**CA Survey 21 ENG**

\*\*NOTE TO BILINGVA: Please do not translate items highlighted in **YELLOW**\*\*

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Q45   
**RAPID CALIFORNIA STATEWIDE SURVEY**  
     
RAPID is an early childhood family well-being survey designed to **rapidly** gather essential information in a continuous manner regarding the needs and well-being of families with young children under 6 years old in California.  
   
 The survey will focus on better understanding child development (and parents’ concerns about development over time), caregiver mental health and well-being, and caregiver needs and utilization of resources.  
   
 Here’s how it works:  
  
 Answer a couple eligibility questions and sign a form saying you are interested in participating  Take a 10-15-minute survey You will receive a $5 gift card via email in two weeks **If your data is flagged as spam, you will not receive compensation!**

* Continue to consent (1)
* Not interested (0)

**End of Block: Intro Blurb**

**Start of Block: Captcha**

Q391 Please verify that you are not a robot.

**End of Block: Captcha**

**Start of Block: Info for Tracking**

Name Please fill out your First Name, Last Name, and Email. (The email you provide here is where your gift card will be emailed to)

* First Name (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last Name (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DOB\_Month Please select your birth month.

▼ January (1) ... December (12)

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DOB\_Year Please select your birth year.

▼ 1930 (1930) ... 2023 (2023)

**End of Block: Info for Tracking**

**Start of Block: Screener**

Thank you for your interest in Stanford University’s RAPID California Study! This form will ask you questions that will help us determine whether you are eligible to participate in the study.

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Screener01 Are you at least 18 years old?

* Yes (1)
* No (0)

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Screener02 Are you a primary caregiver of a child/children between the ages of birth-5 years (i.e. under 6 years)?   
  
*[Primary caregiver meaning you spend time at least half time each week with this child/children—you do not have to be the biological parent]*

* ⊗Yes (1)
* No (0)

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Screener03 Are you fluent in English and/or Spanish?

* Yes (1)
* No (0)

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Screener04 Do you currently live in California?

* Yes (1)
* No (0)

**End of Block: Screener**

**Start of Block: Consent**

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Consent **RAPID California State Survey: Consent Form**      **DESCRIPTION**: You are invited to participate in a research study that aims to gather information regarding the well-being, needs, and daily activities of parents and caregivers, and their families, in the state of California. This information will be used to inform people who can help to make positive changes in your state and local community. You will be asked to fill out a survey that takes about 15-minutes to complete. After you finish, you will be added to our study contact list and we may invite you to future 15-minute surveys. These surveys occur once per month, but we do not invite all participants to every survey. Participation in this research is voluntary, and you are free to withdraw your consent at any time.  
   
 **TIME INVOLVEMENT**: Your participation will take approximately 15-minutes for each time you fill out the survey.  
   
 **PAYMENTS**: You will receive a $5 gift card as payment for your participation. If your data is flagged as spam, we will remove your data from the database and you will not receive compensation.  
   
 **CONTACT LIST**: The RAPID research team would like to stay connected with you to invite you to follow-up RAPID surveys, and let you know about any new research participation opportunities that come up. In order to do so, we would like to keep some basic information about you, which includes: Your First and Last Name Email Address Phone Number Ages in the Household (date of birth for adult and child) Record of Study Participation and Dates   
 Agreeing to let us keep your contact information does NOT mean we are signing you up for different research studies or that you are required to participate each time. If you agree to be in our study contact list, all information you provide will remain confidential and will be used only by the researchers and staff who are running this study. In an effort to protect your information and ensure confidentiality, all of our data is stored indefinitely on a secure database and is password protected allowing only authorized users to access the information. You are free to decline participation at any time in any activity or study about which you are contacted, and are free to request to be removed from the database at any time. If you would like to be removed from this database, please contact the research team at rapidcasurvey@stanford.edu.  
   
 **PRIVACY AND CONFIDENTIALITY**: Your individual privacy will be maintained during the research and in all published and written data resulting from the study. We will take measures to protect the security of all your personal information. To ensure confidentiality, all files and records with information you provide are stored securely. The information you provide will be given a unique code that will be used to label your survey responses. After removal of identifiers, the information may be used for future research or distributed to another investigator for future research without obtaining additional consent. You have the right to review your records. If you wish to do so, contact a member of the research staff (listed in next section). Individuals and organizations that may conduct or monitor this research may be permitted access to and inspect the research records. This may include access to your private information. These individuals and organizations include the Institutional Review Board (IRB) that reviewed this research.  
   
 **CONTACT INFORMATION**:  
 *Questions*: If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Protocol Director, Phil Fisher, Ph.D. at (650) 498-6380 or **philf@stanford.edu**. You may also reach out to our project email address at rapidcasurvey@stanford.edu.  
   
 **Independent Contact**: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at (650)-723-2480 or toll free at 1-866-680-2906, or email at **irbnonmed@stanford.edu**. You can also write to the Stanford IRB, Stanford University, 1705 El Camino Real, Palo Alto, CA 94306.  
   
