



# CHIS 2003 Child Questionnaire

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

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## *Collaborating Agencies:*

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

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**NOTE:** the numbering system used in this questionnaire version is subject to change. Question wording reflects the administration of the CHIS 2003 Child interview. Skip instructions are generally accurate; please consult the *CHIS 2003 Data Dictionary Public Use File: Child Survey* for more information on the population universe answering a specific question.

## Table of Contents

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<b>SECTION A – DEMOGRAPHIC INFORMATION PART I, HEALTH STATUS AND CONDITIONS .....</b>	<b>1</b>
GENDER, AGE, BIRTHWEIGHT .....	1
BREAST FEEDING, EARLY NUTRITION .....	1
HEIGHT .....	2
WEIGHT .....	2
GENERAL HEALTH STATUS, HEALTH CONDITIONS .....	2
USE OF PRESCRIPTION MEDICATION AND MEDICAL SERVICES .....	2
ASTHMA .....	5
<b>SECTION B – INJURIES AND INJURY PREVENTION .....</b>	<b>8</b>
PAST YEAR INJURY .....	8
BIKE HELMET USE .....	8
IN-HOME CHILD SAFETY .....	9
<b>SECTION C – DENTAL HEALTH AND HEALTH BEHAVIORS .....</b>	<b>10</b>
PRESENCE OF TEETH, FLUORIDE TOOTHPASTE USE .....	10
LAST DENTAL VISIT .....	10
DENTAL INSURANCE .....	11
DIETARY INTAKE .....	12
PHYSICAL ACTIVITY .....	13
<b>SECTION D – ACCESS AND UTILIZATION .....</b>	<b>14</b>
USUAL SOURCE OF CARE, VISITS TO MEDICAL DOCTOR .....	14
COMMUNICATIONS WITH DOCTORS/MEDICAL STAFF .....	15
EMERGENCY ROOM USE .....	15
<b>SECTION E – DELAYS IN CARE, PUBLIC PROGRAM PARTICIPATION .....</b>	<b>16</b>
DELAYED CARE/UNMET NEED .....	16
PROGRAM PARTICIPATION .....	17
<b>SECTION F – CHILDCARE, PARENTING ACTIVITIES, DEVELOPMENTAL CONCERNS, AND NEIGHBORHOOD CONTEXT .....</b>	<b>18</b>
CHILD CARE ARRANGEMENTS .....	18
SOURCES OF CHILD CARE .....	18
INSTANCE OF NO ACCESS TO CHILD CARE OVER PAST 12 MONTHS .....	19
CHILD INTERACTION WITH FRIENDS/RELATIVES .....	20
PHYSICAL, EMOTIONAL, AND SOCIAL DEVELOPMENT .....	20
<b>SECTION G – DEMOGRAPHIC INFORMATION PART II .....</b>	<b>24</b>
RACE/ETHNICITY .....	24
COUNTRY OF BIRTH .....	28
CITIZENSHIP, IMMIGRATION STATUS .....	29
ENGLISH PROFICIENCY .....	33
EDUCATION OF PRIMARY CARETAKER(S) .....	33

## Section A – Demographic Information Part I, Health Status and Conditions

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.

**QC03\_1** Is (CHILD) male or female?

[CA1] MALE..... 1  
 FEMALE..... 2  
 REFUSED ..... -7

**QC03\_2** What is {his/her} date of birth?

[CA2] \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR [GO TO **QC03\_4**]  
 [RANGE: 1-12] [RANGE: 1-31] [RANGE: 1992-2003]

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

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

**QC03\_3** How old is {he/she}?

[CA3] \_\_\_\_\_ YEARS  
 \_\_\_\_\_ MONTHS  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_4** How much did {he/she} weigh at birth?

[CA13] \_\_\_\_\_ POUNDS                      \_\_\_\_\_ OUNCES  
 \_\_\_\_\_ KILOGRAMS

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

**PROGRAMMING NOTE QC03\_5:**  
**IF CAGE > 3 YEARS, GO TO QC03\_8**  
**ELSE CONTINUE WITH QC03\_5**

**QC03\_5** Was (CHILD) ever breastfed or fed breast milk?

[CA14] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

} [GO TO **QC03\_7**]

**QC03\_6** How old was (CHILD) when {you /(CHILD)'s mother} stopped breastfeeding altogether?

- [CA15] \_\_\_\_\_ DAYS  
 \_\_\_\_\_ WEEKS  
 \_\_\_\_\_ MONTHS  
 \_\_\_\_\_ YEARS  
 STILL BREASTFEEDING ..... -1  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_7** How old was (CHILD) when you began giving {him/her} baby food or other solid foods? When I say solid foods I mean anything other than milk, formula, juice, water, herbs or teas.

- [CA16] \_\_\_\_\_ MONTHS  
 NOT SOLID FOOD YET ..... 0  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_8** About how tall is (CHILD) now without shoes?

- [CA4] \_\_\_\_\_ FEET                      \_\_\_\_\_ INCHES  
 \_\_\_\_\_ METERS                      \_\_\_\_\_ CENTIMETERS  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_9** About how much does (CHILD) weigh now without shoes?

- [CA5] \_\_\_\_\_ POUNDS  
 \_\_\_\_\_ KILOGRAMS  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_10** 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 ..... -7  
 DON'T KNOW ..... -8

**QC03\_11** Does (CHILD) currently need or use medicine prescribed by a doctor, other than vitamins?

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

- [CA17] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8 } **[GO TO QC03\_14]**

**QC03\_12** Is {his/her} need for prescription medicine because of any medical, behavioral, or other health condition?

- |        |                  |    |                   |
|--------|------------------|----|-------------------|
| [CA18] | YES .....        | 1  | } [GO TO QC03_14] |
|        | NO .....         | 2  |                   |
|        | REFUSED .....    | -7 |                   |
|        | DON'T KNOW ..... | -8 |                   |

**QC03\_13** Is this a condition that has lasted or is expected to last for 12 months or longer?

- |        |                  |    |
|--------|------------------|----|
| [CA19] | YES .....        | 1  |
|        | NO .....         | 2  |
|        | REFUSED .....    | -7 |
|        | DON'T KNOW ..... | -8 |

**PROGRAMMING NOTE QC03\_14**  
**IF CAGE<2 DO NOT READ "MENTAL HEALTH, OR EDUCATIONAL SERVICES**

**QC03\_14** Does (CHILD) need or use more medical care, (mental health, or educational services) than is usual for most children {his/her} age?

- |        |                  |    |                   |
|--------|------------------|----|-------------------|
| [CA20] | YES .....        | 1  | } [GO TO QC03_17] |
|        | NO .....         | 2  |                   |
|        | REFUSED .....    | -7 |                   |
|        | DON'T KNOW ..... | -8 |                   |

**QC03\_15** Is {his / her} need for medical care, mental health or educational services because of any medical, behavioral, or other health condition?

