CHIS 2025
Child CAWI Questionnaire
(Self- administered)
Version 1.25
March 13, 2025

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

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

Contact:

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

Guide to Questionnaire Formatting

The following are from the 2025 CHIS Child questionnaire, slightly modified and in no given order.

Legend (each item is identified only once)

Programming note	Defines a skip pattern or text display for the subsequent question(s).
QID	Designates location of question, i.e. **'QC25_A4'**: Child questionnaire, Section A, question #2. The question # in the QID denotes question order. This may vary between survey cycles.
Var ID	Unique ID of each question. This generally stays the same between survey cycles. This variable name correlates with the name found in the data file.
Question and Response Text	On CAWI, this text is displayed.
Range	On CAWI, this text is not displayed. SR: indicates soft range- allowable entry but will prompt verification message. HR: indicates hard range- not an allowable entry.
Skip note	Defines skip patterns dependent on the responses of the preceding question(s).
Dynamic text	{…} and (….) Denotes that text is automatically filled based on previous responses.

'QC25_A4' [CA2] - What is {his/her} date of birth?

Month _____ [Range: 1-12]

❍   1 January
❍   2 February
❍   3 March
❍   4 April
❍   5 May
❍   6 June
❍   7 July
❍   8 August
❍   9 September
❍   10 October
❍   11 November
❍   12 December

Day _____ [Range: 1-31]

Year _____ [Range: 2009-2021]

PROGRAMMING NOTE 'QC25_A13' :
IF CAGE < 5 YEARS GO TO 'QC25_A16' ;
ELSE CONTINUE WITH 'QC25_A13' AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC25_A13' [CA42] - {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

- ❍   1 Yes
- ❍   2 No
- ❍   3 My child is on vacation
- ❍   4 My child is home schooled

If = 1, goto 'QC25_A15'
If = 4, goto 'QC25_A16'

Table of Contents

NOTE: Please consult the CHIS 2025 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

SECTION A: DEMOGRAPHICS PART I, HEALTH CONDITIONS
Gender

PROGRAMMING NOTE 'QC25_A1' :
SET CADATE = CURRENT DATE (YYYYMMDD);

'QC25_A1' Some of the questions are based on (CHILD's) characteristics, like theirage. First, I will ask some background questions. What sex was {CHILD's name} assigned at birth, on {CHILD's name's} original birth certificate?

CA1B

❍ Female 2
❍ Male 1
❍ Don't know 3
❍ Prefer not to answer...............................9

'QC25_A2' What is {child's name's} current gender?

CA73

❍ Female 2
❍ Male 1
❍ Transgender...3
❍ Nonbinary...5
❍ I use a different term: (____)....................7
❍ Don't know 8
❍ Prefer not to answer...............................9

PROGRAMMING NOTE 'QC25_A3':
IF ['QC25_A1' = 1 (MALE AT BIRTH) AND 'QC25_A2' = 2, 3, 5, 7] OR ['QC25_A1' = 2 (FEMALE AT BIRTH) AND 'QC25_A2' = 1, 3, 5, 7] THEN CONTINUE WITH 'QC25_A3';
ELSE SKIP to 'QC25_A4'

DISPLAY INSTRUCTIONS:
IF RESPONDENT SELECTS 'QC25_A2'= 7 (I USE A DIFFERENT TERM) AND THE WRITE-IN FIELD IS BLANK THEN DISPLAY "Just to confirm, {child's name} was assigned {INSERT RESPONSE FROM CA1B} and now describe themself as 'I use a different term'. Is that correct?"

'QC25_A3' Just to confirm, {child's name} was assigned {INSERT RESPONSE FROM 'QC25_A1'} at birth and now describes themself as {INSERT ALL RESPONSES FROM 'QC25_A2'}. Is that correct?

CA74

❍ Yes..1
❍ No..2   **[IF CA74SKIP = MISSING, GO TO 'QC25_A1'; ELSE IF CA74SKIP = 1, GO TO 'QC25_A4']**

❍ REFUSED/DON'T KNOW...............................-3

POST NOTE: IF 'QC25_A3' = 2, THEN SET CA74SKIP=1, GO TO 'QC25_A1'

Age
'QC25_A4'   What is {his/her} date of birth?

CA2

- ❍   January 1
- ❍   February 2
- ❍   March 3
- ❍   April...4
- ❍   May 5
- ❍   June 6
- ❍   July..7
- ❍   August...8
- ❍   September..9
- ❍   October 10
- ❍   November.. 11
- ❍   December.. 12
- ❍   Refused/Don't know....................................... -3

_____ Day [Range: 1-31]

_____ Year [Range: 2006-2011]

PROGRAMMING NOTE 'QC25_A5' :
SET CHILD AGE=**'QC25_A4'**;
IF CHILD AGE > 11, CONTINUE WITH **'QC25_A5'**;
ELSE GO TO **'PN_QC25_A7'**

'QC25_A5'   Just to confirm, you said that (CHILD) is older than 11 years?

CA2A

- ❍   Yes 1   **[GO TO 'QC25_A6'**
                                                                  GO TO ADULT
                                                                  'SECTION B']
- ❍   No...2
- ❍   REFUSED/DON'T KNOW............................... -3

'QC25_A6'

C_AGEEXIT

Thank you for confirming. Now, we'd like to ask questions about you.

PROGRAMMING NOTE 'QC25_A7' :
IF **'QC25_A4'** = -3 OR [IF **'QC25_A4'** DAY NOT ANSWERED AND **'QC25_A4'** MONTH= MONTH OF
INTERVIEW] OR [IF **'QC25_A4'** MONTH OR YEAR NOT ANSWERED] OR IF **'QC25_A5'**=2,
CONTINUE WITH **'QC25_A7'**;
ELSE SKIP TO **'QC25_A8'**

'QC25_A7'   How old is {he/she}?

CA3

_____Years
_____ Months

Height and Weight

'QC25_A8'   About how tall is (CHILD) now without shoes?

Your best guess is fine. You may answer in feet and inches or centimeters

CA4F/CA4I

_____ Feet   _____ Inches

CA4C/CA4M

_____ Centimeters   _____ Meters

- ❍ Feet, inches 1
- ❍ Centimeters..2
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_A9'   About how much does (CHILD) weigh now without shoes?

Your best guess is fine. You may answer in pounds or kilograms.

CA5

_____ Pounds
_____ Kilograms

- ❍ Pounds..1
- ❍ Kilograms 2
- ❍ REFUSED/DON'T KNOW................................ -3

Breastfeeding

PROGRAMMING NOTE 'QC25_A10' :
IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE **'QC25_A13'** ;
ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH **'QC25_A10'**

'QC25_A10'   Was (CHILD) ever breastfed or fed breast milk?

CA14

- ❍ Yes...1
- ❍ No...2   **[GO TO 'QC25_A12']**
- ❍ REFUSED/DON'T KNOW................................ -3   **[GO TO 'QC25_A12']**

'QC25_A11'   How old was (CHILD) when {he/she} stopped breastfeeding altogether?

CA15

_____ Months old
_____ Years old

- ❍ Still breastfeeding 93
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_A12'   How old was (CHILD) when you began giving {him/her} baby food or other solid foods?

Solid food is anything other than milk, formula, juice, water, herbs or teas.

CA16

_____ Months

- ❍ No solid food yet 93
- ❍ REFUSED/DON'T KNOW................................ -3

School Attendance

> **PROGRAMMING NOTE 'QC25_A13':**
> IF CAGE < 5 YEARS GO TO **'QC25_A16'**;
> ELSE CONTINUE WITH **'QC25_A13'** AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC25_A13'   {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

    CA42

    ❍ Yes...1   **[GO TO 'QC25_A15']**
    ❍ No..2
    ❍ My child is on vacation.....................................3
    ❍ My child is home schooled...............................4   **[GO TO 'QC25_A16']**
    ❍ REFUSED/DON'T KNOW............................... -3

> **PROGRAMMING NOTE 'QC25_A14':**
> IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC25_A14'   {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?

    CA43

    ❍ Yes...1
    ❍ No..2
    ❍ My child was home schooled 3   **[GO TO 'QC25_A16']**
    ❍ REFUSED/DON'T KNOW............................... -3

> **PROGRAMMING NOTE 'QC25_A15':**
> IF **'QC25_A13'** = 1 (ATTENDED SCHOOL LAST WEEK) OR **'QC25_A14'** = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH **'QC25_A15'** ;
> ELSE SKIP TO PROGRAMMING NOTE **'QC25_A16'**

'QC25_A15'   What is the name of the school (CHILD) goes to or last attended?

    CB22

    _____ Name of school

    ❍ Pre-school or daycare.......................................1
    ❍ Kindergarten 2
    ❍ Elementary 3
    ❍ Intermediate 4
    ❍ Junior High..5
    ❍ Middle School 6
    ❍ Charter 7
    ❍ Other (Specify: _____)..................... 91
    ❍ Child not in school.. 00
    ❍ REFUSED/DON'T KNOW............................... -3

General Health
'QC25_A16'   In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?

CA6

- ❍ Excellent...1
- ❍ Very good...2
- ❍ Good 3
- ❍ Fair 4
- ❍ Poor...5
- ❍ REFUSED/DON'T KNOW................................ -3

Asthma
'QC25_A17'   Has a doctor <u>ever</u> told you that (CHILD) has asthma?

CA12

- ❍ Yes...1
- ❍ No..2   **[GO TO 'QC25_A22']**
- ❍ REFUSED/DON'T KNOW................................ -3   **[GO TO 'QC25_A22']**

'QC25_A18'   Does {he/she} still have asthma?

CA31

- ❍ Yes...1
- ❍ No..2
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_A19'   During the <u>past 12 months</u>, has {he/she} had an episode of asthma or an asthma attack?

CA32

- ❍ Yes...1
- ❍ No..2
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_A20'   Is (CHILD) now taking a <u>daily</u> medication to control {his/her} asthma that was prescribed or given to you by a doctor?

This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.

CA12A

- ❍ Yes...1
- ❍ No..2
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_A21'   During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?

