Cook Children’s Community-wide Children’s Health Assessment and Planning Survey [CCHAPS] – Version 1

Please take time to complete this important survey. The results of this survey will be used to improve the quality of children’s health programs and services in the community where you live. If you have questions about the survey please go to www.cookhealthsurvey.com. THANK YOU in advance for your support of this important effort. Your answers will remain confidential.

Do you have any children under age 15 living in your home (this includes children who are not related to you)?

_____ (1) Yes – continue  _____ (2) No - END THE SURVEY; this survey is intended for households with children under age 15

1. What are the ages of all children under age 15 who are currently living in your home? (Write the age of each child in your household (up to 6) in the spaces provided below; if a child is less than 1 year old, write “0”.)

Child 1 ______  Child 2 ______  Child 3 ______  Child 4 ______  Child 5 ______  Child 6 ______

The remaining questions on this survey are intended to be about a specific child under age 15. In order for our survey to be representative of all children in the area where you live, we would like you to answer the following questions about the child in your household who is under age 15 and will celebrate their birthday next. If you do not feel comfortable answering one or more questions, just leave the question(s) blank. All of your responses will remain confidential.

2. How old is the child about whom you will be answering the following questions?

_____ Years (Should be under age 15)  _____ Months (if under the age of 1)

3. What is your relationship to this child?

_____ (1) Father  _____ (2) Mother  _____ (3) Step-father  _____ (4) Step-mother  _____ (5) Grandmother  _____ (6) Grandfather  _____ (7) Aunt/Uncle  _____ (8) Brother/Sister  _____ (9) Foster parent  _____ (0) Other: ______________

4. What is your marital status?

_____ (1) Single, never married  _____ (2) Married or domestic partner  _____ (3) Widowed  _____ (4) Divorced  _____ (5) Separated

5. What is the child’s gender?  _____ (1) Male  _____ (2) Female

6. Is this child Hispanic or Latino?  _____ (1) Yes  _____ (2) No

7. Which of the following describe this child’s race? (Check all that apply)

_____ (1) Asian/Pacific Islander  _____ (2) African American/Black  _____ (3) American Indian/Alaskan Native  _____ (4) Hispanic/Latino  _____ (5) White/Caucasian  _____ (6) Other: ______________

PHYSICAL HEALTH

8. In general, how would you describe this child’s health?

_____ (5) Excellent  _____ (4) Very Good  _____ (3) Good  _____ (2) Fair  _____ (1) Poor

9. Approximately, how tall is this child? _______ Ft.  _______ Inches

10. Approximately, how much does this child currently weigh?  ______________ Pounds

Your responses will remain completely confidential
11. How many days did this child have at least 30 minutes of physical activity during the past 7 days?
   ___(1) None   ___(2) One to three days   ___(3) Four to six days   ___(4) Seven days

12. Do you think this child eats healthy meals most of the time?  ___(1) Yes   ___(2) No   ___(9) Don’t know

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Has a doctor or health professional ever told you that the child you selected in Question #2 has asthma?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>13a. If YES to #13: Does this child currently have asthma?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>1. Does this child have an individualized asthma action plan?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>2. Does this child have asthma symptoms or take quick relief inhaler more than two times per week?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>3. Does this child awaken at night with asthma symptoms more than two times per month?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>4. Have you refilled this child’s relief inhaler more than two times in the past year?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>5. Is this child able to participate in Physical Education at school or other physical activity?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>6. Has this child been in an emergency room in the past year because of asthma symptoms?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

14. Has this child ever had allergies (e.g. hay fever, any kind of respiratory allergy not asthma, food/digestive allergy, skin rash/skin allergy)?  ___(1) Yes   ___(2) No   ___(9) Don’t know

