CHIS 2015
Child Questionnaire
Version 2.73- Spanish
June 15, 2017
(Children Ages 0-11 Answered by Adult Proxy Respondent)

Collaborating Agencies:
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- □ California Department of Health Care Services
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Table of Contents

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

CA1

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

QC15_A2   What is {his/her} date of birth?
¿Cuál es la fecha de nacimiento de {él/ella}?

CA2MON

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

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

CA2DAY

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                    _____ DAY [HR: 1-31]
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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}?
¿Cuántos años tiene {él/ella}?

CA3

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

```
                    _____ YEARS

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

QC15_A4   About how tall is (CHILD) now without shoes?
¿Más o menos cuánto mide (CHILD) ahora sin zapatos?

CA4F/CA4I

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

CA4M/CA4C

_____ METERS   _____ CENTIMETERS

CA4FMT

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

QC15_A5   About how much does (CHILD) weigh now without shoes?
¿Más o menos cuánto pesa (CHILD) ahora sin zapatos?

CA5P

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

CA5K

_____ KILOGRAMS

CA5FMT

POUNDS...1
KILOGRAMS..2
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?
¿Alguna vez se le dio pecho a (CHILD) o tomó leche materna?

CA14

YES 1
NO...2   **[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?
¿Qué edad tenía (CHILD) cuando se le dejó de dar pecho totalmente?

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

CA16

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

CA42

YES 1   **[GO TO QC15_A8]**
NO...2
ON VACATION 3
HOME SCHOOLED 4   **[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?
{Sin incluir el pre-escolar o el jardín infantil,} ¿Asistió (CHILD) a la escuela durante el último año escolar?

CA43

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

QC15_A8   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?

CA6

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

QC15_A9   Has a doctor <u>ever</u> told you that (CHILD) has asthma?
¿Le ha dicho a usted <u>alguna vez</u> un doctor que (CHILD) tenía asma?

CA12

         YES 1
         NO..2   **[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?
¿Todavía tiene asma {él/ella}?

CA31

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

QC15_A11   During the <u>past 12 months</u>, has {he/she} had an episode of asthma or an asthma attack?
Durante los <u>últimos 12 meses</u>, ¿ha tenido {él/ella} un episodio de asma o un ataque de asma?

CA32

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

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

QC15_A12   During the <u>past 12 months</u>, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:
Durante los <u>últimos 12 meses</u>, ¿con qué frecuencia tuvo (CHILD) síntomas de asma como tos, silbido al respirar, dificultad para respirar, ha sentido el pecho oprimido, o tenido flema? ¿Diría que...

CA12B

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

QC15_A13   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?

CA33

YES 1	
NO...2	**[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?
¿Llevó usted a (CHILD) a la sala de emergencias de un hospital debido al asma porque no pudo ver a su doctor?

CA48

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

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

QC15_A15   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?

CA44

YES 1
NO...2
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?
¿Está (CHILD) tomando ahora algún medicamento diario para controlar su asma que le haya sido dado o recetado por un doctor?

CA12A

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

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

PROGRAMMING NOTE 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:
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...

CA40

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

QC15_A18   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?

CA41

    YES 1
    NO...2   **[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?
¿Llevó usted a (CHILD) a la sala de emergencias de un hospital debido al asma porque no pudo ver a su doctor?

CA49

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

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

QC15_A20   During the <u>past 12 months</u>, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?
Durante los <u>últimos 12 meses</u>, ¿fue {él/ella} hospitalizado(a) en un hospital para pasar una noche o más tiempo debido al asma?

CA45

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

QC15_A21   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?

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?
¿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)?

CA35

YES 1
NO 2   **[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?
¿Tiene una copia escrita o impresa de este plan?

CA50

[IF NEEDED, SAY: "This can be an electronic or hard copy."]
[IF NEEDED, SAY: *"Puede ser una copia electrónica o impresa."*]
YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

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?
¿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?

CA51

VERY CONFIDENT 1
SOMEWHAT CONFIDENT.......................................2
NOT TOO CONFIDENT..3
NOT AT ALL CONFIDENT 4
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?
¿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?

CA7

YES 1
NO 2   **[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?
¿Qué problema tiene (CHILD)?

CA10A

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: "¿Algún otro?"]

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

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)?
¿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 QC15_A26)?

CA55

YES 1
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?
                 ¿Tiene usted una copia escrita o impresa de este plan?

CA56

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

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

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?
                 *¿Cuánta confianza tiene en que puede controlar y manejar esta(s) condición(es) de
                 (CHILD): (INSERT CONDITION(S) FROM QC15_A26)? ¿Diría usted que tiene mucha
                 confianza, algo de confianza, poca o ninguna confianza?*

CA57

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

SECTION B – DENTAL HEALTH

> **PROGRAMMING NOTE 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?
Estas preguntas son acerca de la salud dental de (CHILD). ¿Ya tiene dientes (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.}
{Ahora le voy a preguntar sobre la salud dental de (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.
¿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.

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

CB23

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

QC15_B4   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)?

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

YES 1
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?
Durante los últimos 12 meses, ¿hubo algún momento en que {él/ella} no tuvo seguro dental?

CB25

YES 1
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}?
¿Cuál es la RAZÓN PRINCIPAL por la que (CHILD) {no tiene ningún seguro dental/ no tenía ningún seguro dental durante el tiempo en que {él/ella} no tenía cobertura}?

CB26

