

2008 SURVEY OF WIC RECIPIENTS
- Screener -

I'm calling on behalf of the WIC Program. May I speak with **FIRST NAME OF PARENT?**
 (IF NECESSARY, SAY:) We are conducting a survey among Los Angeles County parents about the needs of their children. (IF NECESSARY, SAY:) WIC is the supplemental food program for women, infants and children.

IF NO ENGLISH SPOKEN, CODE AS FOLLOWS:

SPANISH.....	2	- SPANISH CALLBACK
ASIAN LANGUAGE.....	3	} TERMINATE
OTHER LANGUAGE	4	

- IF NOT AT THIS NUMBER, ASK FOR FORWARDING NUMBER

ONCE PARENT IS ON PHONE, SAY:

I'm _____ and I'm calling on behalf of the WIC Program. We are doing an important telephone survey about the WIC program and other resources you have in your community.

You should have received a postcard about this in the mail in the past week or so.

IF NECESSARY, SAY:

- In appreciation for your time, upon completion of the survey we will send you a \$10 gift card.
- If you have any questions, you may contact WIC at 1-888-942-2229.
- This is a survey sponsored by the WIC Program. WIC would like to provide the best services possible, and work with other agencies to expand services for families with young children in your area.
- We are definitely not selling anything.
- We encourage you to provide your opinions, but your participation is entirely voluntary. If there are any questions that you do not want to answer or have no opinion about, please let me know and we will go to the next question. If you choose to end the interview before it is completed, or if you choose not to participate, there will be no penalties or any loss of WIC benefits you may already be receiving.
- The interview should take about 20-30 minutes.

IF SPANISH LANGUAGE DIFFICULTIES, ASK:

S1.	We can conduct the survey in English or Spanish. Would you prefer to be interviewed in Spanish?	NO, CONTINUE IN ENGLISH.....	1
		SPANISH	2

S2a. RECORD GENDER OF PARENT:

FEMALE	1
MALE	2

S2b. Just to confirm, is your household in Los Angeles County?

YES	1
NO	2
DON'T KNOW.....	DK
REFUSED.....	REF

IF NO, DK OR REF, ASK:

S2c.	In what city or town do you live?	CITY CODE.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
		DON'T KNOW.....	998		
		REFUSED.....	999		

- IF CITY ON LIST, CONTINUE. IF OTHER, DK OR REF, TERMINATE.

Before we begin, I need to tell you that my supervisor periodically monitors these interviews to insure quality and courtesy.

S3a. How many of your children are under 5 years old and live with you in this household? _____ CHILDREN UNDER 5 YEARS

IF S3a = 0, ASK:

S3b. Are you currently pregnant?	YES.....	1 - GO TO P1 OF PREGNANT MOM QUEX
	NO	2 } TERMINATE
	REFUSED.....	REF }

IF ONLY 1 CHILD UNDER AGE 5 FROM S3, ASK:

S4a. What is the current age and gender of this child?	BOY 0 – 11 MONTHS.....	1
	BOY 12 – 23 MONTHS (1 YEAR OLD)	2
	BOY 24 – 35 MONTHS (2 YEAR OLD)	3
	BOY 36 – 47 MONTHS (3 YEAR OLD)	4
	BOY 48 – 59 MONTHS (4 YEAR OLD)	5
	GIRL 0 – 11 MONTHS	6
	GIRL 12 – 23 MONTHS (1 YEAR OLD).....	7
	GIRL 24 – 35 MONTHS (2 YEAR OLD).....	8
	GIRL 36 – 47 MONTHS (3 YEAR OLD).....	9
	GIRL 48 – 59 MONTHS (4 YEAR OLD).....	10
	REFUSED.....	REF
S4b. Is that child receiving WIC?	YES, RECEIVING WIC	1
	NO, CHILD NOT RECEIVING WIC.....	2 - GO TO S3b
	DON'T KNOW.....	DK
	REFUSED.....	REF

IF YES, RECEIVING WIC, ASK:

S4c. So that we can refer to your child by name during the rest of the survey, what is his or her first name? (IF REFUSED, SAY:) What are his or her initials?	NAME/INITIALS OF CHILD _____
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IF MORE THAN 1 CHILD UNDER AGE 5 FROM S3, ASK

S5a. What are the current ages and genders of each of your children who are under 5 years old and live with you?		CHILD #1	CHILD #2	CHILD #3	CHILD #4
	BOY 0 – 11 MONTHS	1.....	1.....	1.....	1.....
	BOY 12 – 23 MONTHS (1 YEAR OLD).....	2.....	2.....	2.....	2.....
	BOY 24 – 35 MONTHS (2 YEAR OLD)	3.....	3.....	3.....	3.....
	BOY 36 – 47 MONTHS (3 YEAR OLD)	4.....	4.....	4.....	4.....
	BOY 48 – 59 MONTHS (4 YEAR OLD).....	5.....	5.....	5.....	5.....
	GIRL 0 – 11 MONTHS.....	6.....	6.....	6.....	6.....
	GIRL 12 – 23 MONTHS (1 YEAR OLD)	7.....	7.....	7.....	7.....
	GIRL 24 – 35 MONTHS (2 YEAR OLD)	8.....	8.....	8.....	8.....
	GIRL 36 – 47 MONTHS (3 YEAR OLD)	9.....	9.....	9.....	9.....
	GIRL 48 – 59 MONTHS (4 YEAR OLD)	10.....	10.....	10.....	10.....
	REFUSED	REF.....	REF.....	REF.....	REF.....

- S5b. How many of your children under age 5 who live in your household are receiving WIC? 1 RECEIVING WIC..... 1 - GO TO S6
2+ RECEIVING WIC 2 - GO TO S7
NONE RECEIVING WIC 3 - GO TO S3b

IF S5b IS ONE CHILD RECEIVING WIC, ASK:

To keep this interview short, we will only be asking questions about your child under age 5 who is currently receiving WIC.

- S6. So that we can refer to (him)(her) by name during the rest of the survey, what is (his)(her) first name? (IF REFUSED, SAY:) What are (his)(her) initials? NAME/INITIALS OF CHILD _____

IF S5 REFUSED OR S5b IS TWO OR MORE CHILDREN RECEIVING WIC, ASK:

- S7. To keep this interview short, we will only be asking questions about one of your children under age 5 in your household. NAME/INITIALS OF CHILD WITH MOST RECENT BIRTHDAY _____

As a way to select which child to discuss, I would like you to tell me which of your children under age 5 who is currently receiving WIC has had the most recent birthday. What is that child's first name? (IF REFUSED, SAY:) What are his or her initials?

[IF NONE OF CHILDREN UNDER AGE 5 ARE CURRENTLY RECEIVING WIC, GO TO S3b]

IF TWO OR MORE CHILDREN HAVE SAME BIRTHDAY, ASK:

- S8. How many children have the same birthday? _____ CHILDREN
REFUSED..... REF

- S9. What are the names of each child? (IF REFUSED, SAY:) What are the initials of each child? NAME/INITIALS OF CHILD #1: _____
NAME/INITIALS OF CHILD #2: _____

SELECT NAME/INITIALS WHICH COME(S) FIRST IN ALPHABETIC ORDER

**2008 SURVEY OF WIC PARENTS
 – Questionnaire –**

Most of the questions in the rest of this survey will be about NAME.