 Please save or print a copy of this page for your records.  
   
 If you agree to participate in this research, please select the option below that reads “I give my consent to participate in this study” to proceed to the survey.

* I give my consent to participate in this study (1)
* I do NOT give my consent to participate in this study (4)

**End of Block: Consent**

**Start of Block: Closed Survey Note**

Q179 NOTE: You are free to leave the survey at any time, but **do not** **close** the tab if you wish to continue where you left off.   
    
If you close out of this survey tab, you will no longer be able to return on your own! To receive your unique link and begin the survey again, please email us at **rapidcasurvey@stanford.edu**

**End of Block: Closed Survey Note**

**Start of Block: Demographics**

CALI.DEMO.000 The next few questions ask about your background. This information will be kept private, reported only in aggregate, and used to describe the survey respondents.

CALI.DEMO.001 What is the zip code for your current residence?

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CALI.COUNTY.001 What county do you reside in?

▼ Alameda (1) ... Yuba (58)

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CALI.DEMO.005 How many people currently live in your household, including you and those staying temporarily?

▼ 1 (1) ... > 20 (21)

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CALI.DEMO.011.2 What are the living arrangements for children in your household under the age of 6 years?   *Parents are not limited to biological parents, but include stepparents and those who adopt their children. Foster parents are considered nonrelatives.* **Select all that apply.**

* Two parents (1)
* One parent (2)
* Neither parent in household (3)
* Other children/siblings over the age of 6 (4)
* Adult relative(s) (grandparents, aunts, uncles, etc.), please specify: (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Adult non-relative(s), please specify: (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not Listed (please specify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CALI.DEMO.003 How many children do you currently live with and care for?

▼ 1 child (1) ... > 20 children (21)

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CALI.DEMO.006 What gender do you identify with?

* Man (0)
* Woman (1)
* Non-Binary (8)
* Not Listed (please specify) (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do not wish to disclose (-97)

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CALI.DEMO.007 What is your race/ethnicity? Select all that apply.

* American Indian or Alaska Native (1)
* Asian (2)
* Black or African American (3)
* Hispanic/Latino (9)
* Native Hawaiian or Other Pacific Islander (4)
* Middle Eastern/West Asian or North African (8)
* White (5)
* Not Listed (please specify) (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.DEMO.007.a Please select which specific group(s) you identify with.

* Asian Indian (1)
* Cambodian (2)
* Chinese (3)
* Filipino (4)
* Hmong (5)
* Japanese (6)
* Korean (7)
* Laotian (8)
* Mongolian (9)
* Vietnamese (10)
* Central Asian (11)
* South Asian (12)
* Southeast Asian (13)
* Other Asian (please specify) (14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.DEMO.007.b Please select which specific group(s) you identify with.

* African (1)
* African American (2)
* Caribbean, Central American, South American, or Mexican (3)
* Other Black (please specify) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.DEMO.007.c Please select which specific group(s) you identify with.

* American Indian/Native American (specific group) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Indigenous from Mexico, the Caribbean, Central America, or South America (specific group) (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other Indigenous (please specify) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.DEMO.007.d Please select which specific group(s) you identify with.

* Caribbean (1)
* Central American (2)
* Mexican (3)
* South American (4)
* Other Latino (please specify) (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.DEMO.007.e Please select which specific group(s) you identify with.

* North African (1)
* West Asian (2)
* Other Middle Eastern or North African (please specify) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.DEMO.007.f Please select which specific group(s) you identify with.

* Chamorro (1)
* Guamanian (2)
* Native Hawaiian (3)
* Samoan (4)
* Tahitian (5)
* Other Pacific Islander (please specify) (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.DEMO.007.g Please select which specific group(s) you identify with.

* European (1)
* Other White (please specify) (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CALI.DEMO.008 What is the race/ethnicity of your child(ren)? *Select all that apply.*

* American Indian or Alaska Native (1)
* Asian (2)
* Black or African American (3)
* Hispanic/Latino (9)
* Native Hawaiian or Other Pacific Islander (4)
* Middle Eastern/West Asian or North African (8)
* White (5)
* Not Listed (please specify) (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.DEMO.008.a Please select which specific group(s) your child(ren) identify with.

* Asian Indian (1)
* Cambodian (2)
* Chinese (3)
* Filipino (4)
* Hmong (5)
* Japanese (6)
* Korean (7)
* Laotian (8)
* Mongolian (9)
* Vietnamese (10)
* Central Asian (11)
* South Asian (12)
* Southeast Asian (13)
* Other Asian (please specify) (14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.DEMO.008.b Please select which specific group(s) your child(ren) identify with.

* African (1)
* African American (2)
* Caribbean, Central American, South American, or Mexican (3)
* Other Black (please specify) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.DEMO.008.c Please select which specific group(s) your child(ren) identify with.

