

**San Mateo County
– Family Survey 2006 –**

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2006 San Mateo Family Survey

Hello. My name is _____ and I'm calling on behalf of First Five San Mateo County. We are conducting a very important study in an effort to understand the health and child development needs of children living in San Mateo County. To thank people for their participation, we will mail each eligible participant a \$10 gift certificate.

IF NECESSARY:

- We are definitely not selling anything.
- Your telephone number was selected at random by computer.

S1. For this survey we are interested in speaking to parents or guardians of San Mateo County children under the age of 6. How many children under 6 years old live in this household? (*revised*)

- ONE CHILD..... 1 (GO TO S3)
TWO OR MORE CHILDREN..... 2 (GO TO S1NUM)
NO CHILDREN IN HOUSEHOLD..... 66 (THANK AND TERMINATE)
HOUSEHOLD NOT IN SAN MATEO COUNTY 77 (THANK AND TERMINATE)
LANGUAGE PROBLEM..... 88 (GO TO S10)
DON'T KNOW DK (CALLBACK)
REFUSEDREF (CODE AS SOFT OR HARD REFUSAL)

IF S1 > 1, ASK:

S1NUM. How many children under 6 years old live in this household? (*revised*)

- _____
DON'T KNOW DK
REFUSEDREF

S2. Thinking of all the children under the age of 6 in this household, please tell me which one is the next one to have a birthday? (AS NEEDED: Some questions in the survey will be about one child in the household, and this is asked to help us randomly select this child.) (IF REFUSED: What are his/her initials?) (*revised*)

- _____
DON'T KNOW DK (CALLBACK)
REFUSEDREF (CODE AS SOFT OR HARD REFUSAL)

S3. Throughout the interview I will be asking questions about this child. So that we can refer to this child by name during the rest of the survey, what is this child's first name? (IF REFUSED: What are his or her initials?)

(NOTE: THIS IS INDEX CHILD FOR THE REST OF THE RDD SAMPLE INTERVIEW)

S4. I would like to speak to the person who is primarily responsible for caring for (NAME) in the household. Is that you or someone else?

- YES, RESPONDENT IS PARENT..... 1 (GO TO S6)
SOMEONE ELSE COMING TO PHONE..... 2 (GO TO S5)
PARENT IS NOT AVAILABLE NOW 3 (ARRANGE CALLBACK)
THERE ARE NO PARENTS IN THIS HOUSEHOLD..... 4 (THANK AND TERMINATE)
DON'T KNOW DK
REFUSEDREF

INTRO FOR NEW PERSON:

S5. Hello. My name is _____ and I'm calling on behalf of First Five San Mateo County. We are conducting a very important study in an effort to understand the health and child development needs of children living in San Mateo County. To thank people for their participation, we will mail each eligible participant a \$10 gift certificate. *(revised)*

Just to confirm, are you primarily responsible for taking care of (NAME).

- YES..... 1 (CONTINUE)
- NO 2 (GO TO S4)
- LANGUAGE PROBLEM..... 3 (GO TO S10)
- DON'T KNOW DK (CALLBACK)
- REFUSEDREF (CODE AS SOFT OR HARD REFUSAL)

Before I continue, I would like to remind you that everything you say is completely confidential and you have the right to skip any question that you do not want to answer.

(IF NECESSARY: This survey should take approximately 20- 30 minutes to complete. Your participation will help us understand how families like yours are doing and improve services in your community.)

S6. May I continue with the interview?

- YES..... 1 (VERBAL CONSENT GIVEN)
- YES, CALLBACK 2 (CALLBACK)
- NO 3 (THANK AND TERMINATE)
- DON'T KNOW DK (CALLBACK)
- REFUSEDREF (CODE AS SOFT OR HARD REFUSAL)

S7. We can conduct the survey in English or Spanish. Would you prefer to be interviewed in Spanish?

- SPANISH..... 1 (CONTINUE THE INTERVIEW USING THE SPANISH INSTRUMENT)
- ENGLISH..... 2 (CONTINUE THE INTERVIEW USING THE ENGLISH INSTRUMENT)
- NONE OF THESE..... 3 (LANGUAGE SEQUENCE)
- DEAF/ELDERLY 4 (THANK AND TERMINATE)

For the rest of the interview, some of these questions are about your household and some are specific to (NAME). To make it clear for us we want you to answer questions thinking about (NAME).

S8. I would like to confirm that (NAME) is a (male/female) child.

- MALE..... 1
- FEMALE..... 2
- DON'T KNOW DK
- REFUSEDREF

S9. When was (NAME) born?

_____ (MONTH AND YEAR OK)
(CALCULATE AGE: RANGE = 0-71 MONTHS)

LANGUAGE BARRIER SEQUENCE

IF YES, SWITCH TO SPANISH AND NOT A SPANISH SPEAKING INTERVIEWER, ASK:

L8. An interviewer fluent in Spanish will call you back soon to conduct the interview in that language. We greatly appreciate your participation in this important survey when our interviewer calls back.

ARRANGE CALLBACK

L9. So that we can ask for you when we call back, what is your first name? **(IF NECESSARY:)** If you would prefer, you may give me your initials only. **(RECORD NAME/INITIALS FOR NEXT INTERVIEWER; HIT RETURN TWICE IF NO NAME GIVEN)**

NAME.._____

INITIALS _____

L10. When would be a good time to call back to reach you? **(ENTER APPOINTMENTS OR COMMENTS WHEN PROMPTED)** Thank you for your time. Good-bye.

DAY(S).._____

TIME(S)..... _____

2006 San Mateo Family Survey

- Q1. What is your relationship to (NAME)? (*revised*)
- BIOLOGICAL MOTHER1
 - BIOLOGICAL FATHER2
 - GRANDMOTHER/GRANDFATHER.....3
 - FOSTER PARENT4
 - ADOPTIVE PARENT5
 - STEP PARENT.....6
 - OTHER RELATIVE (*SPECIFY*):
_____7
 - OTHER CAREGIVER (*SPECIFY*):
_____8
 - REFUSED 77
 - DON'T KNOW 99

IF Q1=1 (BIOLOGICAL MOTHER), ASK:

- Q2. How old were you when your first child was born? _____ YEARS OLD
- REFUSED 77
 - DON'T KNOW 99

- Q3. What is your ZIP code? ZIP CODE: _____
- REFUSED 77
 - DON'T KNOW 99

IF Q3=DK OR REF, ASK:

- Q3a. In what city or town do you live? CITY CODE
- DON'T KNOW DK } **TERMINATE**
 - REFUSED REF }

Home Visitation

- Q4. (IF NON-BIOLOGICAL MOTHER, SAY: After NAME was born)
(IF BIOLOGICAL MOTHER, SAY: When you were pregnant or shortly after you gave birth), were you offered home visits from nurses, community workers, or other healthcare providers?
- YES1
 - NO2
 - REFUSED 77
 - DON'T KNOW 99
- Q5. Did you actually receive any home visitor services, such as a nurse, or community health worker after the birth of NAME ?
- YES1
 - NO2
 - REFUSED 77
 - DON'T KNOW 99

IF YES, ASK:

- Q6. Do you know who the home visitor worked for? Was it...? (**READ LIST**) (**ANSWER CAN BE A MULTIPLE**)
- Prenatal to Three 1
 - Black Infant Health/Prenatal Advantage 2
 - A county nurse for teen mothers 3
 - Early Head Start 4
 - Early Intervention/Early Start 5
 - From the hospital or health insurance 6
 - Other organization (*SPECIFY*) _____ 55
 - DO NOT READ** → DON'T KNOW 99

IF CHILD IS UNDER 2 YEARS OLD, ASK:

Q8.	How many times, would you guess, did this person visit you in the first 3 months after the birth of <u>NAME</u> ?	1 TIME .....1 2-3 TIMES .....2 4 OR MORE TIMES .....3 REFUSED 77 DON'T KNOW 99
Q9.	Is this person still coming to visit you?	YES .....1 NO .....2 REFUSED 77 DON'T KNOW 99
Q10.	How satisfied were you with this home visitor? Would you say...	Very satisfied .....1 Somewhat satisfied .....2 Somewhat dissatisfied .....3 Very dissatisfied .....4 REFUSED 77 DON'T KNOW 99

Parenting Groups

Q11.	After <u>NAME</u> was born, did you attend any <u>parenting</u> classes or parent support groups?	YES1 NO2 REFUSED 77 DON'T KNOW 99
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IF YES, ASK:

Q12.	Were these classes or group sessions... (READ LIST)?	very helpful1 somewhat helpful2 not very helpful3 REFUSED 77 DON'T KNOW 99
------	---	--

DO NOT READ {

Q13.	Have you attended any parenting classes or support groups in the past six months?	YES .....1 NO .....2 REFUSED 77 DON'T KNOW 99
------	---	--

IF YES, ASK:

Q14.	Where did you attend any of these groups? (PRE-CODED OPEN-ENDED)? (<i>revised</i>)	
	Hospital 1	
	Baby's doctors office 2	
	Clinic where baby gets care 3	
	Local community center 4	
	Library 5	
	Childcare Coordinating Council (4Cs) 6	
	Childcare Center 7	
	Touchpoints group 8	
	Preschool program 9	
	Other place (<i>SPECIFY</i>) 55	
	REFUSED 77	
	DON'T KNOW 99	

Q15.	If it were convenient would you be interested in attending parenting classes now or in the future? Would you say... (READ LIST) (ANSWER MAY BE A MULTIPLE)	Yes.....1 Yes, if there were child care.....2 Yes, if it were near my home .....3 No, don't have time .....4 No, aren't interested.....5
------	---	--

DO NOT READ { REFUSED..... 77
DON'T KNOW..... 99

IF YES, ASK:

Q16. What topics would you be most interested in receiving parental education in? I'm going to read some topics. For each, please say "YES" if you would be interested in receiving parent education on this topic or "NO" if you are not interested. (*new*)

(ROTATE A-H ONLY)		<u>YES</u> <u>NO</u> <u>REF</u> <u>DK</u>
a.	How children grow and develop.....	1.....2..... 77... 99
b.	How to play or talk with my child.....	1.....2..... 77... 99
c.	How to help and encourage my child to learn.....	1.....2..... 77... 99
d.	How to handle my child's challenging behavior.....	1.....2..... 77... 99
e.	How to deal with a condition or disability my child might have.....	1.....2..... 77... 99
f.	How to help my child get ready for kindergarten.....	1.....2..... 77... 99
g.	How to meet my child's nutritional needs.....	1.....2..... 77... 99
h.	Information about community services that are available for my child.....	1.....2..... 77... 99

Nutrition

IF CHILD UNDER 3 YEARS, ASK:

The next questions are about what you feed NAME. Just because we ask you the following questions, it does not mean that you should be feeding these foods to NAME yet. If you have any questions about what to feed NAME, please ask your pediatrician, the nurse, or lactation specialist at the place where you get health care.

Q17.	In the first days after <u>NAME'S</u> birth, (IF RESPONDENT IS BIOLOGICAL MOTHER: what did you feed him/her) (IF RESPONDENT IS NOT BIOLOGICAL MOTHER: what was he/she fed)? Would you say... (Q16)	only breast milk1 only formula.....2 breast milk and formula.....3 OTHER (<i>SPECIFY</i>) 55 REFUSED..... 77 DON'T KNOW..... 99
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IF ONLY BREAST MILK OR BREAST MILK AND FORMULA, ASK:

IF Q17 = 1, ONLY BREAST MILK, ASK:

Q18a.	What age was <u>NAME</u> when you stopped breast feeding? (IF LESS THAN 1 MONTH, ENTER AS 1 MONTH) (Q17a)	_____ MONTHS STILL BREASTFEEDING (VOL. ONLY) 55 REFUSED..... 77 DON'T KNOW..... 99
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IF Q17 = 3, BREAST MILK AND FORMULA, ASK:

Q18b.	What age was <u>NAME</u> when you stopped breastfeeding? (IF LESS THAN 1 MONTH, ENTER AS 1 MONTH) (Q17b)	_____ MONTHS STILL BREASTFEEDING (VOL. ONLY) 55 REFUSED..... 77 DON'T KNOW..... 99
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IF Q18a OR Q18b = MONTH, DK, OR REF, ASK:

Q19.	Can you tell me the primary reason you stopped breastfeeding? Was it because... (READ LIST)? (Q18)	
	You didn't want to continue when you went back to work	1
	You wanted to continue but felt that you could not continue breastfeeding while at work	2
	You did not have support from your family	3
	You had problems breastfeeding.....	4
	Other reason (SPECIFY)	55
DO NOT READ {	REFUSED	77
	DON'T KNOW	99

IF CHILD IS 2 YEARS OR OLDER, ASK:

Now I'm going to ask you some questions about the foods your child ate yesterday, including both meals and snacks.

Q20.	Yesterday, how many glasses or small cartons of milk did (he/she) drink? (new) (IF NEEDED: Not including breast milk)	_____ GLASSES REFUSED..... 77 DON'T KNOW..... 99 (RECORD NUMBER. RANGE: 0-20)
Q21.	Yesterday, how many glasses or cans of soda (such as Coke) or other sweetened drinks (such as fruit punch or Sunny Delight) did (he/she) drink? Do <u>not</u> count diet and sugar-free drinks. (new)	_____ GLASSES, CANS OR BOTTLES REFUSED..... 77 DON'T KNOW..... 99 (RECORD NUMBER. RANGE: 0-20)
Q22.	Yesterday, how many glasses or small cartons of 100% juice (such as orange or apple juice) did (he/she) drink? Do not count the drinks you counted before. (new)	_____ GLASSES REFUSED..... 77 DON'T KNOW..... 99 (RECORD NUMBER. RANGE: 0-20)
Q23.	Yesterday, how many servings of fruit, such as an apple or a banana did (he/she) have? (IF NEEDED, SAY: "Servings: are self-defined. A serving is the child's regular portion of this food.") (new)	_____ SERVINGS REFUSED..... 77 DON'T KNOW..... 99 (RECORD NUMBER. RANGE: 0-20)
Q24.	Yesterday, how many servings of French fries or other fried potatoes did (he/she) have, not including potato chips? (new)	_____ SERVINGS REFUSED..... 77 DON'T KNOW..... 99 (RECORD NUMBER. RANGE: 0-20)
Q25.	Yesterday, how many servings of vegetables like corn, green beans, green salad or other vegetables did (he/she) have? (new)	_____ SERVINGS REFUSED..... 77 DON'T KNOW..... 99 (RECORD NUMBER. RANGE: 0-20)
Q26.	Yesterday, how many times did (he/she) eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout or drive-thru. (IF NEEDED, SAY: Such as food you get at McDonald's, Burger King or Taco Bell.) (new)	_____ TIMES REFUSED..... 77 DON'T KNOW..... 99 (RECORD NUMBER. RANGE: 0-20)
Q27.	Yesterday, how many servings of high sugar foods such as cookies, candy, doughnuts, pastries, cake or popsicles did (he/she) have? (new)	_____ SERVINGS REFUSED..... 77 DON'T KNOW..... 99 (RECORD NUMBER. RANGE: 0-20)

Dental Care

IF CHILD IS 1 YEAR OR OLDER, ASK:

Q28.	Has <u>NAME</u> ever been to the dentist? (Q23)	YES	1
		NO	2
		REFUSED	77
		DON'T KNOW	99
IF YES, ASK:			
Q29.	In the last year has <u>NAME</u> been seen by a dentist? (Q24)	YES	1
		NO	2
		REFUSED	77
		DON'T KNOW	99
Q30.	How often does <u>NAME</u> brush his/her teeth (or have you brush his/her teeth)? Would you say... (READ LIST)? (Q25)	every day	1
		once in a while	2
		hardly ever	3
		REFUSED	77
		DON'T KNOW	99
		DO NOT READ {	

Child Activities

Now I am going to ask you some questions about NAME'S activities.