CA34

_____ Number of days

- ❍ My child is not in daycare.............................. 993
- ❍ REFUSED/DON'T KNOW................................ -3

Other Conditions

'QC25_A22'   Does (CHILD) currently have any physical, behavioral, or mental conditions that limit or prevent {him/her} from doing childhood activities usual for {his/her} age?

CA7

❍ Yes...1
❍ No...2   **[GO TO 'QC25_A24']**
❍ REFUSED/DON'T KNOW................................ -3   **[GO TO 'QC25_A24']**

'QC25_A23'   What condition does (CHILD) have?

CA10A

Select all that apply

❑ ADD/ADHD..1
❑ Asperger's Syndrome..2
❑ Autism 3
❑ Cerebral palsy 4
❑ Congenital heart disease 5
❑ Cystic fibrosis 6
❑ Diabetes 7
❑ Down syndrome 8
❑ Epilepsy...9
❑ Deafness or other hearing problems.............. 10
❑ Learning disability, other than Down
    syndrome.. 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/DON'T KNOW............................... -3

'QC25_A24'   Does (CHILD) <u>currently</u> need or use medicine <u>prescribed</u> by a doctor, other than vitamins?

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

CA17

❍ Yes...1
❍ No...2   **[GO TO 'QC25_A27']**
❍ REFUSED/DON'T KNOW............................... -3   **[GO TO 'QC25_A27']**

'QC25_A25'   Is {his/her} need for prescription medicine because of any medical, behavior, or other health condition?

CA18

❍ Yes...1
❍ No...2   **[GO TO 'QC25_A27']**
❍ REFUSED/DON'T KNOW............................... -3   **[GO TO 'QC25_A27']**

'QC25_A26'   Is this a condition that has lasted or is expected to last for 12 months or longer?

CA19

> ❍ Yes 1
> ❍ No..2
> ❍ REFUSED/DON'T KNOW................................. -3

'QC25_A27'   Does (CHILD) need or get special therapy, such as physical, occupational or speech therapy?

CA23

> ❍ Yes 1
> ❍ No..2   **[GO TO 'PN_QC25_B2']**
> ❍ REFUSED/DON'T KNOW................................. -3   **[GO TO 'PN_QC25_B2']**

'QC25_A28'   Is {his/her} need for special therapy because of any medical, behavior, or other health condition?

CA24

> ❍ Yes 1
> ❍ No..2   **[GO TO 'PN_QC25_B2']**
> ❍ REFUSED/DON'T KNOW................................. -3   **[GO TO 'PN_QC25_B2']**

'QC25_A29'   Is this a condition that has lasted or is expected to last for 12 months or longer?

CA25

> ❍ Yes 1
> ❍ No..2
> ❍ REFUSED/DON'T KNOW................................. -3

SECTION B: DENTAL HEALTH

'QC25_B1'

| DENTAL_INTRO |

Now we're going to ask about (CHILD)'s dental health.

PROGRAMMING NOTE 'QC25_B2' :
IF CAGE > 2 YEARS, GO TO **'QC25_B3'**;
ELSE CONTINUE WITH **'QC25_B2'**

'QC25_B2'   These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

| CC1B |

❍   Yes 1
❍   No...2   **[GO TO 'PN_QC25_C1']**

❍   REFUSED/DON'T KNOW................................ -3   **[GO TO 'PN_QC25_C1']**

'QC25_B3'   About how long has it been since your child last visited a dental provider? (For example, dental hygienists, dentists, dental specialists.)

| CC5B |

❍   My child has never visited a dentist 0
❍   6 months ago or less..1
❍   More than 6 months up to 1 year 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/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_B4':
IF **'QC25_B3'** =1,2, THEN CONTINUE WITH **'QC25_B4'**;
ELSE GO TO **'QC25_B6'**

'QC25_B4'   How many times has your child received a dental service within the last 12 months?

| CB38 |

❍   None..1   **[GO TO 'QC25_B6']**
❍   Once..2
❍   Twice...3
❍   Three times 4
❍   Four times 5
❍   Five times or more 6
❍   REFUSED/DON'T KNOW................................ -3   **[GO TO 'QC25_B6']**

PROGRAMMING NOTE 'QC25_B5':
IF **'QC25_B4'** >2 THEN DISPLAY "SERVICES";
ELSE IF **'QC25_B4'**=1, THEN DISPLAY "SERVICE"

'QC25_B5'   Where did your child receive the dental service{s} within the last 12 months?

CB39B

❍   Free health/dental event 1
❍   Dentist office/Clinic setting................................2
❍   Hospital 3
❍   One or more of the above 4
❍   REFUSED/DON'T KNOW................................ -3

'QC25_B6'   Where have you received educational information about oral health or preventive dental treatments for your child in the last 12 months?

CB40B

Select all that apply

❍   Have not received any educational information.1
❑   From dental office 2
❑   From a school/college 3
❑   From social media...4
❑   From family or friends 5
❑   From Smile, California™ website 10
❑   From another online source 9
❑   From community events/health fairs 6
❑   From a medical doctor's office 7
❑   From other sources 8
❍   REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_B7' :
IF **'QC25_B3'** = 0 (HAD NEVER VISTED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH **'QC25_B7'** ;
ELSE SKIP TO **'QC25_B8'** ;
IF **'QC25_B3'** = 0 (HAS NEVER VISITED), DISPLAY "never";
ELSE IF **'QC25_B3'** ≥ 3 DISPLAY "not" AND "in the past year"

'QC25_B7'   What is the main reason your child has {never/not} visited a dentist {in the past 12 months}?

CB23

❍   No reason to go/No problems 1
❍   Not old enough...2
❍   Too expensive/no insurance 3
❍   Fear or dislikes going.......................................4
❍   Do not have/know a dentist...............................5
❍   Transportation problems 6
❍   No dentist available/no appointment available ..7
❍   Didn't know where to go....................................8
❍   Hours not convenient 9
❍   Speak a different language 10
❍   Other (Specify: _____).................... 91
❍   REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_B8':
IF 'QC25_B3' =0, goto 'QC25_B9';
ELSE CONTINUE WITH 'QC25_B8'

'QC25_B8'   Is there a particular dentist or place you usually go to for (CHILD)'s dental care?

CC16B

❍ Yes 1
❍ No..2
❍ REFUSED/DON'T KNOW................................ -3

'QC25_B9'   During the past 12 months, was there any time your child needed dental care, but you could not afford it?

CC17

❍ Yes 1
❍ No..2
❍ REFUSED/DON'T KNOW................................ -3

'QC25_B10'   Do you now have any type of insurance that pays for part or all of your child's dental care?

Include dental insurance, prepaid dental plans such as HMOs, or government plans such as Medi-Cal or Covered California

CC7A

❍ Yes 1
❍ No..2   **[GO TO 'QC25_B14']**
❍ REFUSED/DON'T KNOW................................ -3   **[GO TO 'QC25_B14']**

'QC25_B11'   Do you pay any or all of the premium or cost for this dental insurance plan? Do not include the cost of any co-pays or deductibles you or your family need to pay.

CB35

❍ Yes 1
❍ No..2
❍ REFUSED/DON'T KNOW................................ -3

'QC25_B12'   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this dental insurance plan? Do not include the cost of any co-pays or deductibles you or your family need to pay.

CB36

❍ Yes 1
❍ No..2   **[GO TO 'QC25_B14']**
❍ REFUSED/DON'T KNOW................................ -3   **[GO TO 'QC25_B14']**

'QC25_B13'   For that dental insurance plan, who else pays part of the cost?

CB37

Select all that apply

❑   Your current or former employer or union..........2
❑   Spouse's current or former employer or union...3
❑   Someone else 4
❑   Medicare...5
❑   Medi-Cal (Medicaid) or Denti-Cal......................6
❑   Indian Health Service 9
❑   Covered California 10
❑   Other government dental program 8
○   REFUSED/DON'T KNOW................................ -3

'QC25_B14'   Do you use any free community or public dental programs for {CHILD}'s dental care?

CC7B

○   Yes..1
○   No...2
○   REFUSED/DON'T KNOW................................ -3

Delays in Care (Dental)

PROGRAMMING NOTE 'QC25_B15':
IF ('QC25_A13'=1 OR 4) OR ('QC25_A14'=1 OR 3) [CHILD ATTENDS SCHOOL] CONTINUE WITH
'QC25_B15';
ELSE GO TO 'QC25_B17'

'QC25_B15'   During the past 12 months, did {he/she} miss any time from school because of a dental
                   problem? Do not count time missed for cleaning or a check-up.

CC18B

○   Yes..1
○   No...2   **[GO TO 'QC25_B17']**
○   My child doesn't attend school..........................3   **[GO TO 'QC25_B17']**
○   REFUSED/DON'T KNOW................................ -3   **[GO TO 'QC25_B17']**

'QC25_B16'   How many days of school did (he/she) miss because of dental problems?

CC19

_____ DAYS [0-200]

○   Less than one day.. 996
○   REFUSED/DON'T KNOW................................ -3

'QC25_B17'   Did {CHILD} experience any dental pain in the last 12 months?

CB41

○   Yes..1
○   No...2
○   REFUSED/DON'T KNOW................................ -3

SECTION C: DIET, NUTRITION, AND FOOD ENVIRONMENT

Dietary Intake

PROGRAMMING NOTE 'QC25_C1' :
IF CAGE < 2 YEARS, GO TO **'QC25_D1'**;
ELSE CONTINUE WITH **'QC25_C1'**

'QC25_C1'   Yesterday, how many glasses or cans of soda that contain sugar, such as Coke, did your child drink? Do not include diet soda.

   CC49

        _____ Glasses, cans or bottles [HR 0-15;SR 0-7]

'QC25_C2'   Yesterday, how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

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

   CC50

        _____ Glasses, cans or bottles [HR 0-15;SR 0-7]

SECTION D: HEALTH CARE ACCESS AND UTILIZATION

Usual Source of Care

'QC25_D1'   The next questions are about where (CHILD) goes for health care.

