



california
health
interview
survey

CHIS 2023

Child CATI Questionnaire

Version 3.01

October 2, 2023

(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

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Guide to Questionnaire Formatting

The following are from the 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. 'QC23_A2': 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.
Lowercase text	On CATI, this text is read to the respondent.
Uppercase text	On CATI, this text is NOT read to the respondent.
If Needed statement	On CATI, this text is only read if interview deems it helpful for respondent.
Interviewer Note	On CATI, this serves as additional instruction for the interviewer and is not read at loud.
Range	On CATI, this text is not read. 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 current question.
Dynamic text	{...} and (...) Denotes that text is automatically filled based on previous responses.

'QC23_A5' What is {his/her} date of birth?

CA2

- JANUARY1
- FEBRUARY2
- MARCH3
- APRIL4
- MAY5
- JUNE6
- JULY7
- AUGUST8
- SEPTEMBER9
- OCTOBER 10
- NOVEMBER 11
- DECEMBER 12
- REFUSED-7
- DON'T KNOW-8

- ____ DAY [Range: 1-31]
- REFUSED -7
 - DON'T KNOW -8

- ____ YEAR [Range: 2006-2011]
- REFUSED -7
 - DON'T KNOW -8

PROGRAMMING NOTE 'QC23_A14' :
IF CAGE < 5 YEARS GO TO 'QC23_A17' ;
ELSE CONTINUE WITH 'QC23_A14' AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC23_A14' {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

CA42

- YES1 [GO TO 'QC23_A16']
- NO2
- ON VACATION3
- HOME SCHOOLED4 [GO TO 'QC23_A17']
- REFUSED-7
- DON'T KNOW-8

'QC23_A8' How old is {he/she}?

CA3

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

_____ YEARS
 _____ MONTHS

- REFUSED-7
- DON'T KNOW-8

'QC23_A9' About how tall is (CHILD) now without shoes?

CA4

[IF NEEDED, SAY: "Your best guess is fine."]

_____ FEET
 _____ INCHES

 _____ CENTIMETERS

- FEEL/INCHES1
- CENTIMETERS2
- REFUSED-7
- DON'T KNOW-8

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<p>NOTE: Please consult the CHIS 2021 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.</p>
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SECTION A: DEMOGRAPHICS PART I, HEALTH CONDITIONS

Gender

PROGRAMMING NOTE 'QC23_A1' :
 SET CADATE = CURRENT DATE (YYYYMMDD);
 IF AR = SKA AND GENDER OF CHILD IS KNOWN, SET 'QC23_A1' =GENDER6 AND SKIP TO 'QC23_A5' ;
 ELSE CONTINUE WITH 'QC23_A1'

'QC23_A1' Some of the questions are based on (CHILD's) characteristics, like their age. First, I will ask you some background questions. What sex was {CHILD's name} assigned at birth, on {CHILD's name's} original birth certificate?

CA1B

- Female2
- Male1
- Don't know3
- Prefer not to answer.....9

'QC23_A2' What is {child's name's} current gender? (NOTE: CATI interviewers should read all categories)

CA73

- Female2
- Male1
- Transgender.....3
- Nonbinary.....5
- I use a different term: (____).....7
- Don't know8
- Prefer not to answer.....9

'QC23_A3' What is your (CHILD)'s current gender identity?

CA76

- SPECIFY: (_____)..... -1
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_A4':
 IF ['QC23_A1' = 1 (MALE AT BIRTH) AND 'QC23_A2' = 2, 3, 5, 7] OR ['QC23_A1' = 2 (FEMALE AT BIRTH) AND 'QC23_A2' = 1, 3, 5, 7] THEN CONTINUE WITH 'QC23_A4';
 ELSE SKIP to 'QC23_A5'

'QC23_A4' Just to confirm, {you were/[child's name] was} assigned {INSERT RESPONSE FROM 'QC23_A1'} at birth and now describes {yourself/themself} as {INSERT ALL RESPONSES FROM 'QC23_A2'}. Is that correct?

CA74

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

Age

'QC23_A5' What is {his/her} date of birth?

CA2

- JANUARY1
- FEBRUARY2
- MARCH3
- APRIL4
- MAY5
- JUNE6
- JULY7
- AUGUST8
- SEPTEMBER9
- OCTOBER 10
- NOVEMBER 11
- DECEMBER 12
- REFUSED -7
- DON'T KNOW -8

____ DAY [Range: 1-31]

- REFUSED -7
- DON'T KNOW -8

____ YEAR [Range: 2006-2011]

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_A6' :
 SET CHILD AGE='QC23_A5';
 IF CHILD AGE > 11, CONTINUE WITH 'QC23_A6';
 ELSE GO TO 'PN_QC23_A8'

'QC23_A6' Just to confirm, you said that (CHILD) is older than 11 years?

CA2A

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

**[GO TO 'QC23_A7'
 GO TO ADULT
 'SECTION B']**

'QC23_A7'

C_AGEEXIT

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

PROGRAMMING NOTE 'QC23_A8' :
 IF 'QC23_A5' = -7 OR -8 (REFUSED/DON'T KNOW) OR [IF 'QC23_A5' DAY NOT ANSWERED AND 'QC23_A5' MONTH= MONTH OF INTERVIEW] OR [IF 'QC23_A5' MONTH OR YEAR NOT ANSWERED] OR IF 'QC23_A6' =2, CONTINUE WITH 'QC23_A8';
 ELSE SKIP TO 'QC23_A9'

'QC23_A8' How old is {he/she}?

CA3

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

_____ YEARS
 _____ MONTHS

- REFUSED -7
- DON'T KNOW -8

Height and Weight

'QC23_A9' About how tall is (CHILD) now without shoes?

CA4

[IF NEEDED, SAY: "Your best guess is fine."]

_____ FEET
 _____ INCHES
 _____ CENTIMETERS

- FEEL/INCHES1
- CENTIMETERS2
- REFUSED -7
- DON'T KNOW -8

'QC23_A10' About how much does (CHILD) weigh now without shoes?

CA5

[IF NEEDED, SAY: "Your best guess is fine."]

_____ POUNDS
 _____ KILOGRAMS

- POUND1
- KILOGRAMS.....2
- REFUSED -7
- DON'T KNOW -8

Breastfeeding

PROGRAMMING NOTE 'QC23_A11' :
 IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE 'QC23_A14' ;
 ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH 'QC23_A11'

'QC23_A11' Was (CHILD) ever breastfed or fed breast milk?

CA14

- YES1
- NO2 [GO TO 'QC23_A13']
- REFUSED -7 [GO TO 'QC23_A13']
- DON'T KNOW -8 [GO TO 'QC23_A13']

'QC23_A12' How old was (CHILD) when {he/she} stopped breastfeeding altogether?