Q31.	In a typical week, how many days did you or any other family member do the following things with your child? (RECORD # OF DAYS) (<i>new</i>)	<u># OF DAYS</u>	<u>REF</u>	<u>DK</u>
a.	Read stories or look at picture books .....	.....	77	99
b.	Play music or sing songs.....	.....	77	99
c.	Tell stories (IF NEEDED: not using books) .....	.....	77	99
(PROGRAMMER: ASK Q31D.-G. ONLY IF CHILD IS 3 OR OLDER)				
d.	Help (<u>NAME</u>) to do arts and crafts, science projects, or talk about nature.....	.....	77	99
e.	Involve (<u>NAME</u>) in household chores like cooking, cleaning, setting the table or caring for pets.....	.....	77	99
f.	Play games or do puzzles with (<u>NAME</u>) .....	.....	77	99
g.	Play a sport or exercise together .....	.....	77	99
h.	Take (<u>NAME</u>) out somewhere, for example, to the park, grocery store, a playground or a place of worship .....	.....	77	99

IF CHILD UNDER THE AGE OF 2 YEARS, ASK:

Q32.	Did you receive a New Parent Kit when <u>NAME</u> was born? (IF NECESSARY: The one that came in a colorful cardboard box with videotapes and a baby book?)	YES	1
		NO	2
		REFUSED	77
		DON'T KNOW	99
IF YES, ASK:			
Q33a.	Where did you get it? (READ LIST)	at the hospital	1
		from a home visitor	2
		at my neighborhood family center (specify name)	3
		OTHER (SPECIFY)	4
		REFUSED	77
		DON'T KNOW	99
		DO NOT READ {	

Q33b. How useful was the kit? Would you say... (READ LIST)?	very useful	1
	somewhat useful	2
	not very useful, or	3
	not useful at all.....	4
	DO NOT READ { REFUSED	77
	DO NOT READ { DON'T KNOW	99

Q34. How many hours a day would you say <u>NAME</u> watches television or videos? (<i>revised</i>)	LESS THAN 1 HOUR A DAY/NONE	1
	1 HOUR.....	2
	2 HOURS.....	3
	3 HOURS.....	4
	4 OR MORE HOURS.....	5
	REFUSED	77
	DON'T KNOW	99
Q35. About how many children's books are there in your house, including library books? Please only include books that are for children. (RECORD NUMBER) (RANGE 0 – 200) (<i>new</i>)	_____ BOOKS	
	REFUSED	77
	DON'T KNOW	99

Knowledge of Child Development (What Grown-Ups Understand About Child Development)

The following are some questions about children and their development. Please give me your opinions on these questions.

Q36. When do you think a parent can begin to significantly impact a child's brain development, for example impact the child's ability to learn? (DO NOT READ CATEGORIES) (<i>new</i>)	PRENATAL (WHEN CHILD IS IN WOMB)....	1
	RIGHT FROM BIRTH.....	2
	TWO TO THREE WEEKS	3
	ONE MONTH	4
	TWO MONTHS.....	5
	THREE MONTHS	6
	FOUR MONTHS	7
	FIVE MONTHS	8
	SIX MONTHS.....	9
	SEVEN MONTHS	10
	EIGHT MONTHS	11
	NINE MONTHS	12
	TEN MONTHS.....	13
	ELEVEN MONTHS.....	14
ONE YEAR OR MORE	15	
REFUSED	77	
DON'T KNOW	99	
Q37. At what age do you think an infant or young child begins to really take in and react to the world around them? (IF NEEDED: meaning takes in the sights, sounds and smells of their surroundings and reacts to them?) (DO NOT READ CATEGORIES) (<i>new</i>)	RIGHT FROM BIRTH.....	1
	ABOUT ONE WEEK	2
	TWO TO THREE WEEKS	3
	ABOUT ONE MONTH.....	4
	TWO MONTHS.....	5
	THREE MONTHS	6
	FOUR MONTHS	7
	FIVE MONTHS	8
	SIX MONTHS.....	9
	SEVEN TO ELEVEN MONTHS.....	10
	AT ABOUT ONE YEAR OR MORE	11
REFUSED	77	
DON'T KNOW	99	

Q38. At what age do you think a baby or young child can begin to sense whether or not his parent is depressed or angry, and can be affected by his parent's mood? **(DO NOT READ CATEGORIES)** (*new*)

AROUND BIRTH.....	1
TWO WEEKS.....	2
ONE MONTH.....	3
TWO MONTHS.....	4
THREE MONTHS.....	5
FOUR MONTHS.....	6
FIVE MONTHS.....	7
SIX MONTHS.....	8
SEVEN MONTHS.....	9
EIGHT MONTHS.....	10
NINE MONTHS.....	11
TEN MONTHS.....	12
ELEVEN MONTHS.....	13
ONE TO UNDER TWO YEARS.....	14
TWO TO UNDER THREE YEARS.....	15
THREE OR MORE YEARS.....	16
REFUSED.....	77
DON'T KNOW.....	99

Q42. Please tell me if you would rate the following behavior, on the part of a parent or caregiver, as appropriate OR as something that will likely spoil a child *if done too often*: (*new*)

	WILL LIKELY SPOIL THE			
	APPROPRIATE	CHILD	REF	DK
a. Picking up a three-month-old every time she cries	1.....	2.....	77....	99
b. Rocking a one-year-old to sleep every night because the child will protest if this is not done.....	1.....	2.....	77....	99
c. Letting a six-year-old get down from the dinner table to play before the rest of the family has finished their meal.....	1.....	2.....	77....	99
d. Letting a six-year-old choose what to wear to school every day	1.....	2.....	77....	99

Next, Please tell me whether you think the following statement is TRUE or FALSE.

Q43. Parents' emotional closeness with their baby can strongly influence that child's intellectual development. (PROBE:)	DEFINITELY TRUE	1
Would you say it is definitely (TRUE/FALSE) or probably (TRUE/FALSE)? (<i>new</i>)	PROBABLY TRUE	2
	PROBABLY FALSE	3
	DEFINITELY FALSE	4
	NOT SURE	5
	REFUSED	77

Children with Special Needs

These next questions are about your child's health.

Q44. Was (<u>NAME</u>) born prematurely or did (he/she) weigh less than 5 lbs. at birth? (Q35)	YES	1
	NO.....	2
	REFUSED	77
	DON'T KNOW	99
Q45. Did (<u>NAME</u>) have any health problems when he/she was born? (Q36)	YES	1
	NO.....	2
	REFUSED	77
	DON'T KNOW	99
Q46. Does (<u>NAME</u>) currently need or use medicine prescribed by a doctor (other than vitamins)? (<i>new</i>)	YES	1
	NO.....	2
	REFUSED	77
	DON'T KNOW	99

IF YES, ASK:

Q47. Is this because of <u>any</u> medical, behavioral or other health condition? (<i>new</i>)	YES	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

IF YES, ASK:

Q48. Is this a condition that has lasted or is expected to last for <u>at least 12 months</u> ? (<i>new</i>)	YES	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

Q49. Does (<u>NAME</u>) need or use more medical care, mental health or educational services than is usual for most children of the same age? (<i>new</i>)	YES	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

IF YES, ASK:

Q50. Is this because of <u>any</u> medical, behavioral or other health condition? (<i>new</i>)	YES	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

IF YES, ASK:

Q51. Is this a condition that has lasted or is expected to last for <u>at least 12 months</u> ? (<i>new</i>)	YES	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

Q52. Is (<u>NAME</u>) limited or prevented in any way in (his/her) ability to do the things most children of the same age do? (<i>new</i>)	YES	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

IF YES, ASK:

Q53. Is this because of <u>any</u> medical, behavioral or other health condition? (<i>new</i>)	YES	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

IF YES, ASK:

Q54. Is this a condition that has lasted or is expected to last for <u>at least 12 months</u> ? (<i>new</i>)	YES	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

Q55. Does (<u>NAME</u>) need or receive special therapy, such as physical, occupational or speech therapy? (<i>new</i>)	YES	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

IF YES, ASK:

Q56. Is this because of <u>any</u> medical, behavioral or other health condition? (<i>new</i>)	YES	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

IF YES, ASK:

Q57.	Is this a condition that has lasted or is expected to last for <u>at least 12 months</u> ? (new)	YES 1
		NO 2
		REFUSED 77
		DON'T KNOW 99

Q58.	Does (NAME) have any kind of emotional, developmental or behavioral problem for which (he/she) needs or receives treatment or counseling? (new)	YES 1
		NO 2
		REFUSED 77
		DON'T KNOW 99

IF YES, ASK:

Q59.	Has this problem lasted or is it expected to last for <u>at least 12 months</u> ? (new)	YES 1
		NO 2
		REFUSED 77
		DON'T KNOW 99

IF CHILD HAS SPECIAL NEEDS (= YES TO ALL PARTS OF A SET OF QUESTIONS: Q46-48 OR Q49-51 OR Q52-54 OR Q55-57 OR Q58-59), ASK:

Q60.	According to your responses to the questions I just asked, your child may have some special health care needs. Which of the following statements most closely reflects your situation... (READ RESPONSES)? (Q45 revised)	
	I have been able to obtain all the services that I need to care for my child with special health needs	1
	I have been able to obtain some of the services	2
	I have not been able to obtain any of the services	3
	MY CHILD DOES NOT HAVE SPECIAL HEALTH CARE NEEDS (VOL. ONLY)	88
	REFUSED	77
	DON'T KNOW	99
Q61.	Did (NAME'S) personal doctor or nurse, or someone from their office or clinic, do anything to help you get the special care or equipment that (he/she) needed? (Q43)	YES 1
		NO 2
		REFUSED 77
		DON'T KNOW 99

Childcare services

Next, some questions about childcare.

Q62.	Is there a person who cares for (NAME) while you are at work or school, like a baby sitter, child care provider or family member? (Q48 revised)	YES, SOMEONE ELSE CARES FOR HER/HIM SOMETIMES..... 1
		NO, I CARE FOR HER/HIM ALL THE TIME.. 2
		REFUSED 77
		DON'T KNOW 99

IF YES, ASK:

Q63.	In a typical week, about how many <u>hours</u> does someone else care for (NAME)? (IF LESS THAN 1 HOUR, ENTER AS 1 HOUR) (Q49)	HOURS: _____
		REFUSED 77
		DON'T KNOW 99

Q64. Which person or place takes care of <u>(NAME)</u> for most hours while you are working? (READ LIST) (new)	yourself	1
	spouse or partner	2
	another parent or guardian	3
	another relative	4
	family child care home	5
	child care center	6
	preschool or other child care program	7
	neighbor	8
	babysitter or nanny	9
	OTHER (SPECIFY)	55
DO NOT READ {		
	REFUSED	77
	DON'T KNOW	99

Q65. Have you had any problems enrolling <u>(NAME)</u> in a child care center or preschool program? (Q51 revised)	YES	1
	NO	2
	NEVER TRIED TO ENROLL IN DAY CARE ..	3
	REFUSED	77
	DON'T KNOW	99

IF YES, ASK:

Q66. What kind of problems have you had enrolling <u>(NAME)</u> in childcare? Was it because... (READ LIST)? (ANSWER MAY BE A MULTIPLE) (Q52)	the hours don't meet your needs	1	
	of the cost	2	
	of the location	3	
	you were unsure of quality	4	
	of their inability to offer services for children with special health or behavioral needs	5	
	of language or cultural differences between you and the staff	6	
	or for other reasons (specify)	55	
	DO NOT READ {		
		REFUSED	77
		DON'T KNOW	99

IF CHILD HAS SPECIAL NEEDS (= YES TO ALL PARTS OF A SET OF QUESTIONS: Q46-48 OR Q49-51 OR Q52-54 OR Q55-57 OR Q58-59), ASK:

Q67. Have you had problems with a preschool or childcare center because it could not make accommodations for <u>NAME'S</u> special health needs? (Q53 revised)	YES	1
	NO	2
	DOESN'T APPLY (NO SPECIAL NEEDS) ..	3
	REFUSED	77
	DON'T KNOW	99

IF YES, ASK:

Q68. Is it because... (READ LIST)? (Q54)	it is not wheelchair accessible	1	
	the teachers are untrained in working with children with special needs	2	
	or for another reason (specify)	55	
	DO NOT READ {		
		REFUSED	77
	DON'T KNOW	99	

IF USES CHILDCARE (Q62 = 1), ASK:

Q69. Do you receive a discount, subsidy or scholarship for any part of your preschool or childcare fee for <u>(NAME)</u> ? (Q55 revised)	YES	1
	NO	2
	FRIEND/RELATIVE DOESN'T CHARGE FOR CHILDCARE.....	3
	REFUSED	77
	DON'T KNOW	99

IF YES, ASK:

Q70.	How much discount or subsidy per month do you get? (Q56 revised)	\$ _____ REFUSED 77 DON'T KNOW 99
Q71.	How much do you pay, on average, for a month of preschool or childcare for (NAME)? (INTERVIEWER: THIS DOES NOT INCLUDE ANY SUBSIDY) (Q57)	\$ _____ REFUSED 77 DON'T KNOW 99

Raising Children

Q72. Please tell me how strongly you agree or disagree with the following statements. There are no right or wrong answers. Your first impression is usually the best reflection of your feelings. (READ STATEMENTS IN RANDOM ORDER, ASKING:) Do you agree, disagree, or are you uncertain? (INTERVIEWER: PROBE FOR INTENSITY OF AGREEMENT OR DISAGREEMENT:) Is that strongly (agree/disagree) or somewhat (agree/disagree). (Q61)

STRONGLY SOMEWHAT SOMEWHAT STRONGLY
AGREE AGREE UNCERTAIN DISAGREE DISAGREE REF DK

- () d. Parents will spoil their children by picking them up and comforting them when they cry..... 1..... 2..... 3..... 4 5..... 77 ...99
- () f. Parents who are sensitive to their child's feelings and moods often spoil their children 1..... 2..... 3..... 4 5..... 77 ...99
- () i. Children whose needs are left unattended will often grow up to be more independent..... 1..... 2..... 3..... 4 5..... 77 ...99
- () j. Parents who encourage communication with their children only end up listening to complaints 1..... 2..... 3..... 4 5..... 77 ...99
- () k. Children will quit crying faster if they are ignored 1..... 2..... 3..... 4 5..... 77 ...99
- () l. Children who are given too much love by their parents often grow up to be stubborn and spoiled 1..... 2..... 3..... 4 5..... 77 ...99

Child Safety

IF CHILD IS UNDER 2 YEARS, ASK:

Q73. In what position do you usually place <u>NAME</u> when you put (him/her) down to sleep? For example, do you lay your child on (his/her) side? (Q62 revised)	ON BACK	1
	ON STOMACH	2
	ON SIDE	3
	NO SPECIAL POSITION	4
	OTHER (SPECIFY) _____ (VOL. ONLY)	55
	REFUSED	77
	DON'T KNOW	99
Q74. Have you or anyone else in your household smoked since (<u>NAME</u>) was born? (INTERVIEWER: INCLUDES IF SMOKED OUTSIDE THE HOUSE) (Q71)	YES	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

