



california
health
interview
survey

CHIS 2015 Child Questionnaire Version 2.73

JUNE 13, 2017

(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

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2015 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 QC15_A1:

**SET CADATE = CURRENT DATE (YYYYMMDD);
 IF AR = SKA AND GENDER OF CHILD IS KNOWN, SKIP TO QC15_A2;
 ELSE CONTINUE WITH QC15_A1**

QC15_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.
 Ang ilan sa mga tanong ay batay sa mga katangiang personal ni (CHILD), gaya ng kanyang edad. Kaya tatanungin ko muna kayo ng ilang maiigsing tanong na nauukol sa kanyang background.

Is (CHILD) male or female?
 Lalaki ba o babae si (CHILD)?

CA1

MALE1
 FEMALE2
 REFUSED -7

QC15_A2 What is {his/her} date of birth?
 Ano ang petsa ng kapanganakan {niya/niya}?

CA2MON

_____ MONTH [HR: 1-12]

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

CA2DAY

_____ DAY [HR: 1-31]

CA2YR

_____ YEAR [HR: 2004-2015]

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_A3:

**IF QC15_A2 = -7 OR -8 (REFUSED/DON'T KNOW) CONTINUE WITH QC15_A3;
 ELSE SKIP TO QC15_A4**

QC15_A3 How old is {he/she}?
 Ilang taon na {siya/siya}?

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

QC15_A4 About how tall is (CHILD) now without shoes?
 Humigit-kumulang, gaano katangkad na ngayon si (CHILD) kapag walang suot na sapatos?

CA4F/CA4I

[IF NEEDED, SAY: "Your best guess is fine."]
[IF NEEDED, SAY: "Ayos lang ang inyong pinakamahusay na tantya."]

_____ FEET _____ INCHES

CA4M/CA4C

_____ METERS _____ CENTIMETERS

CA4FMT

FEET/INCHES1
 METERS/CENTIMETERS2
 REFUSED -7
 DON'T KNOW -8

QC15_A5 About how much does (CHILD) weigh now without shoes?
 Humigit-kumulang, gaano kabigat na ngayon si (CHILD) kapag walang suot na sapatos?

CA5P

[IF NEEDED, SAY: "Your best guess is fine."]
[IF NEEDED, SAY: "Ayos lang ang inyong pinakamahusay na tantya."]

_____ POUNDS

CA5K

_____ KILOGRAMS

CA5FMT

POUNDS1
 KILOGRAMS2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_A5A:
IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE QC15_A6;
ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH QC15_A5A

QC15_A5A Was (CHILD) ever breastfed or fed breast milk?
 Kailanman, sumuso ba sa ina si (CHILD) o pinasuso sa boteng naglalaman ng gatas mula sa ina?

CA14

YES1
 NO2 **[GO TO QC15_A8]**
 REFUSED -7 **[GO TO QC15_A8]**
 DON'T KNOW -8 **[GO TO QC15_A8]**

QC15_A5B How old was (CHILD) when {he/she} stopped breastfeeding altogether?
 Ilang taon si (CHILD) noong ganap na pinigil na ang pagpapasuso sa ina?

CA15

_____ DAYS
 _____ WEEKS
 _____ MONTHS
 _____ YEARS

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

QC15_A5C How old was (CHILD) when you began giving {him/her} baby food or other solid foods?
 Ilang taon na si (CHILD) noong una ninyo {siyang } pinakain ng pagkain para sa sanggol
 o ng iba pang mga solidong pagkain?

CA16

[IF NEEDED SAY: "Solid food is anything other than milk, formula, juice, water, herbs or teas."]
[IF NEEDED SAY: "Ang solidong pagkain ay anumang pagkain maliban sa gatas, formula, juice, tubig, mga herb o tsaa."]

_____ MONTHS

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

PROGRAMMING NOTE QC15_A6:
IF CAGE < 5 YEARS GO TO QC15_A8;
ELSE CONTINUE WITH QC15_A6 AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

QC15_A6 {Not including pre-school or nursery school,} Did (CHILD) attend school last week?
 {Hindi kabilang ang pre-school o nursery school,} pumasok ba sa eskwelahan si (CHILD)
 nitong nakaraang linggo?

CA42

YES1 **[GO TO QC15_A8]**
 NO2
 ON VACATION3
 HOME SCHOOLED4 **[GO TO QC15_A8]**
 REFUSED -7
 DON'T KNOW -8

**PROGRAMMING NOTE QC15_A7:
IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"**

QC15_A7 {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?
{Hindi kabilang ang pre-school o nursery school,} pumasok ba sa eskwelahan si (CHILD) nitong nakaraang taon?

CA43

- YES1
- NO2
- HOMESCHOOLED3
- REFUSED-7
- DON'T KNOW-8

QC15_A8 In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?
Sa kalahatan, masasabi ba ninyo na mabuting-mabuti, napakabuti, mabuti, mabuti-buti o mahina ang kalusugan ni (CHILD)?

CA6

- EXCELLENT1
- VERY GOOD2
- GOOD3
- FAIR4
- POOR5
- REFUSED-7
- DON'T KNOW-8

QC15_A9 Has a doctor ever told you that (CHILD) has asthma?
Nasabihan na ba kayo kailanman ng doctor na may asthma si (CHILD)?

CA12

- YES1
- NO2 **[GO TO QC15_A25]**
- REFUSED-7 **[GO TO QC15_A25]**
- DON'T KNOW-8 **[GO TO QC15_A25]**

QC15_A10 Does {he/she} still have asthma?
May asthma pa ba {siya}?

CA31

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

QC15_A11 During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?
Nitong nakaraang 12 buwan, nakaranas ba {siya/siya} ng pagsumpong ng asthma o ng atake ng asthma?

CA32

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QC15_A12:
IF QC15_A10 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND QC15_A11 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) GO TO QC15_A16;
ELSE CONTINUE WITH QC15_A12

QC15_A12 During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say: Nitong nakaraang 12 buwan, gaano kadalas nakaranas si (CHILD) ng mga sintomas ng asthma gaya ng pag-ubo, paghuni, kahirapang huminga, paninikip ng dibdib o plema? Masasabi ba ninyo na...

CA12B

- Not at all,1
- Hindi kailanman,.....1
- Less than every month,.....2
- Mas bihira sa bawat buwan2
- Every month,.....3
- Bawat buwan,.....3
- Every week, or4
- Bawat linggo, o.....4
- Every day?5
- Araw-araw?5
- REFUSED -7
- DON'T KNOW -8

QC15_A13 During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma? Nitong nakaraang 12 buwan, kinailangan bang magpatingin si (CHILD) sa emergency room ng ospital dahil sa {kanyang/kanyang} asthma?

CA33

- YES1
- NO2 **[GO TO QC15_A15]**
- REFUSED -7 **[GO TO QC15_A15]**
- DON'T KNOW -8 **[GO TO QC15_A15]**

QC15_A14 Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor? Dinala ba ninyo si (CHILD) sa emergency room ng ospital para sa {kanyang/kanyang} asthma dahil hindi kayo nakapagpatingin sa {kanyang/kanyang} doktor?

CA48

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

- YES1
- NO2
- DOESN'T HAVE DOCTOR.....3
- REFUSED -7
- DON'T KNOW -8

QC15_A15 During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?
 Nitong nakaraang 12 buwan, na-ospital ba {siya/siya} nang magdamag o mas matagal pa para sa {kanyang/kanyang} asthma?

CA44

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_A16 Is (CHILD) now taking a daily medication to control {his/her} asthma that was prescribed or given to you by a doctor?
 Umiinom o gumagamit ba ngayon si (CHILD) ng pang-araw-araw na gamot na inireseta o ibinigay sa inyo ng doktor para kontrolin ang {kanyang/kanyang} asthma?

CA12A

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

[IF NEEDED, SAY: "Kabilang dito ang mga gamot na iniinom at mga inhaler. Iba ito sa mga inhaler na ginagamit para sa pangmadaliang ginhawa."]

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_A17:
IF QC15_A10 = 1 (YES, STILL HAS ASTHMA) OR QC15_A11 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO QC15_A21;
ELSE CONTINUE WITH QC15_A17

QC15_A17 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:
 Nitong nakaraang 12 buwan, gaano kadalas nakaranas si (CHILD) ng mga sintomas ng asthma gaya ng pag-ubo, paghuni, kahirapang huminga, pagninikip ng dibdib o plema?
 Masasabi ba ninyo na...

CA40

- Not at all,1
- Hindi kailanman,.....1
- Less than every month,.....2
- Mas bihira sa bawat buwan,2
- Every month,3
- Bawat buwan,.....3
- Every week, or4
- Bawat linggo, o.....4
- Every day?5
- Araw-araw?5
- REFUSED -7
- DON'T KNOW -8

QC15_A18 During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?
 Nitong nakaraang 12 buwan, kinailangan bang magpatingin si (CHILD) sa emergency room ng ospital dahil sa {kanyang/kanyang} asthma?

CA41

- YES1
- NO2 **[GO TO QC15_A20]**
- REFUSED -7 **[GO TO QC15_A20]**
- DON'T KNOW -8 **[GO TO QC15_A20]**

QC15_A19 Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?
 Dinala ba ninyo si (CHILD) sa emergency room ng ospital para sa {kanyang/kanyang} asthma dahil hindi kayo nakapagpatingin sa {kanyang/kanyang} doktor?

CA49

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

- YES1
- NO2
- DOESN'T HAVE DOCTOR.....3
- REFUSED -7
- DON'T KNOW -8

QC15_A20 During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?
 Nitong nakaraang 12 buwan, na-ospital ba {siya/siya} nang magdamag o mas matagal pa para sa {kanyang/kanyang} asthma?

CA45

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_A21 During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?
 Nitong nakaraang 12 buwan, ilang araw hindi nakapasok si (CHILD) sa day care o sa eskwelahan dahil sa asthma?

CA34

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

QC15_A22 Have (CHILD'S) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} asthma?
 Nakipagtulungan na ba sa inyo ang mga doktor o iba pang mga medical provider ni (CHILD) na gumawa ng plano upang malaman ninyo kung paano alagaan ang {kanyang/kanyang} asthma?