CA15

- _____ AGE IN YEARS
 _____ AGE IN MONTHS
- STILL BREASTFEEDING 93
 - DON'T KNOW -8

'QC23_A13' How old was (CHILD) when you began giving {him/her} baby food or other solid foods?

CA16

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

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

School Attendance

PROGRAMMING NOTE 'QC23_A14' :
 IF CAGE < 5 YEARS GO TO 'QC23_A17' ;
 ELSE CONTINUE WITH 'QC23_A14' AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC23_A14' {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

CA42

- YES1 [GO TO 'QC23_A16']
- NO2
- ON VACATION3
- HOME SCHOOLED4 [GO TO 'QC23_A17']
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_A15':
 IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

'QC23_A15' {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?

CA43

- YES1
- NO2
- HOMESCHOOLED3 **[GO TO 'QC23_A17']**
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QC23_A16' :
 IF 'QC23_A14' = 1 (ATTENDED SCHOOL LAST WEEK) OR 'QC23_A15' = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH 'QC23_A16';
 ELSE SKIP TO PROGRAMMING NOTE 'QC23_A17'

'QC23_A16' What is the name of the school (CHILD) goes to or last attended?

CB22

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

_____ NAME OF SCHOOL

- PRE-SCHOOL/DAYCARE1
- KINDERGARTEN2
- ELEMENTARY3
- INTERMEDIATE4
- JUNIOR HIGH5
- MIDDLE SCHOOL6
- CHARTER7
- OTHER (SPECIFY: _____) 91
- CHILD NOT IN SCHOOL 00
- REFUSED-7
- DON'T KNOW-8

General Health

'QC23_A17' In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?

CA6

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

Asthma

'QC23_A18' Has a doctor ever told you that (CHILD) has asthma?

CA12

- YES1
- NO2 **[GO TO 'QC23_A29']**
- REFUSED -7 **[GO TO 'QC23_A29']**
- DON'T KNOW -8 **[GO TO 'QC23_A29']**

'QC23_A19' Does {he/she} still have asthma?

CA31

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

'QC23_A20' During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?

CA32

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

PROGRAMMING NOTE 'QC23_A21':
 IF **'QC23_A19'** = 1 (YES, STILL HAS ASTHMA) OR **'QC23_A20'** = 1 (YES, EPISODE IN LAST 12 MOS), CONTINUE WITH **'QC23_A21'**;
 ELSE GO TO **'QC23_A23'**

'QC23_A21' During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

CA33

- YES1
- NO2 **[GO TO 'QC23_A23']**
- REFUSED -7 **[GO TO 'QC23_A23']**
- DON'T KNOW -8 **[GO TO 'QC23_A23']**

'QC23_A22' Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

CA48

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

- YES1
- NO2
- DOESN'T HAVE DOCTOR3
- REFUSED -7
- DON'T KNOW -8

'QC23_A23' Is (CHILD) now taking a daily medication to control {his/her} asthma that was prescribed or given to you by a doctor?

CA12A

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

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

PROGRAMMING NOTE 'QC23_A24':
 IF 'QC23_A19' = 1 (YES, STILL HAS ASTHMA) OR 'QC23_A20' = 1 (YES, EPISODE IN LAST 12 MOS), GO TO 'QC23_A26' ;
 ELSE CONTINUE WITH 'QC23_A24'

'QC23_A24' During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

CA41

- YES1
- NO2 **[GO TO 'QC23_A26']**
- REFUSED -7 **[GO TO 'QC23_A26']**
- DON'T KNOW -8 **[GO TO 'QC23_A26']**

'QC23_A25' Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

CA49

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

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

'QC23_A26' During the past 12 months, how many days of day care or school did (CHILD) miss due to asthma?

CA34

- _____ NUMBER OF DAYS
- CHILD NOT IN DAYCARE OR SCHOOL..... 993
 - REFUSED -7
 - DON'T KNOW -8

'QC23_A27' Have (CHILD'S) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} asthma?

CA35

- YES1
- NO2 **[GO TO 'QC23_A29']**
- REFUSED -7 **[GO TO 'QC23_A29']**
- DON'T KNOW -8 **[GO TO 'QC23_A29']**

'QC23_A28' Do you have a written or printed copy of this plan?

CA50

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

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

Other Conditions

'QC23_A29' 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

- YES1
- NO2 **[GO TO 'QC23_A31']**
- REFUSED -7 **[GO TO 'QC23_A31']**
- DON'T KNOW -8 **[GO TO 'QC23_A31']**

'QC23_A30' What condition does (CHILD) have?

CA10A

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- ADD/ADHD1
- ASPERGER'S SYNDROME2
- AUTISM3
- CEREBRAL PALSY4
- CONGENITAL HEART DISEASE5
- CYSTIC FIBROSIS6
- DIABETES7
- DOWN SYNDROME8
- EPILEPSY9
- DEAFNESS OR OTHER HEARING PROBLEMS 10
- MENTAL RETARDATION, OTHER THAN DOWN'S 11
- MUSCULAR DYSTROPHY 12
- NEUROMUSCULAR DISORDER 13
- ORTHOPEDIC PROBLEM (BONES OR JOINTS) 14
- SICKLE CELL ANEMIA 15
- BLINDNESS OR OTHER VISION PROBLEM 16
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

'QC23_A31' Does (CHILD) currently need or use medicine prescribed by a doctor, other than vitamins?

CA17

[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."]

- YES1
- NO2 [GO TO 'QC23_A34']
- REFUSED -7 [GO TO 'QC23_A34']
- DON'T KNOW -8 [GO TO 'QC23_A34']

'QC23_A32' Is {his/her} need for prescription medicine because of any medical, behavior, or other health condition?

CA18

- YES1
- NO2 [GO TO 'QC23_A34']
- REFUSED -7 [GO TO 'QC23_A34']
- DON'T KNOW -8 [GO TO 'QC23_A34']

'QC23_A33' Is this a condition that has lasted or is expected to last for 12 months or longer?

CA19

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

'QC23_A34' Does (CHILD) need or get special therapy, such as physical, occupational or speech therapy?

CA23

- YES1
- NO2 [GO TO 'PN_QC23_B2']
- REFUSED -7 [GO TO 'PN_QC23_B2']
- DON'T KNOW -8 [GO TO 'PN_QC23_B2']

'QC23_A35' Is {his/her} need for special therapy because of any medical, behavior, or other health condition?

CA24

- YES1
- NO2 [GO TO 'PN_QC23_B2']
- REFUSED -7 [GO TO 'PN_QC23_B2']
- DON'T KNOW -8 [GO TO 'PN_QC23_B2']

'QC23_A36' Is this a condition that has lasted or is expected to last for 12 months or longer?