```
               CAN'T AFFORD/TOO EXPENSIVE .........................1
               NOT ELIGIBLE DUE TO WORKING STATUS/
               CHANGED EMPLOYER/LOST JOB .......................2
               NOT ELIGIBLE DUE TO HEALTH OR OTHER
               PROBLEMS ..............................................3
               NOT ELIGIBLE DUE TO CITIZENSHIP/
               IMMIGRATION STATUS .........................................4
               FAMILY SITUATION CHANGED............................5
               DON'T BELIEVE IN INSURANCE ...........................6
               SWITCHED INSURANCE COMPANIES, DELAY
               BETWEEN ...............................................7
               CAN GET HEALTH CARE FOR FREE/PAY FOR
               OWN CARE ..............................................8
               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?
Durante los últimos 12 meses, ¿hubo algún momento en que (CHILD) necesitó cuidado dental, incluso una revisión general, pero no lo obtuvo?

CB27

```
               YES ..........................................................1
               NO...........................................................2    [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?
                   ¿Cuál es la RAZÓN PRINCIPAL por la que {él/ella} no obtuvo el seguro dental?

CB28

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

QC15_B9   During the past 12 months, did (CHILD) have to visit a hospital emergency 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?

CB29

                            YES 1
                            NO...2
                            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?
                   Durante los últimos 12 meses, ¿tuvo (CHILD) que ir a un centro de cuidado de urgencias
                   debido a un problema dental?

CB30

                            YES 1
                            NO...2
                            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?
                   Cuando (CHILD NAME/AGE/SEX) se va a dormir o toma una siesta, ¿se duerme {él/ella}
                   con el biberón en la boca?

CB31

                            YES 1
                            NO...2   **[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?
¿Qué tiene el biberón normalmente, por ejemplo, leche materna, leche normal, leche con chocolate, agua, jugo o alguna otra bebida con azúcar?

CB32

MOTHER'S MILK..1
REGULAR MILK 2
CHOCOLATE MILK, JUICE, OR
SUGARY DRINK...3
WATER 4
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?
Ahora le voy a hacer preguntas acerca de los alimentos que su niño(a) comió ayer, incluyendo comidas y bocadillos o 'snacks'. Ayer, ¿cuántos vasos o cartones de jugo 100% puro de fruta, como jugo de naranja o de manzana, bebió?

CC13

[IF NEEDED, SAY: "Servings are self-defined. A serving is the child's regular portion of this food."]
[IF NEEDED, SAY: *"Cada persona define sus porciones. Una porción es la cantidad regular de este alimento que consume su niño(a)."*]

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

CC31

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

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

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

CC49

[IF NEEDED, SAY: "Do not include canned or bottled juices or teas."]
[IF NEEDED, SAY: *"No incluya jugos ni té en lata o en botella."*]

_____ 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?
[Ayer,] ¿Cuántos vasos o latas de bebidas azucaradas de fruta, bebidas deportivas o bebidas energéticas bebió su niño(a)?

CC50

[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

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

CC32

[IF NEEDED, SAY: "Such as food you get at McDonald's, KFC, Panda Express or Taco Bell."]
[IF NEEDED, SAY: *"Como la comida de McDonald's, KFC, Panda Express o Taco Bell."*]
            _____ TIMES [HR: 0-20; SR 0-4]

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

PROGRAMMING NOTE 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.
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?

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?
Más o menos, ¿cuántos minutos {tardó/tarda} sin hacer ninguna parada?

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?
¿Podría {él/ella} caminar a casa desde la escuela en 30 minutos o menos?

CC42

YES 1
NO 2
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?
*{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?*

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?
Más o menos, ¿cuántos minutos {tardó/tarda} sin hacer ninguna parada?

CC44

[IF NEEDED, SAY: "To bicycle or skateboard home from school."]
[IF NEEDED, SAY: "Regresar a casa desde la escuela en bicicleta o en skateboard/patineta
_____ 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?
*¿Podría {él/ella} regresar a casa desde la escuela en bicicleta o skateboard en 30 minutos o
menos?*

CC45

YES 1
NO..2
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?
¿Cuál es el nombre de la escuela a la que va (CHILD) o de la última escuela a la que asistió?

CB22

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

_____ NAME OF SCHOOL

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

PROGRAMMING NOTE 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?
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?

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.
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.

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: *"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]

