



Asthma		Yes	No	Don't Know/NA
<b>13. Has a doctor or health professional ever told you that the child you selected in Question #2 has asthma?</b>		1	2	9
<b>13a. If YES to #13: Does this child currently have asthma?</b>		1	2	9
<b>If YES to #13a, please answer #13b-g</b>	B. Does this child have an individualized asthma action plan?	1	2	9
	C. Does this child have asthma symptoms or take quick relief inhaler more than two times per week?	1	2	9
	D. Does this child awaken at night with asthma symptoms more than two times per month?	1	2	9
	E. Have you refilled this child's relief inhaler more than two times in the past year?	1	2	9
	F. Is this child able to participate in Physical Education at school or other physical activity?	1	2	9
	G. Has this child been in an emergency room in the past year because of asthma symptoms?	1	2	9

<b>14. Please indicate whether a doctor or health professional has ever told you that the child you selected in Question #2 has any of the following conditions:</b>		Yes	No	Don't Know/NA
A.	An iron deficiency	1	2	9
B.	Blindness or other vision problems that cannot be corrected with glasses or contacts	1	2	9
C.	Bone, joint, or muscle problems	1	2	9
D.	Hearing loss	1	2	9
E.	Diabetes	1	2	9

<b>15. Has this child ever had the following conditions? (If you are not sure, circle "9".)</b>		Yes	No	Don't Know/NA
A.	Allergies (e.g., hay fever, any kind of respiratory allergy, food/digestive allergy, skin rash/skin allergy)	1	2	9
B.	Frequent or severe headaches, including migraines	1	2	9
C.	Stuttering, stammering, or other speech problems	1	2	9
D.	A chronic physical condition that has limited his/her activity	1	2	9

<b>16. Please answer the following questions YES or NO about this child. If you are not sure, circle "9".</b>		Yes	No	Don't Know/NA
A.	Has this child had a vision screening during the past 12 months?	1	2	9
B.	Are this child's vaccinations up-to-date for a child of his/her age?	1	2	9
C.	Has this child's blood pressure been checked during the past 12 months?	1	2	9
D.	Does this child receive free or discounted meals at school?	1	2	9
E.	Does this child receive assistance from WIC?	1	2	9
F.	Do you receive food stamps for this child?	1	2	9
G.	Are you concerned that this child may be overweight?	1	2	9
H.	Are you concerned that this child may be underweight?	1	2	9
I.	Has this child ever been pregnant?	1	2	9
J.	Has this child ever had a sexually transmitted disease?	1	2	9
K.	Has this child ever had a hearing screening?	1	2	9

**17. Was this child breastfed or receive breast milk?**

\_\_\_\_(1) Yes    \_\_\_\_ (2) No    \_\_\_\_ (9) Don't Know/NA

**17a. IF YES to #17: How long was this child breastfed or receive breast milk?**

\_\_\_\_(1) Up to 6 weeks    \_\_\_\_ (2) 7 weeks – 6 months    \_\_\_\_ (3) 7-12 months    \_\_\_\_ (4) more than 12 months

**17b. IF YES to #17: How old was this child when he/she was first fed anything other than breast milk?**

\_\_\_\_\_ months

**DENTAL/ORAL HEALTH**

18. How much does this child’s dental health affect his/her overall health?

- \_\_\_(1) A lot      \_\_\_(2) Some      \_\_\_(3) Very little      \_\_\_(4) Not at all      \_\_\_(9) Don’t know

19. How important do you think dental check-ups, cleanings, and other preventive dental care services are to the overall health of this child?

- \_\_\_(1) Extremely important      \_\_\_(2) Very important      \_\_\_(3) Important      \_\_\_(4) Not Important      \_\_\_(5) Not important at all

20. Please answer the following questions YES or NO about the child you selected in Question #2. If you are not sure, circle “9”.		Yes	No	Don't Know/NA
A.	Does this child have his/her own toothbrush?	1	2	9
B.	Did this child brush his/her teeth yesterday?	1	2	9
C.	Has this child visited a dentist for a dental exam during the past 12 months?	1	2	9
D.	Has this child had his/her teeth professionally cleaned during the past 12 months?	1	2	9
E.	Has this child had dental sealants placed on his/her teeth during the past 12 months?	1	2	9
F.	Has this child had fluoride varnish applied by a dental professional during the past 12 months?	1	2	9
G.	Has a dentist had to fix anything in this child’s mouth during the past 12 months, such as fillings, crowns, etc.?	1	2	9
H.	To the best of your knowledge, has this child had a <b>toothache</b> during the past 6 months?	1	2	9
I.	To the best of your knowledge, has this child had <b>decayed teeth or cavities</b> during the past 6 months?	1	2	9
J.	To the best of your knowledge, has this child had <b>broken teeth</b> during the past 6 months?	1	2	9
K.	To the best of your knowledge, has this child had a <b>bleeding gums</b> during the past 6 months?	1	2	9

21. Does this child have insurance, Medicaid or CHIP that helps pay for routine dental care including cleanings, X-rays, and examinations?