CA25

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

SECTION B: DENTAL HEALTH

'DENTAL INTRO'

DENTAL_INTRO

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

PROGRAMMING NOTE 'QC23_B2' :
 IF CAGE > 2 YEARS, GO TO 'QC23_B3';
 ELSE CONTINUE WITH 'QC23_B2'

'QC23_B2' These questions are about (CHILD)'s dental health. Does (CHILD) have any teeth yet?

CC1B

- YES1
- NO2 **[GO TO 'PN_QC23_CV1']**
- REFUSED -7 **[GO TO 'PN_QC23_CV1']**
- DON'T KNOW -8 **[GO TO 'PN_QC23_CV1']**

'QC23_B3' About how long has it been since your child last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.

CC5B

- HAS NEVER VISITED0
- 6 MONTHS AGO OR LESS1
- MORE THAN 6 MONTHS UP TO 1 YEAR AGO2
- MORE THAN 1 YEAR UP TO 2 YEARS AGO ..3
- MORE THAN 2 YEARS UP TO 5 YEARS AGO4
- MORE THAN 5 YEARS AGO5
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_B4':
 IF 'CC5B =1,2, THEN CONTINUE WITH 'QC23_B4';
 ELSE GO TO 'QC23_B6'

'QC23_B4' How many times has your child received a dental service within the last 12 months?

CB38

- NONE1 **[GO TO 'QC23_B6']**
- ONCE2
- TWICE3
- THREE TIMES4
- FOUR TIMES5
- FIVE TIMES OR MORE6
- REFUSED -7 **[GO TO 'QC23_B6']**
- DON'T KNOW -8 **[GO TO 'QC23_B6']**

PROGRAMMING NOTE 'QC23_B5':
 IF 'QC23_B4' >2 THEN DISPLAY "SERVICES";
 ELSE IF 'QC23_B4'=1, THEN DISPLAY "SERVICE"

'QC23_B5' Where did your child receive the dental service{s} within the last 12 months?

CB39

[CODE ALL THAT APPLY]

- FREE HEALTH/DENTAL EVENT1
- DENTIST OFFICE2
- HOSPITAL.....3
- OTHER4
- REFUSED -7
- DON'T KNOW -8

'QC23_B6' Where have you received educational information about oral health or preventive dental treatments for your child in the last 12 months?

CB40B

[CODE ALL THAT APPLY]

- HAVE NOT RECEIVED ANY EDUCATIONAL INFORMATION1
- FROM DENTAL OFFICE2
- FROM MY CHILD'S SCHOOL3
- FROM SOCIAL MEDIA4
- FROM FAMILY OR FRIENDS5
- FROM COMMUNITY EVENTS/HEALTH FAIRS6
- FROM SMILE, CALIFORNIA™9
- FROM OTHER ONLINE SOURCES 10
- FROM PEDIATRICIAN7
- FROM OTHER SOURCES8
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_B7':
 IF 'QC23_B3' = 0 (HAD NEVER VISTED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH 'QC23_B7' ;
 ELSE SKIP TO 'QC23_B8' ;
 IF 'QC23_B3' = 0 (HAS NEVER VISITED), DISPLAY "never";
 ELSE IF 'QC23_B3' ≥ 3 DISPLAY "not" AND "in the past year"

'QC23_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 PROBLEMS1
- NOT OLD ENOUGH2
- TOO EXPENSIVE/NO INSURANCE3
- FEAR, DISLIKES GOING4
- DO NOT HAVE/KNOW A DENTIST5
- TRANSPORTATION PROBLEMS.....6
- NO DENTIST AVAILABLE/NO APPOINTMENT AVAILABLE7
- DIDN'T KNOW WHERE TO GO8

- HOURS NOT CONVENIENT9
- SPEAK A DIFFERENT LANGUAGE 10
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'CC16B:
 IF 'QC23_B3'=0, goto 'QC23_B9';
 ELSE CONTINUE WITH 'QC23_B8'

'QC23_B8' Is there a particular dentist or place you usually go to for (CHILD)'s dental care?

CC16B

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

'QC23_B9' During the past 12 months, was there any time your child needed dental care, but you could not afford it?

CC17

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

'QC23_B10' Do you now have any type of insurance that pays for part or all of your child's dental care?

CC7A

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

- YES1
- NO2 **[GO TO 'QC23_B14']**
- REFUSED -7 **[GO TO 'QC23_B14']**
- DON'T KNOW -8 **[GO TO 'QC23_B14']**

'QC23_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

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

'QC23_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

- YES1
- NO2 **[GO TO 'QC23_B14']**
- REFUSED -7 **[GO TO 'QC23_B14']**
- DON'T KNOW -8 **[GO TO 'QC23_B14']**

'QC23_B13' For that dental insurance plan, who else pays part of the cost?

CB37

[CODE ALL THAT APPLY]

- RESPONDENT'S CURRENT OR FORMER EMPLOYER OR UNION.....2
- SPOUSE'S CURRENT OR FORMER EMPLOYER OR UNION.....3
- SOMEONE ELSE.....4
- MEDICARE5
- MEDI-CAL (MEDICAID) OR DENTI-CAL6
- INDIAN HEALTH SERVICE9
- COVERED CALIFORNIA..... 10
- OTHER GOVERNMENT DENTAL PROGRAM.8
- REFUSED -7
- DON'T KNOW -8

'QC23_B14' Do you use any free community or public dental programs for {CHILD}'s dental care?

CC7B

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

Delays in Care (Dental)

PROGRAMMING NOTE 'QC23_B15':
 IF ('QC23_A14' =1 OR 4) OR ('QC23_A15' =1 OR3) [CHILD ATTENDS SCHOOL] CONTINUE WITH 'QC23_B15';
 ELSE GO TO 'PN_QC23_CV1'

'QC23_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

- YES1
 - NO2
 - DOESN'T ATTEND SCHOOL.....2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'PN_QC23_CV1']**
[GO TO 'PN_QC23_CV1']
[GO TO 'PN_QC23_CV1']
[GO TO 'PN_QC23_CV1']

'QC23_B16' How many days of school did (he/she) miss because of dental problems?

CC19

- _____ DAYS [0-200]
- LESS THAN ONE DAY 996
 - REFUSED -7
 - DON'T KNOW -8

SECTION CV: COVID-19

PROGRAMMING NOTE 'QC23_CV1':
 IF CHILD OLDER THAN 6 MONTHS, CONTINUE WITH 'QC23_CV1';
 ELSE GO TO 'QC23_D1'

'QC23_CV1' Has (CHILD) completed the primary vaccine series for COVID-19? Completed primary vaccine series means one of the following: Receiving two shots of the Pfizer or Moderna vaccine.

