Cook Children’s Community-wide Children’s Health Assessment and Planning Survey [CCHAPS] – Version 2

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 ______ (5) Grandmother ______ (9) Foster parent

_____ (2) Mother ______ (6) Grandfather

_____ (3) Step-father ______ (7) Aunt/Uncle

_____ (4) Step-mother ______ (8) Brother/Sister

4. What is your marital status?

_____ (1) Single, never married ______ (3) Widowed ______ (5) Separated

_____ (2) Married or domestic partner ______ (4) Divorced

5. What is this 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 ______ (3) American Indian/Alaskan Native ______ (5) Other: ______________

_____ (2) African American/Black ______ (4) White/Caucasian

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

Asthma

| Question #13: Has a doctor or health professional ever told you that the child you selected in Question #2 has asthma? |
|---|---|---|
| Yes | No | Don’t Know/NA |
| 1 | 2 | 9 |

13a. [If YES to #13]: Does this child currently have asthma?

| Question #13a: Has this child currently have asthma? |
|---|---|---|
| Yes | No | Don’t Know/NA |
| 1 | 2 | 9 |

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. Was this child breastfed or did the child receive breast milk?
   ______ (1) Yes ______ (2) No ______ (9) Don’t know

**DENTAL/ORAL HEALTH**

19. 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>
</table>
   1. Does this child have his/her own toothbrush? | 1 | 2 | 9 |
   2. Did this child brush his/her teeth yesterday? | 1 | 2 | 9 |
   3. Has this child visited a dentist for a dental exam during the past 12 months? | 1 | 2 | 9 |
   4. Has this child had his/her teeth professionally cleaned during the past 12 months? | 1 | 2 | 9 |
   5. Has this child had dental sealants placed on his/her teeth during the past 12 months? | 1 | 2 | 9 |
   6. Has this child had fluoride varnish applied by a dental professional during the past 12 months? | 1 | 2 | 9 |
   7. Has this child ever had any dental problems (toothache, decayed teeth or cavities, broken teeth, bleeding gums)? | 1 | 2 | 9 |
   8. 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 |

20. 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 ______ (9) Don’t know

21. 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 ______ (9) Don’t know

22. Has this child ever missed school because of dental pain?
   ______ (1) Yes: How many days did he/she miss? _______ days ______ (2) No

**EMOTIONAL/BEHAVIORAL HEALTH**

23. 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

24. Does this child regularly exhibit problematic social behaviors?
   ______ (1) Yes ______ (2) No
25. During the past month, how often have you felt that this child is much harder to care for than most other children [his/her] age?
   ____ (1) Every day  ____ (2) Every other day  ____ (3) Once a week  ____ (4) Once  ____ (5) Never

26. During the past month, how often have you felt angry with this child?
   ____ (1) Every day  ____ (2) Every other day  ____ (3) Once a week  ____ (4) Once  ____ (5) Never

27. Has this child ever been arrested or in trouble with the police?  ____ (1) Yes  ____ (2) No  ____ (9) Don’t know

28. Has this child ever had academic problems at school?  ____ (1) Yes  ____ (2) No  ____ (9) Don’t know

29. Has this child ever had behavior problems at school?  ____ (1) Yes  ____ (2) No  ____ (9) Don’t know

30. Has this child ever been suspended from daycare, school, or a program of activities due to “reported” behavioral problems?
   ____ (1) Yes  ____ (2) No  ____ (9) Don’t know

31. Has this child ever been bullied or teased a lot at school?  ____ (1) Yes  ____ (2) No  ____ (9) Don’t know

32. Has this child ever bullied other children?  ____ (1) Yes  ____ (2) No  ____ (9) Don’t know

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

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

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

36. Has this child ever needed mental healthcare but not received it?  ____ (1) Yes  ____ (2) No  ____ (9) Don’t know

<table>
<thead>
<tr>
<th>37. Has this child ever done any of the following:</th>
<th>If you don’t know, circle “9”</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Deliberately cut or hurt him/herself?</td>
<td>Yes</td>
</tr>
<tr>
<td>B. Been in more than one fight during the past year?</td>
<td>1</td>
</tr>
<tr>
<td>C. Had self-esteem problems?</td>
<td>1</td>
</tr>
<tr>
<td>D. Had sleep problems?</td>
<td>1</td>
</tr>
<tr>
<td>E. Experienced something traumatic such as a natural disaster, accident, violence, neglect, or abuse?</td>
<td>1</td>
</tr>
<tr>
<td>F. Had negative, obsessive thoughts?</td>
<td>1</td>
</tr>
<tr>
<td>G. Had problems with eating such as overeating or refusing to eat enough?</td>
<td>1</td>
</tr>
<tr>
<td>H. Been cruel to animals?</td>
<td>1</td>
</tr>
<tr>
<td>I. Frequently wetted the bed after age 5?</td>
<td>1</td>
</tr>
</tbody>
</table>