Social Support Systems

Q75. Is there someone that you can turn to for day-to-day emotional help with (PROGRAMMER: IF PARENT, USE "PARENTHOOD"; IF SOMEONE ELSE, USE "RAISING CHILDREN") (new)	YES	1
	NO	2
	REFUSED	77
	DON'T KNOW	99
Q76. Is there someone you can count on to watch (<u>NAME</u>) if you need a break? (new)	YES	1
	NO	2
	REFUSED	77
	DON'T KNOW	99
Q77. How easy or difficult is it to find someone you can talk to when you need advice about how to raise (<u>NAME</u>) – very easy, somewhat easy, somewhat difficult or very difficult? (new)	VERY EASY	1
	SOMEWHAT EASY	2
	SOMEWHAT DIFFICULT	3
	VERY DIFFICULT	4
	REFUSED	77
	DON'T KNOW	99
Q78. In general, how well do you feel you are coping with the day-to-day demands of (PROGRAMMER: IF PARENT, USE "PARENTHOOD"; IF SOMEONE ELSE, USE "RAISING CHILDREN")? Would you say you are coping very well, somewhat well, not very well or not very well at all? (new)	VERY WELL	1
	SOMEWHAT WELL	2
	NOT VERY WELL	3
	NOT VERY WELL AT ALL	4
	REFUSED	77
	DON'T KNOW	99
Q79. Thinking about the past month, how much of the time have you felt ... (READ ITEMS IN RANDOM ORDER) – all of the time, most of the time, some of the time or none of the time? (new)		
		ALL OF MOST OF SOME OF NONE OF
		<u>THE TIME</u> <u>THE TIME</u> <u>THE TIME</u> <u>THE TIME</u> REF DK
	() a. that (<u>NAME</u>) was much harder to care for than most children	1 2 3 4 77 99
	() b. that (<u>NAME</u>) does things that really bother you a lot.....	1 2 3 4 77 99
	() c. that you were giving up too much of your life to meet (<u>NAME'S</u>) needs	1 2 3 4 77 99
	() d. angry with (<u>NAME</u>).....	1 2 3 4 77 99

- Q80. Please tell me which one person you are most comfortable asking about how to raise (NAME). (READ LIST) (ACCEPT ONLY ONE ANSWER) (Q74)
- | | | |
|---------------|--------------------------------------|----|
| | your mother | 1 |
| | your mother-in-law..... | 2 |
| | husband, wife, or partner | 3 |
| | doctor, nurse, or home visitor | 4 |
| | childcare worker | 5 |
| | friend or neighbor | 6 |
| | -or- someone else
(specify) _____ | 55 |
| DO NOT READ { | REFUSED | 77 |
| | DON'T KNOW | 99 |

Health Service Use

Next I am going to ask you questions about the health care you receive with NAME'S doctor.

- Q82. Do you have a regular doctor or clinic you go to for (NAME'S) check-ups? (Q77)
- | | | |
|--|--|----|
| | YES, HAVE A REGULAR DOCTOR
OR CLINIC | 1 |
| | NO, DON'T HAVE A REGULAR DOCTOR
OR CLINIC (OR IN PROCESS OF
CHANGING MD) | 2 |
| | REFUSED | 77 |
| | DON'T KNOW | 99 |

- Q85. During (NAME'S) last check-up, did you ask all the questions you wished to ask? (*new*)
- | | | |
|--|------------------|----|
| | YES | 1 |
| | NO | 2 |
| | REFUSED | 77 |
| | DON'T KNOW | 99 |
- Q86. Did (NAME'S) doctors or health providers ever tell you that they were carrying out what doctors call a "developmental assessment" of (NAME)? (*new*)
- | | | |
|--|------------------|----|
| | YES | 1 |
| | NO | 2 |
| | REFUSED | 77 |
| | DON'T KNOW | 99 |
- Q87. Did (NAME'S) doctors or health providers ever have (him/her) pick up small objects, stack blocks, throw a ball, or recognize different colors? (*new*)
- | | | |
|--|------------------|----|
| | YES | 1 |
| | NO | 2 |
| | REFUSED | 77 |
| | DON'T KNOW | 99 |
- Q87a. Did (NAME'S) doctors or health providers ever tell you that they were concerned about (NAME'S) weight? (*new*)
- | | | |
|--|------------------|----|
| | YES | 1 |
| | NO | 2 |
| | REFUSED | 77 |
| | DON'T KNOW | 99 |

Q87b. How concerned are you about (NAME'S) weight? Would you say you are concerned a lot, a little, or are you not concerned at all? (*new*)

CONCERNED A LOT..... 1
 CONCERNED A LITTLE..... 2
 NOT CONCERNED AT ALL 3
 REFUSED 77
 DON'T KNOW 99

Q88. Doctors sometimes provide referrals to specialists or to educational or developmental programs. (In the last 12 months) (since (his/her) birth), has (NAME'S) doctors or health providers referred (him/her) to any specialist? (*new*)

YES 1
 NO..... 2
 REFUSED 77
 DON'T KNOW 99

IF Q88=YES, ASK:

Q89. What kind of specialist was that? (*new*)
(PRE-CODED OPEN END)

MEDICAL OR SURGICAL SPECIALIST 1
 SPEECH/LANGUAGE SPECIALIST 2
 HEARING SPECIALIST, OCCUPATIONAL
 OR PHYSICAL THERAPIST 3
 DENTIST OR DENTAL CARE PROVIDER ... 4
 CHILD PSYCHOLOGIST/CHILD
 PSYCHIATRIST/SOCIAL WORKER 5
 REGIONAL CENTER..... 6
 THE SCHOOL DISTRICT 7
 OTHER _____ 8
 (*SPECIFY*)
 REFUSED 77
 DON'T KNOW 99

Q90. When (NAME) was born, (**IF BIOLOGICAL PARENT:** how did you pay for his/her birth) (**IF NON-BIOLOGICAL PARENT:** How was the birth paid for)? Was it paid for by... (**READ LIST**)? (Q78)

Medi-Cal (full or partial pay) 1
 private insurance (includes HMO
 (Kaiser), employer insurance) 2
 paid by you out of pocket 3
 other payment source
 (*specify*) _____ .55
 REFUSED 77
 DON'T KNOW 99

DO NOT READ {

These next questions are about insurance that (NAME) may have at this point in time.

Q91a.	Is (NAME) covered by Medi-Cal or Medicaid? (IF NECESSARY: Medi-Cal or Medicaid is a plan for certain low-income children and their families, pregnant women, and disabled or elderly people.) (Q80a)	YES..... 1 NO 2 REFUSED 77 DON'T KNOW 99
-------	--	---

IF Q91a = YES (INSURED BY MEDI-CAL/MEDICAID), ASK:

Q91b.	Is (NAME'S) Medi-Cal or Medicaid comprehensive coverage or just for emergency services? (Q80b)	COMPREHENSIVE COVERAGE..... 1 EMERGENCY SERVICES 2 REFUSED 77 DON'T KNOW 99
-------	--	--

IF Q91a = NO, ASK:

Q91c.	Is (NAME) covered by Healthy Families? (IF NECESSARY: Healthy Families is a state program that pays for health insurance for some children up to age 19.) (INTERVIEWER: INCLUDE HEALTH PLAN OF SAN MATEO AS A YES ANSWER) (Q80c)	YES..... 1 NO 2 REFUSED 77 DON'T KNOW 99
-------	--	---

IF Q91a OR Q91c = YES, ASK:

**PROGRAMMER: IF Q91a = YES, INSERT TEXT: "Medi-Cal or Medicaid" FOR Q92.
IF Q91c = YES, INSERT TEXT: "Healthy Families" FOR Q92.**