- |        |                  |    |                   |
|--------|------------------|----|-------------------|
| [CA21] | YES .....        | 1  | } [GO TO QC03_17] |
|        | NO .....         | 2  |                   |
|        | REFUSED .....    | -7 |                   |
|        | DON'T KNOW ..... | -8 |                   |

**QC03\_16** Is this a condition that has lasted or is expected to last for 12 months or longer?

- |        |                  |    |
|--------|------------------|----|
| [CA22] | YES .....        | 1  |
|        | NO .....         | 2  |
|        | REFUSED .....    | -7 |
|        | DON'T KNOW ..... | -8 |

**QC03\_17** Does (CHILD) need or get special therapy, such as physical, occupational or speech therapy?

- |        |                  |    |                   |
|--------|------------------|----|-------------------|
| [CA23] | YES .....        | 1  | } [GO TO QC03_20] |
|        | NO .....         | 2  |                   |
|        | REFUSED .....    | -7 |                   |
|        | DON'T KNOW ..... | -8 |                   |

**QC03\_18** Is {his / her} need for special therapy because of any medical, behavioral, or other health condition?

- |        |                  |    |                   |
|--------|------------------|----|-------------------|
| [CA24] | YES .....        | 1  | } [GO TO QC03_20] |
|        | NO .....         | 2  |                   |
|        | REFUSED .....    | -7 |                   |
|        | DON'T KNOW ..... | -8 |                   |

**QC03\_19** Is this a condition that has lasted or is expected to last for 12 months or longer?

- |        |                  |    |
|--------|------------------|----|
| [CA25] | YES .....        | 1  |
|        | NO .....         | 2  |
|        | REFUSED .....    | -7 |
|        | DON'T KNOW ..... | -8 |

**QC03\_20** Is (CHILD) limited or prevented in any way in {his/her} ability to do the things most children the same age can do?

**[IF NEEDED, SAY: "A child is limited or prevented when there are things that {he/she} can't do as much or can't do at all that most children the same age can."]**

[CA7]	YES .....	1	} [GO TO QC03_23]
	NO .....	2	
	REFUSED .....	-7	
	DON'T KNOW .....	-8	

**QC03\_21** Is {his / her} limitation in abilities because of a medical, behavioral or other health condition?

[CA26]	YES .....	1	} [GO TO QC03_23]
	NO .....	2	
	REFUSED .....	-7	
	DON'T KNOW .....	-8	

**QC03\_22** Is this a condition that has lasted or is expected to last for 12 months or longer?

[CA27]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QC03\_23** Does (CHILD) have any kind of emotional, developmental, or behavioral problem for which {he/she} needs treatment or counseling?

**[IF NEEDED, SAY: "Treatment or Counseling include medication, therapy, or help a child may get for his/her emotional, developmental, or behavioral problem. Examples of emotional problems are depression or schizophrenia. Developmental problems include being slower to do new things or stunted growth. Behavioral problems include aggressive behavior or Attention Deficit Disorder."]**

[CA28]	YES .....	1	} [GO TO PN QC03_25]
	NO .....	2	
	REFUSED .....	-7	
	DON'T KNOW .....	-8	

**PROGRAMMING NOTE QC03\_24:**  
**IF CAGE <36 MONTHS, GO TO QC03\_26 INTRO**  
**ELSE IF CAGE ≥36 MONTHS, CONTINUE WITH QC03\_24**

**QC03\_24** Has (CHILD)'s emotional, developmental or behavioral problem lasted, or is it expected to last, for 12 months or longer?

[CA29]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QC03\_25:**  
**IF CAGE <36 MONTHS, GO TO QC03\_26 INTRO**  
**ELSE IF CAGE ≥ 36 MONTHS, CONTINUE WITH QC03\_25**

**QC03\_25** Has a doctor or psychologist ever told you that (CHILD) has attention deficit disorder, ADD or ADHD?

[CA11]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QC03\_26 INTRO** These next questions are specifically about asthma.

**QC03\_26** Has a doctor ever told you that (CHILD) has asthma?

- |        |                  |    |                |
|--------|------------------|----|----------------|
| [CA12] | YES .....        | 1  | } [GO TO CA35] |
|        | NO .....         | 2  |                |
|        | REFUSED .....    | -7 |                |
|        | DON'T KNOW ..... | -8 |                |

**QC03\_27** How old was (CHILD) when you were first told by a doctor that {he /she} had asthma?  
**[IF NEEDED, SAY "Your best guess is fine"]**

- |        |                    |    |
|--------|--------------------|----|
| [CA30] | _____ AGE IN YEARS |    |
|        | REFUSED .....      | -7 |
|        | DON'T KNOW .....   | -8 |

**QC03\_28** Does (CHILD) still have asthma?

- |        |                  |    |
|--------|------------------|----|
| [CA31] | YES .....        | 1  |
|        | NO .....         | 2  |
|        | REFUSED .....    | -7 |
|        | DON'T KNOW ..... | -8 |

**QC03\_29** During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?

- |        |                  |    |
|--------|------------------|----|
| [CA32] | YES .....        | 1  |
|        | NO .....         | 2  |
|        | REFUSED .....    | -  |
|        | DON'T KNOW ..... | -8 |

**PROGRAMMING NOTE QC03\_30:**  
**IF QC03\_28 =2, -7, or -8 AND CA29=2, -7, or -8 GO TO QC03\_34**  
**ELSE CONTINUE WITH QC03\_30**

**QC03\_30** 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:

- |         |                             |    |
|---------|-----------------------------|----|
| [CA12B] | Not at all .....            | 1  |
|         | Less than every month ..... | 2  |
|         | Every month .....           | 3  |
|         | Every week, or .....        | 4  |
|         | Every day? .....            | 5  |
|         | REFUSED .....               | -7 |
|         | DON'T KNOW .....            | -8 |

**QC03\_31** During the past 12 months, has (CHILD) had to visit a hospital emergency room or urgent care clinic because of {his / her} asthma?

- [CA33] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC03\_32** Is (CHILD) now taking a daily medication to control {his / her} asthma that was prescribed or given to you by a doctor?

- [CA12A] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC03\_33** During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?

- [CA34] \_\_\_\_\_ NUMBER OF DAYS
- NOT APPLICABLE (CHILD NOT IN DAYCARE OR SCHOOL) ..... 93
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC03\_34** Has a doctor or other health professional ever given you an asthma management plan for {CHILD}?

**[IF NEEDED, SAY "An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room"]**

**[INCLUDE NURSES AND ASTHMA EDUCATORS]**

- [CA35] YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- } **[GO TO CB1]**

**QC03\_35** During the past 12 months, has (CHILD) had a wheezing or whistling sound in {his/her} chest?

- [CA36] YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- } **[GO TO CB1]**

**QC03\_36** During the past 12 months, how many attacks of wheezing or whistling has {he/she} had in {his/her} chest?

- [CA37] \_\_\_\_\_ ATTACKS
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC03\_37** During the past 12 months, how many times have you sought any medical help for this breathing problem?

- [CA38] NEVER ..... 0
- \_\_\_\_\_ TIMES [HR: 1-365]
- REFUSED ..... -7
- DON'T KNOW ..... -8



**QC03\_38**

During the past 12 months, how many days of day care or school did {he/she} miss due to this breathing problem?

[CA39]

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

## Section B – Injuries and Injury Prevention

**QC03\_39** Turning to injuries, during the past 12 months, was (CHILD) injured seriously enough that {he/she} got medical advice or treatment?

- |       |                  |    |   |                               |
|-------|------------------|----|---|-------------------------------|
| [CB1] | YES .....        | 1  | } | <b>[GO TO<br/>PN QC03_43]</b> |
|       | NO .....         | 2  |   |                               |
|       | REFUSED .....    | -7 |   |                               |
|       | DON'T KNOW ..... | -8 |   |                               |

**QC03\_40** How many times did that happen during the past 12 months? That (CHILD AGE/NAME/SEX) was injured seriously enough that {he/she/he or she} got medical advice or treatment?