38. Have you ever been told by a doctor or healthcare professional that this child has a developmental delay?
   ____ (1) Yes  ____ (2) No

39. 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

40. 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
41. Has this child ever received assistance for a mental illness or a behavioral, emotional, or developmental problem?  ____(1) Yes  ____(2) No

HEALTH INSURANCE
42. 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 - answer Q42a  ____(2) No

42a. [If YES to #42]: What kind of health insurance does this child currently have? (Check all that apply)

  ____(1) Medicaid
  ____(2) CHIP
  ____(3) Insurance provided by the legal guardian's employer
  ____(4) Private insurance purchased directly by a parent or legal guardian
  ____(5) Insurance provided by the child's school
  ____(6) Other: ____________________________

43. 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
44. 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 Q44a  ____(2) No

44a. [IF YES to #44]: How many times did this child visit a doctor, nurse, or other healthcare professional for any reason during the past 12 months?  __________ Times

45. 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

46. 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: ____________________________

46a. Of the places listed above, which ONE would you prefer to visit when this child is injured or not well? (Write the number for your top choice from the list in Question 46 in the space below.)

Preferred Place to Visit: _______

47. Using a scale of 1 to 5, where 5 means “very easy” and 1 means “very difficult” please rate how easy/difficult you think it is to get access to the following types of children’s health services in the community where you live.

<table>
<thead>
<tr>
<th>How easy is it for you to get the following types of health care services for the child you selected in Question #2?</th>
<th>Very Easy</th>
<th>Easy</th>
<th>Neutral</th>
<th>Difficult</th>
<th>Very Difficult</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Preventive healthcare (well-child check-ups, physicals)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>B. Immunizations</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>C. Care for short-term illnesses, such as cold or flu</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>D. Care for long-term conditions, such as diabetes and asthma</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>E. Treatment for injuries, such as cuts, broken bones, etc.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>F. Mental healthcare or counseling for behavioral/emotional problems</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>G. Preventive dental care (dental cleanings, check-ups, etc.)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>H. Treatment for oral or dental problems and pain, such as cavities, black spots on teeth, pain while chewing, loss of appetite, etc.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

Your responses will remain completely confidential
48. Which THREE of the children’s health services listed in Question 49 on the previous page do you think are needed most in the community where you live? [Write in the letters from the list in Question 47 for your top 3 choices below.]

1st 2nd 3rd

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

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

SAFETY/COMMUNITY SURROUNDINGS

54. Please answer the following questions YES or NO. Please continue to answer the questions about the child you selected in Question #2. If you don’t know, 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. Was this child buckled up properly (car seat, booster seat, or seat belt) for his/her age the last time he/she rode in a car with you?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>2. Does this child ride on an ATV (All Terrain Vehicle)?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>3. Has this child ever been brought to an Emergency Room because he/she nearly drowned?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>4. Has this child had an accidental injury that needed medical attention during the past 12 months?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>5. Does this child <strong>always</strong> wear a helmet when biking, rollerblading, or riding a scooter?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>6. If you live in an apartment or a home with a pool, does the pool have fencing that surrounds all sides of the pool?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>7. Are cleaning products in your home kept in a locked container or in cabinets that have child safety locks on the doors?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>8. Are medications in your home kept in a locked container or in cabinets that have child safety locks on the doors?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

55. Please answer the following questions YES or NO. Please continue to answer the questions about the child you selected in Question #2. If you don’t know, 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. Has there ever been an investigation by Child Protective Service or law enforcement related to this child?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>2. Do you think this child has ever been physically abused?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>3. Do you think this child has ever been neglected?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>4. Do you think this child has ever been sexually abused?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>5. Do you think this child has ever been psychologically abused?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>6. Do you think this child has ever been threatened or hurt by gang members?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>7. Do you think this child has ever been taken to a family violence shelter?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>8. Has this child ever been in foster care or in a voluntary placement (such as with a relative)?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>9. Has this child ever lived in a shelter or with other friends/family because of homelessness?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>10. Has this child ever lived in a shelter or with other friends/family because of domestic violence?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