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

CD1

❍ Yes..1
❍ No...2   **[GO TO 'PN_QC25_D3']**

❍ REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'CD3' :
IF **'QC25_D1'** = 1, -3, DISPLAY "What kind of place do you take {him/her} to most often —a medical"

'QC25_D2'   What kind of place do you take {him/her} to most often?

CD3C

❍ Medical provider or doctor's office
   including Kaiser Permanente 1
❍ Health center, or medical clinic,
   including school clinic.......................................2
❍ Emergency room...3
❍ Urgent care or clinic in a drug store
   or grocery store 4
❍ Some other place (Specify: _____) 91
❍ No one place.. 92
❍ REFUSED/DON'T KNOW................................ -3

Emergency Room Visit

PROGRAMMING NOTE 'QC25_D3' :
IF 'CA33' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF 'CA41' = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA), MARK YES ON **'QC25_D3'** AND GO TO **'QC25_D4'** ; ELSE CONTINUE WITH **'QC25_D3'**

'QC25_D3'   During the past 12 months, did (CHILD) visit a hospital emergency room?

CD12

❍ Yes..1
❍ No...2
❍ REFUSED/DON'T KNOW................................ -3

Visits to Medical Doctor

'QC25_D4'   During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

CD6

_____Times [HR:0-365]
❍ REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_D5' :
IF **'QC25_D4'** > 0, GO TO PROGRAMMING NOTE **'QC25_D6'**;
ELSE IF **'QC25_D4'** = 0, -3 CONTINUE WITH **'QC25_D5'**

'QC25_D5'   About how long has it been since {he/she} last saw a medical 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/DON'T KNOW............................... -3

'QC25_D6'   In the last 6 months, how often was it easy to get the care, tests or treatment [your child] needed?

CD77

- Never.. 1
- Sometimes 2
- Usually 3
- Always... 4
- Not applicable 5
- REFUSED/DON'T KNOW............................... -3

Personal Doctor

PROGRAMMING NOTE 'QC25_D7' :
IF **'QC25_D1'** = 1 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH **'QC25_D7'** ;
ELSE SKIP TO PROGRAMMING NOTE **'PN_QC25_D9'**

'QC25_D7'   Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider

CD33

- Yes..1
- No..2
- REFUSED/DON'T KNOW............................... -3

Care Coordination

PROGRAMMING NOTE 'QC25_D8':
IF **'QC25_D1'** = 1 (HAS USUAL SOURCE OF CARE) AND **'QC25_D7'** = 1 (HAS PERSONAL DOCTOR)
AND [**'QC25_A18'** =1 (HAS ASTHMA) OR **'QC25_A19'** = 1 (HAD ASTHMA ATTACK) OR **'QC25_A22'**
= 1 (HAS OTHER CONDITION), CONTINUE WITH **'QC25_D8'**;
ELSE SKIP TO PROGRAMMING NOTE **'PN_QC25_D9'**

'QC25_D8'   Is there anyone at (CHILD's) doctor's office or clinic who helps coordinate {his/her} care with other doctors or services such as tests or treatments?

CD36

- Yes..1
- No..2
- REFUSED/DON'T KNOW............................... -3

Developmental Screening

> **PROGRAMMING NOTE 'QC25_D9' :**
> IF CAGE < 1, SKIP to 'PN_ CD55'
> ELSE IF CAGE ≥ 1, CONTINUE WITH **'QC25_D9'**

'QC25_D9'   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.

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

CF40

- ❍ Yes...1
- ❍ No...2
- ❍ REFUSED/DON'T KNOW............................... -3

'QC25_D10'   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?

CF41

- ❍ Yes...1
- ❍ No...2
- ❍ REFUSED/DON'T KNOW............................... -3

'QC25_D11'   Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?

CF42

- ❍ Yes...1
- ❍ No...2
- ❍ REFUSED/DON'T KNOW............................... -3

'QC25_D12'   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?

CF43

- ❍ Yes...1
- ❍ No...2
- ❍ REFUSED/DON'T KNOW............................... -3

'QC25_D13'   Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

CF44

- ❍ Yes...1
- ❍ No...2
- ❍ REFUSED/DON'T KNOW............................... -3

PROGRAMMING NOTE 'QC25_D14' :
IF **'QC25_A23'** =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME)
OR 11 (NON-DOWN'S MENTAL RETADATION) GO TO **'QC25_D15'** ;
ELSE CONTINUE WITH **'QC25_D14'**

'QC25_D14'   Did a doctor or other professional ever note a concern about (CHILD) that should be
monitored carefully?

CF45

❍ Yes...1
❍ No..2
❍ REFUSED/DON'T KNOW.............................. -3

'QC25_D15'   Did they ever refer {him/her} to a specialist regarding his development?

CF46

❍ Yes...1
❍ No..2
❍ REFUSED/DON'T KNOW.............................. -3

'QC25_D16'   Did they ever refer {him/her} for speech, language or hearing testing?

CF47

❍ Yes...1
❍ No..2
❍ REFUSED/DON'T KNOW.............................. -3

Timely Appointments
'QC25_D17'   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?

Do not include emergencies.

CD55

❍ Yes...1
❍ No..2   **[GO TO
                                                                  'PN_QC25_D19']**
❍ REFUSED/DON'T KNOW.............................. -3   **[GO TO
                                                                  'PN_QC25_D19']**

'QC25_D18'   How often were you able to get an appointment within two days? Would you say…

CD45

❍ Never..1
❍ Sometimes 2
❍ Usually 3
❍ Always...4
❍ REFUSED/DON'T KNOW.............................. -3

Communication Problems with a Doctor

PROGRAMMING NOTE 'QC25_D19' :
IF ['**QC25_D4'** > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR **'QC25_D5'** = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH **'QC25_D19'** ; ELSE GO TO **'QC25_D24'**

'QC25_D19'   The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

CD25

❍   Yes 1   **[GO TO 'PN_QC25_D21']**

❍   No...2
❍   I never accompanied my child to the doctor 3
❍   REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_D20':
IF **'QC25_D19'** = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR AH36 > 1 (ADULT R SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH **'QC25_D20'** ;
SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME **'QC25_D20'** WAS ASKED;
ELSE SKIP TO **'QC25_D21'** ;

'QC25_D20'   In what language does (CHILD)'s doctor speak to you?

CD31

❍   English 1   **[GO TO 'QC25_D22']**
❍   Spanish 2   **[GO TO 'QC25_D23']**
❍   Cantonese...3   **[GO TO 'QC25_D23']**
❍   Vietnamese 4   **[GO TO 'QC25_D23']**
❍   Tagalog 5   **[GO TO 'QC25_D23']**
❍   Mandarin 6   **[GO TO 'QC25_D23']**
❍   Korean...7   **[GO TO 'QC25_D23']**
❍   Asian Indian languages (including Hindi, Punjabi,Urdu)...8   **[GO TO 'QC25_D23']**
❍   Russian 9   **[GO TO 'QC25_D23']**
❍   Japanese.. 12
❍   French.. 14
❍   German 15
❍   Farsi 18
❍   Armenian.. 19
❍   Arabic 20
❍   Other (Specify:_____)..................... 91   **[GO TO 'QC25_D23']**
❍   REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_D21' :
IF **'QC25_D19'** = 1(HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH **'QC25_D21'** ;
ELSE SKIP TO **'QC25_D24'** ;

'QC25_D21'   Was this because you and the doctor spoke different languages?

| CD26 |

       ❍   Yes 1
       ❍   No 2
       ❍   REFUSED/DON'T KNOW .... -3

'QC25_D22'   Did you need someone to help you understand the doctor?

| CD27 |

       ❍   Yes 1
       ❍   No 2
       ❍   REFUSED/DON'T KNOW .... -3

PROGRAMMING NOTE 'QC25_D23' :
IF **'QC25_D22'** = 1, CONTINUE WITH **'QC25_D22'** ;
ELSE SKIP TO **'QC25_D24'** ;

'QC25_D23'   Who was this person who helped you understand the doctor?

| CD28 |

       ❍   Minor child (under age 18) 1
       ❍   An adult family member or friend 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/DON'T KNOW .... -3

Delays in Care
'QC25_D24'   During the past 12 months, did you either delay or not get a medicine that a doctor
prescribed for (CHILD)?

| CE1 |

       ❍   Yes 1
       ❍   No 2   **[GO TO 'QC25_D28']**
       ❍   REFUSED/DON'T KNOW .... -3   **[GO TO 'QC25_D28']**

'QC25_D25'   Did you get the medicine that a doctor prescribed for (CHILD) eventually?

| CE19 |

       ❍   Yes 1
       ❍   No 2
       ❍   REFUSED/DON'T KNOW .... -3

'QC25_D26'   During the past 12 months, why did you delay or not get a medicine that a doctor
prescribed for (CHILD)?

CE20

Select all that apply

❑   Medication not in stock.......................................1
❑   Insurance approval issue 2
❑   Delays in communication with provider or
pharmacy...3
❑   Concerns with side effects or interactions with
other medications 4
❑   Didn't want or thought my child didn't need
prescription 5
❑   Too hard to track all my child's medications 6
❑   I forgot or lost prescription................................7
❑   I didn't have time 8
❑   My child has no insurance................................9
❑   Too expensive 10
❑   Other (Specify: _____) 91
❍   REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE CE21:
IF MORE THAN ONE RESPONSE FROM **'QC25_D26'**, THEN CONTINUE WITH **'QC25_D27'** WITH
SELECTED CHOICES FROM **'QC25_D26'** DISPLAYED;
ELSE SKIP TO **'QC25_D28'**

'QC25_D27'   What was the <u>one</u> main reason why you delayed the medicine that a doctor prescribed
for (CHILD)?

CE21

❍   Medication not in stock 1
❍   Insurance approval issue 2
❍   Delays in communication with provider or
pharmacy...3
❍   Concerns with side effects or interactions with
other medications 4
❍   Didn't want or thought my child didn't need
prescription 5
❍   Too hard to track all my child's medications 6
❍   I forgot or lost prescription 7
❍   I didn't have time..8
❍   My child has no insurance 9
❍   Too expensive... 10
❍   Other (Specify: _____)..................... 91
❍   REFUSED/DON'T KNOW................................ -3

'QC25_D28'   During the past 12 months, did you delay or not get any other medical care you felt
(CHILD) needed—such as seeing a doctor, a specialist, or other health professional?