- |       |                  |    |
|-------|------------------|----|
| [CB2] | _____ TIMES      |    |
|       | REFUSED .....    | -7 |
|       | DON'T KNOW ..... | -8 |

**PROGRAMMING NOTE QC03\_41: IF QC03\_40 = 0, SKIP TO QC03\_43;  
ELSE CONTINUE WITH QC03\_41; IF QC03\_40 = 1, DO NOT DISPLAY "most serious";  
ELSE DISPLAY "most serious."**

**QC03\_41** What was the cause of the (most serious) injury?

- |       |                                             |    |
|-------|---------------------------------------------|----|
| [CB3] | MOTOR VEHICLE - OCCUPANT.....               | 1  |
|       | MOTOR VEHICLE-PEDESTRIAN.....               | 2  |
|       | BICYCLE-RELATED .....                       | 3  |
|       | ACCIDENTAL FALL .....                       | 4  |
|       | HIT OR CUT BY FLYING OBJECT .....           | 5  |
|       | SWIMMING, BOATING, OTHER NEAR DROWNING..... | 6  |
|       | FIRE/BURN/SCALD .....                       | 7  |
|       | ACCIDENTAL POISONING .....                  | 8  |
|       | SPORTS-RELATED .....                        | 9  |
|       | OTHER.....                                  | 91 |
|       | REFUSED .....                               | -7 |
|       | DON'T KNOW .....                            | -8 |

**QC03\_42** Did (CHILD) reduce {his/her/his or her} physical activity for some period of time because of this injury?

- |       |                  |    |
|-------|------------------|----|
| [CB5] | YES .....        | 1  |
|       | NO .....         | 2  |
|       | REFUSED .....    | -7 |
|       | DON'T KNOW ..... | -8 |

**PROGRAMMING NOTE QC03\_43  
IF CAGE <4 YEARS, GO TO QC03\_45 INTRO;  
ELSE IF CAGE >= 4 YEARS, CONTINUE WITH QC03\_43**

**QC03\_43** Has (CHILD) ridden a bike in the past year?

- |       |                  |    |   |                        |
|-------|------------------|----|---|------------------------|
| [CB6] | YES .....        | 1  | } | <b>[GO TO QC03_51]</b> |
|       | NO .....         | 2  |   |                        |
|       | REFUSED .....    | -7 |   |                        |
|       | DON'T KNOW ..... | -8 |   |                        |

**QC03\_44** How often does {he/she} wear a helmet when riding a bicycle? Would you say...

- [CB7] always ..... 1
- usually ..... 2
- sometimes or ..... 3
- never? ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

} [GO TO QC03\_51]

**QC03\_45 INTRO** I am going to read a list of things parents sometimes do to make their home safer for infants and young children. Have you ever...

**QC03\_45** Put up baby gates for stairs or doors, window guards or other barriers?

- [CB10] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC03\_46** Put locks or safety latches on cabinets where things like cleaning supplies are kept?

- [CB11] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC03\_47** Put padding around sharp edges such as coffee tables or fireplaces?

- [CB12] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC03\_48** Covered electrical outlets so your child could not insert {his/her} fingers or other things?

- [CB13] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC03\_49** Turned down the temperature of the hot water heater?

- [CB14] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

## Section C – Dental Health and Health Behaviors

**PROGRAMMING NOTE QC03\_50:**  
**IF CAGE > 2 YEARS, GO TO QC03\_51**  
**ELSE CONTINUE WITH QC03\_50**

**QC03\_50**      These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

[CC1]	YES .....	1	}	[GO TO QC03_71
	NO .....	2		
	REFUSED .....	-7		
	DON'T KNOW .....	-8		

**QC03\_51**      {These next questions are about (CHILD)'s dental health.} About how long has it been since your child last visited a dentist or a dental clinic? Include dental hygienists and all types of dental specialists.

[CC5]	HAS NEVER VISITED .....	0	[GO TO QC03_53]
	LESS THAN 6 MONTHS AGO .....	1	
	6 MONTHS UP TO 1 YEAR AGO .....	2	
	1 YEAR UP TO 2 YEARS AGO .....	3	
	2 YEARS UP TO 5 YEARS AGO .....	4	
	MORE THAN 5 YEARS AGO .....	5	
	REFUSED .....	-7	
	DON'T KNOW .....	-8	

**QC03\_52**      Is there a particular dentist or place you usually go to for (CHILD)'s dental care?

[CC16]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QC03\_53**      During the past 12 months, was there any time your child needed dental care, but you could not afford it?

[CC17]	YES .....	1	}	[GO TO PN QC03_55]
	NO .....	2		
	REFUSED .....	-7		
	DON'T KNOW .....	-8		

**QC03\_54**      Did {he/she} need a check-up, or did {he/she} have a dental problem?

[CC6]	CHECKUP .....	1
	PROBLEM .....	2
	BOTH .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QC03\_55:**  
**IF CAGE < 5 YEARS, GO TO QC03\_57**  
**ELSE IF CAGE ≥ 5 YEARS, CONTINUE WITH QC03\_55**

**QC03\_55**      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.

[CC18]	YES .....	1	}	[GO TO QC03_57]
	NO .....	2		
	REFUSED .....	-7		
	DON'T KNOW .....	-8		

**QC03\_56** How many days of school did (CHILD) miss because of dental problems?

- [CC19] \_\_\_\_\_ DAYS  
 LESS THAN A DAY ..... -1  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_57** Do you now have any type of insurance that pays for part or all of (CHILD)'s dental care?

**[IF NEEDED, PROBE: "Your insurance may be dental insurance, prepaid dental plans such as HMOs, or government programs such as Medi-cal or Healthy Families. Do not include free programs."]**

- [CC7A] YES ..... 1  
 NO ..... 2 } **[GO TO PN QC03\_59]**  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_58** Who pays for this dental insurance, not counting co-pays or deductibles you may have?

- SELF OR FAMILY ..... 1  
 RESPONDENT'S CURRENT OR FORMER EMPLOYER OR UNION ..... 2  
 SPOUSE'S CURRENT OR FORMER EMPLOYER OR UNION ..... 3  
 SOMEONE OUTSIDE HOUSEHOLD ..... 4  
 MEDICARE ..... 5  
 MEDI-CAL (MEDICAID) DENTI-CAL ..... 6  
 HEALTHY FAMILIES PROGRAM ..... 7  
 OTHER GOVERNMENT DENTAL PROGRAM (E.G., HEALTHY KIDS IN SANTA CLARA AND SF COUNTIES, HEALTHY SMILES IN ALAMEDA COUNTY) 8  
 INDIAN HEALTH SERVICE ..... 9  
 OTHER ..... 91  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC03\_59:**  
**ASK QC03\_59 ONLY AS CONFIRMATORY QUESTION FOR THOSE WHO SAID THEIR CHILD HAD NO DENTAL INSURANCE BUT SAID THEY HAD MEDI-CAL FOR HEALTH INSURANCE**  
**ELSE GO TO PROGRAMMING NOTE QC03\_60**

**QC03\_59** Earlier we learned that (CHILD) is covered by Medi-Cal. Does Medi-Cal cover dental care for {him/her}?

- [CC21] YES ..... 1  
 NO ..... 2 } **[GO TO PN QC03\_61]**  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC03\_60:**  
**ASK QC03\_60 ONLY AS CONFIRMATORY QUESTION FOR THOSE WHO SAID THEY/THEIR CHILD HAD NO DENTAL INSURANCE BUT SAID THEY HAD "HEALTHY FAMILIES" FOR HEALTH INSURANCE**  
**ELSE GO TO QC03\_61 PROGRAMMING NOTE**

**QC03\_60** Earlier we learned that (CHILD) is covered by the Healthy Families Program. Does Healthy Families cover dental care for {him/her}?