- \_\_\_(1) Yes      \_\_\_(2) No

22. During the past 12 months, did this child receive all the dental care that he/she needed or should have received?

- \_\_\_(1) Yes      \_\_\_(2) No - answer Q22a

22a. [IF NO to #22] Why did this child not get all the dental care that he/she needed? (Check all that apply)

- |   |   |
|---|---|
| ___(01) Could not afford                    | ___(06) Afraid to go to the dentist                   |
| ___(02) Not covered by insurance            | ___(07) Lack of transportation                        |
| ___(03) Could not get in to see a dentist   | ___(08) Could not find a dentist who accepts Medicaid |
| ___(04) Did not know where to go            | ___(09) Could not find a dentist who accepts CHIP     |
| ___(05) Dental facilities are not available | ___(10) Other: _____                                  |

23. Has this child ever gone to the Emergency Room because of dental pain? \_\_\_(1) Yes      \_\_\_(2) No

24. Has this child ever missed school because of dental pain?

- \_\_\_(1) Yes: How many days did he/she miss? \_\_\_\_\_ days  
 \_\_\_(2) No

25. At what age do you think a child should first visit a dentist?

- \_\_\_(1) 1 year      \_\_\_(2) 2 years      \_\_\_(3) 3 years      \_\_\_(4) When permanent teeth come in      \_\_\_(9) Don’t know

**EMOTIONAL/BEHAVIORAL HEALTH**

26. During the past week, how many days did this child play with other children [his/her] age?

- \_\_\_(1) Every day      \_\_\_(2) Every other day      \_\_\_(3) Once a week      \_\_\_(4) Once a month      \_\_\_(5) Less than once/month

27. Does this child regularly exhibit problematic social behaviors? \_\_\_(1) Yes      \_\_\_(2) No

28. Has this child ever done any of the following. If you don't know, circle "9".		Yes	No	Don't Know/NA
A.	Been arrested or in trouble with the police?	1	2	9
B.	Had academic problems at school?	1	2	9
C.	Had behavior problems at school?	1	2	9
D.	Been suspended from daycare, school, or a program of activities due to "reported" behavioral problems?	1	2	9
E.	Been bullied or teased a lot at school?	1	2	9
F.	Bullied other children?	1	2	9
G.	Do you believe this child has been a victim of cyberbullying, sexting or online child abuse?	1	2	9
H.	Attempted suicide?	1	2	9

**29. Have you ever been told by a doctor or healthcare professional that this child has a mental illness or disorder?**

\_\_\_(1) Yes – answer #29a    \_\_\_(2) No

**29a. IF YES to #29: Which of following illnesses were you told that this child has (or used to have)? (Check all)**

- |   |  |
|---|--|
| ___(01) ADD or ADHD (Attention Deficit Disorder or Attention Deficit Hyperactive Disorder)  | ___(06) Eating Disorder (such as anorexia, bulimia, binge or night eating syndrome). |
| ___(02) Anxiety problems including Obsessive-Compulsive Disorder                            | ___(07) Learning Disorder  |
| ___(03) Autism Spectrum Disorders (Autism, Asperger's Syndrome, etc.)                       | ___(08) Major or Severe Depression   |
| ___(04) Bipolar Disorder  | ___(09) Schizophrenia  |
| ___(05) Conduct Disorder, Oppositional-Defiant Disorder, or Intermittent Explosive Disorder | ___(10) Other Mood Disorder  |
|   | ___(11) Alcohol or Drug Abuse or Dependence  |
|   | ___(12) Post-traumatic stress disorder   |
|   | ___(13) Other: _____   |