CE7

❍   Yes..1
❍   No..2   **[GO TO 'QC25_D32']**
❍   REFUSED/DON'T KNOW................................ -3   **[GO TO 'QC25_D32']**

'QC25_D29'　　Did (CHILD) get the care eventually?

CD66

- ❍ Yes...1
- ❍ No..2
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_D30'　　During the past 12 months, why did you delay or not get the care you felt (CHILD) needed?

CE22

Select all that apply

- ❑ Couldn't get appointment 1
- ❑ My child's insurance was not accepted.............2
- ❑ Insurance did not cover.....................................3
- ❑ Language understanding problems 4
- ❑ Transportation problems 5
- ❑ Hours were not convenient 6
- ❑ There was no child care for children at home 7
- ❑ I forgot or lost referral.......................................8
- ❑ I didn't have time to go 9
- ❑ Too expensive... 10
- ❑ No insurance 11
- ❑ Other (Specify: _____) 91
- ❍ REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_D31':
IF MORE THAN ONE RESPONSE FROM **'QC25_D30'**, WITH SELECTED CHOICES FROM **'QC25_D30'** DISPLAYED, THEN CONTINUE WITH **'QC25_D31'**;
ELSE SKIP TO **'QC25_D32'**

'QC25_D31'　　What was the <u>one</u> main reason why you delayed getting the care you felt (CHILD) needed?

CD68

- ❍ Couldn't get appointment 1
- ❍ My child's insurance was not accepted 2
- ❍ Insurance did not cover.....................................3
- ❍ Language understanding problems 4
- ❍ Transportation problems 5
- ❍ Hours were not convenient 6
- ❍ There was no child care for children at home....7
- ❍ I forgot or lost referral.......................................8
- ❍ I didn't have time to go 9
- ❍ Too expensive... 10
- ❍ No insurance 11
- ❍ Other (Specify: _____) 91
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_D32'　　During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?

CD69

- ❍ Yes...1
- ❍ No..2
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_D33'   During the past 12 months, were you told by a doctor's office or clinic that they would not accept your child as a new patient?

CD70

       ❍   Yes...1
       ❍   No..2
       ❍   REFUSED/DON'T KNOW................................ -3

'QC25_D34'   During the past 12 months, were you told by a doctor's office or clinic that they did not accept your child's health care coverage?

CD71

       ❍   Yes...1
       ❍   No..2
       ❍   REFUSED/DON'T KNOW................................ -3

SECTION F: PARENTAL INVOLVEMENT

> **PROGRAMMING NOTE 'QC25_F1' :**
> IF CAGE > 5 YEARS GO TO **'QC25_F4'** ;
> ELSE CONTINUE WITH **'QC25_F1'**

'QC25_F1'   In a usual week, about how many days do you or any other family member read stories or look at picture books with (CHILD)?

CG14

- ❍ Every day 1
- ❍ 3-6 days 2
- ❍ 1-2 days 3
- ❍ Never...4
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_F2'   [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

CG15

- ❍ Every day 1
- ❍ 3-6 days 2
- ❍ 1-2 days 3
- ❍ Never...4
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_F3'   [In a usual week, about how many days do you or any other family member] take (CHILD) out somewhere, for example, to the park, store, or playground?

CG16

- ❍ Every day 1
- ❍ 3-6 days 2
- ❍ 1-2 days 3
- ❍ Never...4
- ❍ REFUSED/DON'T KNOW................................ -3

Park Use
'QC25_F4'   Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

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

CC39

- ❍ Strongly agree...1
- ❍ Agree...2
- ❍ Disagree..3
- ❍ Strongly disagree 4
- ❍ REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_F5' :
IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH **'QC25_F5'** ;
ELSE GO TO **'QC25_F8'**

'QC25_F5'   Where do you get books or e-books for your child?

CF70

Select all that apply

- ❑ Purchased/received books as gifts 1
- ❑ Purchased e-books online................................2
- ❑ Borrowed books from the library 3
- ❑ Borrowed e-books from the library 4
- ❑ Borrowed books from friends or family 5
- ❑ Got free e-books or materials from the internet .6
- ❑ Received books from children's book program ..7
- ❑ Other (specify: _____)............................... 91
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_F6'   How many children's books do you or your child own?

CF69

Your best guess is fine.

- ❍ Specify:_____[0-9999]...................................1
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_F7'   Do you or other family members experience any of these challenges reading to your young child?

CF68B

Select all that apply

- ❑ We don't have books for child at home 1
- ❑ We don't have books for child in my family's language 2
- ❑ Our child is not interested in reading 3
- ❑ We don't have enough time 4
- ❑ Other, specify: _____ 91
- ❍ We do not have challenges...............................5
- ❍ REFUSED/DON'T KNOW................................ -3

First 5 California: Kit for New Parents
'QC25_F8'   Did you know that First 5 California, a state agency, provides a free Kit for New Parents for children up through age 5?

CF35B

- ❍ Yes 1
- ❍ No..2   **[GO TO 'PN_QC25_F13']**
- ❍ REFUSED/DON'T KNOW................................ -3   **[GO TO 'PN_QC25_F13']**

'QC25_F9'   Have you ever received this Kit for New Parents?

CF36

    ❍ Yes..1
    ❍ No...2 **[GO TO 'PN_QC25_F13']**
    ❍ REFUSED/DON'T KNOW................................ -3 **[GO TO 'PN_QC25_F13']**

'QC25_F10'   Did you receive the Kit for New Parents during the past year?

CD57

    ❍ Yes..1
    ❍ No...2 **[GO TO 'PN_QC25_F13']**
    ❍ REFUSED/DON'T KNOW................................ -3 **[GO TO 'PN_QC25_F13']**

'QC25_F11'   Did you use any of the materials from the Kit for New Parents?

CF39

    ❍ Yes..1
    ❍ No...2 **[GO TO 'PN_QC25_F13']**
    ❍ REFUSED/DON'T KNOW................................ -3 **[GO TO 'PN_QC25_F13']**

'QC25_F12'   On a scale of 1-10 with 10 being the most useful and 1 the least, how useful was the Kit for New Parents?

CF37

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

    ❍ 1 Least useful..1
    ❍ 2 2
    ❍ 3 3
    ❍ 4 4
    ❍ 5 5
    ❍ 6 6
    ❍ 7 7
    ❍ 8 8
    ❍ 9 9
    ❍ 10 Most useful.. 10

PROGRAMMING NOTE 'QC25_F13':
IF CAGE ≥ 4, CONTINUE WITH **'QC25_F13'**;
ELSE SKIP TO **'QC25_F15'**

'QC25_F13'   Overall, do you think your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

CF30

    ❍ Yes..1
    ❍ No...2 **[GO TO 'QC25_F15']**
    ❍ REFUSED/DON'T KNOW................................ -3 **[GO TO 'QC25_F15']**

'QC25_F14'   Are these difficulties minor, definite, or severe?

CF31

> ❍   Minor 1
> ❍   Definite 2
> ❍   Severe...3
> ❍   REFUSED/DON'T KNOW................................ -3

Child mental health care
'QC25_F15'   During the past 12 months, did {CHILD} receive any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

CF71

> ❍   Yes...1
> ❍   No...2
> ❍   REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_F16':
IF **'QC25_F15'** = 2, CONTINUE WITH **'QC25_F16'**;
ELSE SKIP TO PN_CF72

'QC25_F16'   During the past 12 months, did {CHILD} need to see a mental health professional?

CF74

> ❍   Yes...1
> ❍   No...2
> ❍   REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_F17':
IF **'QC25_F15'** =1 OR **'QC25_F16'** =1, CONTINUE WITH **'QC25_F17'**;
ELSE SKIP TO **'QC25_F18'**

'QC25_F17'   How difficult was it to get the mental health treatment or counseling that this child needed?

CF72

> ❍   Not difficult 1
> ❍   Somewhat difficult...2
> ❍   Very difficult 3
> ❍   It was not possible to obtain care 4
> ❍   REFUSED/DON'T KNOW................................ -3

'QC25_F18'   During the past 12 months, has this child taken any medication because of difficulties with their emotions, concentration, or behavior?

CF73

> ❍   Yes...1
> ❍   No...2
> ❍   REFUSED/DON'T KNOW................................ -3

SECTION G: CHILD CARE AND SOCIAL COHESION

Child Care

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PROGRAMMING NOTE 'QC25_G1' :
IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH
```

'QC25_G1'   These next questions are about childcare. By childcare we mean any arrangement where someone other than the parents, legal guardian, or stepparents takes care of (CHILD). {This includes preschool and nursery school, but not kindergarten.}

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

CG1

- ❍ Yes...1
- ❍ No..2   **[GO TO 'QC25_G10']**
- ❍ REFUSED/DON'T KNOW................................ -3   **[GO TO 'QC25_G10']**

'QC25_G2'   Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

CG2

_____ Hours_[HR: 0-168, SR: 10-168 HRS]