- [CC22] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC03\_61:**  
**IF CAGE < 2 YEARS, GO TO QC03\_71;**  
**ELSE CONTINUE WITH QC03\_61**

**QC03\_61** Now I'm going to ask you some questions about the foods your child ate yesterday, including both meals and snacks. Yesterday, how many glasses or small cartons of milk did {he/she} drink?

[cc11] \_\_\_\_\_ GLASSES  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_62** Yesterday, how many glasses or cans of soda (such as Coke) or other sweetened drinks (such as fruit punch or Sunny Delight) did {he/she} drink? Do not count diet and sugar-free drinks.

[cc12] \_\_\_\_\_ GLASSES, CANS OR BOTTLES  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_63** Yesterday, how many glasses or small cartons of 100% juice (such as orange or apple juice) did {he/she} drink? Do not count the drinks you counted before.

[cc10] \_\_\_\_\_ GLASSES  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_64** Yesterday, how many servings of fruit, such as an apple or a banana did {he/she} have?

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

[cc13] \_\_\_\_\_ SERVINGS [HR: 0-20; SR: 0-9]  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_65** Yesterday, how many servings of French fries or other fried potato did {he/she} have, not including potato chips?

[cc14] \_\_\_\_\_ SERVINGS  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_66** Yesterday, how many servings of vegetables like corn, green beans, green salad, or other vegetables did {he/she} have?

[cc15] \_\_\_\_\_ SERVINGS [HR: 0-20; SR: 0-4]  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_67** Yesterday, 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.

**[IF NEEDED, SAY: "Such as food you get at McDonald's, Burger King, or Taco Bell."]**

[cc23] \_\_\_\_\_ TIMES [HR: 0-20; SR: 0-4]  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_68** Yesterday, how many servings of high sugar foods such as cookies, candy, doughnuts, pastries, cake or popsicles did {he/she} have?

[cc24] \_\_\_\_\_ SERVINGS [HR: 0-20; SR: 0-4]  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PROGRAMMING NOTE QC03\_69:**  
**IF CAGE≤4, GO TO QC03\_71**  
**ELSE CONTINUE WITH QC03\_69**

**QC03\_69** About how physically active is (CHILD) compared to other children {his/her} age. Would you say...

[cc25] about the same..... 1  
a lot less ..... 2  
a little less..... 3  
a little more physically active or ..... 4  
a lot more ? ..... 5  
REFUSED ..... -7  
DON'T KNOW ..... -8

**QC03\_70** In the past week, how many days did {he/she} play actively enough to make {him/her} breathe hard, or make {his/her} heart beat fast?

[cc26] \_\_\_\_\_ DAYS [RANGE: 0-7]  
REFUSED ..... -7  
DON'T KNOW ..... -8

## Section D – Access and Utilization

**QC03\_71** The next questions are about where (CHILD) goes for health care. Is there a place you USUALLY take {him/her} to when {he/she} is sick or you need advice about {his/her} health?

[CD1]	YES .....	1	[GO TO PN QC03_72]
	NO .....	2	[GO TO QC03_74]
	DOCTOR/HIS/HER DOCTOR .....	3	} [GO TO PROGRAMMING NOTE QC03_72]
	KAISER .....	4	
	MORE THAN ONE PLACE .....	5	
	REFUSED .....	-7	
	DON'T KNOW .....	-8	

**PROGRAMMING NOTE QC03\_72:**  
 IF QC03\_71 = (1, 5, -7 OR -8), SAY "What kind of place do you take {him/her/him or her} to most often—a medical doctor's office";  
 ELSE IF QC03\_71 = 3 DISPLAY "Is his {his/her/his or her} doctor in a private doctor's office";  
 ELSE IF QC03\_71 = 4, FILL QC03\_73=1 AND SKIP TO QC03\_76;

**QC03\_72** {Is {his/her} doctor in a private / What kind of place do you take {him/her} to most often -- a medical} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

[CD3]	DOCTOR'S OFFICE/KAISER/OTHER HMO .....	1	[GO TO QC03_74]
	CLINIC/HEALTH CENTER/HOSPITAL CLINIC .....	2	} [GO TO QC03_74]
	EMERGENCY ROOM .....	3	
	SOME OTHER PLACE (SPECIFY): _____ .....	91	
	NO ONE PLACE .....	94	
	REFUSED .....	-7	
	DON'T KNOW .....	-8	

**QC03\_73** A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's history. Is there one person you think of as your child's personal doctor or nurse?

[CD24]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QC03\_74** During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

[CD6]	_____ TIMES	
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMING NOTE QC03\_75:**  
 IF QC03\_74 = (0, -7, -8) (NONE, REF/DK), CONTINUE WITH QC03\_75;  
 ELSE IF QC03\_74 > 0, GO TO QC03\_76

**QC03\_75** 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 .....	-7
	DON'T KNOW .....	-8



**PROGRAMMING NOTE QC03\_76:**  
**IF QC03\_75 = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QC03\_76;**  
**ELSE GO TO QC03\_80**

**QC03\_76** The last time you saw a doctor for {CHILD}, did you have a hard time understanding the doctor?  
 [CD25] YES ..... 1  
 NO ..... 2  
 NEVER ACCOMPANIED CHILD TO THE DOCTOR ..... -6  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

} [GO TO QC03\_80]

**QC03\_77** Was this because you and the doctor spoke different languages?  
 [CD26] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_78** Did you need someone else to help you understand the doctor?  
 [CD27] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

} [GO TO QC03\_80]

**QC03\_79** Who was this person who helped you understand the doctor?  
 [CD28] MINOR CHILD (UNDER AGE 18) ..... 1  
 AN ADULT FAMILY MEMBER OR FRIEND ..... 2  
 DOCTOR, NURSE OR OTHER MEDICAL STAFF ..... 4  
 OTHER OFFICE STAFF ..... 3  
 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

**QC03\_80** Have you received reminders from a doctor or clinic about when it is time for (CHILD) to get {his/her} shots?  
 [CD8] YES ..... 1  
 NO ..... 2  
 DON'T HAVE DOCTOR/CLINIC ..... 3  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC03\_81**  
**IF QC03\_31 = 1, GO TO QC03\_82;**  
**ELSE CONTINUE WITH QC03\_81**

**QC03\_81** During the past 12 months, did (CHILD) visit a hospital emergency room?  
 [CD12] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

## Section E – Delays in Care, Public Program Participation

**QC03\_82** During the past 12 months, did you delay or not get a medicine that a doctor prescribed for (CHILD)?

[CE1]	YES .....	1	}	[GO TO QC03_85]
	NO .....	2		
	REFUSED .....	-7		
	DON'T KNOW .....	-8		

**QC03\_83** Was cost or lack of insurance a reason why you delayed or did not get a medicine that a doctor prescribed for (CHILD)?

[CE12]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QC03\_84:**  
**IF QC03\_26 = 1 (ASTHMA=YES), CONTINUE WITH QC03\_84;**  
**ELSE GO TO QC03\_85**

**QC03\_84** Was the prescription related to (CHILD)'s asthma?

[CE2]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QC03\_85** During the past 12 months, did you delay or not get any other medical care that you felt {he/she} needed—such as seeing a doctor, a specialist or other health professional?