FAMILY ACTIVITY

56. How many minutes did this child watch television (on the tv, computer, tablet, cell phone) yesterday?

_______ Minutes (Enter “0” if none)

57. How many minutes did this child play video games (on the tv, computer, tablet, cell phone) yesterday?

_______ Minutes (Enter “0” if none)
58. During the past week, how many times did all members of your family eat a meal together?  
_______ Times

59. How many servings of vegetables did this child eat yesterday? [if none write “0”]
_______ servings

60. How many servings of fruit did this child eat yesterday? [if none write “0”]
_______ servings

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

62. How often was the following statement true during the past 12 months: “This child did not eat enough
   because I/we could not afford to buy enough food.”
   (1) Often true   (2) Sometimes true   (3) Never true   (9) Don’t know

63. In the past 12 months, did this child ever not eat for a whole day because there was not enough money for
   food?   (1) Yes   (2) No   (9) Don’t know

64. During the past 30 days, how many times has this child gone to bed hungry because there was not enough
   food for him/her to eat? [if never write “0”] _______ times

<table>
<thead>
<tr>
<th>65. Please indicate how often the following items occur:</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>A few times per year</th>
<th>Seldom or Never</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you talk to the child you selected in Question 2 about healthy eating habits?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>2. How often do you talk to this child about his/her friends or companions?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>3. How often do you talk to this child about his/her interests (school, sports)?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>4. How often do you talk to this child about drugs and alcohol?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>5. How often do you talk to this child about his/her problems and concerns?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>6. How often do you talk to this child about sexual activity?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>7. How often do people smoke cigarettes in your home?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>8. How often are alcoholic beverages consumed in your home?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

**PARENTAL QUESTIONS**

<table>
<thead>
<tr>
<th>67. How often do you do the following to discipline your child?</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</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>activity he/she is involved in)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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

68. Using a scale of 1 to 5, where 5 means “very familiar” and 1 means “not familiar at all” please rate your level of familiarity with the following items in the community where you live:

<table>
<thead>
<tr>
<th>How familiar are you with the following:</th>
<th>Very Familiar</th>
<th>Familiar</th>
<th>Somewhat Familiar</th>
<th>Not Very Familiar</th>
<th>Not Familiar at All</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The types of healthcare services that are available in your community</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>2. The types of mental health services that are available in your community</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>3. The types of dental services available in your community</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>4. The types of injury prevention programs available in your community</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

69. Overall, how well informed do you think you are about health issues that affect this child?

___(1) very well informed  ___(3) somewhat well informed  ___(5) not well informed at all
___(2) well informed       ___(4) not well informed

70. Please indicate if you have a need for any of the following and do NOT have access to them. If you have access or you do not have a need, please leave the item blank. (check all that apply).

___(1) Parenting classes  ___(4) Nutritional resources (WIC, SNAP, etc.)
___(2) Early learning opportunities (pre-school, Headstart, etc.)  ___(5) Housing
___(3) Transportation

DEMOGRAPHICS AND NEIGHBORHOOD CHARACTERISTICS

71. How many children under age 18 currently live in your household? ______ Children

72. How many adults age 18 and older currently live in your household? ______ Adults

73. Are there grocery stores in your neighborhood that have fresh fruit and vegetables?  ___(1) Yes  ___(2) No

74. Are there safe parks/outdoor areas for this child to play in the neighborhood where you live?  ___(1) Yes  ___(2) No

75. What is the primary language spoken in your household?  ___(1) Spanish  ___(2) English  ___(3) Other _______

76. Did you participate in any of the previous health assessment surveys sponsored by Cook Children’s?  (check all that apply)  ___(1) 2009  ___(2) 2012  ___(2) 2015

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

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

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

79. What is your total annual household income?

___(01) Less than $14,000  ___(05) $35,000-$49,999  ___(09) $80,000-$89,999
___(02) $14,000-$20,999  ___(06) $50,000-$59,999  ___(10) $90,000-$99,999
___(03) $21,000-$27,999  ___(07) $60,000-$69,999  ___(11) $100,000 or more
___(04) $28,000-$34,999  ___(08) $70,000-$79,999  ___(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