1. And, NAME is a (boy) (girl). Is that correct?
 (OR CONFIRM GENDER OF SELECTED CHILD) BOY 1
 GIRL 2
2. What is NAME's date of birth? _____ MONTH
 _____ DAY
 _____ YEAR
 REFUSED REF

WIC QUESTIONS

3. When was NAME first enrolled in the WIC program?
 (READ CATEGORIES) Prior to (his) (her) birth 1
 At less than 6 months 2
 Between 6 and 11 months 3
 During 1st year 4
 During 2nd year 5
 During 3rd year 6
 During 4th year 7
 NEVER ENROLLED IN WIC 8
 DON'T KNOW DK
 REFUSED REF

DO NOT READ {

• IF NEVER ENROLLED IN WIC, ASK S6 AGAIN IF S3a > 1 OR ASK S3b IF S3a = 1, ELSE TERMINATE

4. Has NAME been enrolled in WIC without interruption since that time? YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF
5. Are you NAME's biological (mother/father)? YES 1
 NO 2
 REFUSED REF

IF NO, ASK:

6. Are you NAME's (READ LIST)? Step (mother/father) 1
 Adoptive (mother/father) 2
 Foster/legal guardian (mother/father) 3
 Grand (mother/father) 4
 Another relative (e.g., aunt, uncle) 5
 OTHER/NOT RELATED 6
 REFUSED REF

DO NOT READ {

IF Q5 = YES OR Q6 = 1, 2 OR 3, ASK:

7. Does NAME's other parent or legal guardian live in this household? YES 1
 NO 2
 REFUSED REF

IF BIOLOGICAL (MOTHER/FATHER), ASK:

8.	(IF BIOLOGICAL MOTHER, ASK:) Did you plan your pregnancy with <u>NAME</u> ?	YES 1 NO..... 2 DON'T KNOW DK REFUSED..... REF
9a.	Was <u>NAME</u> born early as a pre-term baby? (IF NECESSARY:) A pre-term baby is one born at 36 weeks or earlier in pregnancy.	YES 1 NO..... 2 DON'T KNOW DK REFUSED..... REF
9b.	How much did <u>NAME</u> weigh at birth?	_____ LBS. _____ OUNCES DON'T KNOW DK REFUSED..... REF

12.	Right now, do you consider <u>NAME</u> to be overweight, underweight or about right for (his) (her) height?	OVERWEIGHT 1 UNDERWEIGHT..... 2 ABOUT RIGHT 3 DON'T KNOW DK REFUSED..... REF
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CHILD DEMOGRAPHICS

A few questions about NAME's ethnic and racial background...

13.	Is <u>NAME</u> Latino or of Hispanic origin (IF NECESSARY, SAY: such as Mexican-American, Latin American, South American or Spanish-American?)	YES 1 NO..... 2 DON'T KNOW DK REFUSED..... REF
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IF YES, ASK:

14.	Is <u>NAME</u> of Mexican ancestry or some other Hispanic ancestry? (ANSWER CAN BE A MULTIPLE)	MEXICAN..... 1 OTHER..... 2 DON'T KNOW DK REFUSED..... REF
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IF OTHER, ASK:

15.	Which of the following best describes <u>NAME</u> 's (other) Hispanic ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE)	Salvadoran 1 Guatemalan..... 2 Costa Rican..... 3 Honduran..... 4 Nicaraguan 5 Panamanian 6 South American 7 Spanish-American 8 Cuban 9 Puerto Rican..... 10 OTHER _____11 (SPECIFY)
DO NOT READ		{ DON'T KNOW 98 REFUSED..... 99

16.	For classification purposes, we'd like to know what <u>NAME'S</u> racial background is. Is (he/she) White, Black or African-American, Asian, Pacific Islander, American Indian or Alaskan Native, a member of another race or a combination of these? (ANSWER CAN BE A MULTIPLE)	WHITE..... 1 BLACK/AFRICAN-AMERICAN 2 ASIAN 3 PACIFIC ISLANDER 4 AMERICAN INDIAN/ALASKAN NATIVE 5 HISPANIC/LATINO (VOLUNTEERED) 6 OTHER 7 (SPECIFY)
		DO NOT READ { DON'T KNOW 8 REFUSED 9

IF ASIAN OR PACIFIC ISLANDER, ASK:

17.	Which of the following best describes <u>NAME'S</u> Asian ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE)	Chinese 1 Korean 2 Filipino 3 Japanese 4 Vietnamese 5 Asian Indian..... 6 Cambodian 7 Hawaiian..... 8 Guamanian..... 9 Samoan 10 Laotian/Hmong (MONG) 11 OTHER 12 (SPECIFY)
		DO NOT READ { DON'T KNOW 98 REFUSED 99

18.	Was <u>NAME</u> born in Los Angeles County, in some other place in California, in some other state in the U.S. or outside the United States?	LOS ANGELES COUNTY 1 OTHER CALIFORNIA 2 OTHER U.S. STATE 3 OUTSIDE THE U.S. 4 DON'T KNOW 8 REFUSED 9
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IF OUTSIDE THE U.S., ASK:

19.	How many years has <u>NAME</u> lived in the U.S.?	_____ YEARS DON'T KNOW 8 REFUSED 9
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FEEDING/NUTRITION

IF RESPONDENT IS BIOLOGICAL MOTHER, ASK:

20.	Since the birth of <u>NAME</u> did you return to work or begin a new job? (INTERVIEWER: DO NOT COUNT SCHOOL AS A JOB)	YES 1 NO 2 REFUSED REF
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IF YES, ASK:

21.	How old was <u>NAME</u> when you first returned to work or began work? (IF NECESSARY:) Just your best estimate. (RECORD ANSWER IN YEARS AND MONTHS) (IF LESS THAN 2 YEARS, RECORD ANSWER IN MONTHS)	_____ YEARS _____ MONTHS REFUSED REF
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22. While you were pregnant with NAME, which of the following describes what you thought you would do with regard to breast-feeding NAME – (READ CATEGORIES)?
- | | |
|--|-----|
| 1. You knew you would breast-feed <u>NAME</u> | 1 |
| 2. You thought you might breast-feed <u>NAME</u> | 2 |
| 3. You knew you would not breast-feed <u>NAME</u> | 3 |
| 4. You didn't know what to do about breast-feeding <u>NAME</u> | 4 |
| DO NOT READ { DON'T KNOW | DK |
| REFUSED | REF |

23. The next questions ask about things that may have happened at the hospital where NAME was born. (READ ITEMS IN ORDER)

- | | | | | | |
|--|------------|-----------|-------------------|------------|--------------------------|
| | YES | NO | DON'T KNOW | REF | NOT BORN IN HOSP. |
| a. Did you breast-feed <u>NAME</u> in the hospital | 1 | 2 | DK | REF | 3 |
- (INTERVIEWER: COUNT ANY ATTEMPTS AT BREASTFEEDING AS A "YES" RESPONSE)

(IF Q23a = NOT BORN IN HOSPITAL, SKIP TO Q24)