CA35

- YES1
- NO2 **[GO TO QC15_A24]**
- REFUSED -7 **[GO TO QC15_A24]**
- DON'T KNOW -8 **[GO TO QC15_A24]**

QC15_A23

Do you have a written or printed copy of this plan?
 Mayroon ba kayong nakasulat o naka-print na kopya ng planong ito?

CA50

[IF NEEDED, SAY: “This can be an electronic or hard copy.”]
[IF NEEDED, SAY: “Pwedeng electronic o nasa papel ang kopyang ito.”]

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_A24

How confident are you that you can control and manage (CHILD’s) asthma? Would you say you are very confident, somewhat confident, not too confident, or not at all confident? Gaano ang tiwala ninyo na kaya ninyong kontrolin at pangalagaan ang asthma ni (CHILD)? Masasabi ba ninyong kayo ay lubos na may tiwala, medyo may tiwala, walang masyadong tiwala, o walang tiwala kahit kaunti?

CA51

- VERY CONFIDENT1
- SOMEWHAT CONFIDENT2
- NOT TOO CONFIDENT3
- NOT AT ALL CONFIDENT4
- REFUSED -7
- DON'T KNOW -8

QC15_A25

Does (CHILD) currently have any physical, behavioral, or mental conditions that limit or prevent {him/her} from doing childhood activities usual for {his/her} age? Sa kasalukuyan, mayroon bang anumang karamdaman si (CHILD) sa katawan, sa pag-uugali o sa isip na humahadlang sa {kanya/kanya} sa paggawa ng mga gawaing pambata na pangkaraniwan sa {kanyang/kanyang} edad?

CA7

- YES1
- NO2 **[GO TO QC15_B1]**
- REFUSED -7 **[GO TO QC15_B1]**
- DON'T KNOW -8 **[GO TO QC15_B1]**

QC15_A26 What condition does (CHILD) have?
Anong karamadaman mayroon si (CHILD)?

CA10A

[CODE ALL THAT APPLY]
[PROBE: “Any others?”]
[PROBE: “May iba pa ba?”]

- ADD/ADHD1
- ASPERGER’S SYNDROME2
- AUTISM.....3
- CEREBRAL PALSY4
- CONGENITAL HEART DISEASE5
- CYSTIC FIBROSIS6
- DIABETES7
- 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

QC15_A27 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 QC15_A26)?

Nakipagtulungan na ba sa inyo ang mga doktor o iba pang mga medical provider ni (CHILD) na gumawa ng plano upang malaman ninyo kung paano alagaan ang {kanyang/kanyang} (INSERT CONDITION(S) FROM QC15_A26)?

CA55

- YES1
- NO.....2 **[GO TO QC15_A29]**
- REFUSED -7 **[GO TO QC15_A29]**
- DON’T KNOW -8 **[GO TO QC15_A29]**

QC15_A28 Do you have a written or printed copy of this plan?
Mayroon ba kayong nakasulat o naka-print na kopya ng planong ito?

CA56

[IF NEEDED, SAY: “This can be an electronic or hard copy.”]
[IF NEEDED, SAY: “Pwedeng electronic o nasa papel ang kopyang ito.”]

- YES1
- NO.....2
- REFUSED -7
- DON’T KNOW -8

QC15_A29

How confident are you that you can control and manage (CHILD's) (INSERT CONDITION(S) FROM QC15_A26)? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

Gaano ang inyong tiwala na kaya ninyong kontrolin at pangalagaan ang mga karamdaman ni (CHILD) na (INSERT CONDITION(S) FROM QC15_A26)? Masasabi ba ninyo na kayo ay lubos na may tiwala, medyo may tiwala, walang masyadong tiwala, o walang tiwala kahit kaunti?

CA57

- VERY CONFIDENT1
- SOMEWHAT CONFIDENT2
- NOT TOO CONFIDENT3
- NOT AT ALL CONFIDENT4
- REFUSED -7
- DON'T KNOW -8

SECTION B – DENTAL HEALTH

PROGRAMMING NOTE QC15_B1:

IF CAGE > 2 YEARS, GO TO QC15_B2 AND DISPLAY “Now I’m going to ask about (CHILD)’s dental health”;
ELSE CONTINUE WITH QC15_B1

QC15_B1 These questions are about (CHILD)’s dental health. Does (CHILD) have any teeth yet?
 Tungkol sa kalusagan ng ngipin ni (CHILD) ang mga tanong na ito? May ngipin na ba si (CHILD)?

CC1

- | | | |
|------------------|----|--------------------------|
| YES | 1 | |
| NO | 2 | [GO TO SECTION C] |
| REFUSED | -7 | [GO TO SECTION C] |
| DON’T KNOW | -8 | [GO TO SECTION C] |

QC15_B2 {Now I’m going to ask about (CHILD)’s dental health.}
 {Ngayon, tatanungin ko kayo tungkol sa kalusagan ng ngipin ni (CHILD)}.

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.
 Humigit-kumulang, gaano katagal na mula noong nagpatingin ang inyong anak sa dentista o pagamutan ng ngipin? Bilangin ang mga hygienist at ang lahat ng uri ng mga espesyalista sa ngipin

CC5

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

PROGRAMMING NOTE QC15_B3:
IF QC15_B2 = 0 (HAD NEVER VISTED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH QC15_B3;
ELSE SKIP TO QC15_B4;
IF QC15_B2 = 0 (HAS NEVER VISITED), DISPLAY “never”;
ELSE IF QC15_B2 ≥ 3 DISPLAY “not” AND “in the past year”

QC15_B3 What is the main reason your child has {never/not} visited a dentist {in the past year}?
 Ano ang pangunahing dahilan kung bakit {kailanman hindi pa} nagpatingin ang inyong anak sa dentista?
 Ano ang pangunahing dahilan kung bakit {hindi} nagpatingin ang inyong anak sa dentista {nitong nakaraang taon}?

CB23

- NO REASON TO GO/NO PROBLEMS1
- NOT OLD ENOUGH2
- COULD NOT AFFORD IT/TOO EXPENSIVE/
NO INSURANCE.....3
- FEAR, DISLIKES GOING4
- DO NOT HAVE/KNOW A DENTIST5
- CANNOT GET TO THE OFFICE/CLINIC6
- NO DENTIST AVAILABLE/NO APPOINTMENTS
AVAILABLE.....7
- DIDN'T KNOW WHERE TO GO8
- HOURS NOT CONVENIENT9
- SPEAK A DIFFERENT LANGUAGE 10
- OTHER..... 91
- REFUSED -7
- DON'T KNOW -8

QC15_B4 Do you now have any type of insurance that pays for part or all of your child's dental care?
 Ngayon, mayroon ba kayong anumang uri ng insurance na nagbabayad sa bahagi o sa lahat ng pangangalaga sa ngipin ng inyong anak/alaga?

CC7A

[IF NEEDED, SAY: “Include dental insurance, prepaid dental plans such as HMOs, or government plans such as Medi-Cal or Healthy Families”]
[IF NEEDED, PROBE: “Bilangin ang dental insurance, prepaid dental plans gaya ng mga HMO, o mga programa ng gobyerno gaya ng Medi-Cal o Healthy Families.”]

- YES1
- NO.....2 **[GO TO QC15_B6]**
- REFUSED -7
- DON'T KNOW -8

QC15_B5 During the past 12 months, was there any time when {he/she} had no dental insurance at all?
 Nitong nakaraang 12 buwan, nawalan ba {siya} ng insurance para sa ngipin kahit kailan?

CB25

- YES1
- NO.....2 **[GO TO QC15_B7]**
- REFUSED -7 **[GO TO QC15_B7]**
- DON'T KNOW -8 **[GO TO QC15_B7]**

**PROGRAMMING NOTE QC15_B6:
 IF QC15_B4=2 (NO CURRENT DENTAL INSURANCE) OR QC15_B5 = 1 (HAD NO DENTAL INSURANCE AT SOME TIME IN THE PAST 12 MONTHS) CONTINUE WITH QC15_B6;
 ELSE GO TO QC15_B7**

QC15_B6 What is the ONE MAIN reason (CHILD) {does not have any insurance/did not have any dental insurance during the time {he/she} wasn't covered}?
 Ano ang IISANG PANGUNAHING dahilan kung bakit si (CHILD) {ay walang anumang insurance / walang anumang insurance para sa ngipin noong panahon na hindi {siya/siya} naka-insure}?

CB26

- CAN'T AFFORD/TOO EXPENSIVE1
- NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB2
- NOT ELIGIBLE DUE TO HEALTH OR OTHER
PROBLEMS3
- NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS4
- FAMILY SITUATION CHANGED5
- DON'T BELIEVE IN INSURANCE6
- SWITCHED INSURANCE COMPANIES, DELAY
BETWEEN7
- CAN GET HEALTH CARE FOR FREE/PAY FOR
OWN CARE8
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

QC15_B7 During the past 12 months, was there any time when (CHILD) needed dental care, including checkups, but didn't get it?
 Nitong nakaraang 12 buwan, nangailangan ba si (CHILD) ng pangangalaga sa ngipin, kabilang ang mga checkup, subalit hindi niya nakuha ito?

CB27

- YES1
- NO2 **[GO TO QC15_B9]**
- REFUSED -7 **[GO TO QC15_B9]**
- DON'T KNOW -8 **[GO TO QC15_B9]**

QC15_B8 What is the ONE MAIN reason {he/she} didn't get the dental care?
 Ano ang IISANG PANGUNAHING dahilan kung bakit hindi {niya/niya} nakuha ang pangangalaga sa ngipin?

CB28

- COULDN'T GET APPOINTMENT1
- MY INSURANCE NOT ACCEPTED2
- INSURANCE DID NOT COVER3
- LANGUAGE PROBLEMS4
- TRANSPORTATION PROBLEMS.....5
- HOURS NOT CONVENIENT6
- NO CHILD CARE FOR CHILDREN AT HOME7
- FORGOT OR LOST REFERRAL.....8
- I DIDN'T HAVE TIME9
- COULDN'T AFFORD/COST TOO MUCH 10
- NO INSURANCE..... 11
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

QC15_B9 During the past 12 months, did (CHILD) have to visit a hospital emergency because of a dental problem?
 Nitong nakaraang 12 buwan, kinailangan ba ni (CHILD) na pumunta sa emergency sa ospital dahil sa isang problema sa ngipin?

