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

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

❍ YES...1   **[GO TO 'QC23_A16']**
❍ NO...2
❍ ON VACATION 3
❍ HOME SCHOOLED 4   **[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/INCHES 1
❍ CENTIMETERS 2
❍ REFUSED.. -7
❍ DON'T KNOW .... -8

Table of Contents

NOTE: Please consult the CHIS 2021 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

SECTION A: DEMOGRAPHICS PART I, HEALTH CONDITIONS

Gender

> **PROGRAMMING NOTE '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?

Algunas de las preguntas se basan en las características del (NIÑO/A), como su edad. Primero haré algunas preguntas generales. ¿Qué sexo se le asignó a (nombre de NIÑO/A) al nacer, en el certificado de nacimiento original?

CA1B

- ❍ Female 2
  Femenino
- ❍ Male 1
  Masculino
- ❍ Don't know 3
  No lo sé
- ❍ Prefer not to answer...9
  Prefiero no responder

'QC23_A2'   What is {child's name's} current gender?

¿Cuál es el género de [nombre de niño/a] actual?

(NOTE: CATI interviewers should read all categories)

CA73

- ❍ Female 2
  Femenino
- ❍ Male 1
  Masculino
- ❍ Transgender...3
  Transgénero
- ❍ Non binary...5
  No binario
- ❍ I use a different term (_____).............................7
  Dos espíritus
- ❍ Don't know 8
  No lo sé
- ❍ Prefer not to answer...9
  Prefiero no responder

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

¿Cuál es la identidad de género actual de su (HIJO/A)?

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?

*Solo para confirmar, a [nombre de niño/a] se le asignó el sexo {'**QC23_A1'**} al nacer y ahora se describe sí mismo como {'**QC23_A2'**}. ¿Es correcto?*

CA74

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

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

¿Cuál es su fecha de nacimiento?

CA2

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

Solo para confirmar, ¿indicó que (CHILD) es mayor de 11 años?

CA2A

- ❍ YES..1   **[GO TO 'QC23_A7'**

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

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

'QC23_A7'

| C_AGEEXIT |

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

Gracias por confirmar esta información. Ahora me gustaría hacerle algunas preguntas sobre usted.

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}?

¿Cuántos años tiene {él/ella}?

| CA3 |

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

_____ YEARS
_____ MONTHS

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

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

¿Más o menos cuánto mide (CHILD) ahora sin zapatos?

| CA4 |

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

Está bien si me da un número aproximado.

_____ FEET
_____ INCHES

_____ CENTIMETERS

- ❍ FEEL/INCHES 1
- ❍ CENTIMETERS 2
- ❍ REFUSED... -7
- ❍ DON'T KNOW .... -8

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

CA5

Más o menos, ¿cuánto pesas sin zapatos.

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

Está bien si me das un número aproximado.

_____ POUNDS

_____ KILOGRAMS

❍ POUND 1
❍ 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?

¿Alguna vez se le dio pecho a (CHILD) o tomó leche materna?

CA14

❍ YES..1
❍ NO...2   **[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?

¿Qué edad tenía (CHILD) cuando se le dejó de dar pecho totalmente?

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?

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

CA16

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

Alimentos sólidos son cualquier otro alimento que no sea leche, leche de fórmula, jugo, agua, hierbas o tés.

_____ MONTHS

❍ NO SOLID FOOD YET 93
❍ REFUSED... -7

❍   DON'T KNOW .... -8

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?

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

CA42

❍   YES...1   **[GO TO 'QC23_A16']**
❍   NO...2
❍   ON VACATION 3
❍   HOME SCHOOLED 4   **[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?

{Sin incluir el pre-escolar o el jardín infantil,} ¿Asistió (CHILD) a la escuela durante el último año escolar?

CA43

❍   YES...1
❍   NO...2
❍   HOMESCHOOLED 3   **[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?

¿Cuál es el nombre de la escuela a la que va (CHILD) o de la última escuela a la que asistió?

CB22

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

_____ NAME OF SCHOOL

❍   PRE-SCHOOL/DAYCARE.................................1
❍   KINDERGARTEN 2
❍   ELEMENTARY...3
❍   INTERMEDIATE 4
❍   JUNIOR HIGH..5
❍   MIDDLE SCHOOL 6

❍ CHARTER..7
❍ OTHER (SPECIFY: _____) 91
❍ CHILD NOT IN SCHOOL............................... 00
❍ REFUSED... -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?

En general, ¿diría usted que la salud de (CHILD) es excelente, muy buena, buena, regular, o mala?

CA6

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

Asthma

'QC23_A18'   Has a doctor <u>ever</u> told you that (CHILD) has asthma?

¿Le ha dicho a usted <u>alguna vez</u> un doctor que (CHILD) tenía asma?

CA12

❍ YES...1
❍ NO...2   **[GO TO 'QC23_A29']**
❍ REFUSED... -7   **[GO TO 'QC23_A29']**
❍ DON'T KNOW .... -8   **[GO TO 'QC23_A29']**

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

¿Todavía tiene asma {él/ella}?

CA31

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

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

Durante los <u>últimos 12 meses</u>, ¿ha tenido {él/ella} un episodio de asma o un ataque de asma?

CA32

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

PROGRAMMING NOTE '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?

Durante los últimos 12 meses, ¿han tenido que llevar a (CHILD) a la sala de emergencias de un hospital debido al asma?

CA33

- ❍ YES...1
- ❍ NO...2   **[GO TO '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?

Durante los últimos 12 meses, ¿ha tenido un episodio de asma o un ataque de asma?