```
PROGRAMMING NOTE 'QC25_G3' :
IF 'QC25_G2' < 10 (HOURS IN CHILDCARE), GO TO 'QC25_G10' ;
ELSE CONTINUE WITH 'QC25_G3'
```

'QC25_G3'   During a typical week does (CHILD) receive childcare from...a grandparent or other family member?

CG3A

- ❍ Yes...1
- ❍ No..2
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_G4'   ... a non-family member who cares for (CHILD) in your home?

CG3E

- ❍ Yes...1
- ❍ No..2
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_G5'   ...a non-family member who cares for (CHILD) in his or her home?

CG3F

- ❍ Yes...1
- ❍ No..2
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_G6'   ...a childcare center that is not in someone's home?

CG3D

- ❍ Yes...1
- ❍ No..2
- ❍ REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_G7' :
IF CAGE ≥ 7 YEARS, GO TO 'QC25_G10' ;
ELSE CONTINUE WITH 'QC25_G7'

'QC25_G7'   ...a Head Start or state preschool program?

CG3B

- ❍ Yes...1
- ❍ No..2
- ❍ REFUSED/DON'T KNOW............................... -3

'QC25_G8'   ... some other preschool or nursery school?

CG3C

- ❍ Yes...1
- ❍ No..2
- ❍ REFUSED/DON'T KNOW............................... -3

PROGRAMMING NOTE 'QC25_G9' :
IF ['QC25_G3' OR 'QC25_G4' = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-
FAMILY MEMBER IN CHILD'S HOME)] OR IF ['QC25_G5' ≠ 1 AND 'QC25_G6' ≠ 1 AND 'QC25_G7' ≠
1 AND 'QC25_G8' ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-
FAMILY MEMBER HOME)], GO TO 'QC25_G10' ;
ELSE CONTINUE WITH 'QC25_G9' ;
IF ONLY ONE OF 'QC25_G5' , 'QC25_G6' , 'QC25_G7' , OR 'QC25_G8' = 1, DISPLAY "Is this" AND
"provider";
ELSE DISPLAY, "Are all of these" AND "providers"

'QC25_G9'   Thinking about the care the child receives from a <u>non-family member outside your home</u>,
                       {is this/are all of these} child care provider{s} licensed by the state of California?

CG3G

- ❍ Yes (all are licensed) 1
- ❍ Some licensed and some not 3
- ❍ No (none are licensed).......................................2
- ❍ Don't know/Not sure..4

'QC25_G10'   In the past 12 months, was there a time when you could not find childcare when you
                       needed it for (CHILD) for a week or longer?

CG5

- ❍ Yes...1
- ❍ No..2
- ❍ REFUSED/DON'T KNOW............................... -3

PROGRAMMING NOTE 'QC25_G11':
IF **'QC25_G10'** = 1, CONTINUE WITH **'QC25_G11'**;
ELSE GO TO **'PN_QC25_G12'**

'QC25_G11'   What is the <u>main</u> reason you were unable to find childcare for (CHILD) at that time?

CG6

- ❍ 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
- ❍ Some other reason 6
- ❍ REFUSED/DON'T KNOW................................ -3

Father involvement

PROGRAMMING NOTE 'QC25_G12':
IF 'SC13A2' <= 5 YEARS (CHILD'S AGE) CONTINUE WITH **'QC25_G12'**;
ELSE GO TO **'QC25_H1'**
DISPLAY INSTRUCTION:
IF 'SC17B' = 2 (FATHER), DISPLAY 'are you'; IF 'SC17B' ≠ 2, DISPLAY 'is the father';
IF 'SC17B' = 2 (FATHER), DO NOT SHOW OPTION 5 Does not apply (no father or father figure)

'QC25_G12'   How actively engaged {are you/is the father} in nurturing and supporting the growth and development of {CHILD}?

CG48

- ❍ None at all..1
- ❍ A little 2
- ❍ Some...3
- ❍ A lot...4
- ❍ Does not apply (no father or father figure).........5
- ❍ REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_G13':
IF **'QC25_G12'** = 5, SKIP TO **'PN_QC25_G14'**;
ELSE CONTINUE WITH **'QC25_G13'**;
DISPLAY INSTRUCTION:
IF 'SC17B' = 2 (FATHER), DISPLAY 'do you'; IF 'SC17B' ≠ 2, DISPLAY 'does the father';
IF 'SC17B' = 2 (FATHER), DO NOT SHOW OPTION 5 Does not apply (no father or father figure)

'QC25_G13'   To what extent {do you/does the father} provide financial or material support for {CHILD} or help {CHILD}'s mother?

CG49

- ❍ None at all..1
- ❍ A little 2
- ❍ Some...3
- ❍ A lot...4
- ❍ Does not apply (no father or father figure).........5
- ❍ REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_G14':
IF **'QC25_G12'** = 5, SKIP TO **'PN_QC25_G15'**;
ELSE CONTINUE WITH **'QC25_G13'**;
DISPLAY INSTRUCTION:
IF 'SC17B' = 2 (FATHER), DISPLAY 'do you'; IF 'SC17B' ≠ 2, DISPLAY 'does the father';
IF 'SC17B' = 2 (FATHER), DO NOT SHOW OPTION 7 Does not apply (no father or father figure)

'QC25_G14'   How frequently (do you/does the father) see or visit {CHILD}?

CG50

- ❍ Never...1
- ❍ Every few months 2
- ❍ Once a month 3
- ❍ Once a week 4
- ❍ Almost every day 5
- ❍ Father lives with child..6
- ❍ Does not apply (no father or father figure).........7
- ❍ REFUSED/DON'T KNOW............................... -3

PROGRAMMING NOTE 'QC25_G15':
DISPLAY INSTRUCTION:
IF 'SC17B' = 2 (FATHER), DISPLAY 'your'; IF 'SC17B' ≠ 2, DISPLAY 'the father's'

'QC25_G15'   How frequently does {CHILD} see or spend time with {your/the father's} relatives such as (grandparents, uncles, aunts, cousins) of {CHILD}?

CG51

- ❍ Never...1
- ❍ Every few months 2
- ❍ Once a month 3
- ❍ Once a week 4
- ❍ Almost every day 5
- ❍ Does not apply (no father's relatives) 6
- ❍ REFUSED/DON'T KNOW............................... -3

PROGRAMMING NOTE 'QC25_G16':
IF **'QC25_G12'** = 5, SKIP TO **'PN_QC25_G17'**;
ELSE CONTINUE WITH **'QC25_G16'**;
DISPLAY INSTRUCTION:
IF 'SC17B' = 2 (FATHER), DISPLAY 'do you'; IF 'SC17B' ≠ 2, DISPLAY 'does the father';
IF 'SC17B' = 2 (FATHER), DO NOT SHOW OPTION 999 Does not apply (no father or father figure)

'QC25_G16'   On average, how many hours per week {do you/does the father} spend caring for {CHILD}?

CG52

_____ number of hours per week [0, 168]

If the father does not provide care, please select the appropriate option:

- ❍ Father does not provide care for the child 998
- ❍ Does not apply (no father or father figure).... 999
- ❍ REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_G17':
IF **'QC25_G12'** = 5, SKIP TO **'PN_QC25_G18'**;
ELSE CONTINUE WITH **'QC25_G17'**;
DISPLAY INSTRUCTION:
IF 'SC17B' = 2 (FATHER), DISPLAY 'your'; IF 'SC17B' ≠ 2, DISPLAY 'the father's';
IF 'SC17B' = 2 (FATHER), DO NOT SHOW OPTION 5 Does not apply (no father or father figure involved)

'QC25_G17'   To what extent does {your/the father's} involvement contribute to making things easier for {CHILD}'s mother or the other parent?

CG53

- ❍ Not at all...1
- ❍ A little 2
- ❍ Somewhat 3
- ❍ A lot...4
- ❍ Does not apply (no father
  or father figure involved).....................................5
- ❍ REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_G18':
IF **'QC25_G12'** = 5, SKIP TO **'QC25_G19'**;
ELSE CONTINUE WITH **'QC25_G18'**;
DISPLAY INSTRUCTION:
IF 'SC17B' = 2 (FATHER), DISPLAY 'do you'; IF 'SC17B' ≠ 2, DISPLAY 'does the father';
IF 'SC17B' = 2 (FATHER), DO NOT SHOW OPTION 5 Does not apply (no father or father figure involved)

'QC25_G18'   To what extent does {your/the father's} involvement enhance {CHILD}'s mother or the other parent's parenting?

CG54

- ❍ Not at all...1
- ❍ A little 2
- ❍ Somewhat 3
- ❍ A lot...4
- ❍ Does not apply (no father
  or father figure involved).....................................5
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_G19'   Does {CHILD} have another parent or guardian who lives outside of your household?

CG55

- ❍ Yes..1
- ❍ No..2
- ❍ REFUSED/DON'T KNOW................................ -3

SECTION H: DEMOGRAPHICS, PART II

Race and ethnicity
'QC25_H1'   Please tell me, what is your child's race and ethnicity?

CH31

Select all that apply

❑   American Indian or Alaska Native................1
            For example, Aztec, Cherokee, Maya,
            Blackfeet Tribe of the Blackfeet Indian
            Reservation of Montana, Apache,
            Navajo Nation, etc.

❑   Asian 2
            For example, Chinese, Filipino, Asian Indian,
            Vietnamese, Korean, Japanese, etc.

❑   Black or African American...........................3
            For example, African American, Nigerian,
            Jamaican, Ethiopian, Haitian,
            South African, etc.

❑   Hispanic or Latino 4
            For example, Mexican, Salvadoran,
            Guatemalan, Hispanic, Puerto Rican,
            Spanish, etc.

❑   Middle Eastern or North African...................5
            For example, Lebanese, Iranian, Egyptian,
            Syrian, Iraqi, Israeli, etc.

❑   Native Hawaiian or Pacific Islander 6
            For example, Native Hawaiian,
            Samoan, Chamorro, Fijian, Tongan,
            Marshallese, etc.

❑   White 7
            For example, English, German, Irish, Italian,