CB29

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_B10 During the past 12 months, did (CHILD) have to visit an urgent care clinic because of a dental problem?
 Nitong nakaraang 12 buwan, kinailangan bang pumunta si (CHILD) sa isang urgent care clinic dahil sa isang problema sa ngipin?

CB30

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_B11:
IF CAGE ≥ 6, SKIP TO SECTION C;
ELSE CONTINUE WITH QC15_B11

QC15_B11 When (CHILD NAME/AGE/SEX) goes to sleep or takes a nap, does {he/she} sleep with a bottle in {his/her} mouth?
 Kapag natutulog o nagsisiyesta si (CHILD), natutulog ba {siya} nang may botelya sa kanyang} bibig?

CB31

- YES1
- NO2 **[SKIP TO SECTION C]**
- REFUSED -7 **[SKIP TO SECTION C]**
- DON'T KNOW -8 **[SKIP TO SECTION C]**

QC15_B12 What is usually in the bottle; for example, mother’s milk, regular milk, chocolate milk, water, juice, or another drink with sugar in it?
 Ano ang karaniwang nasa botelya; halimbawa, gatas mula sa ina, regular na gatas, tsokolateng gatas, tubig, juice, o ibang inumin na may asukal?

CB32

- MOTHER’S MILK1
- REGULAR MILK2
- CHOCOLATE MILK, JUICE, OR
SUGARY DRINK.....3
- WATER4
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON’T KNOW -8

SECTION C – DIET, PHYSICAL ACTIVITY, PARK USE

PROGRAMMING NOTE QC15_C1:
IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE QC15_C15;
ELSE CONTINUE WITH QC15_C1

QC15_C1 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?
 Ngayon, tatanungin ko kayo tungkol sa mga kinain ng inyong anak/alaga kahapon, kabilang ang almusal, tanghalian, hapunan at mga meryenda. Kahapon, ilang serving ng prutas, gaya ng mansanas o saging, ang kinain niya?

CC13

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

[IF NEEDED, SAY: "Ang kahulugan ng serving ay nababatay sa sarili. Ang isang serving ay ang pangkaraniwang laki o dami nitong pagkain na pinakakain sa bata."]

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

REFUSED -7

DON'T KNOW -8

QC15_C2 Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.
 Kahapon, ilang serving ng gulay, gaya ng salad ng mga sariwang gulay, bitsuelas, o patatas, ang kinain {niya/niya}? Huwag bilangin ang piniritong patatas.

CC31

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

REFUSED -7

DON'T KNOW -8

QC15_C3 [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did your child drink? Do not include diet soda.
 [Kahapon,] ilang baso o lata ng soda na may asukal, gaya ng Coke, ang ininom ng inyong anak/alaga? Huwag bilangin ang diet soda.

CC49

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

[IF NEEDED, SAY: "Huwag ninyong bilangin ang mga de- lata o naka-boteng juice o tsaa."]

_____ GLASSES, CANS OR BOTTLES

REFUSED -7

DON'T KNOW -8

QC15_C4

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

[Kahapon,] ilang baso o lata ng pinatamis na mga inuming may katas ng prutas, sports o energy drink ang ininom ng inyong anak/alaga?

CC50

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

[IF NEEDED, SAY: "Gaya ng lemonada, 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

REFUSED -7

DON'T KNOW -8

QC15_C5

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.

Ngayon, isipin ninyo ang *nakaraang linggo*. Nitong nakaraang 7 araw, ilang beses {siya/siya} kumain ng fast food? Bilangin ninyo ang mga almusal, tanghalian, hapunan na fast food na kinain sa eskwelahan o sa bahay, o sa mga restaurant, carryout o drive through ng fast food.

CC32

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

[IF NEEDED, SAY: "Gaya ng pagkain na binibili ninyo sa McDonald's, KFC, Panda Express o Taco Bell."]

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

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QC15_C6:
IF QC15_A6 = 4 (HOME SCHOOLED LAST WEEK) OR IF QC15_A7= 3 (HOME SCHOOLED LAST YEAR), GO TO PROGRAMMING NOTE QC15_C13;
ELSE IF QC15_A6 = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH QC15_C6 AND DISPLAY “How many days in the past week”;
IF QC15_A7 = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH QC15_C6 AND DISPLAY “During the school year, on how many days during a typical week”;
ELSE GO TO PROGRAMMING NOTE QC15_C13

QC15_C6 Now I’m going to ask you about physical activity.
 Ngayon, tatanungin ko kayo tungkol sa mga gawaing pisikal.

{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?
 {Ilang araw nitong nakaraang linggo} naglakad pauwi si (CHILD) mula sa eskwelahan?
 {Nitong nakaraang panahon na may pasok sa eskwelahan, ilang araw sa karaniwang linggo} naglakad pauwi si {CHILD} mula sa eskwelahan?

CC40

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

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

_____ DAYS
 REFUSED -7
 DON’T KNOW -8

PROGRAMMING NOTE QC15_C7:
IF QC15_C6= 0 (DAYS), -7, OR -8, GO TO QC15_C8;
ELSE IF QC15_C6 > 0 (DAYS) CONTINUE WITH QC15_C7;
IF QC15_A6 = 1 (ATTENDED SCHOOL LAST WEEK) DISPLAY “does”;
IF QC15_A7 = 1 (ATTENDED SCHOOL LAST YEAR) DISPLAY “did”

QC15_C7 About how many minutes {did/does} it take {him/her} without any stops?
 Humigit-kumulang, ilang minuto {siya/siya} inabot na walang hinintuan?
 Humigit-kumulang, ilang minuto {siya/siya} inaabot kung walang hinihintuan?

CC41

_____ MINUTES **[GO TO QC15_C9]**
 REFUSED -7 **[GO TO QC15_C9]**
 DON’T KNOW -8 **[GO TO QC15_C9]**

QC15_C8 Could {he/she} walk home from school in 30 minutes or less?
 Kaya ba {niyang/niyang} maglakad pauwi mula sa eskwelahan sa loob ng 30 minuto o mas mabilis pa?

CC42

YES1
 NO2
 REFUSED -7
 DON’T KNOW -8

QC15_C9 {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?
 {Ilang araw nitong nakaraang linggo} nagbisikleta o nag-skateboard pauwi si (CHILD) mula sa eskwelahan?
 {Nitong nakaraang panahon na may pasok sa eskwelahan, ilang araw sa karaniwang linggo} nagbisikleta o nag-skateboard pauwi si (CHILD) mula sa eskwelahan?

CC43

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

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

_____ DAYS

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QC15_C10:
IF QC15_C9 = 0 (DAYS), -7 OR -8, GO TO PROGRAMMING NOTE QC15_C11;
ELSE IF QC15_C9 > 0 DAYS, CONTINUE WITH QC15_C10;
IF QC15_A6 = 1, DISPLAY “does”;
ELSE IF QC15_A7 = 1, DISPLAY “did”

QC15_C10 About how many minutes {did/does} it take {him/her} without any stops?
 Humigit-kumulang, ilang minuto {siya/siya} {inabot} na walang hinintuan?
 Humigit-kumulang, ilang minuto {siya/siya} {inaabot} kung walang hinihintuan?

CC44

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

[IF NEEDED, SAY: “Upang magbisikleta o mag- skateboard pauwi mula sa paaralan.”]

_____ MINUTES

[GO TO PN QC15_C12]

REFUSED -7

[GO TO PN QC15_C12]

DON'T KNOW -8

[GO TO PN QC15_C12]

PROGRAMMING NOTE QC15_C11:
IF QC15_C7 ≤ 30 MINUTES OR QC15_C8 = 1 THEN GO TO PROGRAMMING NOTE QC15_C12;
ELSE CONTINUE WITH QC15_C11

QC15_C11 Could {he/she} bike or skateboard home from school in 30 minutes or less?
 Kaya ba {niyang/niyang} magbisikleta o mag-skateboard pauwi mula sa eskwelahan nang 30 minuto o nang mas mabilis?

CC45

YES1

NO2

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QC15_C12:
If QC15_A6 = 1 (ATTENDED SCHOOL LAST WEEK) OR QC15_A7 = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH QC15_C12;
ELSE SKIP TO PROGRAMMING NOTE QC15_C13

QC15_C12 What is the name of the school (CHILD) goes to or last attended?
 Ano ang pangalan ng eskwelahan na pinapasukan o huling pinasukan ni (CHILD)?

CB22

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

_____ NAME OF SCHOOL

- CHILD NOT IN SCHOOL0
- PRE-SCHOOL/DAYCARE1
- KINDERGARTEN.....2
- ELEMENTARY3
- INTERMEDIATE4
- JUNIOR HIGH.....5
- MIDDLE SCHOOL6
- CHARTER.....7
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_C13:
IF CAGE < 5, SKIP TO PN QC15_C15;
ELSE CONTINUE WITH QC15_C15

QC15_C13 Not including school PE, on how many days of the past 7 days was (CHILD) physically active for at least 60 minutes total?
 Hindi kabilang ang PE sa eskwelahan, ilang araw sa nakaraang 7 araw kumilos si (CHILD) nang masigla nang hindi kukulangin sa 60 minuto sa kabuuan?

CC35

_____ DAYS [HR: 0-7]

- REFUSED -7
- DON'T KNOW -8

QC15_C14 During a typical week, on how many days is (CHILD) physically active for at least 60 minutes total per day? Do not include PE.
 Sa isang karaniwang linggo, ilang araw kumikilos nang aktibo si (CHILD) nang hindi kukulangin sa 60 minuto sa maghapon? Huwag bilangin ang PE.

CC51

[IF NEEDED, SAY: "Add up the time (he/she) was active for each day of the past 7. Then tell me how many days (he/she) active for at least 60 minutes."]
[IF NEEDED, SAY: 'Sumahin ninyo ang panahong kumilos (siya/siya) nang aktibo sa bawat araw nitong nakaraang 7. Pagkatapos, sabihin ninyo sa akin kung ilang araw (siya) kumilos nang aktibo nang hindi kukulangin sa 60 minuto.']