(IF Q23a = YES, ASK:)

- | | | | | |
|--|------------|-----------|-------------------|------------|
| | YES | NO | DON'T KNOW | REF |
| b. Was <u>NAME</u> fed only breast milk at the hospital | 1 | 2 | DK | REF |
| c. Did <u>NAME</u> stay in the same room with you at the hospital | 1 | 2 | DK | REF |
| d. Did the hospital staff give you a gift pack with formula | 1 | 2 | DK | REF |
| e. Did the hospital give you a telephone number to call for help with breast-feeding | 1 | 2 | DK | REF |

IF 23a = NO OR NOT BORN IN HOSPITAL, ASK:

- | | | |
|--|----------------------|-----|
| 24. Have you ever breast-fed <u>NAME</u> ? | YES, HAVE BREAST-FED | 1 |
| | NO, HAVE NOT | 2 |
| | REFUSED | REF |

IF 23a, 23b OR 24 = YES, ASK:

- | | | |
|--|--|-----|
| 25. How old was <u>NAME</u> the first time (he/she) ate anything besides breast milk? This includes formula, baby food, juice, cow's milk, sugar water or anything else you fed your baby. (READ CATEGORIES) | less than 1 week | 1 |
| | 1 week but less than 1 month | 2 |
| | 1 month but less than 3 months | 3 |
| | 3 months but less than 6 months | 4 |
| | at 6 months | 5 |
| | – or – have you not fed your baby anything besides breast milk | 6 |
| | MORE THAN 6 MONTHS (VOLUNTEERED) | 7 |
| DO NOT READ { | DON'T KNOW | DK |
| | REFUSED | REF |
| 26. Are you currently breast-feeding <u>NAME</u> ? | YES | 1 |
| | NO | 2 |
| | REFUSED | REF |

IF NO, NOT CURRENTLY BREAST-FEEDING (Q26 = NO), ASK:

- | | | |
|---|--------------|-----|
| 27. How old was <u>NAME</u> when you completely stopped breast-feeding (him/her)? (RECORD ANSWER IN MONTHS) | _____ MONTHS | |
| | DON'T KNOW | DK |
| | REFUSED | REF |

28. Which of the following were reasons why you stopped breast-feeding... (READ ITEMS IN RANDOM ORDER, ASKING:) Was this a reason?

	YES	NO	DON'T KNOW	REF
() a. <u>NAME</u> had difficulty nursing	1.....	2.....	DK.....	REF
() b. Breastmilk alone did not satisfy <u>NAME</u>	1.....	2.....	DK.....	REF
() c. You thought <u>NAME</u> was not gaining enough weight	1.....	2.....	DK.....	REF
() d. You felt you didn't have enough milk	1.....	2.....	DK.....	REF
() e. You or <u>NAME</u> became sick and you could not breast-feed	1.....	2.....	DK.....	REF
() f. Your nipples were sore, cracked or bleeding	1.....	2.....	DK.....	REF
() g. You felt it was the right time to stop breast-feeding.....	1.....	2.....	DK.....	REF
() h. You went back to work	1.....	2.....	DK.....	REF
() i. You were encouraged by someone to stop breast-feeding.....	1.....	2.....	DK.....	REF

IF Q20 = YES AND Q21 = 0, 1, OR 2 YEARS, ASK:

29.	When you went back to work, did your workplace have accommodations for you to breast-feed? This includes giving you a break time and a place to pump milk or breast-feed your baby.	YES	1
		NO.....	2
		REFUSED.....	REF
30.	How much support or encouragement to breast-feed <u>NAME</u> did you receive from WIC – a lot, some, only a little or none at all?	A LOT.....	1
		SOME	2
		ONLY A LITTLE	3
		NONE	4
		REFUSED.....	REF
31.	How much support or encouragement to breast-feed <u>NAME</u> did you receive from family, friends, co-workers or other people you know – a lot, some, only a little or none at all?	A LOT.....	1
		SOME	2
		ONLY A LITTLE	3
		NONE	4
		REFUSED.....	REF

ASK ALL EXCEPT Q25=6:

32a.	How often does <u>NAME</u> eat any food including meals and snacks from a fast food restaurant, like McDonald's, Taco Bell, Burger King, Kentucky Fried Chicken, or another similar place? (READ CATEGORIES)	4+ times per week.....	1
		1-3 times per week.....	2
		less than once a week but at least once a month.....	3
		less than once a month.....	4
		-or- never	5
		DO NOT READ { DON'T KNOW	DK
		REFUSED.....	REF
32b.	On an average day, about how many servings of fruits does <u>NAME</u> eat? (IF NECESSARY, SAY: Just your best estimate.)	_____ FRUITS PER DAY	
		NONE/NEVER	98
		DON'T KNOW	DK
		REFUSED.....	REF
32c.	On an average day, about how many servings of vegetables does <u>NAME</u> eat? (IF NECESSARY, SAY: Just your best estimate.)	_____ VEGETABLES PER DAY	
		NONE/NEVER	98
		DON'T KNOW	DK
		REFUSED.....	REF
32d.	On an average day, about how many sodas such as Coke or Mountain Dew, or sweetened drinks such as Gatorade, Red Bull or Sunny Delight does <u>NAME</u> drink? (Do not include diet sodas or sugar-free drinks. Please count a 12-ounce can, bottle or glass as one drink.) (IF NECESSARY, SAY: Just your best estimate.)	_____ DRINKS PER DAY	
		NONE/NEVER	98
		DON'T KNOW	DK
		REFUSED.....	REF

32e. On an average day, how many times does NAME drink any kind of milk? (IF NECESSARY, SAY: Just your best estimate.) _____ MILK PER DAY
 NONE/NEVER 98
 DON'T KNOW DK
 REFUSED REF

IF Q32e > 0, ASK:

32f.	What kind of milk does <u>NAME</u> most drink? (READ CATEGORIES)	whole (full fat) milk..... 1 reduced fat milk (1% or 2%) 2 non-fat milk 3 chocolate milk..... 4 soy milk..... 5 -or- ricemilk 6 DO NOT READ { DON'T KNOW DK REFUSED REF
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33. About how physically active is NAME compared to other children (his) (her) age? Would you say about the same, a lot less active, a little less active, a little more physically active, or a lot more active?
 ABOUT THE SAME 1
 A LOT LESS ACTIVE 2
 A LITTLE LESS ACTIVE 3
 A LITTLE MORE ACTIVE..... 4
 A LOT MORE ACTIVE..... 5
 DON'T KNOW DK
 REFUSED REF

34a. How many days in a typical week do you take NAME to a nearby park or playground to play – every day, 3 to 6 days, 1 to 2 days or never?
 EVERY DAY 1
 3-6 DAYS 2
 1-2 DAYS 3
 NEVER 4
 DON'T KNOW DK
 REFUSED REF

34b. How safe from crime do you consider your neighborhood to be – very safe, somewhat safe, somewhat unsafe or not at all safe?
 VERY SAFE 1
 SOMEWHAT SAFE 2
 SOMEWHAT UNSAFE..... 3
 NOT AT ALL SAFE..... 4
 DON'T KNOW DK
 REFUSED REF

