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

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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: ________________

8. **Does this child's primary caregiver speak English fluently?** ____(1) Yes ____(2) No

PHYSICAL HEALTH

9. **In general, how would you describe this child's health?**
   ____(5) Excellent ___(4) Very Good ___(3) Good ____(2) Fair ___(1) Poor

10. **Approximately, how tall is this child?** ________ Ft. ________ Inches

11. **Approximately, how much does this child currently weigh?** ____________ Pounds

12. **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

13. **Do you think this child eats healthy meals most of the time?** ____(1) Yes ____(2) No ____(9) Don't know

<table>
<tr><th colspan="2">Asthma</th><th>Yes</th><th>No</th><th>Don't Know/NA</th></tr>
<tr><td colspan="2">14. 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 colspan="2">14a. If YES to #14: Does this child currently have asthma?</td><td>1</td><td>2</td><td>9</td></tr>
<tr><td rowspan="6">If YES to #14a, please answer #14b-g</td><td>B. Does this child have an individualized asthma action plan?</td><td>1</td><td>2</td><td>9</td></tr>
<tr><td>C. 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>D. 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>E. 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>F. 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>G. 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>
</table>

15. **Has a doctor or health professional ever told you that the child selected in Question #2 has diabetes?**
____(1) Yes ____(2) No ____(9) Don't know

16. **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

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

18. **Are you concerned that this child may be overweight?**
____(1) Yes ____(2) No ____(9) Don't know

19. **Are you concerned that this child may be underweight?**
____(1) Yes ____(2) No ____(9) Don't know

20. **Has this child ever had a sexually transmitted disease?**
____(1) Yes ____(2) No ____(9) Don't know

21. **Was this child breastfed or did the child receive breast milk?**
____(1) Yes ____(2) No ____(9) Don't know

21a. **<u>IF YES to #21:</u> 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

21b. **<u>IF YES to #21:</u> How old was this child when he/she was first fed anything other than breast milk?**

________ months

DENTAL/ORAL HEALTH

22. **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

23. **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

24.	**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 this child ever had any dental problems (toothache, decayed teeth or cavities, broken teeth, bleeding gums)?	1	2	9
H.	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

25. **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

26. **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 Q26a ____(9) Don't know

26a. **[IF NO to #26] Why did this child <u>not</u> get all the dental care 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 dentist
___(04) Did not know where to go
___(05) Dental facilities are not available
___(06) Afraid to go to the dentist
___(07) Lack of transportation
___(08) Could not find a dentist who accepts Medicaid
___(09) Could not find a dentist who accepts CHIP
___(10) Child not old enough
___(11) Other: __________________

27. **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

28. **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

29. **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

30. **Does this child regularly exhibit problematic social behaviors?** ___(1) Yes ___(2) No

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

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

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

34. **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

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

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

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

38. **Has this child ever attempted suicide?**
____(1) Yes ____(2) No ____(9) Don't know

39. **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

39a. **IF YES to #39: 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) Bipolar Disorder
___(05) Conduct Disorder, Oppositional-Defiant Disorder, or Intermittent Explosive Disorder
___(06) Eating Disorder (such as anorexia, bulimia, binge or night eating syndrome).
___(07) Learning Disorder
___(08) Major or Severe Depression
___(09) Schizophrenia
___(10) Other Mood Disorder
___(11) Alcohol or Drug Abuse or Dependence
___(12) Post-traumatic stress disorder
___(13) Other: ____________________________

40. **Has this child ever needed mental healthcare but not received it?**
___(1) Yes – answer Q40a ___(2) No ___(9) Don't know

40a. **IF YES to #40: 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: ___________________________

41. 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. 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

43. 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

44. 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

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

45a. IF YES to #45: 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

46. 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

47. 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

48. 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

48a. [IF YES to #48] How many times did this child visit a doctor, nurse, or other healthcare professional for any reason during the past 12 months? ________ Times

49. 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

50. **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: ____________________________

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

52. **How many times did this child spend the night in the hospital during the past 12 months?** ________ Times

52a. **If #52 is more than "0", for which of the following reasons did this child spend the night in the hospital?** (Check all that apply)
___(1) Illness ___(2) Surgery ___(3) Asthma ___(4) Injury ___(5) other: ____________________________

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

53a. **[IF NO to #53] Why did this child <u>not</u> 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: ________________________

54. **Approximately how many days of school did this child miss last year due to illness or health problems?**
_______ Days

55. **Why did they miss school in general?**
___(1) Felt poorly
___(2) Timing of health appointment
___(3) Timing of dental appointment
___(4) Family emergency
___(5) Extracurricular activities
___(6) Truancy
___(7) Transportation issues
___(8) Overslept

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

56a. **[IF NO to #56] Why did this child <u>not</u> 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

57. **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

58. **How many times did this child visit an Emergency Room (ER) during the past 12 months for any reason?**
______ Times

58a. **If this child visited an Emergency Room <u>for an injury</u> 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) high fever/illness
___(10) poisoning/overdose
___(11) gunshot
___(12) injury (other than a gunshot)
___(13) asthma or breathing difficulty
___(14) abdominal pain
___(15) head pain
___(16) other: ____________________

FAMILY ACTIVITY

59. **How many hours of sleep did this child get yesterday?** ___________ **Hours**

60. **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

61. **How many days did someone in your household read to this child during the past week?** ________ Days

62. **Which of these statements best describes the food eaten in your household in the last 12 months?**
___(1) Enough of the kinds of food we want to eat
___(2) Enough but not always the kinds of food we want
___(3) Sometimes not enough to eat
___(4) Often not enough to eat

PARENTAL QUESTIONS

63. **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

64. **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

65. **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

66. **Is there someone you can really rely on for day-to-day emotional help and support with parenting?**
____(1) Yes ____(2) No

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

AWARENESS/EDUCATION

68. 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: ______________________

69. How familiar are you with parent support programs available in your community?

___(1) Very familiar
___(2) Familiar
___(3) Somewhat familiar
___(4) Not very familiar
___(5) Not familiar at all
___(9) Don't know

DEMOGRAPHICS AND NEIGHBORHOOD CHARACTERISTICS

70. How many children under age 18 currently live in your household? ________ Children

71. How many adults age 18 and older currently live in your household? ________ Adults

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

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

73. Did you participate in the 2008 Cook Children's Health Survey? ____(1) Yes ____(2) No

74. Did you participate in the 2012 Cook Children's Health Survey? ____(1) Yes ____(2) No

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

76. 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

77. 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.