_____ DAYS [HR: 0-7]

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_C15
IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE QC15_C16
ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC15_C15

QC15_C15 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?
 Ang susunod na mga tanong ay tungkol sa pagpapalipas ng panahon {ng inyong anak o alaga/ni CHILD} na malimit na naka-upo kapag wala {siya/siya} sa eskwelahan o hindi gumagawa ng homework. Sa isang karaniwang Sabado o Linggo, gaano katagal {ang inyong anak o alaga/si CHILD} nauupo at nanonood ng TV, naglalaro ng mga computer game, nakikipag-usap sa mga kaibigan o may iba pang ginagawa habang naka-upo?

CC53

_____ HOURS

_____ MINUTES

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QC15_C16:
IF CAGE ≤ 1 YEAR GO TO PN QC15_C17;
ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC15_C16

QC15_C16 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?
 Sa isang karaniwang araw mula Lunes hanggang Biyernes, gaano katagal {ang inyong anak o alaga/si CHILD} nauupo at nanonood ng TV, naglalaro ng mga computer game, nakikipag-usap sa mga kaibigan o may iba pang ginagawa habang naka-upo?

CC52

_____ HOURS

_____ MINUTES

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QC15_C17:
IF CAGE < 1 GO TO QC15_D1;
ELSE CONTINUE WITH QC15_C

QC15_C17 Has (CHILD) been to a park, playground, or open space in the past 30 days?
 Nagpunta ba sa park si (CHILD) nitong nakaraang 30 araw?

CC37

YES1

NO2

REFUSED -7

DON'T KNOW -8

QC15_C18 Is there a park, playground, or open space within 30 minutes walking distance of your home?
Nagpunta ba sa park si (CHILD) nitong nakaraang 30 araw?

CC36

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_C19 Do you strongly agree, agree, disagree, or strongly disagree with the following statement?
Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon sa sumusunod na mga pahayag?

The park or playground closest to where I live is safe during the day.
Ligtas sa araw ang park o ang playground na pinakamalapit sa tinitirhan ko.

CC39

- STRONGLY AGREE1
- AGREE2
- DISAGREE3
- STRONGLY DISAGREE4
- DON'T KNOW -7
- REFUSED -8

QC15_C20 The park or playground closest to where I live is safe at night.
Ligtas sa gabi ang park o ang playground na pinakamalapit sa tinitirhan ko.

CC46

**[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon?”]**

- STRONGLY AGREE1
- AGREE2
- DISAGREE3
- STRONGLY DISAGREE4
- REFUSED -7
- DON'T KNOW -8

SECTION D – HEALTH CARE ACCESS AND UTILIZATION

QC15_D1 The next questions are about where (CHILD) goes for health care.
 Ang sumusunod na mga tanong ay tungkol sa kung saan nagpupunta si (CHILD) para sa pagpapagamot.

Is there a place you usually take {him/her} to when {he/she} is sick or you need advice about {his/her} health?
 Mayroon bang lugar na karaniwan ninyong pinagdadalhan sa {kanya/kanya} kapag may sakit {siya/siya} o kailangan ninyo ng payo tungkol sa {kanyang/kanyang} kalusugan?

CD1

- YES1
- NO2 **[GO TO QC15_D3]**
- DOCTOR/(HIS/HER) DOCTOR3
- KAISER4
- MORE THAN ONE PLACE5
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D2:
IF QC15_D1 = 1, 5, -7, OR -8, DISPLAY “What kind of place do you take {him/her} to most often—a medical”;
ELSE IF QC15_D1 = 3 DISPLAY “Is {his/her} doctor in a private”;
ELSE IF QC15_D1 = 4, FILL QC15_D2 = 1 AND GO TO PN QC15_D3

QC15_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?
 Sa anong uri ng lugar ninyo {siya } pinakamadalas na dinadala - sa opisina ng medical doctor, sa clinic o sa clinic sa ospital, sa emergency room, o sa iba pang lugar?
 Ang doktor ba {niya} ay nasa opisina ng pribado ng doktor, clinic o clinic sa ospital, emergency room, o iba pang lugar?

CD3

- DOCTOR’S OFFICE/KAISER/OTHER HMO1
- CLINIC/HEALTH CENTER/HOSPITAL CLINIC2
- EMERGENCY ROOM.....3
- SOME OTHER PLACE (SPECIFY: _____) ... 91
- NO ONE PLACE 94
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D3:
IF QC15_A13 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC15_A18 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA), MARK YES ON QC15_D3 AND GO TO QC15_D4;
ELSE CONTINUE WITH QC15_D3

QC15_D3 During the past 12 months, did (CHILD) visit a hospital emergency room?
 Nitong nakaraang 12 buwan, nagpatingin ba si (CHILD sa emergency room ng ospital?

CD12

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D4 During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?
 Nitong nakaraang 12 buwan, ilang beses na nagpatingin si (CHILD) sa anumang uri ng medical doctor?

CD6

- _____ TIMES
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D5:
IF QC15_D4 > 0, GO TO PROGRAMMING NOTE QC15_D6;
ELSE IF QC15_D4 = 0, -7, OR -8, CONTINUE WITH QC15_D5

QC15_D5 About how long has it been since {he/she} last saw a medical doctor?
 Gaano katagal na ba mula noong huling pagpatingin {niya } sa medical doctor?

CD7

- ONE YEAR AGO OR LESS.....1
- MORE THAN 1 YEAR UP TO 2 YEARS AGO2
- MORE THAN 2 YEARS UP TO 3 YEARS AGO.....3
- MORE THAN 3 YEARS AGO4
- NEVER5
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D6:
IF QC15_D1 = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH QC15_D6;
ELSE SKIP TO PROGRAMMING NOTE QC15_D7

QC15_D6 Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?
 Mayroon ba {siyang} personal doctor o medical provider na siyang main provider {niya}?

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: "Maaaring general doctor ito, espesyalistang doktor, physician assistant, nurse, o iba pang health provider."]

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTEQC15_D7:
IF QC15_D6 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QC15_D7;
ELSE SKIP TO QC15_D9A

QC15_D7 How often does (CHILD)'s doctor or medical provider listen carefully to you? Would you say...
 Gaano kadalas kayo pinakikinggan nang mabuti ng doktor o ng medical provider ni (CHILD)? Masasabi ba ninyo na...

CD43

- Never,.....1
- Hindi kailanman,.....1
- Sometimes,2
- Paminsan-minsan2
- Usually, or3
- Karaniwan, o3
- Always?4
- Palagi?4
- REFUSED -7
- DON'T KNOW -8

QC15_D8 How often does (CHILD's) doctor or medical provider explain clearly what you need to do to take care of (CHILD)'s health? Would you say...
 Gaano kadalas ipinaliliwanag nang malinaw ng doktor o ng medical provider ni <CHILD> kung ano ang kailangan ninyong gawin upang pangalagaan ang kalusugan ni <CHILD>? Masasabi ba ninyo na...

CD44

- Never,.....1
- Hindi kailanman,.....1
- Sometimes,2
- Paminsan-minsan2
- Usually, or3
- Karaniwan, o3
- Always?4
- Palagi?4
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTEQC15_D9A:
IF CAGE<1, SKIP TO QC15_D10;
ELSE IF CAGE ≥ 1, CONTINUE WITH QC15_D9A**

QC15_D9A 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.
Nagsasagawa ng mga developmental screening test ang maraming mga propesyonal gaya ng mga health provider, mga guro at mga counselor. Tinitiyak ng mga test kung paano lumalaki, natututo at umaasal ang bata at kinukumpara sa mga batang kasintanda niya.

Did (CHILD)'s doctor, other health providers, teachers or school counselors ever do an assessment or tests of (CHILD)'s development?
Nagsagawa ba kahit kailan ang registrar, ang mga ibang health provider, ang mga guro o mga counselor ng eskwelahan ni (CHILD) ng isang assessment (pagtasa) o mga test (pagsusuri) ng kanyang pag-unlad?

CF40

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D9B 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?
Pinagawa ba kahit kailan ng {kanyang} doktor, ng iba pang mga health provider, ng mga guro o ng mga counselor sa eskwelahan kay (CHILD) ang sumusunod: pina-rollover, pinapulot ng maliliit na bagay, pinabunton ang mga bloke, pina-itsa ang bola, o tiniyak na alam niya ang iba't ibang kulay?

CF41

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D9C Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?
Kailanman, hiniling ba nila na sagutin ninyo ang isang checklist ng mga ikinababahala ninyo tungkol sa {kanyang/kanyang} pagkatuto, pag-unlad, o pag-asal?

CF42

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D9D 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?
 Kailanman, hiniling ba nila na sagutin ninyo ang isang checklist ng mga gawain na kayang gawin ni (CHILD), gaya ng tiyak na mga gawaing pisikal , kung kaya {niyang } mag-drawing ng tiyak na mga bagay, o ang mga paraan na kaya {niyang } makipag-ugnayan sa inyo?

CF43

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D9E Did they ever ask if you have concerns about {his/her} learning, development, or behavior?
 Tinanong ba nila kayo kahit kailan kung mayroon kayong mga ikinababahala tungkol sa {kanyang} pagkatuto, pag-unlad, o pag-asal?

CF44

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D9F:
IF QC15_A26 =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETADATION) GO TO QC15_D9G;
ELSE CONTINUE WITH QC15_D9F

QC15_D9F Did a doctor or other professional ever note a concern about (CHILD) that should be monitored carefully?
 Kailanman, pinuna ba ng isang doktor o ng ibang propesyonal ang isang ikinababahala niya tungkol kay (CHILD) na dapat subaybayan nang masidhi?

CF45

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D9G Did they ever refer {him/her} to a specialist regarding his development?
 Ipinadala ba {siya} ng doctor o ng ibang propesyonal kailanman sa isang espeyalista dahil sa kanyang pag-unlad?

CF46

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D9H Did they ever refer {him/her} for speech, language or hearing testing?
Binigyan ba siya ng referral kailanman upang masuri ang kanyang pananalita, wika o pandinig?

CF47

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D10:
IF CHINSURE ≠ 2 (INSURED OR INSURANCE STATUS UNKNOWN) OR QC15_D1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH QC15_D10; ELSE GO TO PROGRAMMING NOTE QC15_D12

QC15_D10 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?
Nitong nakaraang 12 buwan, sinubukan ba ninyong makipag-appointment upang magpatingin sa doktor o medical provider ni (CHILD) sa loob ng dalawang araw dahil nagkasakit o nasaktan si (CHILD)?