HEALTH AND HEALTH CARE

35. In general, how would you describe NAME's health – excellent, very good, good, fair or poor?
 EXCELLENT 1
 VERY GOOD 2
 GOOD 3
 FAIR 4
 POOR 5
 DON'T KNOW DK
 REFUSED REF

36. Is NAME covered by health insurance or any other kind of health care plan? (IF NECESSARY, SAY:) This includes health insurance obtained through an employer, purchased directly, HMOs or pre-paid plans like Kaiser, government programs such as Medi-Cal, Medicaid, Healthy Families or Healthy Kids, military programs such as Tri-Care, or through the Indian Health Service.
 YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

37. Which of the following best describes the place you take NAME most often for medical care... (READ CATEGORIES)?
- A private doctor's office (including HMOs or Kaiser) 1
 - A hospital outpatient clinic 2
 - A hospital emergency room 3
 - A county or community clinic 4
 - or - Somewhere else 5
 - NONE 6
 - DON'T KNOW DK
 - REFUSED REF
- DO NOT READ {
- 38a. Has NAME ever visited the dentist?
- YES 1
 - NO 2
 - DON'T KNOW DK
 - REFUSED REF

IF Q38a = NO, ASK:

- 38(1). Which of the following are the main reasons why NAME has not visited the dentist? (READ ITEMS ONE AT A TIME IN RANDOM ORDER, ASKING:) Was this one of the main reasons?
- | | | <u>YES</u> | <u>NO</u> | <u>DON'T</u> | <u>REF</u> |
|--|---|------------|-----------|--------------|------------|
| | | | | <u>KNOW</u> | |
| () a. You don't like or are nervous about taking <u>NAME</u> to the dentist..... | 1 | 2 | DK | REF | |
| () b. You can't afford it | 1 | 2 | DK | REF | |
| () c. <u>NAME</u> isn't covered by dental insurance | 1 | 2 | DK | REF | |
| () d. You don't have a dentist or know any dentists | 1 | 2 | DK | REF | |
| () e. Transportation to the dentist's office is a problem | 1 | 2 | DK | REF | |
| () f. <u>NAME</u> doesn't have any problems with (his) (her) teeth
(IF LESS THAN AGE 2, ADD:) or doesn't have any teeth..... | 1 | 2 | DK | REF | |
| () g. There are no dentists available..... | 1 | 2 | DK | REF | |
| () h. The dentist's hours are not convenient..... | 1 | 2 | DK | REF | |
| () i. (IF NON-ENGLISH INTERVIEW:) The dentist doesn't speak
your language..... | 1 | 2 | DK | REF | |

IF Q38a = YES, ASK:

- 38(2). Which of the following was the main reason for NAME'S last visit to the dentist? (READ ALL CATEGORIES AND RECORD ONE RESPONSE)
- A routine check-up, dental exam or cleaning.....1
 - NAME complained or was having a problems with (his) (her) teeth2
 - A dentist-recommended treatment following an earlier check-up.....3
 - or- Some other reason _____4
- (SPECIFY)
- DON'T KNOWDK
 - REFUSED.....REF

IF ROUTINE CHECK-UP OR EXAM (Q38(2) = 1), ASK:

- | | |
|--|------------------------------------|
| 38(3). Was <u>NAME'S</u> last visit to the dentist initiated by you or was it made in response to a call or reminder sent to you by the dentist? | PARENT-INITIATED CHECK UP 1 |
| | DENTIST-INITIATED CHECK UP 2 |
| | DON'T KNOW DK |
| | REFUSED REF |

- 38(4). How old was NAME when (he) (she) first saw a dentist? (READ CATEGORIES IF NECESSARY)
- less than 1 year 1
 - 1 year but less than 2 years..... 2
 - 2 years but less than 3 years..... 3
 - 3 years but less than 4 years..... 4
 - 4 years or older 5
 - DON'T KNOW DK
 - REFUSED REF

- 38(5). How often are NAME'S teeth brushed – at least twice a day, about once a day, a few times a week, less than once a week or never? AT LEAST TWICE A DAY 1
 ABOUT ONCE A DAY 2
 A FEW TIMES A WEEK 3
 LESS THAN ONCE A WEEK..... 4
 NEVER 5
 DON'T KNOW DK
 REFUSED REF
- 38(6). Does NAME always brush (his) (her) own teeth, do you or does another caregiver always brush NAME'S teeth, or does NAME sometimes do it and you or another caregiver sometimes do it for (him) (her)? CHILD ALWAYS BRUSHES TEETH 1
 CAREGIVER ALWAYS BRUSHES TEETH..... 2
 SOMETIMES CHILD, SOMETIMES CAREGIVER ... 3
 DON'T KNOW DK
 REFUSED REF

The next few questions are about childcare. By childcare, we mean any kind of arrangement where someone other than you or NAME'S other parent takes care of NAME on a regular basis. Please include care provided by a relative or non-relative, either in your home or someone else's home, as well as in a child care center. Do not include preschool, kindergarten or care provided by you or NAME'S other parent.

39. How many hours is NAME currently in any kind of childcare during a typical week? Just your best estimate. _____ HOURS PER WEEK
 DON'T KNOW DK
 REFUSED REF

IF 0 HOURS PER WEEK, ASK:

40. Which of the following is a reason why you do not use any childcare for NAME in a typical week? (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason?
- | | <u>YES</u> | <u>NO</u> | <u>DON'T KNOW</u> | <u>REF</u> |
|---|------------|-----------|-------------------|------------|
| () a. You or <u>NAME'S</u> other parent work at home..... | 1 | 2 | DK | REF |
| () b. You or <u>NAME'S</u> other parent work different hours in order to care for <u>NAME</u> yourselves | 1 | 2 | DK | REF |
| () c. You or <u>NAME'S</u> other parent are not working..... | 1 | 2 | DK | REF |
| () d. You prefer to stay at home with <u>NAME</u> | 1 | 2 | DK | REF |
| () e. Child care costs too much..... | 1 | 2 | DK | REF |
| () f. The child care you want is full or not available..... | 1 | 2 | DK | REF |
| () g. Transportation is a problem | 1 | 2 | DK | REF |
| () h. Your child has a disability or other special needs | 1 | 2 | DK | REF |

IF >0 HOURS PER WEEK, ASK:

41. Which of the following types of childcare do you use for NAME on a regular basis? (READ ITEMS, ASKING:) Do you use this type of childcare for NAME on a regular basis? (IF NECESSARY: We don't need to know where, but are just interested in the type of program.)
- | | <u>YES</u> | <u>NO</u> | <u>DON'T KNOW</u> | <u>REF</u> |
|--|------------|-----------|-------------------|------------|
| a. A childcare center..... | 1 | 2 | DK | REF |
| b. Someone cares for <u>NAME</u> in <u>their</u> home..... | 1 | 2 | DK | REF |
| c. Someone cares for <u>NAME</u> in <u>your</u> home | 1 | 2 | DK | REF |

IF YES TO Q41a, IMMEDIATELY ASK:

- 42a. Is the childcare center licensed? YES 1
 NO..... 2
 DON'T KNOW DK
 REFUSED..... REF