15. Are this child’s vaccinations up-to-date for a child of his/her age?  ___(1) Yes   ___(2) No   ___(9) Don’t know

16. Are you concerned that this child may be overweight?  ___(1) Yes   ___(2) No   ___(9) Don’t know

17. Are you concerned that this child may be underweight?  ___(1) Yes   ___(2) No   ___(9) Don’t know

18. How many 8 ounce servings of the following did this child drink yesterday?
   (A) Water:  _____ servings   (B) Juice:  _____ servings   (C) Soda/pop:  _____ servings   (D) Milk:  _____ servings

19. Was this child breastfed or did the child receive breast milk?  ___(1) Yes   ___(2) No   ___(9) Don’t know
   19a. IF YES to #19: 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
   19b. IF YES to #19: How old was this child when he/she was first fed anything other than breast milk?
        __________ months

DENTAL/ORAL HEALTH

20. 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

21. 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
22. Please answer the following questions YES or NO about the child you selected in Question #2. If you are not sure, circle "9".

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does this child have his/her own toothbrush?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>2. Did this child brush his/her teeth yesterday?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>3. Has this child visited a dentist for a dental exam during the past 12 months?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>4. Has this child had his/her teeth professionally cleaned during the past 12 months?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>5. Has this child had dental sealants placed on his/her teeth during the past 12 months?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>6. Has this child had fluoride varnish applied by a dental professional during the past 12 months?</td>
<td>1</td>
<td>2</td>
<td>9</td>
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<tr>
<td>7. Has this child ever had any dental problems (toothache, decayed teeth or cavities, broken teeth, bleeding gums)?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>8. Has a dentist had to fix anything in this child’s mouth during the past 12 months, such as fillings, crowns, etc.?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>9. Does this child have insurance, Medicaid or CHIP that helps pay for routine dental care including cleanings, X-rays, and examinations?</td>
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<tr>
<td>10. During the past 12 months, did this child receive all the dental care that he/she needed or should have received?</td>
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<tr>
<td>11. At what age do you think a child should first visit a dentist?</td>
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<td>12. Has this child ever missed school because of dental pain?</td>
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<tr>
<td>13. During the past week, how many days did this child play with other children [his/her] age?</td>
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<td>14. Does this child regularly exhibit problematic social behaviors?</td>
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<td>15. Has this child ever been arrested or in trouble with the police?</td>
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<tr>
<td>16. Has this child ever had academic problems at school?</td>
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<tr>
<td>17. Has this child ever had behavior problems at school?</td>
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<tr>
<td>18. Has this child ever been suspended from daycare, school, or a program of activities due to “reported” behavioral problems?</td>
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<tr>
<td>19. Has this child ever been bullied or teased a lot at school?</td>
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</tbody>
</table>

Your responses will remain completely confidential
34. Has this child ever bullied other children? _____(1) Yes   _____(2) No   _____(9) Don’t know

35. Has this child ever been a victim of cyberbullying, sexting, or online child abuse?  
   _____(1) Yes   _____(2) No   _____(9) Don’t know

36. Has this child ever attempted suicide? _____(1) Yes   _____(2) No   _____(9) Don’t know

37. Have you ever been told by a doctor or healthcare professional that this child has a mental illness or disorder?  
   _____(1) Yes – answer Q39a   _____(2) No   _____(9) Don’t know

37a. IF YES to #37: Which of following illnesses were you told that this child has (or used to have)?  
   (Check all that apply)  
   ____(01) ADD or ADHD (Attention Deficit Disorder or Attention Deficit Hyperactive Disorder)  
   ____(02) Anxiety problems including Obsessive-Compulsive Disorder  
   ____(03) Autism Spectrum Disorders (Autism, Asperger’s Syndrome, etc.)  
   ____(04) Severe Behavior Problems/Disruptive Behavior problems  
   ____(05) Eating Disorder (such as anorexia, bulimia, binge or night eating syndrome).  
   ____(06) Learning Disorder  
   ____(07) Depression  
   ____(08) Mood Disorder  
   ____(09) Post-traumatic stress disorder  
   ____10) Adjustment disorder  
   ____11) Other: ___________________________