CD55

[IF NEEDED, SAY: "Do not include emergencies."]
[IF NEEDED, SAY: "Huwag bilangin ang mga emergency."]

- YES1
- NO2 **[GO TO QC15_D12]**
- REFUSED -7 **[GO TO QC15_D12]**
- DON'T KNOW -8 **[GO TO QC15_D12]**

QC15_D11 How often were you able to get an appointment within two days? Would you say...
Gaano kadalas kayo nakakuha ng appointment sa loob ng dalawang araw? Masasabi ba ninyo na...

CD45

- Never,1
- Hindi kailanman,1
- Sometimes,2
- Paminsan-minsan2
- Usually, or3
- Karaniwan, o3
- Always?4
- Palagi?4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D12:
IF [QC15_D4 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QC15_D5 = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH QC15_D12;
ELSE GO TO QC15_D17

QC15_D12 The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?
 Noong huli ninyong pinatingnan si (CHILD) sa doktor, nahirapan ba kayong intindihin ang doktor?

CD25

- YES 1 **[GO TO QC15_D14]**
- NO 2
- NEVER ACCOMPANIED CHILD TO DOCTOR 3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D13:
IF QC15_D12 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA13_G4 > 1 (ADULT R SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QC15_D13;
SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QC15_D13 WAS ASKED;
ELSE SKIP TO QC15_D14;

QC15_D13 In what language does (CHILD)'s doctor speak to you?
 Sa anong wika kayo kinakausap ng doktor ni (CHILD)?

CD31

- ENGLISH1 **[GO TO QC15_D15]**
- SPANISH2 **[GO TO QC15_D17]**
- CANTONESE3 **[GO TO QC15_D17]**
- VIETNAMESE4 **[GO TO QC15_D17]**
- TAGALOG5 **[GO TO QC15_D17]**
- MANDARIN6 **[GO TO QC15_D17]**
- KOREAN7 **[GO TO QC15_D17]**
- ASIAN INDIAN LANGUAGES8 **[GO TO QC15_D17]**
- RUSSIAN9 **[GO TO QC15_D17]**
- OTHER1 (SPECIFY: _____)91 **[GO TO QC15_D17]**
- REFUSED -7 **[GO TO QC15_D17]**
- DON'T KNOW -8 **[GO TO QC15_D17]**

PROGRAMMING NOTE QC15_D14:
IF QC15_D12 = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH QC15_D14;
ELSE SKIP TO QC15_D17;

QC15_D14 Was this because you and the doctor spoke different languages?
 Ito ba ay dahil kayo ng doktor ay nagsasalita ng magkaibang wika?

CD26

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D15 Did you need someone to help you understand the doctor?
 Kinailangan ba ninyo ang tulong ng ibang tao upang maintindihan ninyo ang doktor?

CD27

- YES1
- NO.....2 **[GO TO QC15_D17]**
- REFUSED -7 **[GO TO QC15_D17]**
- DON'T KNOW -8 **[GO TO QC15_D17]**

QC15_D16 Who was this person who helped you understand the doctor?
 Sino ang taong ito na tumulong sa inyo upang maintindihan ang doktor?

CD28

- MINOR CHILD (UNDER AGE 18)1
- AN ADULT FAMILY MEMBER OR FRIEND
OF MINE2
- NON-MEDICAL OFFICE STAFF3
- MEDICAL STAFF INCLUDING NURSES AND
DOCTORS4
- PROFESSIONAL INTERPRETER (BOTH IN
PERSON AND ON THE TELEPHONE)5
- OTHER (PATIENTS, SOMEONE ELSE).....6
- DID NOT HAVE SOMEONE TO HELP.....7
- REFUSED -7
- DON'T KNOW -8

QC15_D17 During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for (CHILD)?
 Nitong nakaraang 12 buwan, ipinagpaliban ba ninyong bumili o kaya'y hindi kayo bumili ng gamot na inireseta ng doktor para kay (CHILD)?

CE1

- YES1
- NO.....2 **[GO TO QC15_D19]**
- REFUSED -7 **[GO TO QC15_D19]**
- DON'T KNOW -8 **[GO TO QC15_D19]**

QC15_D18 Was cost or lack of insurance a reason why you delayed or did not get the prescription?
 Ang gastos ba o ang kawalan ng insurance ang dahilan kung bakit ipinagpaliban ninyo ang pagbili o hindi ninyo binili ang inireseta?

CE12

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

QC15_D19 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?
 Nitong nakaraang 12 buwan, ipinagpaliban ba ninyo o kaya'y hindi na kayo nagpatingin pa para sa anumang iba pang paggagamot na nadama ninyong kinakailangan ni (CHILD)
 -- gaya ng pagpapatingin sa doktor, espesyalista o iba pang health professional?

CE7

- YES1
- NO2 **[GO TO PN QC15_D24]**
- REFUSED -7 **[GO TO PN QC15_D24]**
- DON'T KNOW -8 **[GO TO PN QC15_D24]**

QC15_D20 Did (CHILD) get the care eventually?
 Sa bandang huli, nagamot din ba si (CHILD)?

CD66

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D21 Was cost or lack of insurance a reason why you delayed or did not get the medical care you felt (he/she) needed?
 Ang gastos o kawalan ng insurance ba ang dahilan kung bakit ipinagpaliban ninyo ang pagpapagamot o kaya'y hindi na ninyo ipinagamot kahit na nadama ninyong kinakailangan {niya/niya}?

CE13

- YES1
- NO2 **[GO TO PN QC15_D23]**
- REFUSED -7 **[GO TO PN QC15_D23]**
- DON'T KNOW -8 **[GO TO PN QC15_D23]**

QC15_D22 Was that the main reason?
 Iyon ba ang pangunahing dahilan?

CD67

- YES1 **[GO TO PN QC15_D24]**
- NO2
- REFUSED -7 **[GO TO PN QC15_D24]**
- DON'T KNOW -8 **[GO TO PN QC15_D24]**

QC15_D23 What was the one main reason why you delayed getting the care you felt (he/she) needed?
 Lyon ba ang isang pangunahing dahilan kung bakit ipinagpaliban ninyo ang pagpapagamot na nadama ninyong kinakailangan {niya/niya}?

CD68

- COULDN'T GET APPOINTMENT1
- MY INSURANCE NOT ACCEPTED2
- INSURANCE DID NOT COVER3
- LANGUAGE PROBLEMS4
- TRANSPORTATION PROBLEMS.....5
- HOURS NOT CONVENIENT6
- NO CHILD CARE FOR CHILDREN AT HOME7
- FORGOT OR LOST REFERRAL.....8
- I DIDN'T HAVE TIME9
- COULDN'T AFFORD/COST TOO MUCH 10
- NO INSURANCE..... 11
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

QC15_D24 During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?
 Para sa {kanyang} (INSERT CONDITION(S) FROM QC15_A27) ba ang pagpapagamot na ito?

CD69

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D25 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?
 Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng doktor na hindi nila tatanggapin ang inyong anak bilang bagong pasyente?

CD70

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D26 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?
 Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng doktor na hindi nila tinanggap ang health care insurance ng inyong anak?

CD71

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QC15_D27:
 IF CAGE < 6 MONTHS, GO TO QC15_D28;
 ELSE IF CAGE ≥ 6 MONTHS, CONTINUE WITH QC15_D27**

QC15_D27 During the past 12 months, did (CHILD) get a flu shot or the nasal flu vaccine, called "Flumist"?

Nitong nakaraang 12 buwan, nagpa-flu shot ba, o nagpa-nasal flu vaccine na tinatawag na "Flumist" ba si (CHILD)?

CD30

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

[IF NEEDED, SAY: "Ang flu shot ay karaniwang ibinibigay tuwing Fall at nagbibigay-proteksyon laban sa trangkaso sa panahon na laganap ito."]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QC15_D28:
 IF SKAID=ADULTID AND AJ108 ≠ 1 THEN AUTOCODE QC15_D28 = AJ108 AND GO TO QC15_E1;
 ELSE CONTINUE WITH QC15_D28;**

QC15_D28 The next questions are about using the Internet to get health information
 Do you ever go on-line to use the Internet?
 Tungkol sa paggamit ng Internet upang makakuha ng impormasyong pangkalusugan ang sumusunod na mga tanong. Gumagamit ba kayo ng Internet?

CD46

- YES1
- NO.....2 **[GO TO QC15_E1]**
- REFUSED -7 **[GO TO QC15_E1]**
- DON'T KNOW -8 **[GO TO QC15_E1]**

QC15_D29 [In the past 12 months, have you gone on-line to look for information that would help you with ...]
 Nitong nakaraang 12 buwan, tumingin na ba kayo online upang humanap ng impormasyon na makakatulong sa inyo sa...

... (CHILD)'s health?
 ...Kalusugan ni (CHILD)?

CD47

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

QC15_D30 [In the past 12 months, have you gone on-line to look for information that would help you with...]
 [Nitong nakaraang 12 buwan, tumingin na ba kayo online upang humanap ng impormasyon na makakatulong sa inyo sa...]
 ...how {he/she} is developing physically?
 ...kung paano {siya/siya} lumalaki at nag-iiba sa katawan?

CD48

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QC15_D31 [In the past 12 months, have you gone on-line to look for information that would help you with...]
 [Nitong nakaraang 12 buwan, tumingin na ba kayo online upang humanap ng impormasyon na makakatulong sa inyo sa...]
 ...{his/her} speech?
 ... {kanyang/kanyang} pagsasalita?

CD49

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QC15_D32 [In the past 12 months, have you gone on-line to look for information that would help you with...]
 [Nitong nakaraang 12 buwan, tumingin na ba kayo online upang humanap ng impormasyon na makakatulong sa inyo sa...]
 ...how well {he/she} can hear?
 ...kung gaano kahusay ang {kanyang} pandinig?

CD50

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QC15_D33 [In the past 12 months, have you gone on-line to look for information that would help you with...]
 [Nitong nakaraang 12 buwan, tumingin na ba kayo online upang humanap ng impormasyon na makakatulong sa inyo sa...]
 ... {his/her} diet or nutrition?
 ... {kanyang} pagkain sa araw-araw o nutrisyon?