            Scottish, French, etc.

❑   Other (Specify:_____)........................... 91
○   REFUSED/DON'T KNOW.......................... -3

PROGRAMMING NOTE 'QC25_H2':
IF **'QC25_H1'** = 4, 5 (HISPANIC OR LATINO, MIDDLE EASTERN OR NORTH AFRICAN) THEN
CONTINUE WITH **'QC25_H2'**;
IF **'QC25_H1'**=4, THEN DISPLAY "Hispanic or Latino", "category is", and "this category";
IF **'QC25_H1'**=5, THEN DISPLAY "Middle Eastern or North African", "category is", and "this category";
IF **'QC25_H1'**=4 AND 5, THEN DISPLAY "Hispanic or Latino and Middle Eastern or North African",
"categories are", and "these categories are";
ELSE GO TO **'PN_QC25_H3'**;

'QC25_H2'   Thank you. We have recorded your response as {Middle Eastern and North
          African/Hispanic or Latino/Middle Eastern or North African and Hispanic or Latino}. In
          some surveys, the {Middle Eastern and North African/Hispanic or Latino/Middle Eastern
          or North African and Hispanic or Latino} {category is/categories are} not listed. We are
          interested in how you would answer the following question where {this category is/these
          categories are} not listed:

CH43

          Please tell me which one or more of the following you would use to describe {CHILD}.
          Would you describe {him/her} as

❑   White 1
❑   Black or African American............................2
❑   Asian 3
❑   American Indian or Alaska Native...............4
❑   Pacific Islander...5
❑   Native Hawaiian 6
❑   Other (Specify: _____)............................ 91
○   REFUSED/DON'T KNOW.......................... -3

PROGRAMMING NOTE 'QC25_H3':
If **'QC25_H1'**= 1 (AIAN), CONTINUE WITH **'QC25_H3'**;
ELSE GO TO **'PN_QC25_H6'**

'QC25_H3'   You said your child is American Indian or Alaska Native. What is your child's tribal heritage?

CH32

Select all that apply

❑   Apache 1
❑   Aztec 2
❑   Blackfeet Tribe of the Blackfeet Indian
            Reservation of Montana..............................3
❑   Cherokee...4
❑   Choctaw 5
❑   Maya 6
❑   Native village of Barrow Inupiat
            Traditional government 7
❑   Navajo Nation..8
❑   Nome Eskimo Community 9
❑   Sioux 10
❑   Tarasco 11
❑   Yaqui 12
❑   Other tribe (Specify:____)........................ 91
○   REFUSED/DON'T KNOW.......................... -3

'QC25_H4'   Is your child an enrolled member in a federally or state recognized tribe?

CH33

○   Yes 1
○   No...2
○   REFUSED/DON'T KNOW.......................... -3

PROGRAMMING NOTE 'QC25_H5':
If **'QC25_H4'**= 1, CONTINUE WITH **'QC25_H5'**;
ELSE GO TO **'PN_QC25_H6'**

'QC25_H5'   Which tribe is your child enrolled in?

CH34

Apache
- ❍   Mescalero Apache, NM................................1
- ❍   Apache (not specified) 2
- ❍   Other Apache (Specify: _____) 3

Blackfeet
- ❍   Blackfoot/Blackfeet 4

Cherokee
- ❍   Western Cherokee 5
- ❍   Cherokee (not specified)............................6
- ❍   Other Cherokee (Specify: _____) 7

Choctaw
- ❍   Choctaw Oklahoma.....................................8
- ❍   Choctaw (not specified) 9
- ❍   Other Choctaw (Specify: _____).............. 10

Navajo
- ❍   Navajo (not specified) 11

Pomo
- ❍   Hopland Band, Hopland Rancheria 12
- ❍   Sherwood Valley Rancheria.................... 13
- ❍   Pomo (not specified) 14
- ❍   Other Pomo (SPECIFY: _____)...... 15

Pueblo
- ❍   Hopi... 16
- ❍   Ysleta del Sur Pueblo of Texas 17
- ❍   Pueblo (not specified) 18
- ❍   Other Pueblo (Specify: _____) 19

Sioux
- ❍   Oglala/ Pine Ridge Sioux 20
- ❍   Sioux (not specified) 21
- ❍   Other Sioux (Specify: _____).......... 22

Yaqui
- ❍   Pascua Yaqui Tribe of Arizona 23
- ❍   Yaqui (not specified) 24
- ❍   Other Yaqui (Specify: _____) ... 25

Other
- ❍   Other (Specify: _____).................... 91
- ❍   REFUSED/DON'T KNOW.......................... -3

PROGRAMMING NOTE 'QC25_H6':
If 'QC25_H1'= 2 (ASIAN), CONTINUE WITH 'QC25_H6';
ELSE GO TO 'PN_QC25_H7'

'QC25_H6'   You said your child is Asian. What specific ethnic group is he/she?

CH35

Select all that apply

- ❑   Asian Indian 1
- ❑   Cambodian...2
- ❑   Chinese...3
- ❑   Filipino...4
- ❑   Hmong...5
- ❑   Japanese..6
- ❑   Korean...7
- ❑   Pakistani...8
- ❑   Taiwanese...9
- ❑   Vietnamese 10
- ❑   Other Asian (Specify:____)...................... 91
- ○   REFUSED/DON'T KNOW.......................... -3

PROGRAMMING NOTE 'QC25_H7':
If 'QC25_H1'= 3 (BLACK OR AFRICAN AMERICAN), CONTINUE WITH 'QC25_H7';
ELSE GO TO 'PN_QC25_H8'

'QC25_H7'   You said your child is Black or African American. What is your child's Black origin or origins?

CH36

Select all that apply

- ❑   African American..1
- ❑   Ethiopian 2
- ❑   Eritrean...3
- ❑   Ghanian...4
- ❑   Haitian 5
- ❑   Jamaican..6
- ❑   Kenyan..7
- ❑   Nigerian...8
- ❑   Somali 9
- ❑   South African... 10
- ❑   Other Black or African American
         (Specify:____) 91
- ○   REFUSED/DON'T KNOW.......................... -3

PROGRAMMING NOTE 'QC25_H8':
If **'QC25_H1'**= 4 (HISPANIC OR LATINO), CONTINUE WITH **'QC25_H8'**;
ELSE GO TO **'PN_QC25_H9'**

'QC25_H8'   You said your child is Hispanic or Latino. What is your child's Hispanic or Latino origin?

CH37

Select all that apply

- ❏ Cuban..1
- ❏ Dominican 2
- ❏ Guatemalan..3
- ❏ Hispanic 4
- ❏ Honduran 5
- ❏ Mexican..6
- ❏ Nicaraguan...7
- ❏ Peruvian...8
- ❏ Puerto Rican 9
- ❏ Salvadoran 10
- ❏ Spanish 11
- ❏ Other Hispanic or Latino (Specify:___)..... 91
- ❍ REFUSED/DON'T KNOW.......................... -3

PROGRAMMING NOTE 'QC25_H9':
If **'QC25_H1'**= 5 (MENA), CONTINUE WITH **'QC25_H9'**;
ELSE GO TO **'PN_QC25_H10'**

'QC25_H9'   You said your child is Middle Eastern or North African. What specific origin or origins is he/she?

CH38

Select all that apply

- ❏ Arab..1
- ❏ Assyrian 2
- ❏ Egyptian 3
- ❏ Iranian 4
- ❏ Iraqi 5
- ❏ Israeli..6
- ❏ Jordanian 7
- ❏ Lebanese 8
- ❏ Palestinian..9
- ❏ Syrian 10
- ❏ Other Middle Eastern or North African
       (Specify:_____)......................... 91
- ❍ REFUSED/DON'T KNOW.......................... -3

PROGRAMMING NOTE 'QC25_H10':
If **'QC25_H1'**= 6 (NHPI), CONTINUE WITH **'QC25_H10'**;
ELSE GO TO **'PN_QC25_H11'**

'QC25_H10'   You said your child is Native Hawaiian or Pacific Islander. What specific ethnic group is he/she?

CH39

Select all that apply

- ❑ Chamorro 1
- ❑ Fijian...2
- ❑ Maori 4
- ❑ Marshallese...5
- ❑ Native Hawaiian 6
- ❑ Palauan 7
- ❑ Samoan...8
- ❑ Tahitian 9
- ❑ Tongan 10
- ❑ Other Native Hawaiian or Pacific Islander (Specify:____) 91
- ❍ REFUSED/DON'T KNOW.......................... -3

PROGRAMMING NOTE 'QC25_H11':
IF **'QC25_H1'**= 7 (WHITE), CONTINUE WITH **'QC25_H11'**;
ELSE GO TO **'PN_QC25_H12'**

'QC25_H11'   You said your child is White. What is your child's White origin or origins?

CH40

Select all that apply

- ❑ Dutch...1
- ❑ English 2
- ❑ French...3
- ❑ German 4
- ❑ Irish 5
- ❑ Italian...6
- ❑ Polish 7
- ❑ Russian 8
- ❑ Scottish 9
- ❑ Swedish... 10
- ❑ Other White (Specify:____)...................... 91
- ❍ REFUSED/DON'T KNOW.......................... -3

PROGRAMMING NOTE 'QC25_H12':

RACE AND ETHNICITY EXPERIMENT SAMPLE (REE=1):

IF MULTIPLE RESPONSES ARE SELECTED IN **'QC25_H1'** OR MULTIPLE RESPONSES ARE SELECTED IN **'QC25_H6'** THROUGH **'QC25_H11'**, THEN CONTINUE WITH **'QC25_H12'**, ELSE SKIP TO **'QC25_H14'**;

DISPLAY INSTRUCTIONS:

IF **'QC25_H1'**=1 (AMERICAN INDIAN OR ALASKA NATIVE), THEN DISPLAY **'QC25_H1'**=1 (AMERICAN INDIAN OR ALASKA NATIVE);

IF **'QC25_H1'** = 2 (ASIAN) AND **'QC25_H6'** = 1 TO 10, 91 (ASIAN ETHNIC GROUPS), THEN DO NOT DISPLAY 'ASIAN' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H6'**;
ELSE IF **'QC25_H1'** = 2 (ASIAN) AND **'QC25_H6'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'ASIAN';

IF **'QC25_H1'** = 3 (BLACK OR AFRICAN AMERICAN) AND **'QC25_H7'**= 1 TO 10, 91 (BLACK OR AFRICAN AMERICAN ORIGINS), THEN DO NOT DISPLAY 'BLACK OR AFRICAN AMERICAN' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H7'**;
ELSE IF **'QC25_H1'** = 3 (BLACK OR AFRICAN AMERICAN) AND **'QC25_H7'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'BLACK OR AFRICAN AMERICAN';

IF **'QC25_H1'** = 4 (HISPANIC OR LATINO) AND **'QC25_H8'** = 1 TO 10, 91 (HISPANIC OR LATINO ORIGINS), THEN DO NOT DISPLAY 'HISPANIC OR LATINO' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H8'**;