[CE7]	YES .....	1	}	[GO TO QC03_88]
	NO .....	2		
	REFUSED .....	-7		
	DON'T KNOW .....	-8		

**QC03\_86** Was cost or lack of insurance a reason why you delayed or did not get any other medical care for (CHILD)?

[CE13]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QC03\_87:**  
**IF QC03\_26 = 1 (ASTHMA=YES), CONTINUE WITH QC03\_87**  
**ELSE GO TO QC03\_88**

**QC03\_87** Was this care related to (CHILD)'s asthma?

[CE8]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QC03\_88**

Is (CHILD) now on TANF or CalWORKS?

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

- [CE11] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC03\_89**

Is (CHILD) receiving Food Stamp benefits?

**[IF NEEDED, SAY "You may receive benefits as stamps or through an EBT card."  
"The EBT card is orange and blue with a picture of the Ocean."  
"EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card. It is used by some counties in the state."]**

- [CE11A] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC03\_90**  
**IF CAGE > 6, GO TO QC03\_91;**  
**ELSE CONTINUE WITH QC03\_90**

**QC03\_90**

Is (CHILD) on WIC now?

**[IF NEEDED, SAY: "WIC means 'Supplemental Food Program for Women, Infants, and Children.'"**

- [CE11C] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

## Section F – Childcare, Parenting Activities, Developmental Concerns, and Neighborhood Context

**PROGRAMMING NOTE QC03\_91:**  
**IF CAGE >7, DO NOT READ LAST SENTENCE OF FIRST PARAGRAPH**

**QC03\_91** 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 or more hours per week?

- |       |                  |    |   |                         |
|-------|------------------|----|---|-------------------------|
| [CG1] | YES .....        | 1  | } | <b>[GO TO QC03_100]</b> |
|       | NO .....         | 2  |   |                         |
|       | REFUSED .....    | -7 |   |                         |
|       | DON'T KNOW ..... | -8 |   |                         |

**QC03\_92** Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

- |       |                  |                            |
|-------|------------------|----------------------------|
| [CG2] | _____ HOURS      |                            |
|       | REFUSED .....    | -7 <b>[GO TO QC03_100]</b> |
|       | DON'T KNOW ..... | -8 <b>[GO TO QC03_100]</b> |

**PROGRAMMING NOTE QC03\_93:**  
**IF QC03\_92 < 10 (HOURS IN CHILDCARE), GO TO QC03\_100;**  
**ELSE CONTINUE WITH QC03\_93INTRO**

**QC03\_93INTRO** I'm going to ask about (CHILD)'s childcare during a typical week. Does (CHILD) receive childcare from...

**QC03\_93** a grandparent or other family member?

- |        |                  |    |
|--------|------------------|----|
| [CG3A] | YES .....        | 1  |
|        | NO .....         | 2  |
|        | REFUSED .....    | -7 |
|        | DON'T KNOW ..... | -8 |

**PROGRAMMING NOTE QC03\_94**  
**IF CAGE>6, GO TO QC03\_96;**  
**ELSE CONTINUE WITH CF3INTRO**

**QC03\_94** a Head Start or state preschool program?

- |        |                  |    |
|--------|------------------|----|
| [CG3B] | YES .....        | 1  |
|        | NO .....         | 2  |
|        | REFUSED .....    | -7 |
|        | DON'T KNOW ..... | -8 |

**QC03\_95** some other preschool or nursery school?

- |        |                  |    |
|--------|------------------|----|
| [CG3C] | YES .....        | 1  |
|        | NO .....         | 2  |
|        | REFUSED .....    | -7 |
|        | DON'T KNOW ..... | -8 |

**QC03\_96** a childcare center that is not in someone's home?

- [CG3D] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC03\_97** a non-family member who cares for (CHILD) in your home?

- [CG3E] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC03\_98** a non-family member who cares for (CHILD) in his or her home?

- [CG3F] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC03\_99:**  
**IF QC03\_93 OR QC03\_97 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME), GO TO QC03\_100;**  
**ELSE IF QC03\_94 ≠ 1 AND QC03\_95 ≠ 1 AND QC03\_96 ≠ 1 AND QC03\_98 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME), GO TO CF10;**  
**ELSE IF ONLY ONE OF QC03\_94, QC03\_95, QC03\_96, OR QC03\_97 = 1, CONTINUE WITH QC03\_99 AND SAY "Is this" AND "provider";**  
**ELSE CONTINUE WITH QC03\_99 AND SAY "Are all of these" AND "providers"**

**QC03\_99** {Is this/Are some or all of these} child care provider{s} licensed by the state of California?

- [CG3G] YES (ALL LICENSED)..... 1
- NO (NONE LICENSED) ..... 2
- SOME LICENSED AND SOME NOT ..... 3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QC03\_100** In the past 12 months, was there a time when you could not find childcare for (CHILD) for a week or longer when you needed it?

- [CG5] YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- } **[GO TO  
PN  
QC03\_102]**

**QC03\_101** What is the main reason you were unable to find childcare for (CHILD) at that time?

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

- [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
- OTHER REASON..... 6
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC03\_102:**  
**IF CAGE ≥ 4 YEARS, GO TO PROGRAMMING NOTE QC03\_105 INTRO;**  
**ELSE CONTINUE WITH QC03\_102**

**QC03\_102** In a usual week, about how many days did 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 ..... -7  
 DON'T KNOW ..... -8

**QC03\_103** {In a usual week, about how many days did 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 ..... -7  
 DON'T KNOW ..... -8

**QC03\_104** {In a usual week, about how many days did you or any other family member} take (CHILD) out somewhere, for example, to the park, grocery store, a playground or a place of worship.

- [CG16] EVERY DAY ..... 1  
 3-6 DAYS ..... 2  
 1-2 DAYS ..... 3  
 NEVER ..... 4  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC03\_105 INTRO:**  
**IF CAGE < 4 MONTHS, GO TO QC03\_123 INTRO**  
**IF CAGE ≥ 6 YEARS, GO TO PROGRAMMING NOTE QC03\_118**  
**ELSE IF CAGE ≥ 4 MONTHS AND < 6 YEARS, CONTINUE WITH QC03\_105 INTRO**

**QC03\_105 INTRO** The next questions are about concerns you may have about your child. After each one, tell me if you are concerned a lot, a little, or not at all.

**PROGRAMMING NOTE QC03\_105:**  
**ASK QC03\_105 IF CAGE ≤ 9 MONTHS**  
**ELSE IF CAGE > 9 MONTHS GO TO QC03\_106**

**QC03\_106** How your child makes speech sounds? Are you concerned ...

- [CG17] a lot..... 1  
 a little, or..... 2  
 not at all..... 3  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

} **GO TO QC03\_108**

**QC03\_107** How your child talks and makes words? Are you concerned ...

- [CG17A] a lot..... 1  
 a little, or..... 2  
 not at all..... 3  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC03\_108:**  
**IF CAGE < 18 MONTHS, GO TO QC03\_109;**  
**ELSE IF CAGE ≥ 18 MONTHS, CONTINUE WITH QC03\_108;**

**QC03\_108**      How well your child understands what you say?

[CG18]            A LOT ..... 1  
                   A LITTLE ..... 2  
                   NOT AT ALL ..... 3  
                   REFUSED ..... -7  
                   DON'T KNOW ..... -8

**QC03\_109**      How your child uses {his/her} hands and fingers to do things?

[CG19]            A LOT ..... 1  
                   A LITTLE ..... 2  
                   NOT AT ALL ..... 3  
                   REFUSED ..... -7  
                   DON'T KNOW ..... -8

**QC03\_110**      How well your child uses {his/her} arms and legs?

[CG20]            A LOT ..... 1  
                   A LITTLE ..... 2  
                   NOT AT ALL ..... 3  
                   REFUSED ..... -7  
                   DON'T KNOW ..... -8