CA48

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

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

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

¿Está tomando actualmente algún medicamento diario para controlar el asma que le haya sido dado o recetado por un médico?

CA12A

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

Esto incluye medicamentos orales o que tienen que ser inhalados. Este medicamento es diferente a los inhaladores que se usan para alivio rápido.

- ❍ YES...1
- ❍ NO...2
- ❍ 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?

Durante los últimos 12 meses, ¿han tenido que llevar a (CHILD) a la sala de emergencias de un hospital debido al asma?

CA41

- ❍ YES...1
- ❍ NO...2   **[GO TO '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?

¿Llevó usted a (CHILD) a la sala de emergencias de un hospital debido al asma porque no pudo ver a su doctor?

CA49

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

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

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

Durante los últimos 12 meses, ¿cuántos días no pudo (CHILD) ir a la escuela o a la guardería debido al asma?

CA34

    _____ NUMBER OF DAYS

    ❍ CHILD NOT IN DAYCARE OR SCHOOL..... 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?

¿Han trabajado con usted los doctores u otros proveedores de atención médica en la preparación de un plan para que usted sepa cómo controlar el asma de (CHILD)?

CA35

    ❍ YES...1
    ❍ NO..2   **[GO TO '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?

¿Tiene una copia escrita o impresa de este plan?

CA50

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

Puede ser una copia electrónica o impresa.

    ❍ YES...1
    ❍ NO..2
    ❍ 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?

¿Tiene (CHILD) alguna condición física, de comportamiento o mental que le limite o que le impida hacer las cosas que hacen normalmente los niños de su edad?

CA7

❍   YES 1
❍   NO..2   **[GO TO 'QC23_A31']**
❍   REFUSED... -7   **[GO TO 'QC23_A31']**
❍   DON'T KNOW .... -8   **[GO TO 'QC23_A31']**

'QC23_A30'   What condition does (CHILD) have?

¿Qué problema tiene (CHILD)?

CA10A

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: '¿Alguien más?']

❑   ADD/ADHD...1
❑   ASPERGER'S SYNDROME 2
❑   AUTISM...3
❑   CEREBRAL PALSY 4
❑   CONGENITAL HEART DISEASE 5
❑   CYSTIC FIBROSIS 6
❑   DIABETES..7
❑   DOWN SYNDROME 8
❑   EPILEPSY 9
❑   DEAFNESS OR OTHER HEARING PROBLEMS.......................... 10
❑   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) <u>currently</u> need or use medicine <u>prescribed</u> by a doctor, other than vitamins?

¿Necesita o usa actualmente medicamento recetado por un médico, aparte de las vitaminas?

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."]

Esto solo es para medicamentos recetados por un médico. No se incluyen medicamentos que se venden sin receta, tales como para resfriados o dolor de cabeza, u otras vitaminas, minerales o suplementos de venta libre.

- ❍ YES...1
- ❍ NO..2   **[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?

¿La necesidad de {su hijo/su hija} de medicamentos recetados se debe a alguna afección médica, de conducta o a otra afección de salud?

CA18

- ❍ YES...1
- ❍ NO..2   **[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?

¿Es esta una afección que ha durado o se espera que dure 12 meses o más?

CA19

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

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

¿(CHILD) necesita o recibe una terapia especial, como fisioterapia, terapia ocupacional o terapia del habla?

CA23

- ❍ YES...1
- ❍ NO..2   **[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?

¿Se debe la necesidad de una terapia especial a alguna afección médica, de conducta o a otra afección de salud?

CA24

- ❍ YES...1
- ❍ NO..2   **[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?

¿Es esta una afección que ha durado o se espera que dure 12 meses o más?

CA25

- ❍ YES 1
- ❍ NO 2
- ❍ 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.

Ahora le voy a preguntar sobre la salud dental de (CHILD)

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?

Estas preguntas son acerca de la salud dental de (CHILD). ¿Ya tiene dientes (CHILD)?

| CC1B |

- ❍ YES 1
- ❍ NO..2   **[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.

¿Más o menos hace cuánto tiempo fue la última vez que su niño(a) fue a un dentista o una clínica dental? Incluya higienistas dentales y todo tipo de especialistas dentales.

| CC5B |

- ❍ HAS NEVER VISITED 0
- ❍ 6 MONTHS AGO OR LESS..............................1
- ❍ MORE THAN 6 MONTHS UP TO 1 YEAR AGO..2
- ❍ MORE THAN 1 YEAR UP TO 2 YEARS AGO ..3
- ❍ MORE THAN 2 YEARS UP TO 5 YEARS AGO..4
- ❍ MORE THAN 5 YEARS AGO 5
- ❍ REFUSED .... -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?

¿Cuántas veces recibió su hijo/a un servicio dental en los últimos 12 meses?

| CB38 |

- ❍ NONE...1   **[GO TO 'QC23_B6']**
- ❍ ONCE...2
- ❍ TWICE..3
- ❍ THREE TIMES..4

❍   FOUR TIMES...5
❍   FIVE TIMES OR MORE..................................6
❍   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?

¿Dónde recibió su hijo/a el servicio dental en los últimos 12 meses?

CB39

[CODE ALL THAT APPLY]

❑   FREE HEALTH/DENTAL EVENT 1
❑   DENTIST OFFICE...2
❑   HOSPITAL..3
❑   OTHER...4
❍   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?

¿Dónde recibió información educativa sobre salud bucal o tratamientos dentales preventivos para su hijo/a?