ELSE IF **'QC25_H1'** = 4 (HISPANIC OR LATINO) AND **'QC25_H8'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'HISPANIC OR LATINO';

IF **'QC25_H1'** = 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND **'QC25_H9'** = 1 TO 10, 91 (MIDDLE EASTERN OR NORTH AFRICAN ORIGINS), THEN DO NOT DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H9'**;
ELSE IF **'QC25_H1'** = 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND **'QC25_H9'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN';

IF **'QC25_H1'** = 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND **'QC25_H10'** = 1 TO 10, 91 (NATIVE HAWAIIAN OR PACIFIC ISLANDER ETHNIC GROUP), THEN DO NOT DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H10'**;
ELSE IF **'QC25_H1'** = 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND **'QC25_H10'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER';

IF **'QC25_H1'** = 7 (WHITE) AND **'QC25_H11'** = 1 TO 10, 91 (WHITE ORIGINS), THEN DO NOT DISPLAY 'WHITE' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H11'**;
ELSE IF **'QC25_H1'** = 7 (WHITE) AND **'QC25_H11'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'WHITE';

DISPLAY "You said you are**:** {INSERT SELECTED RESPONSES FROM 'CH31, **'QC25_H6'**, **'QC25_H7'**, **'QC25_H8'**, **'QC25_H9'**, **'QC25_H10'**, **'QC25_H11'**}.";

RACE AND ETHNICITY EXPERIMENT SAMPLE (REE=2)

IF **'QC25_H1'**=1 ONLY OR **'QC25_H1'**=3 ONLY OR **'QC25_H1'**=7 ONLY, THEN SKIP TO NEXT TOPIC (CH8);
ELSE IF MULTIPLE RESPONSES ARE SELECTED IN **'QC25_H1'** OR MULTIPLE RESPONSES ARE SELECTED IN **'QC25_H6'** THROUGH **'QC25_H11'**, THEN CONTINUE WITH **'QC25_H12'**,

ELSE SKIP TO **'QC25_H14'**;

DISPLAY INSTRUCTIONS:

IF **'QC25_H1'** = 1 (AMERICAN INDIAN OR ALASKA NATIVE), THEN DISPLAY 'AMERICAN INDIAN OR ALASKA NATIVE';

IF **'QC25_H1'** = 3 (BLACK OR AFRICAN AMERICAN), THEN DISPLAY 'BLACK OR AFRICAN AMERICAN';

IF **'QC25_H1'** = 7 (WHITE), THEN DISPLAY 'WHITE';

IF **'QC25_H1'** = 2 (ASIAN) AND **'QC25_H6'**= 1 TO 10, 91 (ASIAN ETHNIC GROUPS), THEN DO NOT DISPLAY 'ASIAN' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H6'**;
ELSE IF **'QC25_H1'** = 2 (ASIAN) AND **'QC25_H6'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'ASIAN';

IF **'QC25_H1'** = 4 (HISPANIC OR LATINO) AND **'QC25_H8'**= 1 TO 10, 91 (HISPANIC OR LATINO ORIGINS), THEN DO NOT DISPLAY 'HISPANIC OR LATINO' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H8'**;
ELSE IF **'QC25_H1'** = 4 (HISPANIC OR LATINO) AND **'QC25_H8'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'HISPANIC OR LATINO';

IF **'QC25_H1'** = 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND **'QC25_H9'**= 1 TO 10, 91 (MIDDLE EASTERN OR NORTH AFRICAN ORIGINS), THEN DO NOT DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H9'**;
IF **'QC25_H1'** = 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND **'QC25_H9'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN';

IF **'QC25_H1'** = 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND **'QC25_H10'**= 1 TO 10, 91 (NATIVE HAWAIIAN OR PACIFIC ISLANDER ETHNIC GROUP), THEN DO NOT DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H10'**;
ELSE IF **'QC25_H1'** = 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND **'QC25_H10'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER';

DISPLAY "You said you are**:** {INSERT SELECTIONS IN **'QC25_H1'** AND **'QC25_H6'**, **'QC25_H8'**, **'QC25_H9'**, **'QC25_H10'**}."

DISPLAY INSTRUCTIONS FOR REE=1 AND REE=2:
IF RESPONDENT SELECTS **'QC25_H12'** = 91 (OTHER SPECIFY) AND THE WRITE-IN FIELD IS BLANK THEN DISPLAY "You said your child are: {DISPLAY FROM REE=1/REE=2}, and another race and ethnicity."

'QC25_H12'   You said your child are**:** {DISPLAY FROM REE=1/REE=2}.

CH41

Does your child identify with any one group in particular?

❍   Yes 1
❍   No..2   **[GO TO 'QC25_H14']**
❍   REFUSED/DON'T KNOW.......................... -3   **[GO TO 'QC25_H14']**

PROGRAMMING NOTE 'QC25_H13':

ONLY DISPLAY CATEGORIES BASED ON SELETED RESPONSES FROM **'QC25_H1'** AND **'QC25_H6'** THROUGH **'QC25_H11'**, AND EXPERIMENT CONDITIONS (REE=1 OR REE=2):

DISPLAY INSTRUCTIONS:
ALWAYS DISPLAY OPTION 75 'Both/All/Multiracial', 76 'None of these';

RACE AND ETHNICITY EXPERIMENT SAMPLE (REE=1):

IF **'QC25_H1'**= 1 (AMERICAN INDIAN OR ALASKA NATIVE), THEN DISPLAY 'AMERICAN INDIAN OR ALASKA NATIVE';

IF **'QC25_H1'** = 2 (ASIAN) AND **'QC25_H6'** = 1 TO 10 OR 91 (ASIAN ETHNIC GROUPS), THEN DO NOT DISPLAY 'ASIAN' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H6'**;
ELSE IF **'QC25_H1'** = 2 (ASIAN) AND **'QC25_H6'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'ASIAN';

IF **'QC25_H1'**= 3 (BLACK OR AFRICAN AMERICAN) AND **'QC25_H7'** = 1 TO 10 OR 91 (BLACK OR AFRICAN AMERICAN ORIGINS), THEN DO NOT DISPLAY 'BLACK OR AFRICAN AMERICAN' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H7'**;
ELSE IF **'QC25_H1'** = 3 (BLACK OR AFRICAN AMERICAN) AND **'QC25_H7'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'BLACK OR AFRICAN AMERICAN';

IF **'QC25_H1'**= 4 (HISPANIC OR LATINO) AND **'QC25_H8'** = 1 TO 10 OR 91 (HISPANIC OR LATINO ORIGINS), THEN DO NOT DISPLAY 'HISPANIC OR LATINO' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H8'**;
ELSE IF **'QC25_H1'** = 4 (HISPANIC OR LATINO) AND **'QC25_H8'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'HISPANIC OR LATINO';

IF **'QC25_H1'**= 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND **'QC25_H9'** = 1 TO 10 OR 91 (MIDDLE EASTERN OR NORTH AFRICAN ORIGINS), THEN DO NOT DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H9'**;
ELSE IF **'QC25_H1'** = 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND **'QC25_H9'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN';

IF **'QC25_H1'**= 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND **'QC25_H10'** = 1 TO 10 OR 91 (NATIVE HAWAIIAN OR PACIFIC ISLANDER ETHNIC GROUPS), THEN DO NOT DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H10'**;
ELSE IF **'QC25_H1'** = 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND **'QC25_H10'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER';

IF **'QC25_H1'**= 7 (WHITE) AND **'QC25_H11'** = 1 TO 10 OR 91 (WHITE ORIGINS), THEN DO NOT DISPLAY 'WHITE' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H11'**;
ELSE IF **'QC25_H1'** = 7 (WHITE) AND **'QC25_H11'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'WHITE';

RACE AND ETHNICITY EXPERIMENT SAMPLE (REE=2)

IF **'QC25_H1'** = 1 (AMERICAN INDIAN OR ALASKA NATIVE), THEN DISPLAY 'AMERICAN INDIAN OR ALASKA NATIVE';

IF **'QC25_H1'** = 3 (BLACK OR AFRICAN AMERICAN), THEN DISPLAY 'BLACK OR AFRICAN AMERICAN';

IF **'QC25_H1'** = 7 (WHITE), THEN DISPLAY 'WHITE';

IF **'QC25_H1'** = 2 (ASIAN) AND **'QC25_H6'**= 1 TO 10, 91 (ASIAN ETHNIC GROUPS), THEN DO NOT DISPLAY 'ASIAN' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H6'**;
ELSE IF **'QC25_H1'** = 2 (ASIAN) AND **'QC25_H6'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'ASIAN';

IF **'QC25_H1'** = 4 (HISPANIC OR LATINO) AND **'QC25_H8'**= 1 TO 10, 91 (HISPANIC OR LATINO ORIGINS), THEN DO NOT DISPLAY 'HISPANIC OR LATINO' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H8'**;
ELSE IF **'QC25_H1'** = 4 (HISPANIC OR LATINO) AND **'QC25_H8'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'HISPANIC OR LATINO';

IF **'QC25_H1'** = 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND **'QC25_H9'**= 1 TO 10, 91 (MIDDLE EASTERN OR NORTH AFRICAN ORIGINS), THEN DO NOT DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H9'**;
IF **'QC25_H1'** = 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND **'QC25_H9'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN';

IF **'QC25_H1'** = 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND **'QC25_H10'**= 1 TO 10, 91 (NATIVE HAWAIIAN OR PACIFIC ISLANDER ETHNIC GROUP), THEN DO NOT DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER' AND DISPLAY SELECTED CATEGORIES IN **'QC25_H10'**;
ELSE IF **'QC25_H1'** = 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND **'QC25_H10'** = -3 (NO VALID RESPONSES), THEN DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER'

DISPLAY INSTRUCTIONS FOR REE=1 AND REE=2:
IF RESPONDENT SELECTS **'QC25_H12'** = 91 (OTHER SPECIFY) AND THE WRITE-IN FIELD IS BLANK THEN DISPLAY "You said your child are: {DISPLAY FROM REE=1/REE=2}, and another race and ethnicity."