CD51

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QC15_D34 [In the past 12 months, have you gone on-line to look for information that would help you with...]
 [Nitong nakaraang 12 buwan, tumingin na ba kayo online upang humanap ng impormasyon na makakatulong sa inyo sa...]
 ...{his/her} physical activity?
 ...{kanyang} gawaing pisikal?

CD52

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_D35 [In the past 12 months, have you gone on-line to look for information that would help you with...]
 [Nitong nakaraang 12 buwan, tumingin na ba kayo online upang humanap ng impormasyon na makakatulong sa inyo sa...]
 ...{his/her} behavior?
 ... {kanyang} pag-aasal?

CD53

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D36:
IF QC15_D29= 2 AND QC15_D30 = 2 AND QC15_D31 = 2 AND QC15_D32 = 2 AND QC15_D33 = 2 AND QC15_D34= 2 AND QC15_D35 = 2, GO TO PROGRAMMING NOTE QC15_E1;
ELSE CONTINUE WITH QC15_D36

QC15_D36 In the past 12 months, did you talk to a doctor or other medical provider about child health information you found on-line?
 Nitong nakaraang 12 buwan, kinausap ba ninyo ang doktor o iba pang medical provider tungkol sa impormasyong nauukol sa kalusugan ng bata na nahanap ninyo online?

CD54

- YES1
- NO2
- DID NOT FIND INFORMATION ON-LINE3
- REFUSED -7
- DON'T KNOW -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) OR POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND KIDS1ST <> "Y" OR KIDS1ST = "Y", CONTINUE WITH QC15_E1;
ELSE SKIP TO QC15_F1

QC15_E1 Is (CHILD) now on TANF or CalWORKs?
 Naka-enroll ba ngayon si (CHILD) sa TANF o sa 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: "Temporary Assistance to Needy Families" ang kahulugan ng TANF; "California Work Opportunities and Responsibilities to Kids" ang CalWORKs. Itong dalawa ang pumalit sa AFDC, ang dating programa ng California na tagabigay ng tulong sa mga karapat-dapat."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QC15_E2 Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?
 Tumatanggap ba si (CHILD) ng mga benepisyo ng Food Stamps na kilala din bilang CalFresh?

CE11A

[IF NEEDED, SAY: "You receive benefits through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]
[IF NEEDED, SAY: "Tinatanggap ninyo ang mga benepisyo sa pamamagitan ng EBT card. Ang EBT ay nangangahulugan na Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_E3:
IF CAGE > 6, GO TO QC15_F1;
ELSE CONTINUE WITH QC15_E3

QC15_E3 Is (CHILD) on WIC now?
 Kalahok ba ngayon si (CHILD) sa WIC?

CE11C

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

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

SECTION F – PARENTAL INVOLVEMENT

PROGRAMMING NOTE QC15_F1:
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE QC15_G1;
ELSE CONTINUE WITH QC15_F1

QC15_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)?
 Sa isang karaniwang linggo, humigit-kumulang, ilang araw ba kayo o ang iba pang miyembro ng pamilya ninyo nagbabasa ng mga kuwento o tumitingin ng librong may mga larawan na kasama si (CHILD)?

CG14

- EVERY DAY1
- 3-6 DAYS2
- 1-2 DAYS3
- NEVER4
- REFUSED -7
- DON'T KNOW -8

QC15_F2 [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?
 [Sa isang karaniwang linggo, humigit-kumulang, ilang araw ba kayo o ang sinumang iba pang miyembro ng pamilya] tumutugtog o kumakanta na kasama si (CHILD)?

CG15

- EVERY DAY1
- 3-6 DAYS2
- 1-2 DAYS3
- NEVER4
- REFUSED -7
- DON'T KNOW -8

QC15_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?
 [Sa isang karaniwang linggo, humigit-kumulang, ilang araw ba ninyo o ng sinumang iba pang miyembro ng pamilya] dinadala si (CHILD) saanman sa labas halimbawa, sa park, sa tindahan, o sa playground?

CG16

- EVERY DAY1
- 3-6 DAYS2
- 1-2 DAYS3
- NEVER4
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QC15_F3A:
IF CAGE < 5 YEARS OR HOUSEHOLD HAS CHILDREN < 5 YEARS, CONTINUE WITH QC15_F3A;
ELSE GO TO QC15_G1**

QC15_F3A Have you seen or heard messages encouraging you to talk, read and sing with your child?
Nakakita o nakarinig na ba kayo ng mga mensahe na humikayat sa inyong makipag-usap, at magbasa at kumanta na kasama ang inyong anak/alaga?

CF64

- YES1
- NO2 **[GO TO QC15_G1]**
- REFUSED -7 **[GO TO QC15_G1]**
- DON'T KNOW -8 **[GO TO QC15_G1]**

QC15_F3B Would you say that you talk with your child less, about the same, or more after hearing that message?
Masasabi ba ninyo na kinakausap ninyo ang inyong anak/alaga nang di kasindalas, humigit kumulang na kasindalas, o mas madalas pagkatapos ninyong narinig ang mensaheng iyon?

CF65

- LESS1
- ABOUT THE SAME2
- MORE3
- REFUSED -7
- DON'T KNOW -8

QC15_F3C Would you say that you sing with your child less, about the same, or more after hearing that message?
Masasabi ba ninyo na kumakanta kayo ng inyong anak/alaga nang di-kasindalas humigit kumulang na kasindalas, , o mas madalas pagkatapos ninyong narinig ang mensaheng iyon?

CF66

- LESS1
- ABOUT THE SAME2
- MORE3
- REFUSED -7
- DON'T KNOW -8

QC15_F3D Would you say that you read with your child less, about the same, or more after hearing that message?
Masasabi ba ninyo na nagbabasa kayo ng inyong anak/alaga nang di kasindalas, humigit kumulang na kasindalas, o mas madalas pagkatapos ninyong narinig ang mensaheng iyon?

CF67

- LESS1
- ABOUT THE SAME2
- MORE3
- REFUSED -7
- DON'T KNOW -8

SECTION G – CHILD CARE AND SOCIAL COHESION

PROGRAMMING NOTE QC15_G1:

IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

QC15_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.} Tungkol sa child care o pag-aalaga sa bata ang sumusunod na mga tanong. Sa child care, ang tinutukoy namin ay ang anumang kasunduan kung saan ang isang tao maliban sa mga magulang, legal na tagapag-alaga, o mga stepparents ang nag-aalaga kay (CHILD). {Kabilang dito ang preschool at nursery school, ngunit hindi ang kindergarten.}

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

Sa kasalukuyan, mayroon ba kayong anumang kasunduan para sa regular na child care para kay (CHILD) na 10 oras o higit pa sa bawat linggo?

CG1

- YES1
- NO2 **[GO TO QC15_G13]**
- REFUSED -7 **[GO TO QC15_G13]**
- DON'T KNOW -8 **[GO TO QC15_G13]**

QC15_G2 Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements. Sa kabuuan, ilang oras nasa child care si (CHILD) sa isang karaniwang linggo? Bilangin ang lahat ng kombinasyon ng mga kasunduan para sa pangangalaga.

CG2

_____ HOURS [SR: 10-168 HRS]

- REFUSED -7 **[GO TO QC15_G13]**
- DON'T KNOW -8 **[GO TO QC15_G13]**

PROGRAMMING NOTE QC15_G3:

**IF QC15_G2 < 10 (HOURS IN CHILDCARE), GO TO QC15_G11;
ELSE CONTINUE WITH QC15_G3**

QC15_G3 During a typical week does (CHILD) receive childcare from...a grandparent or other family member? Sa isang karaniwang linggo, nakakatanggap ba si (CHILD) ng child care mula sa lolo o lola o sa iba pang miyembro ng pamilya ninyo?

CG3A

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_G4 [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in your home?
 [Nakakatanggap ba si (CHILD) ng child care mula sa]...isang di-kamag-anak na nag-aalaga kay (CHILD) sa inyong bahay?

CG3E

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_G5 [Does (CHILD) receive childcare from]...a non-family member who cares for (CHILD) in his or her home?
 [Nakakatanggap ba si (CHILD) ng child care mula sa]...isang di-kamag-anak na nag-aalaga kay (CHILD) sa kanyang bahay?

CG3F

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_G6 [Does (CHILD) receive childcare from]...a childcare center that is not in someone's home?
 [Nakakatanggap ba si (CHILD) ng child care mula sa]...isang sentro ng child care na hindi nasa loob ng bahay ninuman?

CG3D

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_G7:
IF CAGE ≥ 7 YEARS, GO TO PROGRAMMING NOTE QC15_G13;
ELSE CONTINUE WITH QC15_G7

QC15_G7 [Does (CHILD) receive childcare from]...a Head Start or state preschool program?
 [Nakakatanggap ba si (CHILD) ng child care mula sa]...Head Start o sa preschool program ng estado?

CG3B

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QC15_G8 [Does (CHILD) receive childcare from]...some other preschool or nursery school?
 [Nakakatanggap ba si (CHILD)} ng child care mula sa]...iba pang preschool o nursery school?

CG3C

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_G9:
IF QC15_G6 = 1 OR QC15_G7 = 1 OR QC15_G8 = 1, CONTINUE WITH QC15_G9;
ELSE GO TO PROGRAMMING NOTE QC15_G10

QC15_G9 Please tell me if you strongly agree, agree, disagree, strongly disagree, or you're not sure about the following statements.
 Your child's preschool is doing a good job at preparing children for their futures.
 Pakisabi sa akin kung talagang sang-ayon kayo, sang-ayon, di-sang-ayon, talagang di-sang-ayon, o kung hindi kayo sigurado sa sumusunod na mga pahayag:
 Napakahusay ang ginagawa ng preschool ng inyong anak/alaga sa paghahanda sa mga bata para sa kanilang mga kinabukasan

CG47

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

PROGRAMMING NOTE QC15_G10:
IF [QC15_G3 OR QC15_G4 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF [QC15_G5 ≠ 1 AND QC15_G6 ≠ 1 AND QC15_G7 ≠ 1 AND QC15_G8 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO QC15_G11;
ELSE CONTINUE WITH QC15_G10;
IF ONLY ONE OF QC15_G5, QC15_G6, QC15_G7, OR QC15_G8 = 1, DISPLAY "Is this" AND "provider";
ELSE DISPLAY, "Are all of these" AND "providers"

QC15_G10 {Is this/Are all of these} child care provider{s} licensed by the state of California?
 Lisensyado ba ng state of California {itong} child care provider?
 Lisensyado ba ng state of California {ang lahat nitong} mga child care provider?