IF YES TO Q41b OR Q41c, IMMEDIATELY ASK:

42b.	Is this person a <u>licensed</u> family or home day care provider?	YES	1
		NO.....	2
		DON'T KNOW	DK
		REFUSED.....	REF
43.	Is this person a <u>relative</u> , such as a brother, sister or grandparent, or a <u>non-relative</u> , such as a friend, neighbor, nanny or au pair?	RELATIVE	1
		NON-RELATIVE	2
		DON'T KNOW	DK
		REFUSED.....	REF

IF YES TO Q41c, IMMEDIATELY ASK:

44.	Is this person a <u>relative</u> , such as a brother, sister or grandparent, or a <u>non-relative</u> , such as a friend, neighbor, nanny or au pair?	RELATIVE	1
		NON-RELATIVE	2
		DON'T KNOW	DK
		REFUSED.....	REF

45.	Including <u>NAME</u> , how many children are usually at this place where (he) (she) is cared for? (IF NECESSARY, SAY: the place (he) (she) goes to most often.)	1 (ONLY MY CHILD)	1
		2-5.....	2
		6-10.....	3
		11-20.....	4
		OVER 20.....	5
		DON'T KNOW	DK
46.	How many adults are usually there at the same time that <u>NAME</u> is there? (IF NECESSARY, SAY: the place (he)(she) goes to most often.)	1	1
		2-5.....	2
		6-10.....	3
		11-20.....	4
		OVER 20.....	5
		DON'T KNOW	DK
46x.	Who provides most of the food <u>NAME</u> eats at childcare – the childcare provider, you, or is the food divided about equally between you and the childcare provider?	CHILDCARE PROVIDER.....	1
		YOU/CAREGIVER	2
		DIVIDED ABOUT EQUALLY	3
		DON'T KNOW	DK
		REFUSED.....	REF

47.	Overall, how easy or difficult is it for you to get <u>childcare</u> for <u>NAME</u> on a regular basis when you need it – very easy, somewhat easy, somewhat difficult, or very difficult?	VERY EASY	1
		SOMEWHAT EASY	2
		SOMEWHAT DIFFICULT	3
		VERY DIFFICULT	4
		DOES NOT NEED CHILDCARE	5
		DON'T KNOW	DK
		REFUSED.....	REF

IF VERY OR SOMEWHAT DIFFICULT, ASK:

48.	Which of the following are reasons why it is difficult to <u>get</u> childcare for <u>NAME</u> on a regular basis... (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason?						
			YES	NO	DON'T KNOW	REF	
		() a.	Child care costs too much.....	1	2	DK	REF
		() b.	It is difficult to find a provider with space available.....	1	2	DK	REF
		() c.	The hours and location don't fit your needs	1	2	DK	REF
		() d.	The quality of the childcare is not satisfactory.....	1	2	DK	REF
		() e.	The providers are unreliable (for example, they quit without notice or are late).....	1	2	DK	REF
() f.	<u>NAME</u> has a disability or other special needs	1	2	DK	REF		

IF CHILD IS AGE 2 YEARS OR OLDER, ASK:

49. Is NAME currently enrolled in a pre-school or nursery school? YES 1
 NO..... 2
 DON'T KNOW DK
 REFUSED REF

IF Q49 = YES, ASK:

50. Is NAME in a Head Start or State-sponsored preschool program or some other local pre-school or nursery school? (IF NECESSARY:) Head Start is a federally-sponsored program, while State Preschools are funded by the state. HEAD-START OR STATE-SPONSORED..... 1
 OTHER LOCAL 2
 DON'T KNOW DK
 REFUSED REF

IF Q49 = NO, DON'T KNOW OR REFUSED, ASK:

51. Do you have any plans to enroll NAME in preschool or nursery school? YES 1
 NO..... 2
 DON'T KNOW DK
 REFUSED REF

IF Q49 OR Q51 = YES, ASK:

52. Overall, how easy or difficult (is it) (would it be) for you to enroll NAME in a preschool or nursery school – very easy, somewhat easy, somewhat difficult, or very difficult? VERY EASY 1
 SOMEWHAT EASY 2
 SOMEWHAT DIFFICULT 3
 VERY DIFFICULT 4
 DOES NOT NEED PRESCHOOL 5
 DON'T KNOW/HAVEN'T TRIED 6
 REFUSED REF

IF VERY OR SOMEWHAT DIFFICULT, ASK:

53. Which of the following are reasons why it (is) (would be) difficult to find or enroll NAME in preschool or nursery school? (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason?

	YES	NO	DON'T KNOW	
			REF	REF
() a. Preschool costs too much	1	2	DK	REF
() b. It is difficult to find a preschool with space available	1	2	DK	REF
() c. The hours and location don't fit your needs.....	1	2	DK	REF
() d. The quality of the preschool is not satisfactory.....	1	2	DK	REF
() e. <u>NAME</u> has a disability or other special needs	1	2	DK	REF

54. At what age did you or other family members first begin storybook reading with NAME... (READ CATEGORIES)?

less than 6 months.....	1	} (GO TO Q55)
6 to 11 months.....	2	
1 year.....	3	
2 years.....	4	
3 years.....	5	
4 years or later.....	6	
DO NOT READ { HAVE NOT READ TO <u>NAME</u> YET ..7	} (SKIP TO Q57a)	
DON'T KNOW.....		DK
REFUSED.....		REF

IF Q54 = 1-6, ASK:

55. How many days in a typical week do you or other family members read to NAME – every day, 3 to 6 days, 1 to 2 days or never? EVERY DAY 1
 3-6 DAYS..... 2
 1-2 DAYS..... 3
 NEVER 4
 DON'T KNOW DK
 REFUSED REF

IF Q55 = 1, 2 OR 3, ASK:

56.	In the past week, when you or other family members read storybooks with <u>NAME</u> , about how much time was usually spent reading with <u>NAME</u> ... (READ CATEGORIES)?	less than 5 minutes 1 5-15 minutes..... 2 16-30 minutes..... 3 more than 30 minutes 4
	DO NOT READ	{ DON'T KNOW DK REFUSED REF

57a.	How many days in a typical week do you or other family members tell stories to <u>NAME</u> – every day, 3 to 6 days, 1 to 2 days, or never?	EVERY DAY 1 3-6 DAYS 2 1-2 DAYS 3 NEVER 4 DON'T KNOW DK REFUSED REF
57b.	How many days in a typical week do you or other family members teach letters, words, or numbers to <u>NAME</u> – every day, 3 to 6 days, 1 to 2 days, or never?	EVERY DAY 1 3-6 DAYS 2 1-2 DAYS 3 NEVER 4 DON'T KNOW DK REFUSED REF
57c.	How many days in a typical week do you or other family members play music or sing songs with <u>NAME</u> – every day, 3 to 6 days, 1 to 2 days, or never?	EVERY DAY 1 3-6 DAYS 2 1-2 DAYS 3 NEVER 4 DON'T KNOW DK REFUSED REF
57d.	How frequently do you visit the library to borrow books or materials for <u>NAME</u> – never, a few times a year, about once a month, several times a month, or once a week or more?	NEVER 1 A FEW TIMES A YEAR 2 ABOUT ONCE A MONTH 3 SEVERAL TIMES A MONTH 4 ONCE A WEEK OR MORE 5 DON'T KNOW DK REFUSED REF
57e.	In the past month, has anyone in your family visited a public library with <u>NAME</u> ?	YES 1 NO 2 DON'T KNOW DK REFUSED REF
57f.	About how many children's books do you have in your house, including library books?	NONE 1 1-10 2 11-25 3 26-50 4 MORE THAN 50 5 DON'T KNOW DK REFUSED REF
58.	Do you have occasion to use a personal computer on a regular basis either at home, at work, or at school? (IF YES, ASK: Is that at home, at work or at school? Where?) (ANSWER CAN BE A MULTIPLE 'YES')	YES, AT HOME 1 YES, AT WORK 2 YES, AT SCHOOL 3 YES, OTHER 4 NO 5 DON'T KNOW DK REFUSED REF