CB40B

[CODE ALL THAT APPLY]

❍   HAVE NOT RECEIVED ANY EDUCATIONAL
    INFORMATION 1
❑   FROM DENTAL OFFICE 2
❑   FROM MY CHILD'S SCHOOL 3
❑   FROM SOCIAL MEDIA 4
❑   FROM FAMILY OR FRIENDS 5
❑   FROM COMMUNITY EVENTS/HEALTH
    FAIRS 6
❑   FROM SMILE, CALIFORNIA™.........................9
❑   FROM OTHER ONLINE SOURCES.............. 10
❑   FROM PEDIATRICIAN 7
❑   FROM OTHER SOURCES 8
❍   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}?

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

CB23

- ❍ NO REASON TO GO/NO PROBLEMS 1
- ❍ NOT OLD ENOUGH 2
- ❍ TOO EXPENSIVE/NO INSURANCE 3
- ❍ FEAR, DISLIKES GOING 4
- ❍ DO NOT HAVE/KNOW A DENTIST 5
- ❍ TRANSPORTATION PROBLEMS....................6
- ❍ NO DENTIST AVAILABLE/NO APPOINTMENT AVAILABLE 7
- ❍ DIDN'T KNOW WHERE TO GO 8
- ❍ HOURS NOT CONVENIENT...........................9
- ❍ SPEAK A DIFFERENT LANGUAGE 10
- ❍ OTHER (SPECIFY: _____) 91
- ❍ REFUSED... -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?

¿Va a un dentista o a un lugar en particular para que (CHILD) reciba atención dental?

CC16B

- ❍ YES..1
- ❍ NO...2
- ❍ 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?

Durante los últimos 12 meses, ¿hubo algún momento en que su hijo(a) necesitó atención dental pero usted no pudo pagarla?

CC17

- ❍ YES..1
- ❍ NO...2
- ❍ 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?

¿Tiene usted actualmente alguna clase de seguro que pague por todo o parte del cuidado dental de <CHILD>?

CC7A

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

Incluya seguros dentales, planes dentales pre pagados como HMOs, o planes del gobierno como Medi-Cal o Healthy Families.

- ❍ YES..1

❍ NO..2   **[GO TO '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.

¿Paga usted una parte o el total de la prima o del costo de este plan de seguro odontológico? No incluya el costo de ningún copago o deducible que tenga que pagar usted o su familia.

CB35

❍ YES..1
❍ NO..2
❍ 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.

¿Alguien más, como un empleador, un sindicato o una organización profesional, paga el total o una parte de la prima o del costo de este plan de seguro odontológico? No incluya el costo de ningún copago o deducible que tenga que pagar usted o su familia.

CB36

❍ YES..1
❍ NO..2   **[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?

¿Quién más paga una parte del costo de ese plan de seguro odontológico?

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
❑ MEDICARE 5
❑ MEDI-CAL (MEDICAID) OR DENTI-CAL 6
❑ INDIAN HEALTH SERVICE 9
❑ 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?

¿Usa usted algún programa dental público o comunitario gratuito para que child reciba atención dental?

CC7B

❍ YES..1
❍ NO..2
❍ 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.

   Durante los últimos 12 meses, ¿{su hijo/su hija} faltó en algún momento a la escuela debido a un problema dental? No cuente las faltas por limpieza o control.

 CC18B

   ❍ YES 1
   ❍ NO..2 **[GO TO 'PN_QC23_CV1']**
   ❍ DOESN'T ATTEND SCHOOL............................2 **[GO TO 'PN_QC23_CV1']**
   ❍ REFUSED .... -7 **[GO TO 'PN_QC23_CV1']**
   ❍ DON'T KNOW .... -8 **[GO TO 'PN_QC23_CV1']**

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

   ¿Cuántos días de escuela perdió { él/ella } debido a problemas dentales?

 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.

¿(NIÑO/A) ha completado la serie primaria de vacunas contra el COVID-19? Serie primaria de vacunas completada significa una de las siguientes opciones: Recibir dos inyecciones de la vacuna Pfizer o Moderna.

CCV1A

- ❍ YES 1
- ❍ NO 2
- ❍ 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?

¿Ha recibido (NIÑO/A) una dosis adicional o un refuerzo después de la serie primaria de vacunas?

CCV1B

- ❍ YES 1
- ❍ NO 2
- ❍ 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?

¿Cuáles son las razones por las que (NIÑO/A) no ha completado la serie primaria de vacunas para el COVID-19?

CCV2

[CODE ALL THAT APPLY]

- ❑ I AM WORRIED ABOUT SIDE EFFECTS 1
- ❑ I THINK THE VACCINE WAS DEVELOPED
  TOO QUICKLY 2
- ❑ I DON'T KNOW ENOUGH ABOUT THE
  VACCINE TO MAKE THE DECISION FOR MY
  CHILD TO GET IT 3
- ❑ I THINK A VACCINE FOR COVID-19 IS
  UNNECESSARY 4
- ❑ I DON'T BELIEVE IN VACCINES IN

GENERAL 5
❑   I PLAN TO HAVE MY CHILD GET FULLY
     VACCINATED 6
❑   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.

Las siguientes preguntas son acerca de dónde va (CHILD) para servicios de salud

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

¿Hay un lugar donde usted (lo/la) lleva <u>usualmente </u>cuando {él/ella} está enfermo(a) o usted necesita consejo acerca de su salud?

| CD1 |

> ❍ YES..1
> ❍ NO...2   **[GO TO 'PN_QC23_D3']**
>
> ❍ DOCTOR/(HIS/HER) DOCTOR........................3
> ❍ KAISER 4
> ❍ MORE THAN ONE PLACE...............................5
> ❍ REFUSED .... -7
> ❍ DON'T KNOW .... -8

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?

