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   ____(5) Grandmother    _______ (9) Foster parent
____ (2) Mother   ____(6) Grandfather    _______ (10) Other: ______________
____ (3) Step-father   ____(7) Aunt/Uncle  _______ (11) Brother/Sister
____ (4) Step-mother

4. What is your marital status?

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

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    _______ (4) Hispanic/Latino
____ (2) African American/Black     _______ (5) White/Caucasian
____ (3) American Indian/Alaskan Native _______ (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>
<thead>
<tr>
<th>Asthma</th>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't Know/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.</td>
<td>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>14a.</td>
<td>If YES to #14: Does this child currently have asthma?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>B. Does this child have an individualized asthma action plan?</td>
<td>1</td>
<td>2</td>
<td>9</td>
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<tr>
<td></td>
<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></td>
<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></td>
<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>
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<td></td>
<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>
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<td></td>
<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>
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</tbody>
</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. IF YES to #21: 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. IF YES to #21: 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”.

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>A. Does this child have his/her own toothbrush?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>B. Did this child brush his/her teeth yesterday?</td>
<td></td>
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<tr>
<td>C. Has this child visited a dentist for a dental exam during the past 12 months?</td>
<td></td>
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<td>D. Has this child had his/her teeth professionally cleaned during the past 12 months?</td>
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<tr>
<td>E. Has this child had dental sealants placed on his/her teeth during the past 12 months?</td>
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<tr>
<td>F. Has this child had fluoride varnish applied by a dental professional during the past 12 months?</td>
<td></td>
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<tr>
<td>G. Has this child ever had any dental problems (toothache, decayed teeth or cavities, broken teeth, bleeding gums)?</td>
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<td>H. Has a dentist had to fix anything in this child’s mouth during the past 12 months, such as fillings, crowns, etc.?</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Know/NA</th>
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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 not 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”:

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't Know/NA</th>
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<tbody>
<tr>
<td>A. Deliberately cut or hurt him/herself?</td>
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<td>B. Been in more than one fight during the past year?</td>
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<td>C. Had self-esteem problems?</td>
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<td>D. Had sleep problems?</td>
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<td>E. Experienced something traumatic such as a natural disaster, accident, violence, neglect, or abuse?</td>
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<td>F. Had negative, obsessive thoughts?</td>
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<td>G. Had problems with eating such as overeating or refusing to eat enough?</td>
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<td>H. Been cruel to animals?</td>
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<td>I. Frequently wetted the bed after age 5?</td>
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42. Have you ever been told by a doctor or healthcare professional that this child has a developmental delay?

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<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
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</table>

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?

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<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
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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?

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
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</table>

45. Has this child ever received assistance for a mental illness or behavioral, emotional, or developmental problem?

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<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
</table>

45a. IF YES to #45: Which of following types of treatment has this child received? (Check all that apply)

|   | Counseling or Therapy | Medication | Special services at school including school counseling, individual education plans (IEP), 504 plans, etc. | Hospitalization | Support from friends, extended family, church members, or other community members | Case management, wraparound, multi-systemic therapy (MST), or service coordination | 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?

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<th></th>
<th>Yes</th>
<th>No</th>
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47. During the past 12 months was there any time that this child was NOT covered by health insurance?

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<th></th>
<th>Yes</th>
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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.?

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<th></th>
<th>Yes – answer Q48a</th>
<th>No</th>
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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?

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<thead>
<tr>
<th></th>
<th>Yes – what type of needs does this child have?</th>
<th>No</th>
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</table>
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 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: _____________________________

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 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

57. 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>A. 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>B. 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>C. 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>

Your responses will remain completely confidential
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 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) 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   ___ (3) Sometimes not enough to eat
   ___ (2) Enough but not always the kinds of food we want   ___ (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   ___ (4) Not Very Important
   ___ (2) Very Important   ___ (5) Not Important at All
   ___ (3) Important

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

Your responses will remain completely confidential
67. How often do you do the following to discipline your child?

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Raising your voice or yelling</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>B. Spanking</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>C. Taking away a toy or treat</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
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<tr>
<td>D. 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>
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<tr>
<td>E. Explaining why a behavior is not appropriate</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
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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