* American Indian/Native American (specific group) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Indigenous from Mexico, the Caribbean, Central America, or South America (specific group) (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other Indigenous (please specify) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.DEMO.008.d Please select which specific group(s) your child(ren) identify with.

* Caribbean (1)
* Central American (2)
* Mexican (3)
* South American (4)
* Other Latino (please specify) (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.DEMO.008.e Please select which specific group(s) your child(ren) identify with.

* North African (1)
* West Asian (2)
* Other Middle Eastern or North African (please specify) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.DEMO.008.f Please select which specific group(s) your child(ren) identify with.

* Chamorro (1)
* Guamanian (2)
* Native Hawaiian (3)
* Samoan (4)
* Tahitian (5)
* Other Pacific Islander (please specify) (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.DEMO.008.g Please select which specific group(s) your child(ren) identify with.

* European (1)
* Other White (please specify) (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CALI.DEMO.009 What language is primarily spoken in your home?

* English (1)
* Arabic (2)
* Chinese (3)
* French (4)
* German (5)
* Italian (6)
* Japanese (7)
* Korean (8)
* Russian (9)
* Spanish (10)
* Vietnamese (11)
* American Sign Language (13)
* Not Listed (please specify) (12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CALI.DEMO.013 Which of the following best describes your generation? *Select all that apply.*

* You were born outside the United States (1)
* You were born in the United States to an immigrant parent or parents (2)
* You were born in the United States to U.S. born parents and immigrant grandparents (3)
* Your parents and grandparents were born in the U.S. (4)
* Unknown or unsure (998)

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CALI.DEMO.014 What is the highest degree or certification you have earned, in any program?

* Less than high school (1)
* Some high school (2)
* High school diploma or equivalency (GED) (3)
* Some college (4)
* Associate degree (5)
* Bachelor's degree (6)
* Master's degree (7)
* Doctorate or professional (PhD, MD, JD, DDS, etc.) (8)
* Not Listed (please specify) (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CALI.DEMO.015 Are you currently enrolled in any of the following?

* GED program (9)
* Undergraduate or post-secondary degree program (10)
* Graduate degree program (Master's, doctorate) (11)
* Non-degree credentialing program (12)
* Not Listed (please specify) (13) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (0)

CALI.DEMO.010 Are you currently pregnant?

* Yes (1)
* No (0)
* Unsure (-98)
* Not applicable (-99)
* Do not wish to disclose (-97)

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CALI.HEALTH.005.2 Does your child have a disability? A disability is something that makes it harder for your child to do everyday tasks at home or school. It might affect your child's body or mind.

* Yes (1)
* No (0)
* Unsure (-98)
* Do not wish to disclose (-97)

**End of Block: Demographics**

**Start of Block: Policy Q's**

Instructions: In this set of questions we would like to know what child care you use for your child(ren) under the age of 6 years.

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CALI.POLICY.009.b **This month**, have you used any non-parental care for your child(ren) under the age of 6 years?

* Yes (1)
* No (0)
* Unsure (-98)

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CALI.POLICY.016 Currently, which of the following types of childcare do you use for your child(ren) under the age of 6 years for **at least 5 hours per week**? *Select all that apply.*

* Any type of **paid or unpaid** **center-based care**, such as a pre-school, day care center, public pre-kindergarten, Head Start, or faith-based nursery school. Please do not include kindergarten. (1)
* **Unpaid care** by a relative, friend or neighbor for any child under the age of 6 years (2)
* **Paid care** by a relative, friend or neighbor for any child under the age of 6 years (3)
* **Paid care** from a **home-based child care provider**. Please include home-based care where the provider is paid to care for your child even if you are not making the payment. (4)

CALI.POLICY.016.a What is the relationship of the relative, friend, or neighbor currently providing care to your child(ren) under the age of 6 years? *Select all that apply.*

* Other parent/step-parent (1)
* Sibling 15 years or older (2)
* Grandparent (3)
* Other relative (4)
* Friend of parent (5)
* Neighbor (6)

CALI.POLICY.016.b **Currently**, how many hours per week on average did you utilize any type of **paid or unpaid** center-based care for your child(ren) under the age of 6 years?

▼ 1 (1) ... More than 100 hours (101)

CALI.POLICY.016.c **Currently**, how many hours per week on average did you utilize any type of **unpaid** care by a relative, friend or neighbor for your child(ren) under the age of 6 years?

▼ 1 (1) ... More than 100 hours (101)

CALI.POLICY.016.d **Currently**, how many hours per week on average did you utilize any type of **paid** care by a relative, friend or neighbor for any child under the age of 6 years?

▼ 1 (1) ... More than 100 hours (101)

CALI.POLICY.016.e **Currently**, how many hours per week on average did you utilize any type of **paid** care from a home-based child care provider for your child(ren) under the age of 6 years?