CCV1A

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

PROGRAMMING NOTE 'QC23_CV2':
 IF 'QC23_CV1'=1, CONTINUE WITH 'QC23_CV2';
 ELSE SKIP TO PROGRAMMING NOTE 'QC23_CV3'

'QC23_CV2' Has (CHILD) received an additional dose or booster after the primary vaccine series?

CCV1B

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

PROGRAMMING NOTE 'QC23_CV3':
 IF 'QC23_CV1'=2, CONTINUE WITH 'QC23_CV3';
 ELSE GOTO 'QC23_D1'

'QC23_CV3' What are the reasons why (CHILD) has not completed the primary vaccine series for COVID-19?

CCV2

[CODE ALL THAT APPLY]

- I AM WORRIED ABOUT SIDE EFFECTS1
- I THINK THE VACCINE WAS DEVELOPED TOO QUICKLY2
- I DON'T KNOW ENOUGH ABOUT THE VACCINE TO MAKE THE DECISION FOR MY CHILD TO GET IT3
- I THINK A VACCINE FOR COVID-19 IS UNNECESSARY4
- I DON'T BELIEVE IN VACCINES IN GENERAL5
- I PLAN TO HAVE MY CHILD GET FULLY VACCINATED6
- SOMETHING ELSE, (SPECIFY:____) 91
- REFUSED -7
- DON'T KNOW -8

SECTION D: HEALTH CARE ACCESS AND UTILIZATION

Usual Source of Care

'QC23_D1' 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

- YES1
 - NO2
 - DOCTOR/(HIS/HER) DOCTOR3
 - KAISER4
 - MORE THAN ONE PLACE5
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO
'PN_QC23_D3']**

PROGRAMMING NOTE 'QC23_D2':

IF **'QC23_D1'** = 1, 5, -7, OR -8, DISPLAY "What kind of place do you take {him/her} to most often—a medical";
 ELSE IF **'QC23_D1'** = 3 DISPLAY "Is {his/her} doctor in a private";
 ELSE IF **'QC23_D1'** = 4, FILL **'QC23_D2'** = 1 AND GO TO **'PN_QC23_D3'**

'QC23_D2' {What kind of place do you take {him/her} to most often—a medical/Is {his/her} doctor a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

CD3

- DOCTOR'S OFFICE/KAISER/OTHER HMO1
- CLINIC/HEALTH CENTER/HOSPITAL CLINIC 2
- EMERGENCY ROOM3
- SOME OTHER PLACE(SPECIFY: _____) .. 91
- NO ONE PLACE 94
- REFUSED -7
- DON'T KNOW -8

Emergency Room Visit

PROGRAMMING NOTE 'QC23_D3' :

IF **'QC23_A21'** = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF **'QC23_A24'** = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA), MARK YES ON **'QC23_D3'** AND GO TO **'QC23_D4'** ;
 ELSE CONTINUE WITH **'QC23_D3'**

'QC23_D3' During the past 12 months, did (CHILD) visit a hospital emergency room?

CD12

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

Visits to Medical Doctor

'QC23_D4' During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

CD6

_____TIMES [HR:0-365]

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_D5' :
 IF 'QC23_D4' > 0, GO TO PROGRAMMING NOTE 'QC23_D6' ;
 ELSE IF 'QC23_D4' = 0, -7, OR -8, CONTINUE WITH 'QC23_D5'

'QC23_D5' About how long has it been since {he/she} last saw a medical doctor?

CD7

- ONE YEAR AGO OR LESS1
- MORE THAN 1 YEAR UP TO 2 YEARS AGO ..2
- MORE THAN 2 YEARS UP TO 3 YEARS AGO3
- MORE THAN 3 YEARS AGO4
- NEVER5
- REFUSED -7
- DON'T KNOW -8

'QC23_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 -7
- DON'T KNOW -8

Personal Doctor

PROGRAMMING NOTE 'QC23_D7' :
 IF 'QC23_D1' = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH 'QC23_D7';
 ELSE SKIP TO PROGRAMMING NOTE PN_'QC2021_D8'

'QC23_D7' Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

CD33

[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]

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

Care Coordination

PROGRAMMING NOTE 'QC23_D8':
 IF 'QC23_D1' = 1, 3, 4, OR 5 (HAS USUAL SOURCE OF CARE) AND 'QC23_D7' = 1 (HAS PERSONAL DOCTOR) AND ['QC23_A19' =1 (HAS ASTHMA) OR 'QC23_A20' = 1 (HAD ASTHMA ATTACK) OR 'QC23_A29'= 1 (HAS OTHER CONDITION), CONTINUE WITH 'QC23_D8';
 ELSE SKIP TO PROGRAMMING NOTE 'PN_QC23_D9'

'QC23_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

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

Developmental Screening

PROGRAMMING NOTE 'QC23_D9' :
 IF CAGE < 1, SKIP to 'PN_QC23_D17'
 ELSE IF CAGE ≥ 1, CONTINUE WITH 'QC23_D9'

'QC23_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

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

'QC23_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

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

'QC23_D11' Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?

CF42

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

'QC23_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

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

'QC23_D13' Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

CF44

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

PROGRAMMING NOTE 'QC23_D14' :
 IF 'QC23_A30' =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETARDATION) GO TO 'QC23_D15' ;
 ELSE CONTINUE WITH 'QC23_D14'

'QC23_D14' Did a doctor or other professional ever note a concern about (CHILD) that should be monitored carefully?

CF45

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

'QC23_D15' Did they ever refer {him/her} to a specialist regarding his development?

CF46

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

'QC23_D16' Did they ever refer {him/her} for speech, language or hearing testing?

CF47

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

Timely Appointments

'QC23_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?

CD55

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

- YES1
- NO2 **[GO TO 'PN_QC23_D19']**
- REFUSED -7 **[GO TO 'PN_QC23_D19']**
- DON'T KNOW -8 **[GO TO 'PN_QC23_D19']**

'QC23_D18' How often were you able to get an appointment within two days? Would you say...

CD45

- Never,1
- Sometimes,2
- Usually, or3
- Always?4
- REFUSED -7
- DON'T KNOW -8

Communication Problems with a Doctor

PROGRAMMING NOTE 'QC23_D19' :
 IF ['QC23_D4' > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR 'QC23_D5' = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH 'QC23_D19' ;
 ELSE GO TO 'QC23_D24'

'QC23_D19' The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

CD25

- YES1 **[GO TO 'PN_QC23_D21']**
- NO2
- NEVER ACCOMPANIED CHILD TO DOCTOR 3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_D20' :
 IF 'QC23_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 'QC23_D20' ;
 SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QC23_D20' WAS ASKED;
 ELSE SKIP TO 'QC23_D21' ;

'QC23_D20' In what language does (CHILD)'s doctor speak to you?