¿{A qué tipo de lugar (lo/la) lleva con más frecuencia – al consultorio médico, / Está el doctor de (él/ella} en un consultorio médico privado,} una clínica o clínica de hospital, una sala de emergencias o algún otro lugar

| CD3 |

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

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?

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

CD12

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

Visits to Medical Doctor

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

Durante los últimos 12 meses, ¿cuántas veces ha visto (CHILD) a cualquier tipo de doctor en medicina?

CD6

_____TIMES [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?

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

CD7

- ❍ ONE YEAR AGO OR LESS...............................1
- ❍ MORE THAN 1 YEAR UP TO 2 YEARS AGO ..2
- ❍ MORE THAN 2 YEARS UP TO 3 YEARS AGO3
- ❍ MORE THAN 3 YEARS AGO 4
- ❍ NEVER..5
- ❍ 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?

Durante los últimos 6 meses, ¿con qué frecuencia fue fácil obtener la atención, las pruebas o el tratamiento que [su hijo/a] necesitaba?

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?

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

CD33

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

Puede ser un médico general, un especialista, un asistente médico, una enfermera u otro proveedor de atención médica.

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

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?

¿Hay alguien en la oficina o clínica del doctor de que ayude a coordinar el cuidado de su salud con otros doctores o servicios, como pruebas o tratamientos?

CD36

❍ YES...1
❍ NO..2
❍ 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.

Muchos profesionales como los proveedores de salud, maestros y consejeros hacen pruebas preliminares de desarrollo. Estas pruebas verifican el crecimiento, aprendizaje y comportamiento del niño en comparación con otros niños de la misma edad

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

¿Alguna vez el doctor de (CHILD), otros proveedores de salud, maestros o consejeros escolares le han hecho una evaluación o pruebas de desarrollo a (CHILD)?

CF40

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

'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?

¿Alguna vez el doctor de su niño(a), otros proveedores de salud, maestros o consejeros escolares le pidió a (CHILD) que se rodara, recogiera objetos pequeños, pusieran bloque sobre otros, lanzara una pelota o reconociera colores diferentes?

CF41

- ❍   YES..1
- ❍   NO...2
- ❍   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?

¿Alguna vez le pidieron que marcara en una lista las preocupaciones que tiene usted sobre su aprendizaje, desarrollo o comportamiento?

CF42

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

'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?

¿Alguna vez le pidieron que marcara en una lista las actividades que puede hacer (CHILD), como ciertas tareas físicas, si puede dibujar ciertos objetos o de qué maneras se puede comunicar con usted?

CF43

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

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

¿Alguna vez le preguntaron si tiene usted preocupaciones acerca de su aprendizaje, desarrollo o comportamiento?

CF44

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

PROGRAMMING NOTE '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 RETADATION) 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?

¿Alguna vez un doctor u otro profesional mencionó alguna preocupación acerca de (CHILD) que debería ser observada con atención?

CF45

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

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

¿Alguna vez le refirieron a un especialista en relación con su desarrollo?

CF46

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

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

¿Alguna vez le refirieron a {él/ella} a que se hiciera pruebas del habla, idioma u oído?

CF47

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

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?

En los últimos 12 meses, ¿trató usted de hacer una cita para ver al doctor o proveedor de atención médica de (CHILD) en dos días a más tardar porque (CHILD) estaba enfermo(a) o lesionado(a)?

CD55

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

No incluya urgencias.

- ❍ YES...1
- ❍ NO..2   **[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…

¿Con qué frecuencia pudo conseguir una cita en dos días a más tardar? ¿Diría que...

CD45
- ❍ Never   1
                  Nunca

- Sometimes 2
  A veces
- Usually 3
  Generalmente
- Always..4
  Siempre
- 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?

La última vez que llevó a (CHILD) al doctor, ¿tuvo usted alguna dificultad para entender al doctor?

CD25

- YES...1   **[GO TO 'PN_QC23_D21']**
- NO..2
- 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?

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

CD31

- ENGLISH 1   **[GO TO 'QC23_D22']**
- SPANISH 2   **[GO TO 'QC23_D23']**
- CANTONESE...3   **[GO TO 'QC23_D23']**
- VIETNAMESE 4   **[GO TO 'QC23_D23']**
- TAGALOG...5   **[GO TO 'QC23_D23']**
- MANDARIN...6   **[GO TO 'QC23_D23']**
- KOREAN...7   **[GO TO 'QC23_D23']**
- ASIAN INDIAN LANGUAGES 8   **[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?

¿Se debió esto a que usted y el doctor hablan diferentes idiomas?

CD26

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

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

¿Necesitó usted que otra persona le ayudara para comprender al doctor?

CD27

- ❍ YES..1
- ❍ NO...2   **[GO TO '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?

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

CD28

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

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)?

Durante los últimos 12 meses, ¿tuvo usted que postergar la compra o no comprar una medicina que el doctor le receto a (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?

¿Recibió su (HIJO/A) eventualmente el medicamento que le recetó un médico?

CE19

- ❍ YES..1
- ❍ NO...2
- ❍ 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)?

Durante los últimos 12 meses, ¿por qué retrasó o no recibió un medicamento que le recetó un médico para su (HIJO/A)?