Q92.	Was (NAME) insured by any other medical insurance just before enrolling in (Medi-Cal or Medicaid) (Healthy Families)? (Q82)	YES..... 1 NO 2 REFUSED 77 DON'T KNOW 99
------	---	---

IF Q91c = NO, DK, OR REF, ASK:

Q93.	Is (NAME) covered by the Healthy Kids Program, the San Mateo County insurance program for children who are not eligible for Medi-Cal, Medicaid or Healthy Families? (Q83)	YES..... 1 NO 2 REFUSED 77 DON'T KNOW 99
------	---	---

IF YES, ASK:

Q94.	Was (NAME) insured by any other medical insurance just before enrolling in Healthy Kids? (Q85)	YES..... 1 NO 2 REFUSED 77 DON'T KNOW 99
------	--	---

IF NO, DK, OR REF, ASK:

Q95.	Is (NAME) covered by a health insurance plan or HMO through your own or someone else's employment or union? (Q86)	YES..... 1 NO 2 REFUSED 77 DON'T KNOW 99
------	---	---

IF NO, DK, OR REF, ASK:

Q96.	Is (NAME) covered by a health insurance plan that you purchased directly from an insurance company or an HMO? Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital. (Q87)	YES..... 1 NO 2 REFUSED 77 DON'T KNOW 99
------	--	---

IF NO, DK, OR REF, ASK:

Q97.	Does (he/she) have any health insurance coverage through a plan that I missed? (Q88 revised)	YES.....	1
		NO	2
		REFUSED	77
		DON'T KNOW	99

IF Q97 = YES, ASK:

Q98.	What type of health insurance does (he/she) have? Does it come through ChampUS/Champ VA, Tricare, VA, some other military health care, Medicare, or some other government plan such as AIM or Mister MIP? (Q89)		
	MEDI-CAL/MEDICAID OR HEALTHY FAMILIES		1
	HEALTHY KIDS.....		2
	THROUGH CURRENT OR FORMER EMPLOYER OR UNION.....		3
	PURCHASED DIRECTLY FROM A HEALTH PLAN (BY RESPONDENT OR ANYONE ELSE)		4
	CHAMPUS/CHAMP VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE		5
	MEDICARE		6
	AIM, "MISTER MIP", OR OTHER GOVERNMENT PLAN		7
	OTHER NON-GOVERNMENT HEALTH PLAN		8
	INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC		9
	OTHER (SPECIFY).....		10
	REFUSED		77
	DON'T KNOW		99

IF Q97 = NO, DK, OR REF, ASK:

Q99.	According to the information you have provided, (NAME) does not have health care coverage. Is that correct? (Q90)	YES.....	1
		NO	2
		REFUSED	77
		DON'T KNOW	99

IF Q99 = NO, DK, OR REF ASK:

Q100. What type of health insurance does he/she have? Does it come through Medi-Cal/Medicaid, Healthy Families, Healthy Kids, an employer or union, ChampUS/Champ VA, Tricare, VA, some other military health care, Medicare, some other government plan such as AIM or Mister MIP, or from some other source? (IF NECESSARY: AIM means Access for Infants and Mothers, Mister MIP or MRMIP means MajorRisk Medical Insurance Program.) (Q91)

MEDI-CAL/MEDICAID OR HEALTHY FAMILIES	1
HEALTHY KIDS.....	2
THROUGH CURRENT OR FORMER EMPLOYER OR UNION	.3
PURCHASED DIRECTLY FROM A HEALTH PLAN (BY RESPONDENT OR ANYONE ELSE)	4
CHAMPUS/CHAMP VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE	5
MEDICARE	6
AIM, MISTER MIP, OR OTHER GOVERNMENT PLAN	7
OTHER NON-GOVERNMENT HEALTH PLAN.....	8
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC	9
OTHER.....	10
REFUSED	77
DON'T KNOW	99

- IF COVERAGE THROUGH MEDI-CAL, HEALTHY FAMILIES OR HEALTHY KIDS, SKIP TO Q106
- ALL OTHERS, CONTINUE TO Q101

IF (Q95=YES) OR (Q96=YES) OR (Q98=3-10, DK OR REF) OR (Q99=YES) OR (Q100=3-10, DK OR REF), ASK:

Q101. Before today, had you ever heard of Medi-Cal or Medicaid? (Q92)	YES.....	1
	NO	2
	REFUSED	77
	DON'T KNOW	99
Q102. Before today, had you ever heard of Healthy Families? (Q93)	YES.....	1
	NO	2
	REFUSED	77
	DON'T KNOW	99
Q103. Before today, had you ever heard of Healthy Kids? (Q94)	YES.....	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

- NOTE: Q104/Q105 ARE ASKED OF CHILDREN WHO ARE UNINSURED.
- ALL OTHERS: SKIP TO Q106.

IF UNINSURED, ASK:

Q104. What is one main reason (NAME) does not have any health insurance?
(OPEN END) (Q97)

- Costs too much1
- Don't need insurance/don't get sick.....2
- Ineligible for public coverage (Medi-Cal, Healthy Families,
Healthy Kids) due to income, age, etc.3
- Ineligible for public coverage(Medi-Cal, Healthy Families,
Healthy Kids) due to immigration status/citizenship4
- No one in family currently employed/can't get insurance
through employer5
- Ineligible for employer-sponsored coverage (due to immigration
status, lack of social security number, etc.)6
- Have applied for public coverage (Medi-Cal, Healthy Families, Healthy
Kids); waiting for paperwork to clear/waiting for waiting period to end.7
- Have applied for employer-sponsored coverage; waiting for
paperwork to clear, etc.8
- Intend to apply for public coverage (Medi-Cal, Healthy Families,
Healthy Kids) but haven't done so yet9
- Intend to apply for employer-sponsored coverage but haven't
done so yet..... 10
- Application process for public coverage (Medi-Cal, Healthy Families,
Healthy Kids) is too complicated or time-consuming..... 11
- Application process for employer-sponsored coverage is too
complicated or time consuming..... 12
- Changing jobs or insurance policies..... 13
- Moved between states or regions..... 14
- Don't like public coverage (Medi-Cal, Healthy Families, Healthy Kids)
choices/plan features or don't want welfare/government assistance 15
- Other (*SPECIFY*)..... 16
- DO NOT READ** { REFUSED..... 77
- DON'T KNOW 99

Q105 For how many months or years has _____ MONTHS (1-216)..... 1
a/b. NAME been uninsured? (IF LESS _____ YEARS (1-18)..... 2
THAN 1 MONTH, ENTER AS 1 MONTH REFUSED 77
(Q98a/b) DON'T KNOW 99

Q106. Have you ever been told that NAME has asthma? (Q111) YES..... 1
NO 2
REFUSED 77
DON'T KNOW 99

Q107. During the past 12 months, did (NAME) visit an emergency
room or an urgent care center because of asthma? (new) YES..... 1
NO 2
REFUSED 77
DON'T KNOW 99

Other Related Services

Q108. In the last year, have any of your immediate family members, (spouse/partner/children), received any of the following services? (READ ITEMS, ASKING:) Have you or your immediate family members received this service in the last year? (Q113 revised)

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
a. Welfare (TANF, AFDC, CalWORKS) or temporary assistance to needy families	1	2	77	99
b. Unemployment benefits.....	1	2	77	99
c. Supplemental Security Income (SSI).....	1	2	77	99
d. WIC services (Women, Infants and Children food program)	1	2	77	99
e. Food Stamps.....	1	2	77	99
f. Child welfare services through the County Department of Human Services	1	2	77	99

Life Stressors

Q109. I am going to ask you about some things that might have occurred since NAME was born that might have made you feel stressed or upset. How much of a hassle or a concern were the following things for you... (READ ITEMS, ASKING:) – would you say very much, somewhat, not much, or not at all? (Q114 revised)