```
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 <u>not</u> in school or doing homework. During the weekends, about how much time does {your child/CHILD} spend on a typical or usual weekend day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?
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)?

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?
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)?

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

CC37

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

QC15_C18   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?

CC36

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

QC15_C19   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.

CC39

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

QC15_C20   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.

CC46

[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?"*]

STRONGLY AGREE 1
AGREE 2
DISAGREE 3
STRONGLY DISAGREE 4
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.
Las siguientes preguntas son acerca de dónde va (CHILD) para servicios de salud.

Is there a place you <u>usually</u> take {him/her} to when {he/she} is sick or you need advice about {his/her} health?
¿Hay un lugar donde usted (lo/la) lleva <u>usualmente</u> cuando {él/ella} está enfermo(a) o usted necesita consejo acerca de su salud?

CD1

```
YES ..............................................................1
NO.................................................................2      [GO TO QC15_D3]
DOCTOR/(HIS/HER) DOCTOR..............................3
KAISER ........................................................4
MORE THAN ONE PLACE .....................................5
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?
¿{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?

CD3

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

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

CD12

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

QC15_D4   During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?
Durante los últimos 12 meses, ¿cuántas veces ha visto (CHILD) a cualquier tipo de doctor en medicina?

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?
Más o menos, ¿hace cuánto tiempo fue la última vez que {él/ella} vio un doctor?

CD7

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

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

CD33

[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]
[IF NEEDED, SAY: *"Puede ser un médico general, un especialista, un asistente médico, una enfermera u otro proveedor de atención médica."*]
YES 1
NO..2
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…
*¿Con qué frecuencia el doctor o proveedor de atención médica de (CHILD) le escucha a
usted con atención? ¿Diría que...*

CD43

> Never,..1
> Nunca,...1
> Sometimes, ...2
> A veces, ...2
> Usually, or 3
> Normalmente, o...4
> Always?...4
> Siempre?..5
> 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…
*¿Con qué frecuencia el doctor o proveedor de atención médica de (CHILD) le explica
claramente lo que usted tiene que hacer para cuidar de la salud de (CHILD)? ¿Diría
que...*

CD44

> Never,..1
> Nunca,...1
> Sometimes, ...2
> A veces, ...2
> Usually, or 3
> Normalmente, o...4
> Always?...4
> Siempre?..5
> 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.
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 conotros 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)?

CF40

YES 1
NO..2
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?
¿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, pusieraun bloque sobre otros, lanzara una pelota o reconociera colores diferentes?

CF41

YES 1
NO..2
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?
¿Alguna vez le pidieron que marcara en una lista las preocupaciones que tiene usted sobre su aprendizaje, desarrollo o comportamiento?

CF42

YES 1
NO..2
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?
¿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?

CF43

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

QC15_D9E   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?

CF44

                           YES 1
                           NO...2
                           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?
¿Alguna vez un doctor u otro profesional mencionó alguna preocupación acerca de (CHILD) que debería ser observada con atención?

CF45

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

QC15_D9G   Did they ever refer {him/her} to a specialist regarding his development?
 ¿Alguna vez le refirieron a un especialista en relación con su desarrollo?

CF46

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

QC15_D9H   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?

CF47

                           YES 1
                           NO...2
                           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?
*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)?*

CD55

[IF NEEDED, SAY: "Do not include emergencies."]
[IF NEEDED, SAY: *"No incluya urgencias."*]

YES 1
NO 2   **[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…
¿Con qué frecuencia pudo conseguir una cita en dos días a más tardar? ¿Diría que...