CE20

[CODE ALL THAT APPLY]

- ❑ MEDICATION NOT IN STOCK..........................1
- ❑ INSURANCE APPROVAL ISSUE.....................2
- ❑ DELAYS IN COMMUNICATION WITH PROVIDER OR PHARMACY 3
- ❑ CONCERNS WITH SIDE EFFECTS OR INTERACTIONS WITH OTHER MEDICATIONS...4
- ❑ DIDN'T WANT OR THOUGHT MY CHILD DIDN'T NEED PRESCRIPTION........................5
- ❑ TOO HARD TO TRACK ALL MY CHILD'S MEDICATIONS...6
- ❑ I FORGOT OR LOST PRESCRIPTION.............7
- ❑ I DIDN'T HAVE TIME 8
- ❑ MY CHILD HAS NO INSURANCE 9
- ❑ TOO EXPENSIVE 10
- ❑ OTHER (SPECIFY: _____).............. 91
- ❍ REFUSED.. -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 <u>one</u> main reason why you delayed the medicine that a doctor prescribed for (CHILD)?

¿Cuál fue la razón principal por la que retrasó el medicamento que le recetó un médico?

CE21

- ❍ MEDICATION NOT IN STOCK..........................1
- ❍ INSURANCE APPROVAL ISSUE 2
- ❍ DELAYS IN COMMUNICATION WITH PROVIDER OR PHARMACY 3
- ❍ CONCERNS WITH SIDE EFFECTS OR INTERACTIONS WITH OTHER MEDICATIONS...4
- ❍ DIDN'T WANT OR THOUGHT MY CHILD DIDN'T NEED PRESCRIPTION........................5

○ TOO HARD TO TRACK ALL MY CHILD'S
     MEDICATIONS..6
○ I FORGOT OR LOST PRESCRIPTION.............7
○ I DIDN'T HAVE TIME.......................................8
○ MY CHILD HAS NO INSURANCE....................9
○ TOO EXPENSIVE 10
○ OTHER (SPECIFY: _____) 91
○ REFUSED... -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?

Durante los últimos 12 meses, ¿tuvo que postergar o dejar de recibir algún otro tipo de atención médica que usted creyó que (CHILD) necesitaba--tal como ver un doctor, un especialista u otro profesional de salud?

CE7

○ YES 1
○ NO..2   **[GO TO 'QC23_D32']**
○ REFUSED... -7   **[GO TO 'QC23_D32']**
○ DON'T KNOW .... -8   **[GO TO 'QC23_D32']**

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

¿Recibió (CHILD) el cuidado finalmente?

CD66

○ YES 1
○ NO..2
○ 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?

Durante los últimos 12 meses, ¿por qué se demoró o no recibió la atención que creía que necesitaba su (HIJO/A)?

CE22

[CODE ALL THAT APPLY]

❑ COULDN'T GET APPOINTMENT......................1
❑ MY CHILD'S INSURANCE WAS NOT
     ACCEPTED 2
❑ INSURANCE DID NOT COVER 3
❑ LANGUAGE UNDERSTANDING PROBLEMS..4
❑ TRANSPORTATION PROBLEMS....................5
❑ HOURS WERE NOT CONVENIENT 6
❑ THERE WAS NO CHILD CARE FOR
     CHILDREN AT HOME...................................7
❑ I FORGOT OR LOST REFERRAL....................8
❑ I DIDN'T HAVE TIME TO GO 9
❑ TOO EXPENSIVE 10
❑ NO INSURANCE.. 11
❑ OTHER (SPECIFY: _____).............. 91
○ REFUSED... -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 <u>one</u> main reason why you delayed getting the care you felt (CHILD) needed?

¿Cuál fue la razón <u>principal</u> por la que pospuso la atención que sentía que (NIÑO/A) necesitaba? necesitaba?

CD68

- ○ COULDN'T GET APPOINTMENT 1
- ○ MY CHILD'S INSURANCE WAS NOT ACCEPTED 2
- ○ INSURANCE DID NOT COVER 3
- ○ LANGUAGE UNDERSTANDING PROBLEMS .4
- ○ TRANSPORTATION PROBLEMS....................5
- ○ HOURS WERE NOT CONVENIENT.................6
- ○ THERE WAS NO CHILD CARE FOR CHILDREN AT HOME.......................................7
- ○ I FORGOT OR LOST REFERRAL 8
- ○ I DIDN'T HAVE TIME TO GO 9
- ○ TOO EXPENSIVE... 10
- ○ NO INSURANCE 11
- ○ OTHER (SPECIFY: _____) 91
- ○ REFUSED... -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?

Durante los últimos 12 meses, ¿tuvo usted alguna dificultad para encontrar un doctor general o proveedor de atención médica que viera a su niño(a)?

CD69

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

'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?

Durante los últimos 12 meses, ¿le dijeron en el consultorio de un doctor o en una clínica que no aceptarían a su niño(a) como paciente nuevo(a)?

CD70

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

'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?

Durante los últimos 12 meses, ¿le dijeron en el consultorio de un doctor o en una clínica que no aceptaban el seguro de salud de su niño(a)?

CD71

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

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)?

En una semana normal, ¿cuántos días usted o cualquier otro miembro de la familia le leyó cuentos o miró libros con dibujos junto con (CHILD)?

CG14

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

'QC23_F2'   [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

[En una semana normal, ¿aproximadamente cuántos días usted o cualquier otro miembro de la familia] toca música o canta canciones con (CHILD)?

CG15

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

'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?

[En una semana normal, ¿aproximadamente cuántos días usted o cualquier otro miembro de la familia] sale con (CHILD), por ejemplo al parque, a una tienda o a una zona de recreo?