CD31

- ENGLISH1 **[GO TO 'QC23_D22']**
- SPANISH2 **[GO TO 'QC23_D23']**
- CANTONESE3 **[GO TO 'QC23_D23']**
- VIETNAMESE4 **[GO TO 'QC23_D23']**

- TAGALOG.....5 [GO TO 'QC23_D23']
- MANDARIN.....6 [GO TO 'QC23_D23']
- KOREAN.....7 [GO TO 'QC23_D23']
- ASIAN INDIAN LANGUAGES8 [GO TO 'QC23_D23']
- RUSSIAN.....9 [GO TO 'QC23_D23']
- OTHER (SPECIFY: _____) 91 [GO TO 'QC23_D23']
- REFUSED.....-7 [GO TO 'QC23_D23']
- DON'T KNOW.....-8 [GO TO 'QC23_D23']

PROGRAMMING NOTE 'QC23_D21' :
 IF 'QC23_D19' = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH 'QC23_D21';
 ELSE SKIP TO 'QC23_D24' ;

'QC23_D21' Was this because you and the doctor spoke different languages?

CD26

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

'QC23_D22' Did you need someone to help you understand the doctor?

CD27

- YES.....1
- NO.....2 [GO TO 'QC23_D23']
- REFUSED.....-7 [GO TO 'QC23_D23']
- DON'T KNOW.....-8 [GO TO 'QC23_D23']

'QC23_D23' Who was this person who helped you understand the doctor?

CD28

- MINOR CHILD (UNDER AGE 18)1
- AN ADULT FAMILY MEMBER OR FRIEND OF MINE.....2
- NON-MEDICAL OFFICE STAFF3
- 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 HELP7
- REFUSED.....-7
- DON'T KNOW.....-8

Delays in Care

'QC23_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 'QC23_D28']
- REFUSED.....-7 [GO TO 'QC23_D28']
- DON'T KNOW.....-8 [GO TO 'QC23_D28']

'QC23_D25' Did you get the medicine that a doctor prescribed for (CHILD) eventually?

CE19

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

'QC23_D26' During the past 12 months, why did you delay or not get a medicine that a doctor prescribed for (CHILD)?

CE20

[CODE ALL THAT APPLY]

- MEDICATION NOT IN STOCK1
- INSURANCE APPROVAL ISSUE2
- DELAYS IN COMMUNICATION WITH PROVIDER OR PHARMACY3
- CONCERNS WITH SIDE EFFECTS OR INTERACTIONS WITH OTHER MEDICATIONS4
- DIDN'T WANT OR THOUGHT MY CHILD DIDN'T NEED PRESCRIPTION5
- TOO HARD TO TRACK ALL MY CHILD'S MEDICATIONS6
- I FORGOT OR LOST PRESCRIPTION7
- I DIDN'T HAVE TIME8
- MY CHILD HAS NO INSURANCE9
- TOO EXPENSIVE 10
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_D27':
 IF MORE THAN ONE RESPONSE FROM 'QC23_D26', THEN CONTINUE WITH 'QC23_D27' WITH SELECTED CHOICES FROM 'QC23_D26' DISPLAYED;
 ELSE SKIP TO 'QC23_D28'

'QC23_D27' What was the one main reason why you delayed the medicine that a doctor prescribed for (CHILD)?

CE21

- MEDICATION NOT IN STOCK1
- INSURANCE APPROVAL ISSUE2
- DELAYS IN COMMUNICATION WITH PROVIDER OR PHARMACY3
- CONCERNS WITH SIDE EFFECTS OR INTERACTIONS WITH OTHER MEDICATIONS4
- DIDN'T WANT OR THOUGHT MY CHILD DIDN'T NEED PRESCRIPTION5
- TOO HARD TO TRACK ALL MY CHILD'S MEDICATIONS6
- I FORGOT OR LOST PRESCRIPTION7
- I DIDN'T HAVE TIME8
- MY CHILD HAS NO INSURANCE9
- TOO EXPENSIVE 10

- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

'QC23_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

- YES1
- NO2 **[GO TO 'QC23_D32']**
- REFUSED -7 **[GO TO 'QC23_D32']**
- DON'T KNOW -8 **[GO TO 'QC23_D32']**

'QC23_D29' Did (CHILD) get the care eventually?

CD66

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

'QC23_D30' During the past 12 months, why did you delay or not get the care you felt (CHILD) needed?

CE22

[CODE ALL THAT APPLY]

- COULDN'T GET APPOINTMENT1
- MY CHILD'S INSURANCE WAS NOT ACCEPTED2
- INSURANCE DID NOT COVER3
- LANGUAGE UNDERSTANDING PROBLEMS..4
- TRANSPORTATION PROBLEMS5
- HOURS WERE NOT CONVENIENT6
- THERE WAS NO CHILD CARE FOR CHILDREN AT HOME7
- I FORGOT OR LOST REFERRAL.....8
- I DIDN'T HAVE TIME TO GO9
- TOO EXPENSIVE 10
- NO INSURANCE..... 11
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_D31':

IF MORE THAN ONE RESPONSE FROM 'QC23_D30', WITH SELECTED CHOICES FROM 'QC23_D30' DISPLAYED, THEN CONTINUE WITH 'QC23_D31'; ELSE SKIP TO 'QC23_D32'

'QC23_D31' What was the one main reason why you delayed getting the care you felt (CHILD) needed?

CD68

- COULDN'T GET APPOINTMENT1
- MY CHILD'S INSURANCE WAS NOT ACCEPTED2
- INSURANCE DID NOT COVER3
- LANGUAGE UNDERSTANDING PROBLEMS .4

- TRANSPORTATION PROBLEMS.....5
- HOURS WERE NOT CONVENIENT6
- THERE WAS NO CHILD CARE FOR CHILDREN AT HOME.....7
- I FORGOT OR LOST REFERRAL8
- I DIDN'T HAVE TIME TO GO9
- TOO EXPENSIVE 10
- NO INSURANCE 11
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

'QC23_D32' During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?

CD69

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

'QC23_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

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

'QC23_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

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

SECTION F: PARENTAL INVOLVEMENT

PROGRAMMING NOTE 'QC23_F1' :
 IF CAGE > 5 YEARS GO TO 'QC23_F4' ;
 ELSE CONTINUE WITH 'QC23_F1'

'QC23_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 DAY1
- 3-6 DAYS2
- 1-2 DAYS3
- NEVER4
- REFUSED -7
- DON'T KNOW -8

'QC23_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 DAY1
- 3-6 DAYS2
- 1-2 DAYS3
- NEVER4
- REFUSED -7
- DON'T KNOW -8

'QC23_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 DAY1
- 3-6 DAYS2
- 1-2 DAYS3
- NEVER4
- REFUSED -7
- DON'T KNOW -8

Park Use

'QC23_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 AGREE1
- AGREE2
- DISAGREE3
- STRONGLY DISAGREE4
- REFUSED -7
- DON'T KNOW -8

First 5 California: 'Talk, Read, Sing Program'

PROGRAMMING NOTE 'QC23_F5' :
 IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH 'QC23_F5' ;
 ELSE GO TO 'QC23_F9'

'QC23_F5' Have you seen or heard messages encouraging you to talk, read and sing with your child?