CD45

Never,..1
Nunca,...1
Sometimes, ...2
A veces, ...2
Usually, or 3
Normalmente, o...4
Always? 4
Siempre?...5
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?
*La última vez que llevó a (CHILD) al doctor, ¿tuvo usted alguna dificultad para entender
al doctor?*

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?
            ¿En qué idioma le habla a usted el doctor de su niño(a)?

CD31

ENGLISH	1	**[GO TO QC15_D15]**
SPANISH	2	**[GO TO QC15_D17]**
CANTONESE	3	**[GO TO QC15_D17]**
VIETNAMESE	4	**[GO TO QC15_D17]**
TAGALOG	5	**[GO TO QC15_D17]**
MANDARIN	6	**[GO TO QC15_D17]**
KOREAN	7	**[GO TO QC15_D17]**
ASIAN INDIAN LANGUAGES	8	**[GO TO QC15_D17]**
RUSSIAN	9	**[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?
            ¿Se debió esto a que usted y el doctor hablan diferentes idiomas?

CD26

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

QC15_D15   Did you need someone to help you understand the doctor?
            ¿Necesitó usted que otra persona le ayudara para comprender al doctor?

CD27

YES	1	
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?
                 ¿Quién fue esta persona que le ayudó entender al doctor?

CD28

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

QC15_D17   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)?*

CE1

                         YES 1
                         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?
                 *¿Fue el costo o la falta de seguro una razón por la que postergó la compra o no compró
                 la medicina recetada?*

CE12

                         YES 1
                         NO...2
                         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?
                 *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?*

CE7

                         YES 1
                         NO...2   **[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?
                 ¿Recibió (CHILD) el cuidado finalmente?

CD66

                         YES 1
                         NO...2
                         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?
¿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?

CE13

YES 1	
NO...2	**[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 <u>main</u> reason?
¿Fue esa la razón <u>principal</u>?

CD67

YES 1	**[GO TO PN QC15_D24]**
NO...2	
REFUSED .... -7	**[GO TO PN QC15_D24]**
DON'T KNOW .... -8	**[GO TO PN QC15_D24]**

QC15_D23   What was the <u>one</u> 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?

CD68

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

QC15_D24   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)?

CD69

YES 1
NO...2
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?
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)?

CD70

YES	1
NO..	2
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?
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)?

CD71

YES	1
NO..	2
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"?
Durante los últimos 12 meses, ¿recibió (CHILD) la vacuna contra la gripe ya sea en inyección o en forma de vacuna nasal llamada "Flumist"?

CD30

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

YES	1
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
Las siguientes preguntas son acerca del uso de Internet para obtener información sobre salud

Do you ever go on-line to use the Internet?
¿Entra usted en línea alguna vez para usar Internet?

CD46

YES	1	
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 ...]
... (CHILD)'s health?
*En los últimos 12 meses, ¿ha entrado al Internet para buscar información que pudiera
servirle con relación…*
…a la salud de (CHILD)?

CD47

> YES 1
> 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...]
...how {he/she} is developing physically?
*[En los últimos 12 meses, ¿ha entrado al Internet para buscar información que pudiera
servirle con relación…]*
...a cómo {él/ella} se está desarrollando físicamente?

CD48

> YES 1
> NO...2
> 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...]
...{his/her} speech?
*[En los últimos 12 meses, ¿ha entrado al Internet para buscar información que pudiera
servirle con relación…]*
…a cómo {él/ella} habla?

CD49

> YES 1
> NO...2
> 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...]
...how well {he/she} can hear?
*En los últimos 12 meses, ¿ha entrado al Internet para buscar información que pudiera
servirle con relación…]*
…a cómo oye?

CD50

> YES 1
> NO...2
> 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...]
... {his/her} diet or nutrition?
[En los últimos 12 meses, ¿ha entrado al Internet para buscar información que pudiera servirle con relación…]
…a su alimentación o nutrición?

CD51

> YES 1
> NO..2
> 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...]
...{his/her} physical activity?
[En los últimos 12 meses, ¿ha entrado al Internet para buscar información que pudiera servirle con relación…]
…a la actividad física de {él/ella}?

CD52

> YES 1
> NO..2
> 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...]
...{his/her} behavior?
[En los últimos 12 meses, ¿ha entrado al Internet para buscar información que pudiera servirle con relación…]
…a su conducta o su comportamiento?

