



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	Yes	No	Don't Know/NA
13. Has a doctor or health professional ever told you that the child you selected in Question #2 has asthma?	1	2	9
13a. [If YES to #13]: Does this child currently have asthma?	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".	Yes	No	Don't Know/NA
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

37. 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

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.

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

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.]

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

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".		Yes	No	Don't Know/NA
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?	1	2	9
2.	Does this child ride on an ATV (All Terrain Vehicle)?	1	2	9
3.	Has this child ever been brought to an Emergency Room because he/she nearly drowned?	1	2	9
4.	Has this child had an accidental injury that needed medical attention during the past 12 months?	1	2	9
5.	Does this child <b>always</b> wear a helmet when biking, rollerblading, or riding a scooter?	1	2	9
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?	1	2	9
7.	Are cleaning products in your home kept in a locked container or in cabinets that have child safety locks on the doors?	1	2	9
8.	Are medications in your home kept in a locked container or in cabinets that have child safety locks on the doors?	1	2	9

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".		Yes	No	Don't Know/NA
1.	Has there ever been an investigation by Child Protective Service or law enforcement related to this child?	1	2	9
2.	Do you think this child has ever been physically abused?	1	2	9
3.	Do you think this child has ever been neglected?	1	2	9
4.	Do you think this child has ever been sexually abused?	1	2	9
5.	Do you think this child has ever been psychologically abused?	1	2	9
6.	Do you think this child has ever been threatened or hurt by gang members?	1	2	9
7.	Do you think this child has ever been taken to a family violence shelter?	1	2	9
8.	Has this child ever been in foster care or in a voluntary placement (such as with a relative)?	1	2	9
9.	Has this child ever lived in a shelter or with other friends/family because of homelessness?	1	2	9
10.	Has this child ever lived in a shelter or with other friends/family because of domestic violence?	1	2	9

### 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

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

## PARENTAL QUESTIONS

67. How often do you do the following to discipline your child?		Often	Sometimes	Rarely	Never	Don't Know
1.	Raising your voice or yelling	4	3	2	1	9
2.	Spanking	4	3	2	1	9
3.	Taking away a toy or treat	4	3	2	1	9
4.	Giving a time out (making your child take a break from an activity he/she is involved in)	4	3	2	1	9
5.	Explaining why a behavior is not appropriate	4	3	2	1	9

**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:

How familiar are you with the following:		Very Familiar	Familiar	Some-what Familiar	Not Very Familiar	Not Familiar at All	Don't Know
1.	The types of healthcare services that are available in your community	5	4	3	2	1	9
2.	The types of mental health services that are available in your community	5	4	3	2	1	9
3.	The types of dental services available in your community	5	4	3	2	1	9
4.	The types of injury prevention programs available in your community	5	4	3	2	1	9

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.