38. Has this child ever needed mental healthcare but not received it?  
   _____(1) Yes – answer Q41a   _____(2) No   _____(9) Don’t know

38a. IF YES to #38: 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: ___________________________  

39. Has this child ever done any of the following. If you don’t know, circle “9”.

   1. Deliberately cut or hurt him/herself?   Yes: 1   No: 2   Don’t Know/NA: 9  
   2. Been in more than one fight during the past year?   Yes: 1   No: 2   Don’t Know/NA: 9  
   3. Had self-esteem problems?   Yes: 1   No: 2   Don’t Know/NA: 9  
   4. Had sleep problems?   Yes: 1   No: 2   Don’t Know/NA: 9  
   5. Experienced something traumatic such as a natural disaster, accident, violence, neglect, or abuse?   Yes: 1   No: 2   Don’t Know/NA: 9  
   6. Had negative, obsessive thoughts?   Yes: 1   No: 2   Don’t Know/NA: 9  
   7. Had problems with eating such as overeating or refusing to eat enough?   Yes: 1   No: 2   Don’t Know/NA: 9  
   8. Been cruel to animals?   Yes: 1   No: 2   Don’t Know/NA: 9  
   9. Frequently wetted the bed after age 5?   Yes: 1   No: 2   Don’t Know/NA: 9  

40. Have you ever been told by a doctor or healthcare professional that this child has a developmental delay?  
   _____(1) Yes   _____(2) No   _____(9) Don’t know

41. In your opinion, does the child you selected in Question #2 have any behavioral or emotional problems outside of what you would consider typical for a child his or her age?  
   _____(1) Yes   _____(2) No   _____(9) Don’t know

Your responses will remain completely confidential.
42. In your opinion, does the child you selected in Question #2 have any developmental problems outside of what you would consider typical for a child his or her age?
   ___(1) Yes   ___(2) No   ___(9) Don't know

43. Has this child ever received assistance for a mental illness or behavioral, emotional, or developmental problem?
   ___(1) Yes   ___(2) No   ___(9) Don't know

43a. IF YES to #43: Which of following types of treatment has this child received? (Check all that apply)
   ___(1) Counseling or Therapy
   ___(2) Medication
   ___(3) Special services at school including school counseling, individual education plans (IEP), 504 plans, etc.
   ___(4) Hospitalization
   ___(5) Support from friends, extended family, church members, or other community members
   ___(6) Case management, wraparound, multi-systemic therapy (MST), or service coordination
   ___(7) Other: _________________________

HEALTH INSURANCE
44. Does the child you selected in Question #2 have any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid or CHIP?
   ___(1) Yes   ___(2) No

45. During the past 12 months was there any time that this child was NOT covered by health insurance?
   ___(1) Yes   ___(2) No

ACCESS TO CARE
46. During the past 12 months, did this child see a doctor, nurse, or other healthcare professional for any kind of medical care, including sick-child care, well-child care checkups, etc.?
   ___(1) Yes – answer Q48a   ___(2) No

46a. [IF YES to #46] How many times did this child visit a doctor, nurse, or other healthcare professional for any reason during the past 12 months?   ________ Times

47. Does this child have any specialized healthcare needs for a child his/her age?
   ___(1) Yes – what type of needs does this child have? ________________________________
   ___(2) No

48. At which of the following places has this child received healthcare services during the past year?
   ___(1) School
   ___(2) Family doctor
   ___(3) Pediatrician
   ___(4) Emergency room
   ___(5) Community health clinic
   ___(6) Urgent care centers – (excludes hospital emergency rooms)
   ___(7) Chiropractor
   ___(8) Friend/Family member
   ___(9) Other: ________________________________

49. Does this child have a doctor that you would consider to be this child’s primary doctor? ___(1) Yes   ___(2) No

50. During the past 12 months, did this child receive all the medical care that he/she needed?
   ___(1) Yes   ___(2) No - answer Q53a

50a. [IF NO to #50] 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: ________________________________
51. Approximately how many days of school did this child miss last year due to illness or health problems? 
   _______ Days