**30. Has this child ever needed mental healthcare but not received it?** \_\_\_(1) Yes – answer Q30a    \_\_\_(2) No

**30a. IF YES to #30: Why did this child not get all the mental healthcare that he/she needed? (Check all that apply)**

- \_\_\_(01) Could not afford  
 \_\_\_(02) Not covered by insurance  
 \_\_\_(03) Could not get in to see a doctor/healthcare professional  
 \_\_\_(04) Did not know where to get help  
 \_\_\_(05) Mental health facilities are not available  
 \_\_\_(06) Child is afraid to go to a mental health professional  
 \_\_\_(07) Did not want others to know about the child's problem  
 \_\_\_(08) Afraid that services might not be confidential or that providers might report you to other agencies  
 \_\_\_(09) You or another caregiver did not think the child really needed help at the time  
 \_\_\_(10) You or others did not think anything could be done to help the child  
 \_\_\_(11) Lack of transportation  
 \_\_\_(12) Could not find a mental health professional who accepts Medicaid/CHIP  
 \_\_\_(13) Inability to access during convenient (i.e., evening or weekend) hours  
 \_\_\_(14) Unacceptably long waiting list  
 \_\_\_(15) Other: \_\_\_\_\_

31. Has this child ever done any of the following. If you don't know, circle "9".		Yes	No	Don't Know/NA
A.	Deliberately Cut or hurt him/herself?	1	2	9
B.	Been in more than one fight during the past year?	1	2	9
C.	Had self-esteem problems?	1	2	9
D.	Had sleep problems?	1	2	9
E.	Experienced something traumatic such as a natural disaster, accident, violence, neglect, or abuse?	1	2	9
F.	Had negative, obsessive thoughts?	1	2	9
G.	Had problems with eating such as overeating or refusing to eat enough?	1	2	9
H.	Been cruel to animals?	1	2	9
I.	Frequently wetted the bed after age 5?	1	2	9



42. During the past 12 months, did this child receive all the medical care that he/she needed?

\_\_\_(1) Yes      \_\_\_(2) No - answer Q42a

42a. [IF NO to #42] Why did this child not get all the medical care that he/she needed? (Check all that apply)

- \_\_\_(1) Could not afford
- \_\_\_(2) Not covered by insurance
- \_\_\_(3) Could not get in to see a doctor/healthcare professional
- \_\_\_(4) Did not know where to go
- \_\_\_(5) Health facilities are not available
- \_\_\_(6) Child is afraid to go to the doctor
- \_\_\_(7) Lack of transportation
- \_\_\_(8) Could not find a doctor who accepts Medicaid/CHIP
- \_\_\_(9) Other: \_\_\_\_\_

43. Approximately how many days of school did this child miss last year due to illness of health problems?

\_\_\_\_\_ Days

44. During the past 12 months, did this child receive all the medication that was prescribed for him/her?

\_\_\_(1) Yes      \_\_\_(2) No - answer Q44a

44a. [IF NO to #44] Why did this child not get all of his/her medication? (Check all that apply)

- \_\_\_(1) Could not afford
- \_\_\_(2) Could not get in to see a doctor/healthcare professional to get a prescription
- \_\_\_(3) Parent unable to administer medication
- \_\_\_(4) Lack of transportation
- \_\_\_(5) Other: \_\_\_\_\_

**SAFETY/COMMUNITY SURROUNDINGS**

45. How many hours of sleep did this child get yesterday? \_\_\_\_\_ Hours

46. Please rate your level of agreement with each of the following statements. If you do not know, circle "9".

Statement	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Don't Know
A. I feel that this child is safe in our neighborhood	5	4	3	2	1	9
B. I feel that this child is safe at school	5	4	3	2	1	9
C. I feel that this child is safe at home	5	4	3	2	1	9

47. How many times did this child visit an Emergency Room (ER) during the past 12 months? \_\_\_\_\_ Times

47a. If this child visited an Emergency Room for an injury during the past 12 months, how did the injury occur? (Check all that apply)

- \_\_\_(1) from skate boarding, roller blading or non-powered scooter
- \_\_\_(2) from biking
- \_\_\_(3) from a fall (excluding falls from skate boards, bikes, etc., which are covered above)
- \_\_\_(4) a motor vehicle crash
- \_\_\_(5) a physical assault
- \_\_\_(6) a sexual assault
- \_\_\_(7) a burn
- \_\_\_(8) from farm-related equipment or a farm animal
- \_\_\_(9) other: \_\_\_\_\_

48b. If #48 is more than "0", for which of the following reasons did this child visit the emergency room?

- \_\_\_(1) high fever/illness
- \_\_\_(2) poisoning/overdose
- \_\_\_(3) gun shot
- \_\_\_(4) injury (other than a gunshot)
- \_\_\_(5) asthma or breathing difficulty
- \_\_\_(6) abdominal pain
- \_\_\_(7) head pain
- \_\_\_(8) other: \_\_\_\_\_