CG3G

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

QC15_G11 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?
 Nitong nakaraang 12 buwan, nagkaroon ba ng panahon na hindi kayo makahanap ng child care noong kailangan ito para kay (CHILD) nang isang linggo o mas matagal?

CG5

- YES1
- NO2 **[GO TO QC15_G13]**
- REFUSED -7 **[GO TO QC15_G13]**
- DON'T KNOW -8 **[GO TO QC15_G13]**

QC15_G12 What is the main reason you were unable to find childcare for (CHILD) at that time?
 Ano ang pangunahing dahilan na hindi kayo makahanap ng child care para kay (CHILD) noong panahong iyon?

CG6

**[IF NEEDED, SAY: “Main reason is the most important reason.”]
 [IF NEEDED, SAY: “Ang pangunahing dahilan ay ang pinakamahalagang dahilan.”]**

- COULDN'T AFFORD ANY CHILD CARE.....1
- COULDN'T FIND A PROVIDER WITH A SPACE2
- THE HOURS AND LOCATION DIDN'T FIT MY NEEDS3
- 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 QC15_G13:
 IF QC15_G13 THROUGH QC15_G17 NOT ANSWERED IN ADULT INTERVIEW (AM19, AM20, AM21, AM35, AK28), CONTINUE WITH QC15_G13;
 ELSE SKIP TO QC15_H1**

QC15_G13 These next questions are about your neighborhood.
 Tungkol sa inyong kapitbahayan ang sumusunod na mga tanong.

Tell me if you strongly agree, agree, disagree or strongly disagree with the following statements:
 Sabihin ninyo sa akin kung talagang sang-ayon kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon sa sumusunod na mga pahayag.

People in my neighborhood are willing to help each other.
 Handang tumulong sa isa't-isa ang mga tao sa aming kapitbahayan.

CG39

**[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
 [IF NEEDED, SAY: “Talagang sang-ayon ba kayo, sang-ayon kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon?”]**

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

QC15_G14

People in this neighborhood generally do NOT get along with each other.
 HINDI nagkakasundo nang mabuti sa isa't-isa ang mga tao sa lugar na ito.

CG40

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “Talagang sang-ayon ba kayo, sang-ayon kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon?”]
[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

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

QC15_G15

People in this neighborhood can be trusted.
 Mapagkakatiwalaan ang mga tao sa kapitbahayang ito.

CG41

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “Talagang sang-ayon ba kayo, sang-ayon kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon?”]

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

QC15_G16

You can count on adults in this neighborhood to watch out that children are safe and don't get into trouble.
 Maaasahan ninyo na babantayan ng mga adult (may edad) sa kapitbahayang ito ang mga bata upang matiyak na ligtas at hindi napapasok sa gulo.

CG34

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “Talagang sang-ayon ba kayo, sang-ayon kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon?”]

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

QC15_G17 Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?
 Panatag ba ang pakiramdam ninyo sa inyong kapitbahayan - palagi, kadalasan, paminsan-minsan, o hindi kailanman?

CG42

- ALL OF THE TIME1
- MOST OF THE TIME2
- SOME OF THE TIME.....3
- NONE OF THE TIME4
- 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.

Upang matiyak na nasali namin ang mga bata ng lahat ng mga lahi at pangkating etniko sa California, kailangan kong magtanong ng ilang katanungan tungkol sa background ni (CHILD).

QC15_H1

Is (CHILD) Latino or Hispanic?
 Latino o Hispanic ba si (CHILD)?

CH1

[IF NEEDED, SAY: “Such as Mexican or Central or South American?”]
[IF NEEDED, SAY: “Gaya ng Mexican o Central o South American?”]

- YES1
- NO2 **[GO TO QC15_H3]**
- REFUSED -7 **[GO TO QC15_H3]**
- DON'T KNOW -8 **[GO TO QC15_H3]**

QC15_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. At ano ang {kanyang/kanyang} mga ninuno o angkang pinagmulan na Latino o Hispanic? Gaya ng Mexican, Salvadorian, Cuban, Honduran -- at kung higit sa isa ang kinabibilangan {niya}, banggitin ninyo ang lahat sa akin.

CH2

[IF NECESSARY GIVE MORE EXAMPLES]
[CODE ALL THAT APPLY]

- MEXICAN/MEXICAN AMERICAN/CHICANO1
- SALVADORAN.....4
- GUATEMALAN5
- COSTA RICAN.....6
- HONDURAN7
- NICARAGUAN8
- PANAMANIAN9
- PUERTO RICAN 10
- CUBAN..... 11
- SPANISH-AMERICAN (FROM SPAIN) 12
- OTHER LATINO (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_H3:
IF QC15_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 QC15_H3, CONTINUE WITH PROGRAMMING NOTE QC15_H4;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QC15_H3 {You said your child is Latino or Hispanic. Also,} Please tell me which one or more of the following you would use to describe (CHILD): Would you describe {him/her} as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?
 {Sinabi ninyo na Latino o Hispanic ang inyong anak/alaga. At saka,} Pakisabi sa akin kung aling isa o mahigit pa sa sumusunod ang gagamitin ninyo sa pagsasalاران kay (CHILD): Isasalاران ba ninyo {siya } bilang Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, o White?

CH3

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

- | | | | | |
|-------------------------------------|----|------------------|---|-------------------------|
| WHITE..... | 1 | [GO TO QC15_H10] | } | IF ONLY ONE RACE |
| BLACK OR AFRICAN AMERICAN..... | 2 | [GO TO QC15_H10] | | |
| ASIAN | 3 | [GO TO QC15_H8] | | |
| AMERICAN INDIAN, ALASKA NATIVE..... | 4 | [GO TO QC15_H4] | | |
| OTHER PACIFIC ISLANDER | 5 | [GO TO QC15_H9] | | |
| NATIVE HAWAIIAN | 6 | [GO TO QC15_H10] | | |
| OTHER (SPECIFY: _____)..... | 91 | [GO TO QC15_H10] | | |
| REFUSED..... | -7 | [GO TO QC15_H10] | | |
| DON'T KNOW | -8 | [GO TO QC15_H10] | | |

PROGRAMMING NOTE QC15_H4:
IF QC15_H3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QC15_H4;
ELSE GO TO PROGRAMMING NOTE QC15_H8

QC15_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.
 Sinabi ninyo na American Indian o Alaska Native, at ano ang tribo ng mga ninuno ni (CHILD)? Kung higit sa isang tribo ang kinabibilangan {niya}, banggitin ninyo ang lahat sa akin.

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 |

QC15_H5 Is (CHILD) an enrolled member in a federally or state recognized tribe?
 Nakatalang miyembro ba ng isang tribong kinikilala ng pamahalaang pederal o estado si (CHILD) ?

CH5

- YES1
- NO2 **[GO TO QC15_H8]**
- REFUSED -7 **[GO TO QC15_H8]**
- DON'T KNOW -8 **[GO TO QC15_H8]**

QC15_H6 In which Tribe is (CHILD) enrolled?
 Sa aling Tribo nakatala si (CHILD)?

CH6

- APACHE**
 - MESCALERO APACHE, NM1
 - APACHE (NOT SPECIFIED)2
 - OTHER APACHE (SPECIFY: _____) . 91
- BLACKFEET**
 - BLACKFOOT / BLACKFEET3
- CHEROKEE**
 - WESTERN CHEROKEE4
 - CHEROKEE (NOT SPECIFIED)5
 - OTHER CHEROKEE (SPECIFY: _____) 92
- CHOCTAW**
 - CHOCTAW OKLAHOMA6
 - CHOCTAW (NOT SPECIFIED)7
 - OTHER CHOCTAW (SPECIFY: _____) . 93
- NAVAJO**
 - NAVAJO (NOT SPECIFIED)8
- POMO**
 - HOPLAND BAND, HOPLAND RANCHERIA9
 - 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

QC15_H7 Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?
 Tumatanggap ba si (CHILD) ng anumang serbisyo para sa pangangalagang pangkalusugan sa pamamagitan ng Indian Health Service, Tribal Health Program, o sa pagamutan ng Urban Indian?

CH6A

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_H8:
IF QC15_H3 = 3 (ASIAN) CONTINUE WITH QC15_H8;
ELSE GO TO PROGRAMMING NOTE QC15_H9

QC15_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.
 Sinabi ninyo na Asian, at aling tiyak na pangkating etniko {siya}, gaya ng {Chinese, Filipino, Vietnamese}? Kung higit sa isa ang kinabibilangan {niya}, banggitin ninyo ang lahat sa akin.

CH7

[CODE ALL THAT APPLY]

- BANGLADESHI.....1
- BURMESE2
- CAMBODIAN3
- CHINESE4
- FILIPINO5
- HMONG6
- INDIAN (INDIA)7
- INDONESIAN.....8
- JAPANESE9
- 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 QC15_H9:
 IF QC15_H3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QC15_H9;
 ELSE GO TO QC15_H10**

QC15_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. Sinabi ninyo na Pacific Islander si (CHILD). Aling tiyak na pangkating etniko {siya/siya}, gaya ng Samoan, Tongan o Guamanian? Kung higit sa isa ang kinabibilangan {niya }, banggitin ninyo ang lahat sa akin.

CH7A

[CODE ALL THAT APPLY]

- SAMOAN/AMERICAN SAMOAN.....1
- GUAMANIAN2
- TONGAN.....3
- FIJIAN4
- OTHER PACIFIC ISLANDER
 (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_H10:
IF SKA = AR AND AI56C ≠ -1 (THIS QUESTION ALREADY ASKED DURING ADULT SURVEY), SKIP TO QC15_H14;
ELSE CONTINUE WITH QC15_H10

QC15_H10 In what country was (CHILD) born?
 Saang bansa ipinanganak si (CHILD)?