CD53

> YES 1
> NO..2
> 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?
En los últimos 12 meses, ¿habló usted con un doctor u otro proveedor de atención médica acerca de la información que encontró en Internet sobre la salud infantil?

CD54

> YES 1
> NO..2
> DID NOT FIND INFORMATION ON-LINE 3
> 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?
                ¿Está (CHILD) actualmente en TANF o CalWORKS?

> CE11

**[IF NEEDED, SAY: "TANF means 'Temporary Assistance to Needy Families," and
CalWORKs means 'California Work Opportunities and Responsibilities to Kids.'
Both replaced AFDC, California's old welfare entitlement program."]**
**[IF NEEDED, SAY: *"TANF quiere decir Asistencia Temporal a Familias
Necesitadas; y CalWORKS significa Oportunidades de Trabajo y Responsabilidad
hacia los Niños de California. Ambos reemplazaron al AFDC, el antiguo
programade bienestar de California."*]**

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

QC15_E2   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?*

> 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: *"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."*]**

                    YES 1
                    NO..2
                    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?
                ¿Está (CHILD) actualmente recibiendo WIC?

> CE11C

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

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

SECTION F – PARENTAL INVOLVEMENT

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)?
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)?

CG14

EVERY DAY..1
3-6 DAYS 2
1-2 DAYS 3
NEVER..4
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)?
[En una semana normal, ¿aproximadamente cuántos días usted o cualquier otro miembro de la familia] toca música o canta canciones con (CHILD)?

CG15

EVERY DAY..1
3-6 DAYS 2
1-2 DAYS 3
NEVER..4
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?
[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?

CG16

EVERY DAY..1
3-6 DAYS 2
1-2 DAYS 3
NEVER..4
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?
¿Ha visto o escuchado mensajes animándole a que hable, lea y cante con su niño(a)?

CF64

> YES 1
> NO...2   **[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?
*¿Diría usted que canta con su niño(a) menos, casi igual o más después de escuchar ese
mensaje?*

CF65

> LESS 1
> ABOUT THE SAME 2
> MORE 3
> 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?
*¿Diría usted que canta con su niño(a) menos, casi igual o más después de escuchar ese
mensaje?*

CF66

> LESS 1
> ABOUT THE SAME 2
> MORE 3
> 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?
*¿Diría usted que lee con su niño(a) menos, casi igual o más después de escuchar ese
mensaje?*

CF67

> LESS 1
> ABOUT THE SAME 2
> MORE 3
> 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.}
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 (CHILD). {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 (CHILD) por 10 o más horas a la semana?

CG1

     YES 1
     NO 2   **[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.
En total, ¿cuántas horas está (CHILD) en cuidado infantil durante una semana típica? Incluya todas las combinaciones de arreglos de cuidado infantil.

CG2

     _____ HOURS [SR: 10-168 HRS]

     REFUSED .... -7   **[GO TO 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?
En una semana típica, ¿recibe (CHILD) cuidado de parte de... ...uno de sus abuelos u otro miembro de la familia?

CG3A

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

QC15_G4   [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)?*

CG3E

> YES 1
> NO 2
> 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?
*[¿Recibe (CHILD) cuidado]...de parte de una persona que no es miembro de la familia y
que cuida a (CHILD) en su propia casa?*

CG3F

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

QC15_G6   [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?

CG3D

> YES 1
> NO 2
> 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?
[¿Recibe (CHILD) cuidado]…en Head Start o un programa pre-escolar del estado?

CG3B

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

QC15_G8   [Does (CHILD) receive childcare from]...some other preschool or nursery school?
[¿Recibe (CHILD) cuidado]…en algún otro tipo de pre-escolar o guardería?

CG3C

> YES 1
> NO 2
> 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.
Por favor dígame si está totalmente de acuerdo, de acuerdo, en desacuerdo, totalmente en desacuerdo, o si no está segura(o) respecto a las siguientes cosas que voy a decir:

Your child's preschool is doing a good job at preparing children for their futures.
El pre-escolar de su niño(a) es un buen lugar para su niño(a).

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

CG3G

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

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?
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?

CG5

> YES 1
> NO 2   **[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?
¿Cuál es la razón principal por la que no pudo encontrar quien cuidara a (CHILD) esa vez?

CG6

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