▼ 1 (1) ... More than 100 hours (101)

**End of Block: Policy Q's**

**Start of Block: TK Module**

Q390 The following questions will be about transitional kindergarten. Transitional kindergarten is a free education program for 4-5 year-old children that serves as a bridge between preschool and kindergarten.

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CALI.TK.001 Have you heard about California’s free transitional kindergarten program?

* Yes (1)
* No (0)

CALI.TK.002 How did you hear about California’s free transitional kindergarten program? *Select all that apply.*

* A friend or family member (1)
* The news (2)
* Social media (3)
* A community based organization (4)
* A teacher, counselor, or other provider (5)
* I did not know about the universal transitional kindergarten program before this survey (6)
* ⊗Not listed, please specify: (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CALI.TK.003 If you could enroll your child in free, high quality transitional kindergarten, how likely is it that you would take advantage of this opportunity?

* Very likely (3)
* Somewhat likely (2)
* Not very likely (1)
* Not likely at all (0)
* Not applicable (-99)

**End of Block: TK Module**

**Start of Block: Health & Healthcare**

CALI.HEALTH.000 The following questions ask about your and your child(ren)'s (under the age of 6 years) health and healthcare behaviors.

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CALI.HEALTH.001 Are you covered by any kind of health insurance or some other kind of health care plan?

* Yes (1)
* No (0)
* I don't know (-98)
* Do not wish to disclose (-97)

CALI.HEALTH.001.a.2 What type of health insurance or health care coverage do you have? *Select all that apply.*

* Insurance through a current or former employer or union (by you or another family member) (1)
* Insurance purchased from an insurance company (by you or another family member) (2)
* Medicare, for people 65 and older, or people with certain disabilities (3)
* Medicaid (Medi-Cal), Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability (4)
* TRICARE or other military healthcare (5)
* VA (enrolled for VA healthcare) (6)
* Indian Health Service (7)
* Any other type of health insurance or health coverage plan (Please specify) (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I don't know (998)
* Do not wish to disclose (997)

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CALI.HEALTH.002 Is your child(ren) under the age of 6 years covered by any kind of health insurance or some other kind of health care plan?

* Yes (1)
* No (0)
* I don't know (-98)
* Do not wish to disclose (-97)

CALI.HEALTH.002.a.2 What type of health insurance or health care coverage does your child (under age 6) have? *Select all that apply.*

* Insurance through a current or former employer or union (by you or another family member) (1)
* Insurance purchased directly from an insurance company (by this person or another family member) (2)
* Medicare, for people 65 and older, or people with certain disabilities (3)
* Medicaid (Medi-Cal), Medical Assistance or any kind of government-assistance plan for those with low incomes or a disability (ex: CHIP) (4)
* TRICARE or other military health care (5)
* VA (enrolled for VA health care) (6)
* Indian Health Service (7)
* Any other type of health insurance or health coverage plan (Please specify) (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I don't know (998)
* Not applicable (999)
* Do not wish to disclose (997)

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CALI.HEALTH.003 **In the last month**, have you delayed getting medical care for **yourself** (including physical or mental health visits)?

* Yes (1)
* No (0)
* Do not wish to disclose (-97)

CALI.HEALTH.003 **In the last month,** how many times have **you** **delayed** getting medical care **for yourself** (including physical or mental health visits) for any of the following reasons?    
  
 *Indicate how many times each of these barriers has delayed you getting medical care, leave blank or select 0 if a listed barrier has not delayed you.*

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| Cost (CALI.HEALTH.003.a) | ▼ 0 (1) ... 20 (23) |
| Unable to get time away from work (CALI.HEALTH.003.b) | ▼ 0 (1) ... 20 (23) |
| Unable to find childcare (CALI.HEALTH.003.c) | ▼ 0 (1) ... 20 (23) |
| Concern over exposure to illnesses (CALI.HEALTH.003.d) | ▼ 0 (1) ... 20 (23) |
| Caring for family members (CALI.HEALTH.003.e) | ▼ 0 (1) ... 20 (23) |
| Not Listed (please specify) (CALI.HEALTH.003.f) | ▼ 0 (1) ... 20 (23) |

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CALI.HEALTH.004 **In the last month**, have you missed a well-baby/well-child check-up for any of your children?

* Yes (1)
* No (0)
* Not Applicable (-99)
* Do not wish to disclose (-97)

CALI.HEALTH.004.b How many total well-baby/well-child check-up visits were missed among all children?