'QC25_H13'   Which one group does your child <u>most</u> identify with?

CH42

❍	African American	1
❍	American Indian or Alaska Native	2
❍	Arab	3
❍	Asian	4
❍	Asian Indian	5
❍	Assyrian	6
❍	Black or African American	7
❍	Cambodian	8
❍	Chamorro	9
❍	Chinese	10
❍	Cuban	11
❍	Dominican	12
❍	Dutch	13
❍	Egyptian	14
❍	English	15
❍	Eritrean	16
❍	Ethiopian	17
❍	Fijian	18
❍	Filipino	19
❍	French	20
❍	German	21
❍	Ghanian	22
❍	Guatemalan	23

❍   Haitian 24
❍   Hispanic or Latino 25
❍   Hispanic 26
❍   Hmong... 27
❍   Honduran 28
❍   Iranian 29
❍   Iraqi 30
❍   Irish 31
❍   Israeli... 32
❍   Italian 33
❍   Jamaican.. 34
❍   Japanese.. 35
❍   Jordanian 36
❍   Kenyan 37
❍   Korean.. 38
❍   Lebanese 39
❍   Maori 40
❍   Marshallese... 41
❍   Mexican... 42
❍   Middle Eastern or North African............... 43
❍   Native Hawaiian or Pacific Islander 44
❍   Native Hawaiian 45
❍   Nicaraguan.. 46
❍   Nigerian.. 47
❍   Other (Specify: [from **'QC25_H1'**])........... 48
❍   Other Asian (Specify:____)...................... 49
❍   Other Black or African American 50
❍   Other Hispanic or Latino (Specify:___)..... 51
❍   Other Middle Eastern or
        North African (Specify:_____)... 52
❍   Other Native Hawaiian or
        Pacific Islander (Specify:____) 53
❍   Other White (Specify:____)...................... 54
❍   Pakistani... 55
❍   Palauan... 56
❍   Palestinian... 57
❍   Peruvian.. 58
❍   Polish 59
❍   Puerto Rican 60
❍   Russian 61
❍   Salvadoran 62
❍   Samoan.. 63
❍   Scottish 64
❍   Somali 65
❍   South African....................................... 66
❍   Spaniard.. 67
❍   Swedish... 68
❍   Syrian 69
❍   Tahitian 70
❍   Taiwanese... 71
❍   Tongan 72
❍   Vietnamese 73
❍   White 74
❍   Both/All/Multiracial 75
❍   None of these....................................... 76
❍   REFUSED/DON'T KNOW......................... -3

'QC25_H14'   In what country was (CHILD) born?

CH8

- ❍ United States 1
- ❍ American Samoa 2
- ❍ Canada...3
- ❍ China..4
- ❍ Guam 9
- ❍ Japan 16
- ❍ Korea.. 17
- ❍ Mexico.. 18
- ❍ Philippines.. 19
- ❍ Puerto Rico 22
- ❍ Vietnam 25
- ❍ Virgin Islands 26
- ❍ Other (Specify: _____).................... 91
- ❍ REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_H15' :
IF **'QC25_H14'** = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), CODE **'QC25_H15'**=1
AND GO TO PROGRAMMING NOTE **'QC25_H18'** ;
ELSE CONTINUE WITH **'QC25_H15'**

'QC25_H15'   Is (CHILD) a citizen of the United States?

CH8A

- ❍ Yes...1
- ❍ No..2
- ❍ Application pending...3
- ❍ REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_H16' :
IF **'QC25_H14'** = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE **'QC25_H18'**;
ELSE IF **'QC25_H15'**=1 THEN GO TO **'QC25_H17'**;
ELSE CONTINUE WITH **'QC25_H16'**

'QC25_H16'   Is (CHILD) a permanent resident with a green card?

People usually call this a green card but the color can also be pink, blue or white.

CH9

- ❍ Yes...1
- ❍ No..2
- ❍ Application pending...3
- ❍ REFUSED/DON'T KNOW................................ -3

'QC25_H17'   About how many years has (CHILD) lived in the United States?

CH10

        _____ Number of years

    {OR}

        _____ Year first came to US

- ❍ Number of years 1
- ❍ Year first came to live in US.............................2
- ❍ REFUSED/DON'T KNOW............................... -3

Country of Birth (Mother)

PROGRAMMING NOTE 'QC25_H18' :
IF KIDS1ST = 'Y' AND SKA = 1 (MOTHER OF CHILD) OR IF KID1ST= 'N' AND SC17B= 1 (AR= MOTHER OF CHILD) , DISPLAY "were you";]
ELSE, CONTINUE WITH **'QC25_H18'** AND DISPLAY "was his mother/was her mother"

'QC25_H18'   In what country {were you/was his mother/was her mother} born?

CH11

- ❍ United States 1
- ❍ American Samoa 2
- ❍ Canada..3
- ❍ China...4
- ❍ Guam 9
- ❍ Japan 16
- ❍ Korea.. 17
- ❍ Mexico... 18
- ❍ Philippines... 19
- ❍ Puerto Rico 22
- ❍ Vietnam 25
- ❍ Virgin Islands 26
- ❍ Other (Specify: _____).................... 91
- ❍ REFUSED/DON'T KNOW............................... -3

PROGRAMMING NOTE 'QC25_H19' AND 'QC25_H20' :
IF **'QC25_H18'** = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE **'QC25_H22'** ;
ELSE CONTINUE WITH **'QC25_H19'** AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY "Are you";
ELSE DISPLAY "Is {his/her} mother"

'QC25_H19'   {Are you/Is {his/her} mother} a citizen of the United States?

If a naturalized citizen, please mark 'Yes'

CH11A

- ❍ Yes 1   **[GO TO 'PN_QC25_H21']**
- ❍ No..2
- ❍ Application pending..3
- ❍ REFUSED/DON'T KNOW............................... -3

PROGRAMMING NOTE 'QC25_H20' :
IF 'QC25_H18' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QC25_H22';
ELSE IF 'QC25_H19'=1, THEN GO TO 'QC25_H21';
ELSE GO TO 'QC25_H20'

'QC25_H20'   {Are you/Is {his/her} mother} a permanent resident with a green card?

CH12

- ❍ Yes 1
- ❍ No...2
- ❍ Application pending...3
- ❍ REFUSED/DON'T KNOW............................... -3

PROGRAMMING NOTE 'QC25_H21' :
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH 'QC25_H21' AND DISPLAY "have you";
ELSE CONTINUE WITH 'QC25_H21' AND DISPLAY "has {his/her} mother"

'QC25_H21'   About how many years {have you/has {his/her} mother} lived in the United States?

CH13

_____ Number of years [HR: 0-AGE]

{OR}

_____ Year first came to live in US

- ❍ Number of years 1
- ❍ Year first came to live in US............................2
- ❍ Mother deceased 3
- ❍ Never lived in US 4
- ❍ REFUSED/DON'T KNOW............................... -3

Country of Birth (Father)

PROGRAMMING NOTE 'QC25_H22' :
IF KIDS1ST = 'Y' AND SKA = 2 (FATHER OF CHILD) OR IF KID1ST= 'N' AND SC17B=2 (AR= FATHER
OF CHILD) , DISPLAY "were you";]
ELSE, CONTINUE WITH 'QC25_H18' AND DISPLAY "was his father/was her father"

'QC25_H22'   In what country {were you/was his father/was her father} born?

CH14

- ❍ United States 1
- ❍ American Samoa 2
- ❍ Canada...3
- ❍ China...4
- ❍ Guam 9
- ❍ Japan 16
- ❍ Korea.. 17
- ❍ Mexico.. 18
- ❍ Philippines... 19
- ❍ Puerto Rico 22
- ❍ Vietnam... 25
- ❍ Virgin Islands 26
- ❍ Other (Specify: _____)................... 91
- ❍ REFUSED/DON'T KNOW............................... -3

PROGRAMMING NOTE 'QC25_H23' AND 'QC25_H24' :
IF 'QC25_H22' = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO 'QC25_I1'; ;
ELSE CONTINUE WITH 'QC25_H23' AND IF RESPONDENT IS FATHER OF CHILD DISPLAY "Are you";
ELSE SAY "Is {his/her} father"

'QC25_H23'   {Are you/Is {his/her} father} a citizen of the United States?

               If a naturalized citizen, please mark 'Yes'

CH14A
                    ❍ Yes...1   [GO TO
                                                                                'PN_QC25_H25']
                    ❍ No..2
                    ❍ Application pending...3
                    ❍ REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_H24' :
IF 'QC25_H22' = 2 (AMERICAN SAMOA), GO TO 'QC25_I1';
ELSE CONTINUE WITH 'QC25_H24'

'QC25_H24'   {Are you/Is {his/her} father} a permanent resident with a green card?

CH15
                    ❍ Yes...1
                    ❍ No..2
                    ❍ Application pending...3
                    ❍ REFUSED/DON'T KNOW................................ -3

PROGRAMMING NOTE 'QC25_H25' :
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH 'QC25_H25' AND DISPLAY "have you";
ELSE, CONTINUE WITH 'QC25_H25' AND DISPLAY "has {his/her} father"

'QC25_H25'   About how many years {have you/has {his/her} father} lived in the United States?

CH16
                    _____ Number of years [HR: 0-AGE]

               {OR}

                    _____ Year first came to US

                    ❍ Number of years 1
                    ❍ Year first came to live in US.............................2
                    ❍ Father deceased 3
                    ❍ Never lived in US 4
                    ❍ REFUSED/DON'T KNOW................................ -3

SECTION I: DEMOGRAPHICS, PART III

Follow-up and Close

'QC25_I1'   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)?

   CH30

> ❍   Yes...1
> ❍   No..2
> ❍   REFUSED/DON'T KNOW................................ -3

'QC25_I2'   Those are the final questions about your child. Before we continue the survey with
                questions for about you, do you think you would be willing to do a follow-up to this survey
                about your child sometime in the future?

   CG38

> ❍   Yes...1
> ❍   No..2
> ❍   REFUSED/DON'T KNOW................................ -3