	<u>VERY MUCH</u>	<u>SOMEWHAT</u>	<u>NOT MUCH</u>	<u>NOT AT ALL</u>	<u>REF</u>	<u>DK</u>
a. worries about food, housing, health care, and transportation.....	1	2	3	4	77	99
b. money worries like paying bills.....	1	2	3	4	77	99
c. problems related to your spouse or partner.....	1	2	3	4	77	99
d. a recent loss of a loved one.....	1	2	3	4	77	99
e. sexual, emotional, or physical abuse	1	2	3	4	77	99
f. problems with alcohol or drugs.....	1	2	3	4	77	99
g. work-related problems	1	2	3	4	77	99

Q110. Have you thought that you needed help with sadness or depression since <u>NAME</u> was born? (Q116)	YES.....	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

IF YES, ASK:

Q111. Have you ever been told by a doctor or other health professional that you have depression or some other depressive disorder (IF NECESSARY: such as bipolar disorder or manic depression)? (new)	YES.....	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

IF YES, ASK:

Q112. Did they refer you to a mental health specialist? (Q118)	YES.....	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

Q113. Did you go see a mental health specialist? (Q119)	YES.....	1
	NO	2
	REFUSED	77
	DON'T KNOW	99

IF Q110 OR Q111 = 1 (YES) BUT Q113 = 2 (NO), ASK:

Q114a. Why didn't you see a mental health specialist? (<i>new</i>)	No insurance.....	1
	My insurance does not cover mental health	2
	Too busy with other things	3
	Did not feel comfortable	4
	Had trouble finding somebody	5
	Did not think it would help	6
	Other _____	7
	(SPECIFY)	
REFUSED	77	
DON'T KNOW	99	

IF Q110 OR Q111 = 1 (YES) AND Q113 = 1 (YES), ASK:

Q114b. How much did it help? Would you say it helped a lot, a little or not at all? (<i>new</i>)	A LOT.....	1
	A LITTLE	2
	NOT AT ALL.....	3
	REFUSED	77
	DON'T KNOW	99

IF Q1 = 1 (BIOLOGICAL MOTHER), ASK:

Q115. We would like to know how you are feeling now. Please answer the following questions with the answer that comes closest to how you have felt in the past 7 days, not just how you feel today. In the past seven days...

Q115a. I have been able to laugh and see the funny side of things... Would you say... (READ CATEGORIES). (Q121a)	AS MUCH AS I ALWAYS COULD.....	1
	NOT QUITE SO MUCH NOW	2
	DEFINITELY NOT SO MUCH NOW	3
	NOT AT ALL.....	4
	DO NOT READ { REFUSED	77
	DON'T KNOW	99

Q115b. I have looked forward with enjoyment to things... Would you say... (READ CATEGORIES). (Q121b)	AS MUCH AS I EVER DID.....	1
	RATHER LESS THAN I USED TO	2
	DEFINITELY LESS THAN I USED TO	3
	HARDLY AT ALL.....	4
	DO NOT READ { REFUSED	77
	DON'T KNOW	99

Q115c. I have blamed myself unnecessarily when things went wrong...Would you say... (READ CATEGORIES). (Q121c)	MOST OF THE TIME	1
	SOME OF THE TIME	2
	NOT VERY OFTEN	3
	NEVER	4
	DO NOT READ { REFUSED	77
	DON'T KNOW	99

Q115d. I have been anxious or worried for no good reason... Would you say... (READ CATEGORIES). (Q121d)	NOT AT ALL.....	1
	HARDLY EVER	2
	SOMETIMES.....	3
	VERY OFTEN	4
	DO NOT READ { REFUSED	77
	DON'T KNOW	99

Q115e. I have felt scared or panicky for no very good reason... Would you say... (READ CATEGORIES). (Q121e)	QUITE A LOT 1 SOMETIMES..... 2 NOT MUCH 3 NOT AT ALL..... 4 DO NOT READ { REFUSED 77 DON'T KNOW 99
Q115f. Things have been getting on top of me... Would you say...(READ CATEGORIES). (Q121f)	MOST OF THE TIME I HAVEN'T BEEN ABLE TO COPE AT ALL..... 1 SOMETIMES I HAVEN'T BEEN COPING AS WELL AS USUAL..... 2 MOST OF THE TIME I HAVE COPEDED QUITE WELL 3 I HAVE BEEN COPING AS WELL AS EVER 4 DO NOT READ { REFUSED 77 DON'T KNOW 99
Q115g. I have been so unhappy that I have had difficulty sleeping... Would you say... (READ CATEGORIES). (Q121g)	MOST OF THE TIME 1 SOMETIMES 2 NOT VERY OFTEN 3 NOT AT ALL..... 4 DO NOT READ { REFUSED 77 DON'T KNOW 99
Q115h. I have felt sad or miserable... Would you say... (READ CATEGORIES). (Q121h)	MOST OF THE TIME 1 QUITE OFTEN 2 NOT VERY OFTEN 3 NOT AT ALL..... 4 DO NOT READ { REFUSED 77 DON'T KNOW 99
Q115i. I have been so unhappy that I have been crying... Would you say... (READ CATEGORIES). (Q121i)	MOST OF THE TIME 1 QUITE OFTEN 2 ONLY OCCASIONALLY 3 NEVER 4 DO NOT READ { REFUSED 77 DON'T KNOW 99
Q115j. The thought of harming myself has occurred to me... Would you say... (READ CATEGORIES). (Q121j)	QUITE OFTEN 1 SOMETIMES..... 2 HARDLY EVER 3 NEVER 4 DO NOT READ { REFUSED 77 DON'T KNOW 99

IF Q110 = 1, ASK:

Q116. Would you like to receive a referral for additional services for sadness or depression? (Q127 revised)	YES..... 1 NO 2 REFUSED 77 DON'T KNOW 99
---	---

IF YES, ASK:

Q117. Here is the Mental Health Crisis phone number: (650) 579-0350. (Q127a revised)	CONTINUE 1
---	------------------

- Q118. Was there a time in the past 12 months when (NAME) needed to see a doctor but could not because of the cost? (Q128a)
- YES..... 1
 NO 2
 REFUSED 77
 DON'T KNOW 99
- Q119. Was there a time in the past 12 months when (NAME) needed to see a dentist but could not because of the cost? (Q128b)
- YES..... 1
 NO 2
 REFUSED 77
 DON'T KNOW 99
- Q120. Does (NAME) currently have any dental insurance? (Q129)
- YES..... 1
 NO 2
 REFUSED 77
 DON'T KNOW 99
- Q121. Have you ever heard of the organization First 5 San Mateo County? (new)
- YES..... 1
 NO 2
 REFUSED 77
 DON'T KNOW 99

IF YES, ASK:

- Q122. From which of the following sources have you heard something about First 5 San Mateo County: TV or radio, newspaper, your doctor, a social worker or other health professional, family or friends, school or community organizations, or from some other place? (ANSWER CAN BE A MULTIPLE) (new)
- TV OR RADIO 1
 NEWSPAPER 2
 YOUR DOCTOR 3
 A SOCIAL WORKER OR OTHER HEALTH PROFESSIONAL..... 4
 FAMILY OR FRIENDS..... 5
 SCHOOL OR COMMUNITY ORGS..... 6
 SOME OTHER PLACE 7
 (SPECIFY)
- REFUSED 77
 DON'T KNOW 99
- Q123. Which of the following things do you associate with First 5 San Mateo County? (READ ITEMS IN RANDOM ORDER) Do you associate this with First 5 San Mateo County? (new)
- (ROTATE ONLY A-D)
- | | YES | NO | REF | DK |
|--|-----|----|-----|----|
| () a. Children's health insurance | 1 | 2 | 77 | 99 |
| () b. Preschool | 1 | 2 | 77 | 99 |
| () c. The first five years..... | 1 | 2 | 77 | 99 |
| () d. The New Parent Kit | 1 | 2 | 77 | 99 |