* Missed total check-up visits (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.HEALTH.004.a What prevented you from going to a well-baby/well-child check-up? *Select all that apply.*

* Cost (1)
* Unable to get time away from work (2)
* Unable to find child care (3)
* Concern over exposure to illness (4)
* Caring for family members (5)
* Worry about giving my child vaccines (6)
* Doctor or clinic canceled the visit (8)
* Transportation (9)
* Not Listed (please specify): (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALI.HEALTH.009.a.2 In regards to your child(ren) that missed a well-baby/well-child check-up, which visit(s) did they miss? S*elect all that apply.*

* First visit (3-5 days old) (1)
* 1 month (2)
* 2 month old (3)
* 4 month old (4)
* 6 month old (5)
* 9 month old (6)
* 12 month old (7)
* 15 month old (8)
* 18 month old (9)
* 2 years old (24 months) (10)
* 2.5 years old (30 months) (11)
* 3 years old (12)
* 4 years old (13)
* 5 years old (14)
* Do not wish to disclose (997)

CALI.HEALTH.009.b.2 Did any of your children miss a scheduled vaccine at any visit?

* Yes (1)
* No (0)
* Don't know (-98)
* Do not wish to disclose (-97)

CALI.HEALTH.009.d.2 Have any of your children resumed routine vaccines?

* Yes (1)
* No (0)
* Do not wish to disclose (-97)

**End of Block: Health & Healthcare**

**Start of Block: Parent health/well-being**

CALI.GAD2.PHQ.000 The next set of questions ask about your mental health and well-being. There will be questions about stress levels, anxiety, and depression.

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CALI.GAD2.PHQ.002 **In the last month**, how often have you been bothered by the following problems?

|  |  |  |  |  |
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|  | Not at all (0) | Several days (1) | More than half of the days (2) | Nearly every day (3) |
| Feeling nervous, anxious, or on edge (CALI.GAD2.002.a) |  |  |  |  |
| Not being able to stop or control worrying (CALI.GAD2.002.b) |  |  |  |  |
| Little interest or pleasure in doing things (CALI.PHQ.002.a) |  |  |  |  |
| Feeling down, depressed, or hopeless (CALI.PHQ.002.b) |  |  |  |  |

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CALI.STRESS.002 Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because his/her mind is troubled all the time.  
  
  
How often have you felt this kind of stress **in the last month?**

* Never (0)
* Rarely (1)
* Sometimes (2)
* Usually (3)
* Always (4)

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CALI.PSIIV.001 Answer the following question in regards to how you felt about parenting **in the last month**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree (5) | Somewhat agree (4) | Not sure (3) | Somewhat disagree (2) | Strongly disagree (1) |
| I often have felt I cannot handle things very well (CALI.PSIIV.001.b) |  |  |  |  |  |
| Being a parent has been manageable, and any problems were easily solved (CALI.PSIIV.001.d) |  |  |  |  |  |
| I feel I could benefit from additional resources and supports on parenting and how best to support my child’s development. (CALI.PSIIV.001.e) |  |  |  |  |  |

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CALI.PSIIV.003 **In the last month**, when you felt overwhelmed or stressed as a parent, how supported did you feel?

* I did not feel supported (1)
* I felt somewhat unsupported (2)
* Neutral (3)
* I felt somewhat supported (4)
* I felt very supported (5)

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CALI.LONE.001.b **In the past month**, please describe how often you felt lonely.

* Never (0)
* Rarely (1)
* Sometimes (2)
* Usually (3)
* Always (4)

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CALI.CESD.001.b **In the past month**, please describe how often you felt hopeful about the future.

* Rarely or none of the time (1)
* Some or a little of the time (2)
* Occasionally or a moderate amount of time (3)
* Most or all of the time (4)

**End of Block: Parent health/well-being**

**Start of Block: Attention Checks**

Q356 What year is 3 years into the future (we are currently in 2023)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q358 What year was 3 years ago (we are currently in 2023)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q359 Which of the following is a fruit?

* Boat (4)
* House (5)
* Apple (6)
* Car (7)

Q360 What is the seventh month of the year?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**End of Block: Attention Checks**

**Start of Block: Income and Employment**

Q177   
   
  
**You're halfway there!**    
    
The next half of the survey will focus on: Income and employment Child behavior

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CALI.JOB.000 The next set of questions ask about your family's income and employment.

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CALI.JOB.001.a To the best of your knowledge, what is your **current total household income before taxes and deductions**, from all sources\*?  
  
  
*\*Sources of income can include wages, salary, commissions, bonuses, or tips from all jobs, self-employment income, Social Security, Supplemental Security Income (SSI), any public assistance or welfare payments, retirement income, disability income, or any other sources of income received regularly, such as Veterans' (VA) payments, unemployment compensation, child support, or alimony.*  
  
  
You may respond with your household income weekly, monthly, or yearly, whatever is easiest for you. **Please do not include any dollar signs or commas in your response. You only need to fill out one of these.**

* **Weekly** (14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Or Monthly** (15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Or Yearly** (16) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CALI.JOB.002 How many people are being supported by your total household income?

▼ 0 (0) ... 20 (20)

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CALI.JOB.039 Do you currently use any of the following free or supplemental food benefits? *Select all that apply.*

* SNAP/EBT/CalFresh (also known as food stamps) (1)
* WIC (2)
* Free or reduced-priced lunches through the School Lunch and Breakfast Assistance Program (3)
* Free food through food pantries and food banks (4)
* No, but **I know how I can access** food resources (5)
* No, and **I do NOT know how I can access** food resources (7)
* No, **I am not eligible** for supplemental food benefits (6)

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CALI.JOB.008.2 Which of the following **best describes** your currentemployment status?