CH8

- UNITED STATES.....1
- AMERICAN SAMOA2
- CANADA3
- CHINA4
- EL SALVADOR5
- ENGLAND.....6
- FRANCE7
- GERMANY8
- GUAM9
- 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 QC15_H11:
IF QC15_H10 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15_H14;
ELSE CONTINUE WITH QC15_H11

QC15_H11 Is (CHILD) a citizen of the United States?
 Citizen ba ng United States si (CHILD)?

CH8A

- YES1 **[GO TO QC15_H13]**
- NO.....2
- APPLICATION PENDING3
- REFUSED -7
- DON'T KNOW -8

QC15_H12 Is (CHILD) a permanent resident with a green card?
 Permanent resident na may green card ba si (CHILD)?

CH9

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

[IF NEEDED, SAY: "Karaniwang tinatawag ito na "Green Card" ngunit maari ding rosas, asul o puti ang kulay nito."]

- YES1
- NO.....2
- APPLICATION PENDING3
- REFUSED -7
- DON'T KNOW -8

QC15_H13 About how many years has (CHILD) lived in the United States?
 Humigit-kumulang, ilang taon nang nakatira sa United States si (CHILD)?

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 YEARS1
- YEAR FIRST CAME TO LIVE IN US2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_H14:
IF SKA = MOTHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE)
THEN SKIP TO QC15_H18;
ELSE, CONTINUE WITH QC15_H14 AND DISPLAY “was his mother/was her mother”

QC15_H14 In what country {were you/was his mother/was her mother} born?
 Saang bansa {kayo} ipinanganak? Saang bansa ipinanganak {ang nanay niya}?

CH11

[SELECT FROM MOST LIKELY COUNTRIES]
[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

- UNITED STATES.....1
- AMERICAN SAMOA2
- CANADA3
- CHINA4
- EL SALVADOR5
- ENGLAND.....6
- FRANCE7
- GERMANY8
- GUAM9
- 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 QC15_H15 AND QC15_H16:
IF QC15_H14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15_H18;
ELSE CONTINUE WITH QC15_H15 AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY “Are you”;
ELSE DISPLAY “Is {his/her} mother”

QC15_H15 {Are you/Is {his/her} mother} a citizen of the United States?
 U.S. Citizen ba {kayo}?
 U.S. Citizen ba {ang nanay {niya}}?

CH11A

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

- YES1 **[GO TO QC15_H17]**
- NO2
- APPLICATION PENDING3
- REFUSED -7
- DON'T KNOW -8

QC15_H16 {Are you/Is {his/her} mother} a permanent resident with a green card?
 Permanent resident na may green card ba {kayo}?
 Permanent resident na may green card ba {ang nanay {niya}}?

CH12

- YES1
- NO2
- APPLICATION PENDING3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_H17:
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC15_H17 AND DISPLAY “have you”;
ELSE CONTINUE WITH QC15_H17 AND DISPLAY “has {his/her} mother”

QC15_H17 About how many years {have you/has {his/her} mother} lived in the United States?
 Mga ilang taon na {kayong} nakatira sa United States?
 Mga ilang taon nang nakatira {ang nanay {niya}} sa United States?

CH13

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

CH13YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH13FMT

- NUMBER OF YEARS1
- YEAR FIRST CAME TO LIVE IN US2
- MOTHER DECEASED3
- NEVER LIVED IN U.S.4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_H18:
IF SKA = FATHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE THEN SKIP TO QC15_H22;
ELSE CONTINUE WITH QC15_H18 AND DISPLAY, “was {his/her} father”

QC15_H18 In what country {were you/was his father/was her father} born?
 Saang bansa {kayo} ipinanganak?
 Saang bansa ipinanganak {ang tatay {niya }}?

CH14

[SELECT FROM MOST LIKELY COUNTRIES]
[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

- UNITED STATES.....1
- AMERICAN SAMOA2
- CANADA3
- CHINA4
- EL SALVADOR5
- ENGLAND.....6
- FRANCE7
- GERMANY8
- GUAM9
- 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 QC15_H19 AND QC15_H20:
IF QC15_H18 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15_H22;
ELSE CONTINUE WITH QC15_H19 AND IF RESPONDENT IS FATHER OF CHILD DISPLAY “Are you”;
ELSE SAY “Is {his/her} father”

QC15_H19 {Are you/Is {his/her} father} a citizen of the United States?
 Citizen ba {kayo} ng United States?
 Citizen ba ng United States {ang tatay {niya }}?

CH14A

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

- YES1 **[GO TO PN QC15_H21]**
- NO2
- APPLICATION PENDING3
- REFUSED -7
- DON'T KNOW -8

QC15_H20 {Are you/Is {his/her} father} a permanent resident with a green card?
 Permanent resident na may green card ba {kayo}?
 Permanent resident na may green card ba {ang tatay {niya}}?

CH15

- YES1
- NO2
- APPLICATION PENDING3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_H21:
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC15_H21 AND DISPLAY “have you”;
ELSE, CONTINUE WITH QC15_H21 AND DISPLAY “has {his/her} father”

QC15_H21 About how many years {have you/has {his/her} father} lived in the United States?
 Mga ilang taon na {kayong} nakatira sa United States?
 Mga ilang taon nang nakatira {ang tatay {niya }} sa United States?

CH16

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

CH16YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH16FMT

- NUMBER OF YEARS1
- YEAR FIRST CAME TO LIVE IN U.S.2
- FATHER DECEASED3
- NEVER LIVED IN U.S.4
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QC15_H22:
 IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE QC15_H23;
 ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH QC15_H22**

QC15_H22 In general, what languages are spoken in (CHILD)'s home?
 Sa pangkalahatan, anu-anong mga wika ang sinasalita sa tahanan ni (CHILD)?

CH17

**[PROBE: "Any others?"]
 [PROBE: May iba pa ba?]**

- ENGLISH1
- SPANISH2
- CANTONESE.....3
- VIETNAMESE4
- TAGALOG.....5
- MANDARIN6
- KOREAN7
- ASIAN INDIAN LANGUAGES.....8
- RUSSIAN9
- OTHER1 (SPECIFY: _____) 91
- OTHER2 (SPECIFY: _____) 92
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QC15_H23:
 IF INTERVIEW CONDUCTED IN ENGLISH AND QC15_H22 > 1 (TWO OR MORE LANGUAGES
 SPOKEN AT HOME), CONTINUE WITH QC15_H23 AND DISPLAY "Compared to the language
 spoken in (CHILD)'s home,";
 SET CH18ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QC15_H23 WAS
 ASKED;
 ELSE IF QC15_H22 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC15_H24**

QC15_H23 {Compared to other languages spoken in (CHILD)'s home,} would you say you speak
 English....
 {Kung ikukumpara sa ibang wikang ginagamit sa tahanan ni (CHILD),} masasabi ba
 ninyo na nag-i-Ingles kayo nang...

CH18

- Very well,.....1
- Napakahusay,1
- Fairly well,2
- May kahusayan,2
- Not well, or3
- Hindi mahusay, o3
- Not at all?4
- Hindi kailanman?.....4
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QC15_H24:
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC15_H24;
ELSE GO TO PROGRAMMING NOTE QC15_H26**

QC15_H24 What is the highest grade of education you have completed and received credit for?
Ano ang pinakamataas na baitang sa pag-aaral ang nakumpleto ninyo at nakatanggap kayo ng credit para sa pagtatapos?

CH22

GRADE SCHOOL	
1 ST GRADE	1
2 ND GRADE	2
3 RD GRADE	3
4 TH GRADE	4
5 TH GRADE	5
6 TH GRADE	6
7 TH GRADE	7
8 TH GRADE	8
HIGH SCHOOL OR EQUIVALENT	
9 TH GRADE	9
10 TH GRADE	10
11 TH GRADE	11
12 TH GRADE	12
4-YEAR COLLEGE OR UNIVERSITY	
1 ST YEAR (FRESHMAN)	13
2 ND YEAR (SOPHOMORE)	14
3 RD YEAR (JUNIOR)	15
4 TH YEAR (SENIOR)	16
5 TH YEAR	17
GRADUATE OR PROFESSIONAL SCHOOL	
1 ST YEAR GRAD OR PROF SCHOOL	18
2 ND YEAR GRAD OR PROF SCHOOL (MA/MS)	19
3 RD YEAR GRAND OR PROF SCHOOL	20
MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD)	21
2-YEAR JUNIOR OR COMMUNITY COLLEGE	
1 ST YEAR	22
2 ND YEAR	23
VOCATIONAL, BUSINESS, OR TRADE SCHOOL	
1 ST YEAR	24
2 ND YEAR	25
MORE THAN 2 YEARS	26
HAD NO FORMAL EDUCATION	30
REFUSED	-7
DON'T KNOW	-8

SECTION H – DEMOGRAPHICS, PART III

**PROGRAMMING NOTE QC15_H25:
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC15_H25;
ELSE GO TO QC15_H26**

QC15_H25 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)?
Batay sa mga katanungan sa suvey na ito tungkol kay <CHILD>, mayroon bang isa pang adult (may edad) sa pamamahay na higit na maalam tungkol sa aming mga katanungan tungkol kay <CHILD>?

CH30

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

QC15_H26 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?
Iyon na ang pangwakas na mga tanong namin. Pinahahalagahan namin ang inyong tiyaga. Pangwakas, sa palagay ba ninyo papayag kayong gumawa ng isang follow-up sa survey na ito sa hinaharap?

CG38

- YES1
- MAYBE/PROBABLY YES2
- DEFINITELY NOT3
- REFUSED -7
- DON'T KNOW -8

END Thank you. You have helped with a very important statewide survey. If you have any questions, you can contact Dr. Ponce, the Principal Investigator. Do you want that number? **[IF YES, SAY:** Dr. Ponce can be reached toll-free at 1-866-275-2447. **IF NO, SAY:** Goodbye.]
Salamat. Nakatulong kayo sa mahalagang survey sa buong state. Kung mayroon kayong anumang tanong, maaari kayong makipag-ugnay kay Dr. Ninez Ponce, ang namumuno sa pagsusuri. Gusto ba ninyo ang number na iyon? **[IF YES, SAY:** Maaaring matawagan si Dr. Ponce nang toll-free sa 1-866-275-2447. **IF NO, SAY:** Goodbye.]