```
COULDN'T AFFORD ANY CHILD CARE.................1
COULDN'T FIND A PROVIDER WITH A SPACE ....2
THE HOURS AND LOCATION DIDN'T FIT MY
NEEDS....................................................................3
COULDN'T AFFORD THE QUALITY OF
CHILDCARE I WANTED.........................................4
COULDN'T FIND THE QUALITY OF CHILDCARE
I WANTED...............................................................5
OTHER REASON ................................................. 91
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE 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. Tell me if you strongly agree, agree, disagree or strongly disagree with the following statements:
Estas próximas preguntas son acerca de su vecindario. Dígame si está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo con las siguientes afirmaciones:

People in my neighborhood are willing to help each other.
La gente de mi vecindario está dispuesta a ayudarse unas a otras.

CG39

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

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

QC15_G14   People in this neighborhood generally do NOT get along with each other.
                 Las personas de este vecindario generalmente NO se llevan bien unas con otras.

CG40

                 [IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
                 **[IF NEEDED, SAY: *"¿Está usted totalmente de acuerdo, de acuerdo, en desacuerdo
                 o totalmente en desacuerdo?"*]**
                 [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.
                 Se puede confiar en la gente de este vecindario.

CG41

                 [IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
                 **[IF NEEDED, SAY: *"¿Está usted totalmente de acuerdo, de acuerdo, en desacuerdo
                 o totalmente en desacuerdo?"*]**
                     STRONGLY AGREE...1
                     AGREE...2
                     DISAGREE...3
                     STRONGLY DISAGREE...4
                     REFUSED ....-7
                     DON'T KNOW .... -8

QC15_G16   You can count on adults in this neighborhood to watch out that children are safe and
                 don't get into trouble.
                 *Usted puede contar con que los adultos en este vecindario prestan atención a los niños
                 para que estén a salvo y no se metan en problemas.*

CG34

                 [IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
                 **[IF NEEDED, SAY: *"¿Está totalmente de acuerdo, de acuerdo, en desacuerdo, o
                 totalmente en desacuerdo?"*]**
                     STRONGLY AGREE...1
                     AGREE...2
                     DISAGREE...3
                     STRONGLY DISAGREE...4
                     REFUSED ....-7
                     DON'T KNOW .... -8

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?
                 ¿Se siente seguro/a en su vecindario siempre, casi siempre, a veces o nunca?

CG42

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

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).

QC15_H1   Is (CHILD) Latino or Hispanic?
¿Es (CHILD) de origen latino o hispano?

CH1

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

YES 1
NO..2   **[GO TO 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.
¿Y cuál es su ascendencia u origen latino o hispano? Por ejemplo, mexicano, salvadoreño, cubano, hondureño – y si tiene más de uno, dígamelos todos.

CH2

[IF NECESSARY GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE 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?
{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, asiático, negro, afroamericano, o blanco

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]**
> BLACK OR AFRICAN AMERICAN ....2 **[GO TO QC15_H10]**   **IF**
> ASIAN ....3 **[GO TO QC15_H8]**   **ONLY**
> AMERICAN INDIAN, ALASKA NATIVE..................4 **[GO TO QC15_H4]**   **ONE**
> OTHER PACIFIC ISLANDER ....5 **[GO TO QC15_H9]**   **RACE**
> 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.
Usted dijo indígena americano o nativo de Alaska, ¿De qué tribu desciende (CHILD)? Si {él/ella} es de más de una tribu, por favor dígamelas todas.