CG16

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

Park Use
'QC23_F4'   Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

¿Está usted totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo con la siguiente afirmación?

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

El parque o área de juego infantil más cercano a mi casa es seguro durante el día.

CC39

- ❍ STRONGLY AGREE...1
- ❍ AGREE...2
- ❍ DISAGREE..3
- ❍ STRONGLY DISAGREE..................................4
- ❍ 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?

¿Ha visto o escuchado mensajes animándole a que hable, lea y cante con su niño(a)?

CF64

- ❍ YES..1
- ❍ NO...2   **[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?

¿Diría usted que habla con su niño(a) menos, casi igual o más después de escuchar ese mensaje?

CF65

- ❍ LESS..1
- ❍ ABOUT THE SAME 2
- ❍ MORE 3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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

¿Diría usted que canta con su niño(a) menos, casi igual o más después de escuchar ese mensaje?

CF66

- ❍ LESS..1
- ❍ ABOUT THE SAME 2
- ❍ MORE 3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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

¿Diría usted que lee con su niño(a) menos, casi igual o más después de escuchar ese mensaje?

CF67

- ❍ LESS..1

- ❍ ABOUT THE SAME 2
- ❍ MORE 3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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?

¿Dónde consigue libros o libros electrónicos para su hijo/a?

CF70

[CODE ALL THAT APPLY]

- ❑ PURCHASED/RECEIVED BOOKS AS GIFTS..1
- ❑ PURCHASED E-BOOKS ONLINE.....................2
- ❑ BORROWED BOOKS FROM THE LIBRARY ...3
- ❑ BORROWED E-BOOKS FROM THE LIBRARY4
- ❑ BORROWED BOOKS FROM FRIENDS OR FAMILY...5
- ❑ GOT FREE E-BOOKS OR MATERIALS FROM THE INTERNET 6
- ❑ RECEIVED BOOKS FROM CHILDREN'S BOOK PROGRAM..7
- ❑ OTHER (SPECIFY: _____)...................... 91
- ❍ 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?

¿Cuántos libros para niños tiene usted o su hijo?

Your best guess is fine.

Su mejor suposición está bien.

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?

¿Qué desafíos impiden que usted u otros miembros de la familia le lean a su hijo/a pequeño/a?

CF68

[CODE ALL THAT APPLY]

- ❑ DON'T HAVE BOOKS FOR CHILD AT HOME..1
- ❑ DON'T HAVE BOOKS FOR CHILD IN MY FAMILY'S LANGUAGE 2
- ❑ CHILD NOT INTERESTED IN READING 3
- ❑ DON'T HAVE ENOUGH TIME 4
- ❑ OTHER (SPECIFY:_____)............. 91

❍ DO NOT HAVE CHALLENGES 5
❍ 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?

¿Sabía usted que First 5 California, una agencia estatal, ¿proporciona un Kit para Padres Nuevos (Kit for New Parents) gratis a los padres de niños recién nacidos?

CF35

❍ YES...1
❍ NO...2   **[GO TO 'PN_QC23_F17']**
❍ REFUSED .... -7   **[GO TO 'PN_QC23_F17']**
❍ DON'T KNOW .... -8   **[GO TO 'PN_QC23_F17']**

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

¿Ha recibido alguna vez este Kit para Padres Nuevos?

CF36

❍ YES...1
❍ NO...2   **[GO TO 'PN_QC23_F17']**
❍ REFUSED .... -7   **[GO TO 'PN_QC23_F17']**
❍ DON'T KNOW .... -8   **[GO TO 'PN_QC23_F17']**

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

¿Recibió el Kit para Padres Nuevos durante el último año?

CD57

❍ YES...1
❍ NO...2   **[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?

¿Usó alguno de los materiales del Kit para Padres Nuevos?

CF39

❍ YES...1
❍ NO...2   **[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?

En una escala del 1 al 10, donde 10 significa muy útil y 1 significa poco útil, ¿qué tan útil le resultó el Kit para Padres Nuevos?

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?

En general, ¿cree usted que su hijo(a) tiene dificultades en algunas de las siguientes áreas: emociones, concentración, conducta o poder relacionarse con otras personas?

CF30

❍ YES..1
❍ NO..2   **[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?

¿Estas dificultades son menores, definidas o graves?

CF31

❍ MINOR 1
❍ DEFINITE...2
❍ SEVERE...3
❍ REFUSED.. -7
❍ DON'T KNOW .... -8

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

Durante los últimos 12 meses, ¿recibió (CHILD) orientación psicológica o emocional?

CF32

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

SECTION G: CHILD CARE AND SOCIAL COHESION

Child Care

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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.}

Las siguientes preguntas son acerca de cuidado infantil. Por cuidado infantil, queremos decir cualquier arreglo donde alguien que no sea uno de los padres o tutores legales cuida a . Esto incluye pre-escolar y guarderías pero no kindergarten

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

¿Tiene usted actualmente algún tipo de arreglo regular para cuidar a por 10 o más horas a la semana?

CG1

- ❍ YES...1
- ❍ NO..2   **[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.

En total, ¿cuántas horas está en cuidado infantil durante una semana típica? Incluya todas las combinaciones de arreglos de cuidado infantile.

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?

En una semana típica, ¿recibe cuidado de parte de...uno de sus abuelos u otro miembro de la familia.

CG3A

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

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

… de alguien que no es miembro de la familia y que viene a su casa a cuidar a (CHILD)?

de la familia.

| **CG3E** |

- ○ YES...1
- ○ NO...2
- ○ 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?