52. Approximately how many days of work did you miss last year due to illness or health problems of this child? 
   _______ Days

53. During the past 12 months, did this child receive all the medication that was prescribed for him/her? 
   ___(1) Yes   ___(2) No - answer Q56a

53a. [IF NO to #53] 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) Given to another child
   ___(6) Saved for another time
   ___(7) Other: ________________________

SAFETY/COMMUNITY SURROUNDINGS

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree or Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel that this child is safe in our neighborhood</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>2. I feel that this child is safe at school</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>3. I feel that this child is safe at home</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

FAMILY ACTIVITY

55. How many hours of sleep did this child get yesterday? ____________ Hours

56. During the past month, how many times did you or any family member take this child on an outing, such as to the park, library, zoo, sporting event, shopping, religious activity, or family gathering? _______ Times

57. How many days did someone in your household read to this child or did the child read to him/herself during the past week? _______ Days

PARENTAL QUESTIONS

58. Overall, how important do you think it is for this child to have routine well visits and other preventive medical care? 
   ___(1) Extremely Important
   ___(2) Very Important
   ___(3) Important
   ___(4) Not Very Important
   ___(5) Not Important at All

59. Would you describe your relationship with the child you selected in Question #2 as: 
   ___(4) Very close    ___(3) Somewhat close    ___(2) Not very close    ___(1) Not close at all

60. In general, how well do you think you are coping with the day-to-day demands of parenthood? 
   ___(4) Very well      ___(3) Somewhat well      ___(2) Not very well      ___(1) Not well at all

61. Is there someone you can really rely on for day-to-day emotional help and support with parenting? 
   ___(1) Yes
   ___(2) No
62. How often do you do the following to discipline your child?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Raising your voice or yelling</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>2. Spanking</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>3. Taking away a toy or treat</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>4. Giving a time out (making your child take a break from an activity he/she is involved in)</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>5. Explaining why a behavior is not appropriate</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

AWARENESS/EDUCATION

63. From which of the following sources do you typically get information about issues that affect the health of this child?

- (01) this child’s personal doctor
- (02) local hospitals
- (03) the Internet
- (04) media (TV, radio, newspaper)
- (05) books
- (06) your insurance company
- (07) non-profit organizations
- (08) this child’s school
- (09) friends/relatives
- (10) other: _____________________

DEMOGRAPHICS AND NEIGHBORHOOD CHARACTERISTICS

64. How many children under age 18 currently live in your household? _______ Children

65. How many adults age 18 and older currently live in your household? _______ Adults

66. What is the primary language spoken in your household?

- (1) Spanish
- (2) English
- (3) Other (identify language: ________________________________)

67. Did you participate in any of the previous health assessment surveys sponsored by Cook Children’s? (check all that apply)

- (1) 2009
- (2) 2012
- (3) 2015

68. How many years have you lived in the community where you currently live? _______ years

69. What is the highest level of education you have completed?

- (1) Less than high school graduate
- (2) High school graduate
- (3) Some college
- (4) 2-Year college/Technical certification program
- (5) 4-Year college degree
- (6) more than 4 years of college

70. What is your total annual household income?

- (01) Less than $14,000
- (02) $14,000-$20,999
- (03) $21,000-$27,999
- (04) $28,000-$34,999
- (05) $35,000-$49,999
- (06) $50,000-$59,999
- (07) $60,000-$69,999
- (08) $70,000-$79,999
- (09) $80,000-$89,999
- (10) $90,000-$99,999
- (11) $100,000 or more
- (99) Prefer not to disclose

THANK YOU. THIS CONCLUDES THE SURVEY.

Please return your survey in the postage-paid envelope addressed to
ETC Institute, 725 W Frontier, Olathe KS 66061

The address information on the label to the right will only be used to identify needs in different areas of the county where you live. If the information is not correct, please provide the correct information. If you do not want us to record your address, please leave the county name, the city and the zip code visible.

Your responses will remain completely confidential