CF64

- YES1
- NO2 **[GO TO 'QC23_F9']**
- REFUSED-7 **[GO TO 'QC23_F9']**
- DON'T KNOW-8 **[GO TO 'QC23_F9']**

'QC23_F6' Would you say that you talk with your child less, about the same, or more after hearing that message?

CF65

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

'QC23_F7' Would you say that you sing with your child less, about the same, or more after hearing that message?

CF66

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

'QC23_F8' Would you say that you read with your child less, about the same, or more after hearing that message?

CF67

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

PROGRAMMING NOTE CF70' :
 IF CAGE <= 5 YEARS OR HOUSEHOLD HAS CHILDREN <= 5 YEARS, CONTINUE WITH 'QC23_F9' ;
 ELSE GO TO 'QC23_F12'

'QC23_F9' Where do you get books or e-books for your child?

CF70

[CODE ALL THAT APPLY]

- PURCHASED/RECEIVED BOOKS AS GIFTS..1
- PURCHASED E-BOOKS ONLINE2
- BORROWED BOOKS FROM THE LIBRARY ...3
- BORROWED E-BOOKS FROM THE LIBRARY4
- BORROWED BOOKS FROM FRIENDS OR FAMILY5

- GOT FREE E-BOOKS OR MATERIALS FROM THE INTERNET6
- RECEIVED BOOKS FROM CHILDREN'S BOOK PROGRAM.....7
- OTHER (SPECIFY: _____)..... 91
- WE DO NOT READ TO OUR CHILD -3
- REFUSED -7
- DON'T KNOW -8

'QC23_F10' How many children's books do you or your child own?

Your best guess is fine.

CF69

- SPECIFY: _____ [0-9999]1
- REFUSED -7
- DON'T KNOW -8

'QC23_F11' What challenges prevent you or other family members from reading to your young child?

CF68

[CODE ALL THAT APPLY]

- DON'T HAVE BOOKS FOR CHILD AT HOME..1
- DON'T HAVE BOOKS FOR CHILD IN MY FAMILY'S LANGUAGE2
- CHILD NOT INTERESTED IN READING3
- DON'T HAVE ENOUGH TIME4
- OTHER (SPECIFY: _____)..... 91
- DO NOT HAVE CHALLENGES5
- REFUSED -7
- DON'T KNOW -8

First 5 California: Kit for New Parents

'QC23_F12' Did you know that First 5 California, a state agency, provides a free Kit for New Parents to the parents of newborns?

CF35

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

[GO TO
'PN_QC23_F17']
[GO TO
'PN_QC23_F17']
[GO TO
'PN_QC23_F17']

'QC23_F13' Have you ever received this Kit for New Parents?

CF36

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

[GO TO
'PN_QC23_F17']
[GO TO
'PN_QC23_F17']
[GO TO
'PN_QC23_F17']

'QC23_F14' Did you receive the Kit for New Parents during the past year?

CD57

- YES1
- NO2 [GO TO 'PN_QC23_F17']
- REFUSED -7 [GO TO 'PN_QC23_F17']
- DON'T KNOW -8 [GO TO 'PN_QC23_F17']

'QC23_F15' Did you use any of the materials from the Kit for New Parents?

CF39

- YES1
- NO2 [GO TO 'PN_QC23_F17']
- REFUSED -7 [GO TO 'PN_QC23_F17']
- DON'T KNOW -8 [GO TO 'PN_QC23_F17']

'QC23_F16' 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)
- REFUSED -7
 - DON'T KNOW -8

PROGRAMMING NOTE 'QC23_F17':
 IF CAGE ≥ 4, CONTINUE WITH 'QC23_F17';
 ELSE SKIP TO 'QC23_G1'

'QC23_F17' 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

- YES1
- NO2 [GO TO 'QC23_F19']
- REFUSED -7 [GO TO 'QC23_F19']
- DON'T KNOW -8 [GO TO 'QC23_F19']

'QC23_F18' Are these difficulties minor, definite, or severe?

CF31

- MINOR1
- DEFINITE2
- SEVERE3
- REFUSED -7
- DON'T KNOW -8

'QC23_F19' During the past 12 months, did (CHILD) receive any psychological or emotional counseling?

CF32

- YES1

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

SECTION G: CHILD CARE AND SOCIAL COHESION

Child Care

PROGRAMMING NOTE 'QC23_G1' :
 IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

'QC23_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

- YES1
- NO2 **[GO TO 'QC23_G10']**
- REFUSED -7 **[GO TO 'QC23_G10']**
- DON'T KNOW -8 **[GO TO 'QC23_G10']**

'QC23_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]

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_G3' :
 IF 'QC23_G2' < 10 (HOURS IN CHILDCARE), GO TO 'QC23_G10' ;
 ELSE CONTINUE WITH 'QC23_G3'

'QC23_G3' During a typical week does (CHILD) receive childcare from...a grandparent or other family member?

CG3A

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

'QC23_G4' [Does (CHILD) receive childcare from] ...a non-family member who cares for (CHILD) in your home?

CG3E

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

'QC23_G5' [Does (CHILD) receive childcare from] ...a non-family member who cares for (CHILD) in his or her home?

CG3F

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

'QC23_G6' [Does (CHILD) receive childcare from] ...a childcare center that is not in someone's home?

CG3D

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

PROGRAMMING NOTE 'QC23_G7' :
 IF CAGE ≥ 7 YEARS, GO TO 'QC23_G10' ;
 ELSE CONTINUE WITH 'QC23_G7'

'QC23_G7' [Does (CHILD) receive childcare from] ...a Head Start or state preschool program?

CG3B

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

'QC23_G8' [Does (CHILD) receive childcare from] ...some other preschool or nursery school?

CG3C

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

PROGRAMMING NOTE 'QC23_G9' :
 IF ['QC23_G3' OR 'QC23_G4' = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF ['QC23_G5' ≠ 1 AND 'QC23_G6' ≠ 1 AND 'QC23_G7' ≠ 1 AND 'QC23_G8' ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO 'QC23_G10' ;
 ELSE CONTINUE WITH 'QC23_G9' ;
 IF ONLY ONE OF 'QC23_G5' , 'QC23_G6' , 'QC23_G7' , OR 'QC23_G8' = 1, DISPLAY "Is this" AND "provider";
 ELSE DISPLAY, "Are all of these" AND "providers"

'QC23_G9' Is this {Are all of these} child care provider{s} licensed by the state of California?