59.	In the past week, about how many times have you praised <u>NAME</u> for doing something worthwhile – never, once, several times or almost every day?	NEVER 1 ONCE 2 SEVERAL TIMES 3 ALMOST EVERY DAY 4 DON'T KNOW DK REFUSED REF
60.	In the past week, about how many times have you shown <u>NAME</u> physical affection, like giving (him) (her) kisses or hugs, or stroking (his) (her) hair – never, once, several times or almost every day?	NEVER 1 ONCE 2 SEVERAL TIMES 3 ALMOST EVERY DAY 4 DON'T KNOW DK REFUSED REF
61.	In the past week, about how many times have you told another adult something positive about <u>NAME</u> – never, once, several times or almost every day?	NEVER 1 ONCE 2 SEVERAL TIMES 3 ALMOST EVERY DAY 4 DON'T KNOW DK REFUSED REF
62.	How many days in a typical week does <u>NAME</u> need to be disciplined for (his) (her) behavior – every day, 3 to 6 days per week, 1 to 2 days per week or never?	EVERY DAY 1 3-6 DAYS 2 1-2 DAYS 3 NEVER 4 DON'T KNOW DK REFUSED REF

IF NAME IS 12 MONTHS (1 YEAR) OR OLDER, ASK:

63.	The next questions are about concerns you may have about <u>NAME</u> . For each one, tell me the extent to which you feel this is a problem for <u>NAME</u> . (READ ITEMS IN RANDOM ORDER, ASKING:) To what extent is this a problem for <u>NAME</u> – is it a big problem, a small problem, or not a problem?					
		A BIG	A SMALL	NOT A	DON'T	
		PROBLEM	PROBLEM	PROBLEM	KNOW	REF
	() a. (IF LESS THAN 15 MONTHS) How <u>NAME</u> makes speech sounds.....	1	2	3	DK	REF
	() b. (IF 15 MONTHS OLD OR OLDER) How <u>NAME</u> talks and makes words.....	1	2	3	DK	REF
	() e. How well <u>NAME</u> can see or hear.....	1	2	3	DK	REF
	() f. How <u>NAME</u> gets along with others.....	1	2	3	DK	REF
	() g. <u>NAME</u> 's feelings and moods	1	2	3	DK	REF
	() i. How <u>NAME</u> is learning to do things for (him/her)self	1	2	3	DK	REF
	() j. Whether <u>NAME</u> can do what other children (his) (her) age can do	1	2	3	DK	REF
	() k. (IF 24 MONTHS OR OLDER) How well <u>NAME</u> understands what you say	1	2	3	DK	REF
	() l. (IF 24 MONTHS OR OLDER) How <u>NAME</u> is learning preschool or school skills.....	1	2	3	DK	REF

64.	On an average day, how many hours does <u>NAME</u> watch television? Only include time when (he) (she) is sitting and watching TV.	_____ HOURS LESS THAN 1 HOUR 0 DON'T KNOW DK REFUSED REF
65.	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?	VERY EASY 1 SOMEWHAT EASY 2 SOMEWHAT DIFFICULT 3 VERY DIFFICULT 4 DON'T KNOW DK REFUSED REF

The next few questions ask about your feelings about your local neighborhood...

- | | | |
|--------|---|--|
| 65(a). | To what extent do you feel a strong sense of ties with the other people who live in you local neighborhood – definitely, somewhat, not much or not at all? | DEFINITELY 1
SOMEWHAT 2
NOT MUCH 3
NOT AT ALL 4
DON'T KNOW DK
REFUSED REF |
| 65(b). | When you need a little company, to what extent can you contact a neighbor you know – definitely, somewhat, not much or not at all? | DEFINITELY 1
SOMEWHAT 2
NOT MUCH 3
NOT AT ALL 4
DON'T KNOW DK
REFUSED REF |
| 65(c). | If you need advice about something, to what extent could you ask someone in your local neighborhood – definitely, somewhat, not much or not at all? | DEFINITELY 1
SOMEWHAT 2
NOT MUCH 3
NOT AT ALL 4
DON'T KNOW DK
REFUSED REF |
| 65(d). | To what extent does your participation in the WIC program help you build relationships with other people in your local neighborhood – definitely, somewhat, not much or not at all? | DEFINITELY 1
SOMEWHAT 2
NOT MUCH 3
NOT AT ALL 4
DON'T KNOW DK
REFUSED REF |
| 65(e). | Does your neighborhood have a community newspaper, newsletter, or bulletin? | YES 1
NO 2
DON'T KNOW DK
REFUSED REF |
| 66. | Is <u>NAME</u> the only child for whom you have received WIC, or are you now or have you ever received WIC services for other children (or pregnancies)? | ONLY CHILD 1
OTHER CHILDREN 2
DON'T KNOW DK
REFUSED REF |

IF OTHER CHILDREN, ASK:

67.	Counting all of your pregnancies and children, about how many months or years in total have you received WIC services?	_____ MONTHS _____ YEARS DON'T KNOW DK REFUSED REF
68.	Have you been enrolled in WIC without interruption over this entire period, or have there been times when you either did not qualify or chose not to participate in the WIC program?	WITHOUT INTERRUPTION 1 TIMES WHEN INTERRUPTED 2 DON'T KNOW DK REFUSED REF
IF TIMES WHEN INTERRUPTED, ASK:		
69.	How many breaks have there been in your WIC services since the time you first began receiving WIC services?	_____ DON'T KNOW DK REFUSED REF

THERE ARE NO QUESTIONS 70-76

77. How satisfied are you with the foods you receive from WIC – very satisfied, somewhat satisfied, or not satisfied?

VERY SATISFIED.....	1
SOMEWHAT SATISFIED	2
NOT SATISFIED.....	3
DON'T KNOW.....	DK
REFUSED.....	REF

78. Next I am going to read a list of the ways you might feel. For each, please tell me how often you have felt this way during the past month. During the past month, how often did you ... (READ ITEM) – never, rarely, some of the time, often times or most of the time?