Demographics

Q124. Are you currently... (READ LIST)? (IF NECESSARY: Working for an employer is defined as working for wages or pay at a job/business.) (Q135)	WORKING FOR AN EMPLOYER 1 ON MATERNITY OR FAMILY LEAVE 2 STAY-AT-HOME PARENT..... 3 UNEMPLOYED..... 4 ATTENDING SCHOOL OR TAKING VOCATIONAL TRAINING 5 OTHER (SPECIFY) 6 REFUSED 77 DON'T KNOW 99
	DO NOT READ {
Q125. How many adults in your household function in a parent-type role for <u>NAME</u> ? (Q136)	_____ (1-5) REFUSED 77 DON'T KNOW 99
Q126. Are you currently married or in a marriage-like relationship? (Q137)	YES..... 1 NO 2 REFUSED 77 DON'T KNOW 99

Ethnicity (Based on Census 2000)

Q127. Do you consider yourself Spanish, Hispanic or Latino (READ OPTIONS)? (Q144)	NO, NOT SPANISH, HISPANIC, LATINO..... 1 YES, MEXICAN, MEXICAN-AMERICAN 2 YES, OTHER HISPANIC OR LATINO (INCLUDES ALL OTHER SPANISH, LATIN, OR SOUTH AMERICANS..... 3 REFUSED 77 DON'T KNOW 99
	DO NOT READ {
Q128. What is your race? Are you white, Caucasian, Black, African American, Native American, Asian or another race? (Q145a revised)	WHITE, CAUCASIAN..... 1 BLACK, AFRICAN AMERICAN 2 NATIVE AMERICAN 3 ASIAN, ASIAN AMERICAN..... 4 HISPANIC (VOL. ONLY) 5 OTHER (SPECIFY) 55 REFUSED 77 DON'T KNOW 99

IF Q128 = 4 (ASIAN/ASIAN AMERICAN), ASK:

Q129. What country are your ancestors from? (Q145b)	_____ REFUSED 77 DON'T KNOW 99
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Q130. In what country was (<u>NAME</u>) born? (Q146a)	UNITED STATES 1 OTHER (SPECIFY) 55 REFUSED 77 DON'T KNOW 99
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IF Q130 = OTHER, ASK:

Q131. Is (<u>NAME</u>) a citizen of the United States? (Q146b)	YES..... 1 NO 2 REFUSED 77 DON'T KNOW 99
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Q132. In what country were you born? (Q147)	UNITED STATES..... 1 OTHER (SPECIFY)..... 55 REFUSED 77 DON'T KNOW 99
Q133. How many years of formal schooling have you completed? (Q148) INTERVIEWER: RECORD NUMERIC RESPONSE! KEY: 12 YEARS: HIGH SCHOOL GRADUATE 14 YEARS: AA DEGREE 16 YEARS: BA/BS 18 YEARS: MASTERS DEGREE 20+ YEARS: MORE THAN MASTERS DEGREE (PH.D. VARIES)	_____ YEARS FORMAL SCHOOLING (RECORD NUMERIC RESPONSES) REFUSED 77 DON'T KNOW 99
Q134. In what country did you complete your last year of schooling? (Q149)	UNITED STATES..... 1 OTHER (SPECIFY)..... 55 REFUSED 77 DON'T KNOW 99
Q135. Do you speak more than one language? (Q150)	YES..... 1 NO 2 REFUSED 77 DON'T KNOW 99

IF YES, ASK:

Q136. Which language do you speak more, or do you speak them about equally? Would you say... (Q151)	ENGLISH MORE..... 1 SPANISH MORE..... 2 OTHER LANGUAGE MORE (SPECIFY)..... 3 BOTH ABOUT EQUALLY..... 4 REFUSED 77 DON'T KNOW 99
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Family Income

Q137. What was the total combined income of your household in 2005? Please include income from all sources such as wages, salaries, unemployment payments, public assistance, Social Security or retirement benefits, help from relatives and so forth? Can you tell me that amount before taxes? (Q152a)	\$ _____ TOTAL COMBINED INCOME REFUSED 77 DON'T KNOW 99
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IF Q137 = DK OR REF, ASK:

Q138. For the purposes of this survey, it is important to get at least a range for the total income received by all members of your household in 2005. Would you say that the total combined income, before taxes, was... (READ LIST)? (Q152b)	LESS THAN \$15,000 A YEAR.....	1
	\$15,000 TO LESS THAN \$18,000 A YEAR.....	2
	\$18,000 TO LESS THAN \$22,000 A YEAR.....	3
	\$22,000 TO LESS THAN \$30,000 A YEAR.....	4
	\$30,000 TO LESS THAN \$37,000 A YEAR.....	5
	\$37,000 TO LESS THAN \$45,000 A YEAR.....	6
	\$45,000 TO LESS THAN \$50,000 A YEAR.....	7
	\$50,000 TO LESS THAN \$58,000 A YEAR.....	8
	\$58,000 TO LESS THAN \$65,000 A YEAR.....	9
	\$65,000 TO LESS THAN \$72,000 A YEAR.....	10
	\$72,000 TO LESS THAN \$80,000 A YEAR.....	11
	\$80,000 TO LESS THAN \$88,000 A YEAR.....	12
	\$88,000 TO LESS THAN \$95,000 A YEAR.....	13
	\$95,000 TO LESS THAN \$102,000 A YEAR.....	14
	\$102,000 TO LESS THAN \$110,000 A YEAR.....	15
\$110,000 OR MORE A YEAR.....	16	
DO NOT READ { REFUSED.....	77	
DON'T KNOW.....	99	

Q139. Including yourself, how many adults are in your household? (Q153a)	_____ ADULTS	
	REFUSED.....	77
	DON'T KNOW.....	99

Q140. How many children under age 19 are in your household? (new)	_____ CHILDREN UNDER 19	
	REFUSED.....	77
	DON'T KNOW.....	99

IF Q140>1, ASK:

Q141. How many of these children are under age 6? (Q153c revised)	_____ CHILDREN UNDER 6	
	REFUSED.....	77
	DON'T KNOW.....	99

IF Q141 > 1, ASK:

Q142. What are the ages of the children under age 6 in your household? (up to nine children) (Q153d revised)	CHILD 1: _____ YEARS OLD	
	_____ MONTHS	
	CHILD 2: _____ YEARS OLD	
	_____ MONTHS	
	CHILD 3: _____ YEARS OLD	
	_____ MONTHS	
	REFUSED.....	77
	DON'T KNOW.....	99

Q143. What is your date of birth? (Q157a)	DATE OF BIRTH: _____	
	REFUSED.....	77
	DON'T KNOW.....	99

IF REF OR DK, ASK:

Q144. What is your age? (Q157b)	_____ YEARS OLD	
	REFUSED.....	77
	DON'T KNOW.....	99

Q145. Do you have health insurance coverage for yourself at the present time? (Q158)	YES..... 1 NO 2 REFUSED 77 DON'T KNOW 99
Q146. In general, how confident do you feel about your ability to be a good parent? Would you say... (READ LIST) (Q159)	very confident 1 confident 2 could use some help 3 REFUSED 77 DON'T KNOW 99
Q147. How would you rate your community as a place to raise children? Would you say... (READ LIST) (Q160)	excellent..... 1 good 2 fair 3 poor 4 REFUSED 77 DON'T KNOW 99
Q148. Those are all the questions I have. I'd like to mail you the \$10 thank you gift. May I have your name (first name or initials is fine) and mailing address? (new)	NAME: _____ STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____ REFUSED 77

I want to thank you for participating in this study and remind you that all of your answers are confidential.