**QC03\_111**      How well your child can see or hear?

[CG21]            A LOT ..... 1  
                   A LITTLE ..... 2  
                   NOT AT ALL ..... 3  
                   REFUSED ..... -7  
                   DON'T KNOW ..... -8

**PROGRAMMING NOTE QC03\_112:**  
**IF CAGE IS ≤ 9 MONTHS, GO TO QC03\_123;**  
**ELSE IF CAGE = 10 MONTHS TO 6 YEARS, CONTINUE WITH QC03\_112;**  
**ELSE IF CAGE > 6 YEARS, GO TO QC03\_118 INTRO;**

**QC03\_112**      How your child gets along with others?

[CG22]            A LOT ..... 1  
                   A LITTLE ..... 2  
                   NOT AT ALL ..... 3  
                   REFUSED ..... -7  
                   DON'T KNOW ..... -8

**QC03\_113**      Your child's feelings and moods?

[CG23]            A LOT ..... 1  
                   A LITTLE ..... 2  
                   NOT AT ALL ..... 3  
                   REFUSED ..... -7  
                   DON'T KNOW ..... -8

**QC03\_114**      How your child behaves?

[CG24]            A LOT ..... 1  
                   A LITTLE ..... 2  
                   NOT AT ALL ..... 3  
                   REFUSED ..... -7  
                   DON'T KNOW ..... -8

**QC03\_115** How your child is learning to do things for {himself/herself}?

[CG25]	A LOT .....	1
	A LITTLE .....	2
	NOT AT ALL .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QC03\_116** Whether your child can do what other children {his / her} age can do?

[CG26]	A LOT .....	1
	A LITTLE .....	2
	NOT AT ALL .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QC03\_117:**  
**IF CAGE <18 MONTHS, GO TO QC03\_123**  
**ELSE IF CAGE >18 MONTHS CONTINUE WITH QC03\_117**

**QC03\_117** How your child is learning preschool or school skills?

[CG27]	A LOT .....	1
	A LITTLE .....	2
	NOT AT ALL .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QC03\_118**  
**IF CHILD'S AGE < 6 YEARS, GO TO QC03\_123**  
**ELSE CONTINUE TO QC03\_118 INTRO**

**QC03\_118 INTRO** I am going to read a list of items that describe children. For each item, please tell me if it has been not true, somewhat true, or certainly true of (CHILD) during the past six months.

**QC03\_118** Is generally obedient, usually does what adults request

[CG28]	NOT TRUE .....	1
	SOMEWHAT TRUE .....	2
	CERTAINLY TRUE .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QC03\_119** Has many worries or often seems worried

[CG29]	NOT TRUE .....	1
	SOMEWHAT TRUE .....	2
	CERTAINLY TRUE .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QC03\_120** Is often unhappy, depressed or tearful

[CG30]	NOT TRUE .....	1
	SOMEWHAT TRUE .....	2
	CERTAINLY TRUE .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8



**QC03\_121** Gets along better with adults than with other children

[CG31]	NOT TRUE .....	1
	SOMEWHAT TRUE .....	2
	CERTAINLY TRUE .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QC03\_122** Has good attention span, sees chores or homework through to the end.

[CG32]	NOT TRUE .....	1
	SOMEWHAT TRUE .....	2
	CERTAINLY TRUE .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

For each of the following statements, would you say you strongly agree, agree, disagree, or strongly disagree?

**QC03\_123** There are adults in your neighborhood that children admire or look up to.

**[IF NEEDED, SAY: "Would you say you strongly agree, agree, disagree, or strongly disagree?"]**

[CG33]	STRONGLY AGREE .....	1
	AGREE .....	2
	DISAGREE .....	3
	STRONGLY DISAGREE .....	4
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QC03\_124** You can count on adults in your neighborhood to watch out for children, to see that they are safe and don't get in trouble. Would you say you strongly agree, agree, disagree, or strongly disagree?

[CG34]	STRONGLY AGREE .....	1
	AGREE .....	2
	DISAGREE .....	3
	STRONGLY DISAGREE .....	4
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QC03\_125** Adults in your neighborhood know who the local children are.

[CG35]	STRONGLY AGREE .....	1
	AGREE .....	2
	DISAGREE .....	3
	STRONGLY DISAGREE .....	4
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QC03\_126** Tell me how often you and other people in your neighborhood visit with each other? Would you say often, sometimes, rarely or never?

[CG36]	OFTEN .....	1
	SOMETIMES .....	2
	RARELY .....	3
	NEVER .....	4
	REFUSED .....	-7
	DON'T KNOW .....	-8

## Section G – Demographic Information Part II

**QC03\_127** So we can be sure we have included children of all races and ethnic groups in California, I need to ask a final few questions about (CHILD)'s background.

Is (CHILD) Latino or Hispanic?

**[IF NEEDED, PROBE: "Such as Mexican, or Central or South American"]**

[CH1]	YES .....	1	}	[GO TO QC03_129]
	NO .....	2		
	REFUSED .....	-7		
	DON'T KNOW .....	-8		

**QC03\_128** 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.

[CH2]	MEXICAN/MEXICANO .....	1
	MEXICAN AMERICAN .....	2
	CHICANO .....	3
	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 QC03\_129:**  
**IF CG1=1 (YES-CHILD IS LATINO), SAY "You said your child is Latino or Hispanic. Also..."**  
**IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QC03\_129, CONTINUE WITH**  
**PROGRAMMING NOTE QC03\_130;**  
**ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES**

**QC03\_129** {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?

[CH3]	WHITE .....	1
	<b>[GO TO QC03_136 IF ONLY ONE RACE]</b>	
	BLACK OR AFRICAN AMERICAN.....	2
	<b>[GO TO QC03_136 IF ONLY ONE RACE]</b>	
	ASIAN.....	3
	<b>[GO TO QC03_136 IF ONLY ONE RACE]</b>	
	AMERICAN INDIAN,ALASKA NATIVE.....	4
	<b>[GO TO QC03_136 IF ONLY ONE RACE]</b>	
	OTHER PACIFIC ISLANDER.....	5
	<b>[GO TO QC03_136 IF ONLY ONE RACE]</b>	
	NATIVE HAWAIIAN.....	6
	<b>[GO TO QC03_136 IF ONLY ONE RACE]</b>	
	OTHER (SPECIFY):.....	91
	<b>[GO TO QC03_136 IF ONLY ONE RACE]</b>	
	REFUSED .....	-7 <b>[GO TO QC03_136]</b>
	DON'T KNOW .....	-8 <b>[GO TO QC03_136]</b>

**PROGRAMMING NOTE QC03\_130:**  
**IF QC03\_129 = 4 (AMERICAN INDIAN, ALASKA NATIVE) AND [6 (NATIVE HAWAIIAN) OR 5 (OTHER PACIFIC ISLANDER) OR 3 (ASIAN) OR 2 (BLACK OR AFRICAN AMERICAN) OR 1 (WHITE) OR 91 (OTHER (Specify))],**  
**CONTINUE WITH QC03\_130;**  
**ELSE GO TO PROGRAMMING NOTE QC03\_133**