	<u>NEVER/ RARELY</u>	<u>SOME OF THE TIME</u>	<u>OFTEN TIMES</u>	<u>MOST OF THE TIME</u>	<u>DK</u>	<u>REF</u>
a. feel depressed	1	2	3	4	DK	REF
b. feel lonely	1	2	3	4	DK	REF
c. have crying spells	1	2	3	4	DK	REF
d. feel sad.....	1	2	3	4	DK	REF

IF ANY ITEMS Q78a – d = 2, 3 OR 4, ASK:

79. How much do these feelings bother you – a lot, some, only a little or not at all?	A LOT.....	1
	SOME	2
	ONLY A LITTLE	3
	NOT AT ALL.....	4
	DON'T KNOW	DK
	REFUSED.....	REF

IF Q79 = A LOT OR SOME, ASK:

80. Have you discussed these feelings with any of the following types of people? (READ EACH ITEM IN ORDER)

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REF</u>
a. a family member	1	2	DK	REF
b. a friend.....	1	2	DK	REF
c. a priest, minister, rabbi or other clergy.....	1	2	DK	REF
d. a general practice doctor.....	1	2	DK	REF
e. a mental health professional.....	1	2	DK	REF

IF Q80e = YES, ASK:

81. What kind of mental health professional did you see? (READ LIST)	psychiatrist.....	1
	marriage and family therapist.....	2
	psychologist.....	3
	-OR- social worker	4
	DON'T KNOW.....	DK
	REFUSED.....	REF

IF Q80d OR e = YES, ASK:

82. Has your primary doctor or psychiatrist prescribed you medication for a condition, such as depression or anxiety?	YES	1
	NO	2
	DON'T KNOW.....	DK
	REFUSED.....	REF

IF Q80e ≠ YES, ASK:

83.	Have you considered seeing a mental health professional about your feelings?	YES	1
		NO	2
		DON'T KNOW	DK
		REFUSED	REF
84.	Is either of the following a reason why you haven't (seen) (considered seeing) a mental health professional about your feelings? (READ ITEMS IN RANDOM ORDER)		
			DON'T
		YES	NO
		KNOW	REF
() a.	It would be too expensive	1	2
() b.	You don't know where to find a mental health professional	1	2
		DK	REF

THERE ARE NO QUESTIONS 85-86

PARENT DEMOGRAPHICS

Now, some questions about yourself...

87a. What is your age? _____ YEARS

REFUSED..... REF

IF REFUSED, ASK:

87b.	We don't need to know exactly, but generally speaking are you between ages... (READ CATEGORIES)?	15-17	1
		18-24	2
		25-29	3
		30-39	4
		40-44	5
		45-49	6
		50-59	7
		60-64	8
		65 or older	9
		DO NOT READ → REFUSED	REF

The next few questions ask about your ethnic and racial background...

88.	Are you of Latino or Hispanic origin? (IF NECESSARY, SAY: such as Mexican-American, Latin American, South American, or Spanish-American)?	YES, HISPANIC	1
		NO, NON-HISPANIC	2
		DON'T KNOW	DK
		REFUSED	REF

IF YES, ASK:

89.	Are you of Mexican ancestry or some other Hispanic ancestry? (ANSWER CAN BE A MULTIPLE)	MEXICAN.....	1
		OTHER.....	2
		DON'T KNOW	DK
		REFUSED	REF

IF OTHER, ASK:

90. Which of the following best describes your (other) Hispanic ancestry or ethnic origin... (READ CATEGORIES)? (ANSWER CAN BE A MULTIPLE)	Salvadoran	1
	Guatemalan.....	2
	Costa Rican.....	3
	Honduran.....	4
	Nicaraguan	5
	Panamanian	6
	South American.....	7
	Spanish-American.....	8
	Cuban	9
	Puerto Rican.....	10
	Other (SPECIFY)	11
DO NOT READ {	DON'T KNOW.....	DK
	REFUSED.....	REF

91. For classification purposes, we'd like to know what your racial background is. Are you White, Black or African-American, Asian, Pacific Islander, American Indian or an Alaskan native, a member of another race or a combination of these? (ANSWER CAN BE A MULTIPLE)	WHITE.....	1
	BLACK/AFRICAN-AMERICAN	2
	ASIAN	3
	PACIFIC ISLANDER.....	4
	AMERICAN INDIAN/ALASKAN NATIVE	5
	HISPANIC/LATINO (VOLUNTEERED).....	6
	OTHER (SPECIFY)	7
	DON'T KNOW.....	DK
REFUSED.....	REF	

IF ASIAN OR PACIFIC ISLANDER, ASK:

92. Which of the following best describes your Asian ancestry or ethnic origin... (READ CATEGORIES)? (ANSWER CAN BE A MULTIPLE)	Chinese	1
	Korean	2
	Filipino	3
	Japanese.....	4
	Vietnamese	5
	Asian Indian.....	6
	Cambodian	7
	Hawaiian.....	8
	Guamanian.....	9
	Samoan	10
	Laotian/Hmong (MONG)	11
	Other (SPECIFY)	12
DO NOT READ {	DON'T KNOW.....	DK
	REFUSED.....	REF

93. Were you born in California, in some other state in the U.S. or outside the United States?	CALIFORNIA	1
	OTHER U.S. STATE	2
	OUTSIDE THE U.S.	3
	DON'T KNOW.....	DK
	REFUSED.....	REF

IF OUTSIDE U.S., ASK:

94. In which country were you born? (SEE CODES)	COUNTRY CODE.....	<input type="text"/>	<input type="text"/>
	OTHER (SPECIFY)	40	
	DON'T KNOW.....	DK	
	REFUSED.....	REF	
95. How many years have you lived in the United States? (IF LESS THAN ONE YEAR, ENTER "0")	_____ YEARS		
	DON'T KNOW.....	DK	
	REFUSED.....	REF	

96a.	What is the highest level of school you have completed or the highest degree you have received? (IF HIGH SCHOOL, ASK:) What was the highest grade you completed?	NO FORMAL SCHOOLING..... 1 8TH GRADE OR LESS..... 2 GRADES 9-12 BUT NOT A HIGH SCHOOL GRAD. 3 HIGH SCHOOL GRADUATE..... 4 SOME COLLEGE/TRADE SCHOOL/ ASSOCIATE DEGREE 5 (4-YEAR) COLLEGE GRADUATE..... 6 POST GRADUATE DEGREE 7 DON'T KNOW..... DK REFUSED..... REF
------	--	--

IF Q96a = HIGH SCHOOL GRADUATE, ASK:

96b.	Was that by graduating from high school or by passing a high school equivalency exam?	HIGH SCHOOL GRADUATE..... 1 GED EXAM 2 DON'T KNOW..... DK REFUSED..... REF
------	---	---

97.	Are you currently working for pay full-time (at least 35 hours or more), part-time, or not at all?	FULL-TIME..... 1 PART-TIME..... 2 NOT WORKING 3 DON'T KNOW..... DK REFUSED..... REF
-----	--	---

IF SPOUSE/PARTNER LIVING IN HOUSEHOLD (FROM Q7):

98.	Thinking about the employment situation of your spouse or partner, is (he) (she) currently working for pay full-time (at least 35 hours or more), part-time or not at all?	FULL-TIME..... 1 PART-TIME 2 NOT WORKING 3 REFUSED..... REF
-----	--	--

