

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 ___(0) Other: _____
___(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

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

Asthma	Yes	No	Don't Know/NA
14. Has a doctor or health professional ever told you that the child you selected in Question #2 has asthma?	1	2	9
14a. [If YES to #14]: Does this child currently have asthma?	1	2	9

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

DENTAL/ORAL HEALTH

22. 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

23. 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

24. 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

25. 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

26. 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

27. Does this child regularly exhibit problematic social behaviors?

___(1) Yes ___(2) No

28. 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

29. 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

30. Has this child ever been arrested or in trouble with the police?

___(1) Yes ___(2) No ___(9) Don't know

31. Has this child ever had academic problems at school?

___(1) Yes ___(2) No ___(9) Don't know

32. Has this child ever had behavior problems at school?

___(1) Yes ___(2) No ___(9) Don't know

33. 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

34. Has this child ever been bullied or teased a lot at school?

___(1) Yes ___(2) No ___(9) Don't know

35. Has this child ever bullied other children?

___(1) Yes ___(2) No ___(9) Don't know

36. Has this child ever been a victim of cyberbullying, sexting, or online child abuse?

___(1) Yes ___(2) No ___(9) Don't know

37. Has this child ever attempted suicide?

___(1) Yes ___(2) No ___(9) Don't know

38. 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

39. Has this child ever needed mental healthcare but not received it?

___(1) Yes ___(2) No ___(9) Don't know

49. 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: _____

49a. 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 49 in the space below.)

Preferred Place to Visit: _____

50. 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 or 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

51. Which THREE of the children's health services listed above do you think are needed most in the community where you live? [Write in the letters from the list in Question 50 for your top 3 choices below.]

1st _____ 2nd _____ 3rd _____

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

53. How many times did this child spend the night in the hospital during the past 12 months? _____ Times

54. During the past 12 months, did this child receive all the medical care that he/she needed?

(1) Yes (2) No

55. Approximately how many days of school did this child miss last year due to illness of health problems?

_____ Days

56. 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

57. 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

58. 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
A.	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
B.	Does this child ride on an ATV (All Terrain Vehicle)?	1	2	9
C.	Has this child ever been brought to an Emergency Room because he/she nearly drowned?	1	2	9
D.	Has this child had an accidental injury that needed medical attention during the past 12 months?	1	2	9
E.	Does this child always wear a helmet when biking, rollerblading, or riding a scooter?	1	2	9

59. 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
A.	Has there ever been an investigation by Child Protective Service or law enforcement related to this child?	1	2	9
B.	Do you think this child has ever been physically abused?	1	2	9
C.	Do you think this child has ever been neglected?	1	2	9
D.	Do you think this child has ever been sexually abused?	1	2	9
E.	Do you think this child has ever been psychologically abused?	1	2	9
F.	Do you think this child has ever been threatened or hurt by gang members?	1	2	9
G.	Do you think this child has ever been taken to a family violence shelter?	1	2	9
H.	Has this child ever been in foster care or in a voluntary placement (such as with a relative)?	1	2	9
I.	Has this child ever lived in a shelter or with other friends/family because of homelessness?	1	2	9
J.	Has this child ever lived in a shelter or with other friends/family because of domestic violence?	1	2	9

FAMILY ACTIVITY

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

61. How many minutes did this child watch television (on the tv, computer, tablet, cell phone) yesterday?
 _____ Minutes (Enter "0" if none)

62. How many minutes did this child play video games (on the tv, computer, tablet, cell phone) yesterday?
 _____ Minutes (Enter "0" if none)

63. During the past week, how many times did all members of your family eat a meal together? _____ Times

64. How many servings of vegetables did this child eat yesterday? [if none write "0"] _____ servings

65. How many servings of fruit did this child eat yesterday? [if none write "0"] _____ servings

66. 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

PARENTAL QUESTIONS

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

68. Prior to becoming pregnant with this child was the mother's health...
 ___(5) Excellent ___(4) Very Good ___(3) Good ___(2) Fair ___(1) Poor

69. When the mother of this child was pregnant with him/her, did she... (Check all that apply.)

___(1) regularly visit an OB/GYN doctor	___(6) gain too much weight
___(2) have pre-term labor	___(7) experience other unusual circumstances (if so, please explain: _____)
___(3) consume alcohol	___(9) don't know
___(4) smoke	
___(5) get admitted to a hospital to deliver the child	

AWARENESS/EDUCATION

70. 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
A.	The types of healthcare services that are available in your community	5	4	3	2	1	9
B.	Where you can get information about health issues that affect this child	5	4	3	2	1	9
C.	The types of mental health services that are available in your community	5	4	3	2	1	9
D.	The types of social services that are available in your community	5	4	3	2	1	9
E.	The types of dental services available in your community	5	4	3	2	1	9
F.	The types of injury prevention programs available in your community	5	4	3	2	1	9

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

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

