her} father"**

'QC2017_H17' [CH14] –

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

¿En qué país nació {usted/ el padre de {él/ella}}?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- 01 UNITED STATES
- 02 AMERICAN SAMOA
- 03 CANADA
- 04 CHINA
- 05 EL SALVADOR
- 06 ENGLAND
- 07 FRANCE
- 08 GERMANY
- 09 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_CH14

**'PN_QC2017_H18' [PN_CH14A] -
PROGRAMMING NOTE CH14A AND CH15 :
IF CH14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE CH17 ;
ELSE CONTINUE WITH CH14A AND IF RESPONDENT IS FATHER OF CHILD DISPLAY "Are you";
ELSE SAY "Is {his/her} father"**

'QC2017_H18' [CH14A] –

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

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

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

If = 1, go to 'PN_QC2017_H20'

'QC2017_H19' [CH15] –

{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?

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

**'PN_QC2017_H20' [PN_CH16] -
PROGRAMMING NOTE CH16 :
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH CH16 AND DISPLAY "have you";
ELSE, CONTINUE WITH CH16 AND DISPLAY "has {his/her} father"**

'QC2017_H20' [CH16] –

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?

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

'CH16YR' [CH16YR] - _____ YEAR FIRST CAME TO LIVE IN U.S.

'CH16FMT' [CH16FMT] - CH16FMT

- 01 NUMBER OF YEARS
- 02 YEAR FIRST CAME TO LIVE IN U.S
- 03 FATHER DECEASED
- 04 NEVER LIVED IN U.S.
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QC2017_H21' [PN_CH17] -
PROGRAMMING NOTE CH17 :
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE CH18 ;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH CH17**

'QC2017_H21' [CH17] -

In general, what languages are spoken in (CHILD)'s home?
En general, ¿qué idiomas se hablan en el hogar de (CHILD)?

[PROBE: "Any others?"]

[PROBE: "¿Algún otro idioma?"]

- 01 ENGLISH
- 02 SPANISH
- 03 CANTONESE
- 04 VIETNAMESE
- 05 TAGALOG
- 06 MANDARIN
- 07 KOREAN
- 08 ASIAN INDIAN LANGUAGES
- 09 RUSSIAN
- 91 OTHER 1 (SPECIFY: _____)
- 92 OTHER 2 (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'OTHER1_CH17' [OTHER1_CH17] - OTHER1_CH17

'OTHER2_CH17' [OTHER2_CH17] - OTHER2_CH17

**'PN_QC2017_H22' [PN_CH18] -
PROGRAMMING NOTE CH18 :
IF INTERVIEW CONDUCTED IN ENGLISH AND CH17 > 1 (TWO OR MORE LANGUAGES SPOKEN AT HOME),
CONTINUE WITH CH18 AND DISPLAY "Compared to the language spoken in (CHILD)'s home,";
SET CH18ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME CH18 WAS ASKED;
ELSE IF CH17 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE CH22**

'QC2017_H22' [CH18] -

{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 (CHILD,) ¿Diría que usted habla inglés...

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

**'PN_QC2017_H23' [PN_CH22] -
PROGRAMMING NOTE CH22 :
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH CH22 ;
ELSE GO TO PROGRAMMING NOTE KAG8**

'QC2017_H23' [CH22] –

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?

- 01 GRADE SCHOOL
- 02 HIGH SCHOOL OR EQUIVALENT
- 03 4-YEAR COLLEGE OR UNIVERSITY
- 04 GRADUATE OR PROFESSIONAL SCHOOL
- 05 2-YEAR JUNIOR OR COMMUNITY COLLEGE
- 06 VOCATIONAL, BUSINESS, OR TRADE SCHOOL
- 7 REFUSED
- 8 DON'T KNOW (OUT OF RANGE)

'GRADE_C' [GRADE_C] - GRADE_C

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

'HIGH_C' [HIGH_C] - HIGH_C

- 09 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE

'COLLEGE_C' [COLLEGE_C] - COLLEGE_C

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

'GRADUATE_C' [GRADUATE_C] - GRADUATE_C

- 18 1ST YEAR GRAD OR PROF SCHOOL
- 19 2ND YEAR GRAD OR PROF SCHOOL (MA/MS)
- 20 3RD YEAR GRAD OR PROF SCHOOL
- 21 MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD)

'COMMUNITY_C' [COMMUNITY_C] - COMMUNITY_C

- 22 1ST YEAR
- 23 2ND YEAR (AA/AS)

'BUSINESS_C' [BUSINESS_C] - BUSINESS_C

- 24 1ST YEAR
- 25 2ND YEAR
- 26 MORE THAN 2 YEARS

SECTION H: DEMOGRAPHICS, PART III

**'PN_QC2017_H24' [PN_CH30] -
PROGRAMMING NOTE CH30:
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH CH30;
ELSE GO TO CG38**

'QC2017_H24' [CH30] –

Based on the questions in this survey about (CHILD), is there another adult in the household who is more knowledgeable about questions we asked about (CHILD)?

De acuerdo a las preguntas en esta encuesta acerca de (CHILD), ¿hay algún otro adulto en este hogar que esté más informado acerca de las preguntas que le hicimos a usted?

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

'QC2017_H25' [CG38] –

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

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?

- 01 YES
- 02 MAYBE/PROBABLY YES
- 03 DEFINITELY NOT
- 7 REFUSED
- 8 DON'T KNOW

'END' [END] –

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

Muchas gracias, usted ha colaborado con un estudio muy importante que se hace en todo el estado. Si tiene alguna pregunta acerca del estudio, puede llamar al Investigador Principal, Dra. Ponce. ¿Quiere que le dé ese número de teléfono?

[IF YES, SAY: Dr. Ponce can be reached toll-free at 1-866-275-2447.

[IF YES, SAY: "El número de teléfono gratis de Dra. Ponce es 1-866- 275-2447."]

IF NO, SAY: Goodbye.]

[IF NO, SAY: "Gracias y adiós."]