* Working (either full- or part-time) (1)
* Stay at home parent (not seeking employment) (5)
* Unemployed or laid off (2)
* Temporarily out of work or furloughed (3)
* Student (either working or not working) (6)
* Not Listed (please specify) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CALI.JOB.023.b What is your partner's **current** employment status? If you do not have a partner, please select not applicable.

* Working (either full- or part-time) (1)
* Stay at home parent (not seeking employment) (5)
* Unemployed or laid off (2)
* Temporarily out of work or furloughed (3)
* Student (either working or not working) (6)
* Not Listed (please specify) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not applicable (-99)

**End of Block: Income and Employment**

**Start of Block: EHQ (policy)**

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CALI.EHQ.001.3 Which of the following best described what has happened to your household income **in the past month**?

* Has increased very much (4)
* Has increased somewhat (3)
* Has stayed the same (2)
* Has decreased somewhat (1)
* Has decreased very much (0)

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CALI.EHQ.002 Which of the following best describes your household financially at this time?

* No problems (0)
* Minor problems (1)
* Major problems (2)
* Extreme problems (3)

**End of Block: EHQ (policy)**

**Start of Block: Financial Strain (Institute of Medicine measure) (policy)**

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CALI.FSTR.001 **In the past month**, how hard has it been for your family to pay for the very basics like food, housing, medical care, and utilities?

* Very hard (3)
* Hard (2)
* Somewhat hard (1)
* Not very hard (0)

*Skip To: End of Block If How hard to pay for basics = Not very hard*

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CALI.FSTR.002 Which of these needs have been hard for your family to pay for **in the past month**? *Select all that apply.*

* Food (1)
* Housing (2)
* Utilities (electric, water, trash) (3)
* Healthcare (4)
* Wellness activities (recreational, community, mental health, etc.) (10)
* Child care (7)
* Not Listed (please specify) (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ⊗None of the above (9)

*Display This Question:*

*If Which needs hard to pay for = Utilities (electric, water, trash)*

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CALI.FSTR.004 In the past month, which of the following utilities for your household have you had difficulty paying for? *Select all that apply.*

* Water (1)
* Sewer (2)
* Electricity (3)
* Gas for my home (4)
* Trash (5)
* Phone or cellphone (6)
* Internet (7)
* Not listed, please specify: (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ⊗None of the above (9)

**End of Block: Financial Strain (Institute of Medicine measure) (policy)**

**Start of Block: Other Hardships**

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CALI.DEBT.007 Please describe your housing status:

* I rent the home I live in (1)
* I own the home I live in (2)
* I am currently houseless (3)
* Not listed, please specify: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CALI.MH.007 In the last 30 days: did your household **NOT**pay the full amount of the rent or mortgage, or was your household late with a payment because you could not afford to pay?

* Yes (1)
* No (0)
* Not applicable (-99)

CALI.MH.002.a Have you received an eviction notice in the last 30 days?

* Yes (1)
* No (0)
* Not applicable (-99)

CALI.MH.009 **In the last 30 days**, were you evicted from the place you rented?

* Yes (1)
* No (0)
* Not applicable (-99)

CALI.MH.006 Please think about the **upcoming month**: If you rent the place you currently live, how worried are you about being evicted in the next month?

* Not at all worried (0)
* Slightly worried (1)
* Somewhat worried (2)
* Very worried (3)
* Extremely worried (4)
* Not applicable (-99)

CALI.MH.003 Please think about the **upcoming month**: How worried are you about your household not being able to pay the full amount of the rent or mortgage or being late with a payment because your household cannot afford to pay in the next month?

* Not at all worried (0)
* Slightly worried (1)
* Somewhat worried (2)
* Very worried (3)
* Extremely worried (4)
* Not applicable (-99)

**End of Block: Other Hardships**

**Start of Block: CBCL + SWYC**

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CALI.CBCL.015 How many children do you have under the age of 6 years?

▼ 1 child (1) ... More than 5 children (6)

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CALI.CBCL.002 Please fill out this form to reflect your view of your child’s (under the age of 6 years) behavior even if other people might not agree. Below is a list of items that describe children. Please select the answer which best fits your child's behavior **in the last month**.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not True (0) | Somewhat/ Sometimes True (1) | Often True/ Very True (2) |
| Fussy or defiant (CALI.CBCL.002.a) |  |  |  |
| Too fearful or anxious (CALI.CBCL.002.b) |  |  |  |

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CALI.SWYC.001 These questions are about your child's (under the age of 6 years) development and behavior. Think about what you would expect of other children the same age, and tell us how much each question applies to your child.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not at all (0) | Somewhat (1) | Very Much (2) |
| **Currently,** do you have any concerns about your child's learning or development? (CALI.SWYC.001.a) |  |  |  |
| **Currently,** do you have any concerns about your child's behavior? (CALI.SWYC.001.b) |  |  |  |

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CALI.CBCL.001.2\_M What is the birth month for this child **(your oldest child under the age of 6 years)**?