… de parte de una persona que no es miembro de la familia y que cuida a (CHILD) en su propia casa?

| **CG3F** |

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

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

...en una guardería que no está en la casa de una persona?

| **CG3D** |

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

PROGRAMMING NOTE '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?

…en Head Start o un programa pre-escolar del estado?

| **CG3B** |

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

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

…en algún otro tipo de pre-escolar o guardería?

| **CG3C** |

- ○ YES...1
- ○ NO...2
- ○ 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?

Pensando en el cuidado que la niña recibe de parte de alguien que no es miembro de la familia y que no viene a su casa a cuidar a child, {este/ todos estos} proveedor(es) de cuidado infantil, ¿{tiene/tienen} licencia en el estado de California?

CG3G

❍   YES (ALL ARE LICENSED)...............................1
❍   NO (NONE ARE LICENSED) 2
❍   SOME LICENSED AND SOME NOT 3
❍   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?

En los últimos 12 meses, ¿hubo algún momento en que usted no pudo encontrar cuidado infantil para (CHILD) por una semana o más cuando lo necesitaba?

CG5

❍   YES..1
❍   NO..2   **[GO TO '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?

¿Cuál es la razón principal por la que no pudo encontrar quien cuidara a (CHILD) esa vez?

CG6

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

❍   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

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.

Para poder estar seguros de que hemos incluido niños de todas las razas y grupos étnicos en California, necesito hacerle unas pocas preguntas finales acerca de la ascendencia de (CHILD).

'QC23_H1'   Is (CHILD) Latino or Hispanic?

¿Es (CHILD) de origen latino o hispano?

CH1

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

[IF NEEDED, SAY: *'Tal como mexicano, centroamericano/a o sudamericano/a.'*]

❍ YES...1		
❍ NO...2	**[GO TO '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.

¿Y cuál es su ascendencia u origen latino o hispano? Por ejemplo, mexicano, salvadoreño, cubano, hondureño- y si usted tiene más de uno, dígamelos todos

CH2

[IF NECESSARY GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE '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?

{Usted dijo su hijo(a) es hispano(a) o latino(a),} Además, por favor dígame cuál o cuáles de los siguientes términos usaría usted para describir a (CHILD): ¿{Lo describiría como nativo de Hawái, de las islas del Pacífico, indio americano, de Alaska, nativo, asiático, negro, afroamericano o blanco/La describiría como nativa de Hawái, de las islas del Pacífico, india americana, de Alaska, nativa, asiática, negra, afroamericana o blanca}?

CH3

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

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

[CODE ALL THAT APPLY]

❑ WHITE..1
❑ BLACK OR AFRICAN AMERICAN 2
❑ ASIAN..3
❑ AMERICAN INDIAN OR ALASKA NATIVE 4
❑ PACIFIC ISLANDER 5
❑ NATIVE HAWAIIAN 6
❑ OTHER (SPECIFY: _____)............. 91
○ REFUSED..-7   **[GO TO 'PN_QC23_H12']**
○ DON'T KNOW ....-8   **[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?

¿Cuál es el origen o cuáles son los orígenes de la raza blanca de su hijo?

For example, German, Irish, English, Italian, Armenian, Iranian, etc.

Por ejemplo, alemán, irlandés, inglés, italiano, armenio, iraní, 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?

¿Cuál es el origen o cuáles son los orígenes de la raza negra de su hijo?

For example, African American, Nigerian, Ethiopian, Jamaican, Haitian, Ghanaian, etc.

Por ejemplo, afroamericano, nigeriano, etíope, jamaicano, haitiano, ghanés, 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.

Usted dijo indígena americano o nativo de Alaska, ¿De qué tribu desciende (CHILD)? Si {él/ella} es de más de una tribu, por favor dígamelas todas.

CH4

[CODE ALL THAT APPLY]

- ❑ APACHE..1
- ❑ BLACKFOOT/BLACKFEET 2
- ❑ CHEROKEE 3
- ❑ CHOCTAW...4
- ❑ MEXICAN AMERICAN INDIAN........................5
- ❑ NAVAJO 6
- ❑ POMO 7
- ❑ PUEBLO...8
- ❑ SIOUX 9
- ❑ 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?

¿Es (CHILD) un miembro inscrito en una tribu federal o estatal reconocida?

CH5

- ❍ YES 1
- ❍ NO..2   **[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?

¿En qué tribu está inscrito(a) (CHILD)?

CH6

APACHE
- ❍ MESCALERO APACHE, NM 1
- ❍ APACHE (NOT SPECIFIED) 2
- ❍ OTHER APACHE (SPECIFY: _____)... 91
BLACKFEET
- ❍ BLACKFOOT/BLACKFEET 3

CHEROKEE
    ❍ WESTERN CHEROKEE....................................4
    ❍ CHEROKEE (NOT SPECIFIED)........................5
    ❍ OTHER CHEROKEE (SPECIFY: _____) 92
CHOCTAW
    ❍ CHOCTAW OKLAHOMA 6
    ❍ CHOCTAW (NOT SPECIFIED) 7
    ❍ OTHER CHOCTAW (SPECIFY: _____)93
NAVAJO
    ❍ NAVAJO (NOT SPECIFIED).............................8
POMO
    ❍ HOPLAND BAND, HOPLAND RANCHERIA.....9
    ❍ SHERWOOD VALLEY RANCHERIA 10
    ❍ POMO (NOT SPECIFIED) 11
    ❍ OTHER POMO (SPECIFY: _____) 94
PUEBLO
    ❍ HOPI 12
    ❍ YSLETA DEL SUR PUEBLO OF TEXAS 13
    ❍ PUEBLO (NOT SPECIFIED) 14
    ❍ OTHER PUEBLO (SPECIFY: _____)... 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?