CH4

[CODE ALL THAT APPLY]

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

QC15_H5   Is (CHILD) an enrolled member in a federally or state recognized tribe?
             ¿Es (CHILD) un miembro inscrito en una tribu federal o estatal reconocida?

| CH5 |

                   YES 1
                   NO..2   **[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?
             ¿En qué tribu está inscrito(a) (CHILD)?

| CH6 |

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

QC15_H7   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?

CH6A

                             YES 1
                             NO..2
                             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.
                  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.

CH7

                  [CODE ALL THAT APPLY]

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

PROGRAMMING NOTE 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.
Usted dijo que (CHILD) es de otra isla del Pacifico. 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.

     CH7A

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

PROGRAMMING NOTE 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?
              ¿En qué país nació (CHILD)?

CH8

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

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

CH8A

    YES 1   **[GO TO QC15_H13]**
    NO...2
    APPLICATION PENDING 3
    REFUSED .... -7
    DON'T KNOW .... -8

QC15_H12   Is (CHILD) a permanent resident with a green card?
¿Es (CHILD) residente permanente con tarjeta verde?

CH9

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

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

QC15_H13   About how many years has (CHILD) lived in the United States?
¿Más o menos cuántos años ha vivido (CHILD) en los Estados Unidos?

CH10

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

    _____ NUMBER OF YEARS {OR}

CH10YR

    _____ YEAR FIRST CAME TO LIVE IN U.S.

CH10FMT

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

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

| CH11 |

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

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

PROGRAMMING NOTE 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?
¿{Es usted/ Es la madre de {él/ella}} ciudadano(a) los Estados Unidos?

CH11A

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

YES 1   **[GO TO QC15_H17]**
NO 2
APPLICATION PENDING 3
REFUSED .... -7
DON'T KNOW .... -8

QC15_H16   {Are you/Is {his/her} mother} a permanent resident with a green card?
¿{Es usted/ Es la madre de {él/ella}} residente permanente con tarjeta verde?

CH12

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

PROGRAMMING NOTE 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?
¿Más o menos cuántos años ha vivido {usted/ la madre de {él/ella}} en Estados Unidos?

CH13

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

CH13YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH13FMT

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

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

　CH14

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

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

PROGRAMMING NOTE 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?
              ¿Es {usted/ el padre de {él/ella}} ciudadano(a) de Estados Unidos?

CH14A

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

                    YES 1   **[GO TO PN QC15_H21]**
                    NO 2
                    APPLICATION PENDING 3
                    REFUSED .... -7
                    DON'T KNOW .... -8

QC15_H20   {Are you/Is {his/her} father} a permanent resident with a green card?
              ¿Es {usted/ el padre de {él/ella}} residente permanente con tarjeta verde?

CH15

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

PROGRAMMING NOTE 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?
              Aproximadamente, ¿cuántos años ha vivido {usted/ el padre de {él/ella}} en los Estados
              Unidos?

CH16

              _____ NUMBER OF YEARS [HR: 0-AGE]

              {OR}

CH16YR

              _____ YEAR FIRST CAME TO LIVE IN U.S.

CH16FMT

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

PROGRAMMING NOTE 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?
En general, ¿qué idiomas se hablan en el hogar de (CHILD)?

| CH17 |

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

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

PROGRAMMING NOTE 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....
{En comparación con otras lenguas que se hablan en casa de (CHILD,) ¿Diría que usted habla inglés...

| CH18 |

```
Very well,...............................................................1
Muy Bien, ..............................................................1
Fairly well, .............................................................2
Bien, ......................................................................2
Not well, or ............................................................3
No bien,..................................................................3
Not at all? ..............................................................4
No en absoluto?......................................................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?
¿Cuál es el nivel de educación más alto que usted ha completado y por el cual ha recibido reconocimiento?

CH22

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

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)?
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?

CH30

YES 1
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?
Esas son mis últimas preguntas. Le agradezco su paciencia. Finalmente, ¿estaría dispuesto(a) a hacer una entrevista de seguimiento a esta encuesta en algún momento en el futuro

CG38

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

END   Thank you. You have helped with a very important statewide survey. If you have any questions, you can contact Dr. 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.**]**
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: El número de teléfono gratis de Dra. Ponce es 1-866- 275-2447.] [IF NO, SAY: Gracias y adiós.]