January, February, March, April, May, June, July, August, September, October, November, December

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CALI.CBCL.001.2\_Y What is the birth year for this child **(your oldest child under the age of 6 years)**?

▼ 2013 (2013) ... 2023 (2023)

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CALI.RELATION.001 What is YOUR relationship to this child (**your oldest under the age of 6 years**)?

* Biological Mother (8)
* Biological Father (9)
* Adopted Mother (10)
* Adopted Father (11)
* Step-mother (3)
* Step-father (4)
* Non-gestational parent (16)
* Foster Mother (12)
* Foster Father (13)
* Other relative, please specify: (14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other non-relative, please specify: (15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not Listed (please specify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Q1349 **For the next set of questions, please think about your second child (from the oldest to the youngest under the age of 6 years).**

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CALI.CBCL.005 Please fill out this form to reflect your view of your child’s (under the age of 6 years) behavior even if other people might not agree. Below is a list of items that describe children. Please select the answer which best fits your child's behavior **in the last month**.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not True (0) | Somewhat/ Sometimes True (1) | Often True/ Very True (2) |
| Fussy or defiant (CALI.CBCL.005.a) |  |  |  |
| Too fearful or anxious (CALI.CBCL.005.b) |  |  |  |

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CALI.SWYC.003 These questions are about your child's (under the age of 6 years) development and behavior. Think about what you would expect of other children the same age, and tell us how much each question applies to your child.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not at all (0) | Somewhat (1) | Very Much (2) |
| **Currently,** do you have any concerns about your child's learning or development? (CALI.SWYC.003.a) |  |  |  |
| **Currently,** do you have any concerns about your child's behavior? (CALI.SWYC.003.b) |  |  |  |

CALI.CBCL.004.2\_M What is the birth month for your **second child** under the age of 6 years?

▼ January (1) ... December (12)

CALI.CBCL.004.2\_Y What is the birth year for your **second child** under the age of 6 years?

2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023

CALI.RELATION.002 What is YOUR relationship to this child (your **second child** under the age of 6 years)?

* Biological Mother (8)
* Biological Father (9)
* Adopted Mother (10)
* Adopted Father (11)
* Step-mother (3)
* Step-father (4)
* Non-gestational parent (16)
* Foster Mother (12)
* Foster Father (13)
* Other relative, please specify: (14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other non-relative, please specify: (15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not Listed (please specify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Q1350 **For the next set of questions, please think about your third child (from the oldest to the youngest under the age of 6 years).**

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CALI.CBCL.008 Please fill out this form to reflect your view of your child’s (under the age of 6 years) behavior even if other people might not agree. Below is a list of items that describe children. Please select the answer which best fits your child's behavior **in the last month**.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not True (0) | Somewhat/ Sometimes True (1) | Often True/ Very True (2) |
| Fussy or defiant (CALI.CBCL.008.a) |  |  |  |
| Too fearful or anxious (CALI.CBCL.008.b) |  |  |  |

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CALI.SWYC.005 These questions are about your child's (under the age of 6 years) development and behavior. Think about what you would expect of other children the same age, and tell us how much each question applies to your child.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not at all (0) | Somewhat (1) | Very Much (2) |
| **Currently,** do you have any concerns about your child's learning or development? (CALI.SWYC.005.a) |  |  |  |
| **Currently,** do you have any concerns about your child's behavior? (CALI.SWYC.005.b) |  |  |  |

CALI.CBCL.007.2\_M What is the birth month for this child (your **third** child under the age of 6 years)?

▼ January (1) ... December (12)

CALI.CBCL.007.2\_Y What is the birth year for this child (your **third** child under the age of 6 years)?

▼ 2013 (2013) ... 2023 (2023)

CALI.RELATION.003 What is YOUR relationship to this child (your **third child** under the age of 6 years)?

* Biological Mother (8)
* Biological Father (9)
* Adopted Mother (10)
* Adopted Father (11)
* Step-mother (3)
* Step-father (4)
* Non-gestational parent (16)
* Foster Mother (12)
* Foster Father (13)
* Other relative, please specify: (14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other non-relative, please specify: (15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not Listed (please specify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Q1351 **For the next set of questions, please think about your fourth child (from the oldest to the youngest under the age of 6 years).**

CALI.CBCL.011 Please fill out this form to reflect your view of your child’s (under the age of 6 years) behavior even if other people might not agree. Below is a list of items that describe children. Please select the answer which best fits your child's behavior **in the last month**.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not True (0) | Somewhat/ Sometimes True (1) | Often True/ Very True (2) |
| Fussy or defiant (CALI.CBCL.011.a) |  |  |  |
| Too fearful or anxious (CALI.CBCL.011.b) |  |  |  |

CALI.SWYC.007 These questions are about your child's (under the age of 6 years) development and behavior. Think about what you would expect of other children the same age, and tell us how much each question applies to your child.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not at all (0) | Somewhat (1) | Very Much (2) |
| **Currently,** do you have any concerns about your child's learning or development? (CALI.SWYC.007.a) |  |  |  |
| **Currently,** do you have any concerns about your child's behavior? (CALI.SWYC.007.b) |  |  |  |

CALI.CBCL.010.2\_M What is the birth month for this child (your **fourth** child under the age of 6 years)?