**QC03\_130** 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.

[CH4]	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

**QC03\_131** Is (CHILD) an enrolled member in a federally or state recognized tribe? .....

[CH5]	YES .....	1	
	NO .....	2	} <b>GO TO PN QC03_133]</b>
	REFUSED .....	7	
	DON'T KNOW .....	8	

**QC03\_132** In which Tribe is (CHILD) enrolled?

[CH6]	<b>APACHE</b>	
	MESCALERO APACHE, NM.....	1
	APACHE (NOT SPECIFIED).....	2
	OTHER APACHE [Ask for spelling] (SPECIFY): .....	3
	<b>BLACKFEET/BLACKFOOT</b>	
	BLACKFEET/BLACKFOOT .....	4
	<b>CHEROKEE</b>	
	WESTERN CHEROKEE .....	5
	CHEROKEE (NOT SPECIFIED).....	6
	OTHER CHEROKEE [Ask for spelling] (SPECIFY).....	7
	<b>CHOCTAW</b>	
	CHOCTAW OKLAHOMA.....	8
	CHOCTAW (NOT SPECIFIED) .....	9
	OTHER CHOCTAW [Ask for spelling] (SPECIFY):.....	10
	<b>NAVAJO</b>	
	NAVAJO (NOT SPECIFIED) .....	11
	<b>POMO</b>	
	HOPLAND BAND, HOPLAND RANCHERIA .....	12
	SHERWOOD VALLEY RANCHERIA .....	13
	POMO (NOT SPECIFIED).....	14
	OTHER POMO [Ask for spelling] (SPECIFY): .....	15
	<b>PUEBLO</b>	
	HOPI.....	16
	YSLETA DEL SUR PUEBLO OF TEXAS .....	17
	PUEBLO (NOT SPECIFIED) .....	18
	OTHER PUEBLO [Ask for spelling] (SPECIFY): .....	19
	<b>SIOUX</b>	
	OGLALA/PINE RIDGE SIOUX .....	20
	SIOUX (NOT SPECIFIED) .....	21
	OTHER SIOUX [Ask for spelling] (SPECIFY):.....	22
	<b>YAQUI</b>	
	PASCUA YAQUI TRIBE OF ARIZONA .....	23
	YAQUI (NOT SPECIFIED) .....	24
	OTHER YAQUI [Ask for spelling] (SPECIFY):.....	25
	<b>OTHER</b>	
	OTHER [Ask for spelling] (SPECIFY): _____ .....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QC03\_133** Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

- [CH6A] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QC03\_134:**  
**IF QC03\_129 = 3 (ASIAN) AND [6 (NATIVE HAWAIIAN) OR 5 (OTHER PACIFIC ISLANDER) OR 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 2 (BLACK OR AFRICAN AMERICAN) OR 1 (WHITE) OR 91 (OTHER (Specify))], CONTINUE WITH QC03\_134;**  
**ELSE GO TO PROGRAMMING NOTE QC03\_135**  
**\*\* WESTAT PN USES RESPONSES TO QC03\_129 + BASE.SURNAME FOR THE OVERSAMPLES, AND SELECTS DIFFERENT TRIOS OF EXAMPLES FROM THE BRACKETED COMBINATIONS IN QC03\_134.**

**QC03\_134** You said Asian, and what specific ethnic group is {he/she/he or she}, such as {Chinese, Filipino, Vietnamese/Cambodian, Filipino, Vietnamese/Indian, Filipino, Vietnamese/Japanese, Filipino, Vietnamese/Korean, Filipino, Vietnamese/Chinese, Filipino? If {he/she/he or she} is more than one, tell me all of them.

- [CH7] 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 QC03\_135:**  
**IF QC03\_129 = 5 (PACIFIC ISLANDER) AND [6 (NATIVE HAWAIIAN) OR 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 3 (ASIAN) OR 2 (BLACK OR AFRICAN AMERICAN) OR 1 (WHITE) OR 91 (OTHER (Specify))], CONTINUE WITH QC03\_135;**  
**ELSE GO TO QC03\_136**

**QC03\_135** 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.

[CH7A]	SAMOAN/AMERICAN SAMOAN.....	1
	GUAMANIAN.....	2
	TONGAN.....	3
	FIJIAN.....	4
	OTHER PACIFIC ISLANDER (SPECIFY): _____	91
	REFUSED.....	-7
	DON'T KNOW.....	-8

**QC03\_136** In what country was (CHILD) born?

[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 QC03\_137:**  
**IF QC03\_136 = 1, 2, 10, OR 25 (UNITED STATES OR ITS TERRITORIES), GO TO QC03\_140;**  
**ELSE CONTINUE WITH QC03\_137**

**QC03\_137** Is (CHILD) a citizen of the United States?  
 [CH8A] YES ..... 1 **[GO TO QC03\_139]**  
 NO ..... 2  
 APPLICATION PENDING ..... 3  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_138** Is (CHILD) a permanent resident with a green card?  
 [CH9] YES ..... 1  
 NO ..... 2  
 APPLICATION PENDING ..... 3  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_139** About how many years has (CHILD) lived in the United States?  
 [CH10] \_\_\_\_\_(NUMBER OF YEARS) **[RANGE 0-11]**  
 OR  
 \_\_\_\_\_ YEAR (FIRST CAME TO LIVE IN U.S.) **[RANGE: 1988-2000]**  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC03\_140:**  
**IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH CG14 AND SAY "were you";**  
**ELSE, CONTINUE WITH QC03\_140 AND SAY "was his mother/was her mother"**

**QC03\_140** In what country {were you/was his mother/was her mother} born?

[CH11]	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 QC03\_141:**  
**IF QC03\_140 = 1, 2, 10 OR 25 (UNITED STATES OR ITS TERRITORIES), GO TO QC03\_144;**  
**ELSE IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC03\_141 AND QC03\_142 (IF**  
**APPLICABLE) AND SAY "Are you" IN BOTH QUESTIONS;**  
**ELSE, CONTINUE WITH QC03\_141 AND QC03\_142 (IF APPLICABLE) AND SAY "Is {his/her/his or her} mother" IN**  
**BOTH QUESTIONS**

**QC03\_141** {Are you/Is {his/her/his or her} mother} a citizen of the United States?

[CH11A]	YES.....	1
	<b>[GO TO PROGRAMMING NOTE CG17]</b>	
	NO.....	2
	APPLICATION PENDING.....	3
	REFUSED.....	-7
	DON'T KNOW.....	-8

**QC03\_142** {Are you/Is {his/her} mother} a permanent resident with a green card?

[CH12]	YES.....	1
	NO.....	2
	APPLICATION PENDING.....	3
	REFUSED.....	-7
	DON'T KNOW.....	-8



**PROGRAMMING NOTE QC03\_143:**  
**IF RESPONDENT IS PARENT AND FEMALE GO TO PROGRAMMING NOTE QC03\_144;**  
**ELSE IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC03\_143 AND SAY "have you";**  
**ELSE, CONTINUE WITH QC03\_143 AND SAY "has his mother/has her mother"**

**QC03\_143** About how many years {have you/has his mother/has her mother} lived in the United States?

[CH13] \_\_\_\_\_ NUMBER OF YEARS  
 OR  
 \_\_\_\_\_ YEAR FIRST CAME TO LIVE IN U.S.  
 REFUSED .....-7  
 DON'T KNOW.....-8

**PROGRAMMING NOTE QC03\_144:**  
**ELSE IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC03\_144 AND SAY "were you";**  
**ELSE, CONTINUE WITH QC03\_144 AND SAY "was his father/was her father"**

**QC03\_144** In what country {were you/was his father/was her father} born?

[CH14] 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 QC03\_145:**  
**IF QC03\_144 = 1, 2, 10, OR 25 (UNITED STATES OR ITS TERRITORIES), GO TO QC03\_148;**  
**ELSE IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC03\_145 AND QC03\_146 (IF APPLICABLE) AND SAY "Are you" IN BOTH QUESTIONS;**  
**ELSE, CONTINUE WITH QC03\_145 AND QC03\_146 (IF APPLICABLE) AND SAY "Is {his/her} father" IN BOTH QUESTIONS**

**QC03\_145** {Are you/Is {his/her} father} a citizen of the United States?

[CH14A] YES ..... 1 [GO TO PN QC03\_147]  
 NO ..... 2  
 APPLICATION PENDING ..... 3  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QC03\_146** {Are you/Is {his/her} father} a permanent resident with a green card?