CG3G

- YES (ALL ARE LICENSED).....1
- NO (NONE ARE LICENSED)2
- SOME LICENSED AND SOME NOT3
- REFUSED -7
- DON'T KNOW -8

'QC23_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

- YES1
- NO2 **[GO TO 'QC23_H1']**
- REFUSED -7 **[GO TO 'QC23_H1']**
- DON'T KNOW -8 **[GO TO 'QC23_H1']**

'QC23_G11' What is the main reason you were unable to find childcare for (CHILD) at that time?

CG6

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

- COULDN'T AFFORD ANY CHILD CARE.....1
- COULDN'T FIND A PROVIDER WITH A SPACE2
- THE HOURS AND LOCATION DIDN'T FIT MY NEEDS3
- COULDN'T AFFORD THE QUALITY OF CHILDCARE I WANTED4
- COULDN'T FIND THE QUALITY OF CHILDCARE I WANTED5
- OTHER REASON6
- REFUSED-7
- DON'T KNOW-8

SECTION H: DEMOGRAPHICS, PART II

Race/Ethnicity

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

'QC23_H1' Is (CHILD) Latino or Hispanic?

CH1

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

- YES1
- NO2 **[GO TO 'PN_QC23_H3']**
- REFUSED -7 **[GO TO 'PN_QC23_H3']**
- DON'T KNOW -8 **[GO TO 'PN_QC23_H3']**

'QC23_H2' And what is {his/her} Latino or Hispanic ancestry or origin? – such as Mexican, Salvadorian, Cuban, Honduran – and if {he/she} has more than one, tell me all of them.

CH2

[IF NECESSARY GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

- MEXICAN/MEXICAN AMERICAN/CHICANO....1
- SALVADORAN.....4
- GUATEMALAN5
- COSTA RICAN.....6
- HONDURAN.....7
- NICARAGUAN8
- PANAMANIAN9
- PUERTO RICAN 10
- CUBAN..... 11
- SPANISH-AMERICAN (FROM SPAIN) 12
- OTHER LATINO (SPECIFY: _____). 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_H3' :
 IF 'QC23_H1' = 1 (YES-CHILD IS LATINO), DISPLAY, "You said your child is Latino or Hispanic. Also,"
 IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR 'QC23_H3' , CONTINUE WITH PROGRAMMING NOTE 'QC23_H6' ;
 ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QC23_H3' {You said your child is Latino or Hispanic. Also,} Please tell me which one or more of the following you would use to describe (CHILD): Would you describe {him/her} as Native Hawaiian, Pacific Islander, American Indian, Alaska, Native, Asian, Black, African American, or White?

CH3

[IF R SAYS "NATIVE AMERICAN" CODE AS "4"]

[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]

[CODE ALL THAT APPLY]

- WHITE1
 - BLACK OR AFRICAN AMERICAN2
 - ASIAN.....3
 - AMERICAN INDIAN OR ALASKA NATIVE4
 - PACIFIC ISLANDER5
 - NATIVE HAWAIIAN6
 - OTHER (SPECIFY: _____)..... 91
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO
'PN_QC23_H12']
[GO TO
'PN_QC23_H12']

PROGRAMMING NOTE 'QC23_H4' :
IF 'QC23_H3' = 1 (WHITE), CONTINUE WITH 'QC23_H4';
ELSE GO TO PROGRAMMING NOTE 'QC23_H5'

'QC23_H4' What are your child's white origin or origins?
For example, German, Irish, English, Italian, Armenian, Iranian, etc.

CH3A

- (Specify: _____)1
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_H5' :
IF 'QC23_H3' = 2 (BLACK OR AFRICAN AMERICAN), CONTINUE WITH 'QC23_H5';
ELSE GO TO PROGRAMMING NOTE 'QC23_H6'

'QC23_H5' What are your child's Black origin or origins?
For example, African American, Nigerian, Ethiopian, Jamaican, Haitian, Ghanaian, etc.

CH3B

- (Specify: _____)1
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_H6' :
IF 'QC23_H3' = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH 'QC23_H6' ;
ELSE GO TO PROGRAMMING NOTE 'QC23_H10'

'QC23_H6' 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

[CODE ALL THAT APPLY]

- APACHE.....1
- BLACKFOOT/BLACKFEET2
- CHEROKEE3
- CHOCTAW.....4
- MEXICAN AMERICAN INDIAN.....5
- NAVAJO.....6
- POMO7
- PUEBLO.....8
- SIOUX9

- YAQUI 10
- OTHER TRIBE (SPECIFY: _____) . 91
- REFUSED -7
- DON'T KNOW -8

'QC23_H7' Is (CHILD) an enrolled member in a federally or state recognized tribe?

CH5

- YES1
- NO2 **[GO TO 'PN_QC23_H10']**
- REFUSED -7 **[GO TO 'PN_QC23_H10']**
- DON'T KNOW -8 **[GO TO 'PN_QC23_H10']**

'QC23_H8' Which tribe is (CHILD) enrolled in?

CH6

- APACHE
 - MESCALERO APACHE, NM1
 - APACHE (NOT SPECIFIED)2
 - OTHER APACHE (SPECIFY: _____) ... 91
- BLACKFEET
 - BLACKFOOT/BLACKFEET3
- CHEROKEE
 - WESTERN CHEROKEE4
 - CHEROKEE (NOT SPECIFIED)5
 - OTHER CHEROKEE (SPECIFY: _____) 92
- CHOCTAW
 - CHOCTAW OKLAHOMA6
 - CHOCTAW (NOT SPECIFIED)7
 - OTHER CHOCTAW (SPECIFY: _____) 93
- NAVAJO
 - NAVAJO (NOT SPECIFIED)8
- POMO
 - HOPLAND BAND, HOPLAND RANCHERIA9
 - SHERWOOD VALLEY RANCHERIA 10
 - POMO (NOT SPECIFIED) 11
 - OTHER POMO (SPECIFY: _____) 94
- PUEBLO
 - HOPI 12
 - YSLETA DEL SUR PUEBLO OF TEXAS 13
 - PUEBLO (NOT SPECIFIED) 14
 - OTHER PUEBLO (SPECIFY: _____) ... 94
- SIOUX
 - OGLALA/PINE RIDGE SIOUX 15
 - SIOUX (NOT SPECIFIED) 16
 - OTHER SIOUX (SPECIFY: _____) 96
- YAQUI
 - PASCUA YAQUI TRIBE OF ARIZONA 17
 - YAQUI (NOT SPECIFIED) 18
 - OTHER YAQUI (SPECIFY: _____) 97
 - REFUSED -7
 - DON'T KNOW -8

'QC23_H9' Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

CH6A

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

PROGRAMMING NOTE 'QC23_H10' :
 IF 'QC23_H3' = 3 (ASIAN) CONTINUE WITH 'QC23_H10';
 ELSE GO TO PROGRAMMING NOTE 'QC23_H11'

'QC23_H10' You said Asian, and what specific ethnic group is {he/she}, such as Chinese, Filipino, Vietnamese? If {he/she} is more than one, tell me all of them.