▼ January (1) ... December (12)

CALI.CBCL.010.2\_Y What is the birth year for this child (your **fourth** child under the age of 6 years)?

▼ 2013 (2013) ... 2023 (2023)

CALI.RELATION.004 What is YOUR relationship to this child (your **fourth child** under the age of 6 years)?

* Biological Mother (8)
* Biological Father (9)
* Adopted Mother (10)
* Adopted Father (11)
* Step-mother (3)
* Step-father (4)
* Non-gestational parent (16)
* Foster Mother (12)
* Foster Father (13)
* Other relative, please specify: (14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other non-relative, please specify: (15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not Listed (please specify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Q1352 **For the next set of questions, please think about your fifth child (from the oldest to the youngest under the age of 6 years).**

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CALI.CBCL.014 Please fill out this form to reflect your view of your child’s (under the age of 6 years) behavior even if other people might not agree. Below is a list of items that describe children. Please select the answer which best fits your child's behavior **in the last month**.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not True (0) | Somewhat/ Sometimes True (1) | Often True/ Very True (2) |
| Fussy or defiant (CALI.CBCL.014.a) |  |  |  |
| Too fearful or anxious (CALI.CBCL.014.b) |  |  |  |

CALI.SWYC.009 These questions are about your child's (under the age of 6 years) development and behavior. Think about what you would expect of other children the same age, and tell us how much each question applies to your child.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not at all (0) | Somewhat (1) | Very Much (2) |
| **Currently,** do you have any concerns about your child's learning or development? (CALI.SWYC.009.a) |  |  |  |
| **Currently,** do you have any concerns about your child's behavior? (CALI.SWYC.009.b) |  |  |  |

CALI.CBCL.013.2\_M What is the birth month for this child (your **fifth** child under the age of 6 years)?

▼ January (1) ... December (12)

CALI.CBCL.013.2\_Y What is the birth year for this child (your **fifth** child under the age of 6 years)?

▼ 2013 (2013) ... 2023 (2023)

CALI.RELATION.005 What is YOUR relationship to this child (your **fifth child** under the age of 6 years)?

* Biological Mother (8)
* Biological Father (9)
* Adopted Mother (10)
* Adopted Father (11)
* Step-mother (3)
* Step-father (4)
* Non-gestational parent (16)
* Foster Mother (12)
* Foster Father (13)
* Other relative, please specify: (14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other non-relative, please specify: (15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not Listed (please specify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**End of Block: CBCL + SWYC**

**Start of Block: Open Ended Questions**

Q178   
**This is the last set of questions; you're almost done!**  
**Thank you for your participation so far!**

|  |  |
| --- | --- |
| Page Break |  |

CALI.OPEN Instructions: The following questions are for you to let us know anything else that you or your family may be experiencing right now and are completely optional.

CALI.OPEN.001 What are the biggest challenges and concerns for you and your family right now?

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CALI.OPEN.002 What is helping you and your family the most right now?

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CALI.OPEN.009 What would you like your elected officials or other policymakers (for example, U.S. Congress, state and local leaders) to know about how your family is doing or what you need during this time?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CALI.OPEN.006 Is it okay to share your comments in our research communications? We will not use your name or any other identifiable information!

* Yes (1)
* No (0)

**End of Block: Open Ended Questions**

**Start of Block: Hidden Question**

Q392 Please go to the next page.

|  |
| --- |
|  |

CALI.HQ.001 What year is it?

* 2023 (1)
* 2022 (2)
* 2021 (3)

**End of Block: Hidden Question**

END OF SURVEY

**Thank you for participating in our RAPID-California survey!**Your responses help to inform us on families with young children in California and their experiences. Pending validation and in accordance with the portion of the survey you completed, you should expect to receive a gift card from [Tango](https://www.tangocard.com/reward-catalog/) sometime **in the next two weeks.** It will be sent to the email you provided. If your response is flagged as spam, your data will be removed from our database, and you will not receive compensation.

If you have any questions, please contact us at rapidcasurvey@stanford.edu

If you want to learn more about our project and what we are doing, visit our website: [rapidsurveyproject.com](http://rapidsurveyproject.com/)

NOT ELIGIBLE

Unfortunately, you are not eligible for this survey. Thank you for your time!