99.	What is your current height without shoes?	_____ FEET _____ INCHES REFUSED..... REF
-----	--	--

100.	What is your current weight without shoes?	_____ LBS REFUSED..... REF
------	--	-------------------------------

100x.	Are <u>you yourself</u> covered by health insurance or any other kind of health care plan? (IF NECESSARY, SAY:) This includes health insurance obtained through an employer, purchased directly, HMOs or pre-paid plans like Kaiser, government programs such as Medicare, Medi-Cal, Medicaid, Healthy Families, military programs such as Tri-Care, or through the Indian Health Service.	YES, COVERED..... 1 NO, NOT COVERED..... 2 DON'T KNOW..... DK REFUSED..... REF
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IF RESPONDENT IS FEMALE, ASK:

101.	Are you currently pregnant?	YES 1 NO..... 2 DON'T KNOW..... DK REFUSED..... REF
------	-----------------------------	--

IF YES, ASK:

102.	About how many weeks pregnant are you?	1-13 WEEKS 1 14-26 WEEKS 2 27 OR MORE WEEKS 3 DON'T KNOW..... DK REFUSED..... REF
------	--	---

103.	How much weight have you gained during this pregnancy?	_____ LBS DON'T KNOW..... DK REFUSED..... REF
------	--	---

104.	How much did you weigh prior to your current pregnancy?	_____ LBS DON'T KNOW DK REFUSED REF
105.	Do you think the weight that you have gained up to this point in your pregnancy is too little, too much or about right?	TOO LITTLE 1 TOO MUCH 2 ABOUT RIGHT 3 DON'T KNOW DK REFUSED REF

106. Including yourself, how many people currently live in your household? _____

IF MORE THAN ONE PERSON LIVING IN HOUSEHOLD, ASK:

107.	(Including yourself,) how many are adults age 18 or older?	_____
110.	How many are children between the ages of 0 and 5?	_____
109.	How many are between the ages of 6 and 17?	_____

111. Which of the following statements best describes the food eaten in your household in the last 12 months... (READ CATEGORIES)?

1. We get enough of the kinds of food we want to eat.....	1
2. We get enough, but not always the kinds of food we want.....	2
3. We sometimes don't get enough to eat ...	3
4. We often don't get enough to eat	4

DO NOT READ { DON'T KNOW DK
REFUSED REF

IF Q111 = 2, ASK:

112.	I am going to read some reasons why people don't always have the quality or variety of food they want. For each, please tell me if this is a reason why you don't always have the kinds of food you want to eat. (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason?	
		YES NO DON'T KNOW REF
() a.	We don't have enough money for food	12DK REF
() b.	The kinds of food we want are not available	12DK REF
() c.	There is not enough time for shopping or cooking.....	12DK REF
() d.	It's too hard to get to the store	12DK REF
() e.	You're on a special diet	12DK REF

IF Q111 = 3 OR 4, ASK:

113.	I am going to read some reasons why people don't always have enough to eat. For each, please tell me if this is a reason why you don't always have enough to eat. (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason?	
		YES NO DON'T KNOW REF
() a.	We don't have enough money for food	12DK REF
() b.	We don't have enough time for shopping or cooking.....	12DK REF
() c.	It's too hard to get to the store	12DK REF
() d.	You're on a diet.....	12DK REF
() e.	There is no working stove available to you	12DK REF
() f.	You are not able to cook or eat because of health problems ...	12DK REF

IF Q111 > 1, ASK:

114.	I'm going to read several statements that people have made about their household food situation. For each please tell me whether the statement was <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for you and your household in the last 12 months. (READ ITEMS IN RANDOM ORDER, ASKING:) Was this often, sometimes, or never true for you and your household in the last 12 months.					
		<u>OFTEN</u>	<u>SOME-TIMES</u>	<u>NEVER</u>	<u>DON'T KNOW</u>	<u>REF</u>
() a.	We worried whether our food would run out before we got money to buy more	1	2	3	DK	REF
() b.	The food that was bought just didn't last, and we didn't have the money to get more	1	2	3	DK	REF
() c.	We couldn't afford to eat balanced meals	1	2	3	DK	REF
() d.	We relied on only a few kinds of low-cost food to feed our (child) (children) because we were running out of money	1	2	3	DK	REF
() e.	We couldn't feed our (child) (children) a balanced meal, because we couldn't afford that	1	2	3	DK	REF

115.	Which of the following best describes where you currently live – in a home owned by your parents or relatives, in an apartment or home that you own, or in an apartment or home that you rent?	PARENTS/RELATIVE'S HOME	1
		HOME THAT YOU OWN	2
		RENTER	3
		OTHER	4
		DON'T KNOW	DK
		REFUSED	REF
116.	How easy or difficult is it for you to find housing – very difficult, somewhat difficult, somewhat easy or very easy?	VERY DIFFICULT	1
		SOMEWHAT DIFFICULT	2
		SOMEWHAT EASY	3
		VERY EASY	4
		DON'T KNOW	DK
		REFUSED	REF
117.	How easy or difficult is it for you to <u>pay for</u> housing – very difficult, somewhat difficult, somewhat easy or very easy?	VERY DIFFICULT	1
		SOMEWHAT DIFFICULT	2
		SOMEWHAT EASY	3
		VERY EASY	4
		NOT APPLICABLE (DON'T PAY)	5
		DON'T KNOW	DK
		REFUSED	REF
118.	In the past three years, how many different places have you lived, including your current residence?	_____ DIFFERENT PLACES	
		DON'T KNOW	DK
		REFUSED	REF
119.	Have you ever heard of the organization First 5 L-A?	YES	1
		NO	2
		DON'T KNOW	DK
		REFUSED	REF

IF YES, ASK:

120.	From which of the following sources have you heard something about First 5 L-A: TV or radio, newspaper, your doctor, a social worker or other health professional, family or friends, school or community organizations, or some other place? (ANSWER CAN BE A MULTIPLE)	TV OR RADIO	1
		NEWSPAPER	2
		YOUR DOCTOR, A SOCIAL WORKER OR OTHER HEALTH PROFESSIONAL	3
		FAMILY OR FRIENDS	4
		SCHOOL OR COMMUNITY ORGANIZATIONS	5
		SOME OTHER PLACE	6
		DON'T KNOW	DK
		REFUSED	REF

121. Which of the following things do you associate with First 5 L-A? (READ ITEMS IN RANDOM ORDER)
Do you associate this with First 5 L-A?

	<u>YES</u>	<u>NO</u>	<u>DON'T</u>	<u>REF</u>
			<u>KNOW</u>	
() a. Children's health insurance.....	1	2	DK	REF
() b. Preschool.....	1	2	DK	REF
() d. Sporting goods.....	1	2	DK	REF
() e. Children's clothing	1	2	DK	REF
() f. Eating fruits and vegetables.....	1	2	DK	REF

125. In what city or town do you live? (SEE CODES)

CITY CODE

DON'T KNOW 998

REFUSED 999

126. What is your current zip code? (ALL ZIP CODES MUST BEGIN WITH "9")

ZIP CODE

DON'T KNOW 99998

REFUSED 99999

These are all the questions I have. Thank you very much for your cooperation. (HANG UP)

DATE OF INTERVIEW: _____