CH7

[CODE ALL THAT APPLY]

- BANGLADESHI.....1
- BURMESE.....2
- CAMBODIAN.....3
- CHINESE4
- FILIPINO5
- HMONG.....6
- INDIAN (INDIA)7
- INDONESIAN8
- 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 'QC23_H11' :
 IF 'QC23_H3' = 5 (PACIFIC ISLANDER) CONTINUE WITH 'QC23_H11' ;
 ELSE GO TO 'QC23_H12'

'QC23_H11' 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

[CODE ALL THAT APPLY]

- SAMOAN/AMERICAN SAMOAN1
- GUAMANIAN.....2
- TONGAN3
- FIJIAN4
- OTHER PACIFIC ISLANDER(SPECIFY: ___) 91
- REFUSED -7
- DON'T KNOW -8

'QC23_H12' 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..... -7
- DON'T KNOW..... -8

PROGRAMMING NOTE 'QC23_H13' :
 IF 'QC23_H12' = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), CODE 'QC23_H13'=1
 AND GO TO PROGRAMMING NOTE 'QC23_H16' ;
 ELSE CONTINUE WITH 'QC23_H13'

'QC23_H13' Is (CHILD) a citizen of the United States?

CH8A

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

PROGRAMMING NOTE 'QC23_H14' :
 IF 'QC23_H12' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QC23_H16';
 ELSE IF 'QC23_H13'=1 THEN GO TO 'QC23_H15';
 ELSE CONTINUE WITH 'QC23_H14'

'QC23_H14' Is (CHILD) a permanent resident with a green card?

CH9

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

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

'QC23_H15' About how many years has (CHILD) lived in the United States?

CH10

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS {OR}

_____ YEAR FIRST CAME TO LIVE IN U.S.

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

Country of Birth (Mother)

PROGRAMMING NOTE 'QC23_H16' :
 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 'QC23_H16' AND DISPLAY "was his mother/was her mother"

'QC23_H16' In what country {were you/was his mother/was her mother} born?

CH11

[SELECT FROM MOST LIKELY COUNTRIES]

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

- UNITED STATES.....1
- AMERICAN SAMOA2
- CANADA3
- CHINA4
- EL SALVADOR5
- ENGLAND.....6
- FRANCE7
- GERMANY8
- GUAM9
- GUATEMALA 10
- HUNGARY 11
- INDIA..... 12
- IRAN..... 13
- IRELAND..... 14
- ITALY 15
- JAPAN..... 16
- KOREA..... 17
- MEXICO..... 18
- PHILIPPINES..... 19
- POLAND 20
- PORTUGAL 21
- PUERTO RICO 22
- RUSSIA..... 23
- TAIWAN 24
- VIETNAM 25
- VIRGIN ISLANDS 26
- OTHER (SPECIFY: _____) 91

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_H17' AND 'QC23_H18' :
 IF 'QC23_H16' = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE 'QC23_H20' ;
 ELSE CONTINUE WITH 'QC23_H17' AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY "Are you";
 ELSE DISPLAY "Is {his/her} mother"

'QC23_H17' {Are you/Is {his/her} mother} a citizen of the United States?

CH11A

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

- YES1 **[GO TO 'PN_QC23_H19']**
- NO2
- APPLICATION PENDING3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_H18' :
 IF 'QC23_H16' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QC23_H20';
 ELSE IF 'QC23_H17'=1, THEN GO TO 'QC23_H19';
 ELSE GO TO 'QC23_H18'

'QC23_H18' {Are you/Is {his/her} mother} a permanent resident with a green card?

CH12

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

PROGRAMMING NOTE 'QC23_H19' :
 IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH 'QC23_H19' AND DISPLAY "have you";
 ELSE CONTINUE WITH 'QC23_H19' AND DISPLAY "has {his/her} mother"

'QC23_H19' 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 U.S.
- NUMBER OF YEARS1
 - YEAR FIRST CAME TO LIVE IN US2
 - MOTHER DECEASED3
 - NEVER LIVED IN US4
 - REFUSED -7
 - DON'T KNOW -8

Country of Birth (Father)

PROGRAMMING NOTE 'QC23_H20' :
 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 'QC23_H16' AND DISPLAY "was his father/was her father"

'QC23_H20' In what country {were you/was his father/was her father} born?

CH14

[SELECT FROM MOST LIKELY COUNTRIES]

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

- UNITED STATES.....1
- AMERICAN SAMOA2
- CANADA3
- CHINA4
- GUAM9
- JAPAN..... 16
- KOREA..... 17
- MEXICO 18
- PHILIPPINES..... 19
- PUERTO RICO 22
- VIETNAM 25
- VIRGIN ISLANDS 26
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QC23_H21' AND 'QC23_H22' :
 IF 'QC23_H20' = 1, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO 'SECTION H' ;
 ELSE CONTINUE WITH 'QC23_H21' AND IF RESPONDENT IS FATHER OF CHILD DISPLAY "Are you";
 ELSE SAY "Is {his/her} father"

'QC23_H21' {Are you/Is {his/her} father} a citizen of the United States?

CH14A

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

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

**[GO TO
'PN_QC23_H23']**

PROGRAMMING NOTE 'QC23_H22' :
 IF 'QC23_H20' = 2 (AMERICAN SAMOA), GO TO 'SECTION H';
 ELSE CONTINUE WITH 'QC23_H22'

'QC23_H22' {Are you/Is {his/her} father} a permanent resident with a green card?

CH15

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

PROGRAMMING NOTE 'QC23_H23' :
 IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH 'QC23_H23' AND DISPLAY "have you";
 ELSE, CONTINUE WITH 'QC23_H23' AND DISPLAY "has {his/her} father"

'QC23_H23' 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 YEARS1
- YEAR FIRST CAME TO LIVE IN US2
- FATHER DECEASED3
- NEVER LIVED IN US4
- REFUSED -7
- DON'T KNOW -8

SECTION H: DEMOGRAPHICS, PART III

Follow-up and Close

PROGRAMMING NOTE 'QC23_H24':
 IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH 'QC23_H24';
 ELSE GO TO 'QC23_H25'

'QC23_H24' 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

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

'QC23_H25' 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

- YES1
- MAYBE/PROBABLY YES2
- DEFINITELY NOT -3
- REFUSED -7
- DON'T KNOW -8

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

END

[IF YES, SAY: Dr. Ponce can be reached toll-free at 1-866-275-2447. IF NO, SAY: Goodbye.]