¿Recibe (CHILD) algún servicio de salud a través del Servicio Indio de Salud, un Programa de Salud Tribal o una clínica India Urbana

| CH6A |

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

PROGRAMMING NOTE '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.

Usted dijo asiático(a), ¿y de qué grupo étnico específico es {él/ella}, tal como chino, filipino o vietnamita? Si {él/ella} es de más de un grupo, dígamelos todos.

| CH7 |

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE '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.

Usted dijo que (CHILD) es de otra isla del Pacifico. De qué grupo étnico específico es {él/ella},

| CH7A |

[CODE ALL THAT APPLY]

❑   SAMOAN/AMERICAN SAMOAN 1
❑   GUAMANIAN...2
❑   TONGAN...3
❑   FIJIAN 4
❑   OTHER PACIFIC ISLANDER(SPECIFY: ____) 91
○   REFUSED... -7
○   DON'T KNOW .... -8

'QC23_H12'   In what country was (CHILD) born?

¿En qué país nació (CHILD)?

| 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?

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

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?

¿Es (CHILD) residente permanente con tarjeta verde?

CH9

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

*La gente usualmente la llama la 'tarjeta verde' o 'Green Card' pero también puede ser de
color rosa, azul o blanca.*

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

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

¿Más o menos cuántos años ha vivido (CHILD) en los Estados Unidos?

CH10

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS {OR}

_____ YEAR FIRST CAME TO LIVE IN U.S.

- ❍   NUMBER OF YEARS 1
- ❍   YEAR FIRST CAME TO LIVE IN US................2
- ❍   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?

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

CH11

[SELECT FROM MOST LIKELY COUNTRIES]

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

- ❍   UNITED STATES...1
- ❍   AMERICAN SAMOA 2
- ❍   CANADA 3
- ❍   CHINA 4
- ❍   EL SALVADOR 5
- ❍   ENGLAND...6
- ❍   FRANCE 7
- ❍   GERMANY 8
- ❍   GUAM 9
- ❍   GUATEMALA 10
- ❍   HUNGARY 11
- ❍   INDIA.. 12
- ❍   IRAN... 13
- ❍   IRELAND... 14
- ❍   ITALY 15
- ❍   JAPAN.. 16
- ❍   KOREA... 17
- ❍   MEXICO.. 18
- ❍   PHILIPPINES.. 19
- ❍   POLAND 20
- ❍   PORTUGAL 21
- ❍   PUERTO RICO 22
- ❍   RUSSIA.. 23
- ❍   TAIWAN 24
- ❍   VIETNAM 25

○ VIRGIN ISLANDS 26
○ OTHER (SPECIFY: _____) 91
○ REFUSED .... -7
○ DON'T KNOW .... -8

PROGRAMMING NOTE '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?

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

| CH11A |

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

○ YES 1   **[GO TO 'PN_QC23_H19']**
○ NO 2
○ APPLICATION PENDING 3
○ 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?

¿{Es usted/ Es la madre de {él/ella}} residente permanente con tarjeta verde?

| CH12 |

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

PROGRAMMING NOTE '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?

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

| CH13 |

_____ NUMBER OF YEARS [HR: 0-AGE] {OR}
_____ YEAR FIRST CAME TO LIVE IN U.S.

○ NUMBER OF YEARS 1
○ YEAR FIRST CAME TO LIVE IN US 2
○ MOTHER DECEASED 3
○ NEVER LIVED IN US 4

❍ 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?

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

CH14

[SELECT FROM MOST LIKELY COUNTRIES]

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

❍ UNITED STATES..1
❍ AMERICAN SAMOA 2
❍ CANADA 3
❍ CHINA 4
❍ 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_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?

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

CH14A

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

❍ YES 1   **[GO TO 'PN_QC23_H23']**

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

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?

¿Es {usted/ el padre de {él/ella}} residente permanente con tarjeta verde?

| CH15 |

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

PROGRAMMING NOTE '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?

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

| CH16 |

_____ Number of years [HR: 0-AGE]

{OR}

_____ Year first came to US

- ❍ NUMBER OF YEARS 1
- ❍ YEAR FIRST CAME TO LIVE IN US.................2
- ❍ FATHER DECEASED......................................3
- ❍ NEVER LIVED IN US......................................4
- ❍ REFUSED... -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)?

De acuerdo a las preguntas en esta encuesta acerca de (CHILD), ¿hay algún otro adulto en este hogar que esté más informado acerca de las preguntas que le hicimos a usted?

| CH30 |

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

'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?

Esas son las últimas preguntas sobre su hijo/a. Antes de continuar la encuesta con preguntas sobre usted, ¿cree que estaría dispuesto a hacer un seguimiento de esta encuesta sobre su hijo/a en el futuro?

| CG38 |

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

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

Muchas gracias, usted ha colaborado con un estudio muy importante que se hace en todo el estado. Si tiene alguna pregunta acerca del estudio, puede llamar al Investigador Principal, Dra. Ponce. ¿Quiere que le dé ese número de teléfono?

| END |

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

[IF YES, SAY: El número de teléfono gratis de Dra. Ponce es 1-866- 275-2447. IF NO, SAY: Gracias y adiós..]