[CH15] YES ..... 1  
 NO ..... 2  
 APPLICATION PENDING ..... 3  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC03\_147:**  
**ELSE IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH CG21 AND SAY "have you";**  
**ELSE, CONTINUE WITH QC03\_147 AND SAY "has his father/has her father"**

**QC03\_147** About how many years {have you/has his father/has her father} lived in the United States?

[CH16] \_\_\_\_\_ NUMBER OF YEARS  
 OR  
 \_\_\_\_\_ YEAR FIRST CAME TO LIVE IN U.S.  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QC03\_148:**  
**IF RESPONDENT IS PARENT, GO TO PROGRAMMING NOTE QC03\_149;**  
**ELSE IF MKA ≠ ADULT R, CONTINUE WITH QC03\_148**

**QC03\_148** In general, what languages are spoken in (CHILD)'s home?

**[PROBE: "Any others?"]**

[CH17] 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 QC03\_149:**  
 IF INTERVIEW CONDUCTED IN ENGLISH AND QC03\_148 >1 (TWO OR MORE LANGUAGES SPOKEN AT HOME), CONTINUE WITH QC03\_149: "Compared to the language spoken in (CHILD)'s home,..."; ELSE IF QC03\_148=1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC03\_150.

**QC03\_149** {Compared to other languages spoken in (CHILD)'s home}, would you say you speak English ...

[CH18]	Very well, .....	1
	Fairly well, .....	2
	Not well, or .....	3
	Not at all? .....	4
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QC03\_150:**  
 IF MKA IS NOT SAMPLED ADULT, ASK QC03\_150;  
 ELSE GO TO QC03\_152

**QC03\_150** What is the highest grade of education you have completed and received credit for?

	<b>GRADE SCHOOL</b>	
[CH22]	1ST GRADE .....	1
	2ND GRADE .....	2
	3RD GRADE .....	3
	4TH GRADE .....	4
	5TH GRADE .....	5
	6TH GRADE .....	6 (Primaria)
	7TH GRADE .....	7
	8TH GRADE .....	8
	<b>HIGH SCHOOL OR EQUIVALENT</b>	
	9TH GRADE .....	9 (Secundaria)
	10TH GRADE .....	10
	11TH GRADE .....	11
	12TH GRADE .....	12 (Preparatoria)
	<b>4-YEAR COLLEGE OR UNIVERSITY</b>	
	1ST YEAR (FRESHMAN).....	13
	2ND YEAR (SOPHOMORE) .....	14
	3RD YEAR (JUNIOR).....	15
	4TH YEAR (SENIOR) (BA/BS).....	16
	5TH YEAR .....	17
	<b>GRADUATE OR PROFESSIONAL SCHOOL</b>	
	1ST YEAR GRAD OR PROF SCHOOL .....	18
	2ND YEAR GRAD OR PROF SCHOOL (MA/MS).....	19
	3RD YEAR GRAD OR PROF SCHOOL .....	20
	MORE THAN 3 YEARS GRAD OR PROF SCHOOL (Ph.D).....	21
	<b>2-YEAR JUNIOR OR COMMUNITY COLLEGE</b>	
	1ST YEAR .....	22
	2ND YEAR (AA/AS).....	23
	<b>VOCATIONAL, BUSINESS, OR TRADE SCHOOL</b>	
	1ST YEAR .....	24
	2ND YEAR .....	25
	MORE THAN 2 YEARS .....	26
	REFUSED .....	-7
	DON'T KNOW (OUT OF RANGE).....	-8

**PROGRAMMING NOTE QC03\_151**  
**IF MOTHER AND FATHER BOTH LIVE IN HOUSEHOLD, BEGIN SENTENCE WITH “OTHER THAN CHILD’S MOTHER AND FATHER.**

**QC03\_151** Besides yourself (Other than CHILD’s mother and father), is there another adult living in this household who is also responsible for (CHILD)?

- |        |                  |    |   |                    |
|--------|------------------|----|---|--------------------|
| [CH24] | YES .....        | 1  | } | <b>[GO TO END]</b> |
|        | NO .....         | 2  |   |                    |
|        | REFUSED .....    | -7 |   |                    |
|        | DON'T KNOW ..... | -8 |   |                    |

**QC03\_152** What is the relationship of that adult to the child?

- |        |                                               |    |
|--------|-----------------------------------------------|----|
| [CH25] | MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER) .....     | 1  |
|        | FATHER (BIRTH/ADOPTIVE/STEP/FOSTER) .....     | 2  |
|        | SISTER (INCLUDING STEP/ADOPTED/FOSTER) .....  | 3  |
|        | BROTHER (INCLUDING STEP/ADOPTED/FOSTER) ..... | 4  |
|        | GRANDMOTHER .....                             | 5  |
|        | GRANDFATHER .....                             | 6  |
|        | AUNT .....                                    | 7  |
|        | UNCLE .....                                   | 8  |
|        | COUSIN .....                                  | 9  |
|        | OTHER RELATIVE .....                          | 10 |
|        | NONRELATIVE .....                             | 11 |
|        | REFUSED .....                                 | -7 |
|        | DON'T KNOW .....                              | -8 |

**QC03\_154** What is the highest grade of education that adult has completed or received credit for?

	<b>GRADE SCHOOL</b>	
[CH26]	1ST GRADE .....	1
	2ND GRADE .....	2
	3RD GRADE .....	3
	4TH GRADE .....	4
	5TH GRADE .....	5
	6TH GRADE .....	6 (Primaria)
	7TH GRADE .....	7
	8TH GRADE .....	8
	<b>HIGH SCHOOL OR EQUIVALENT</b>	
	9TH GRADE .....	9 (Secundaria)
	10TH GRADE .....	10
	11TH GRADE .....	11
	12TH GRADE .....	12 (Preparatoria)
	<b>4-YEAR COLLEGE OR UNIVERSITY</b>	
	1ST YEAR (FRESHMAN).....	13
	2ND YEAR (SOPHOMORE) .....	14
	3RD YEAR (JUNIOR).....	15
	4TH YEAR (SENIOR) (BA/BS).....	16
	5TH YEAR.....	17
	<b>GRADUATE OR PROFESSIONAL SCHOOL</b>	
	1ST YEAR GRAD OR PROF SCHOOL .....	18
	2ND YEAR GRAD OR PROF SCHOOL (MA/MS).....	19
	3RD YEAR GRAD OR PROF SCHOOL.....	20
	MORE THAN 3 YEARS GRAD OR PROF SCHOOL (Ph.D).....	21
	<b>2-YEAR JUNIOR OR COMMUNITY COLLEGE</b>	
	1ST YEAR .....	22
	2ND YEAR (AA/AS).....	23
	<b>VOCATIONAL, BUSINESS, OR TRADE SCHOOL</b>	
	1ST YEAR .....	24
	2ND YEAR .....	25
	MORE THAN 2 YEARS .....	26
	REFUSED .....	-7
	DON'T KNOW (OUT OF RANGE).....	-8

**END** That was my last question. Thank you very much for taking the time to participate in this statewide survey.