September 15, 2008

Dear Parent:

Cook Children’s needs your help with a survey about children’s health. We are asking parents and others who care for children ages 0-14 to answer these questions. Families that help us with this survey are helping us learn what the key children’s health concerns are for our entire region (Tarrant, Denton, Johnson, Hood, Parker and Wise Counties).

This survey is part of a project called CCHAPS—the Community-Wide Children’s Health Assessment and Planning Survey. CCHAPS will also include a review of facts from Cook Children’s services, government sources and other health groups. We also plan to ask community leaders for their views about children’s health.

With all of this information about children’s health, we will know what the needs are and can work with community partners to tackle them. We will also be able to use this information to track our progress in addressing the health needs over time.

Your help is needed even if you have never used services provided by Cook Children’s. Please take a few minutes to complete this survey. It is a simple way that you can give back to the community and make our area an even better place for children to live.

A postage-paid return envelope addressed to ETC Institute, a research firm that works with communities all across the country, is provided for your convenience, or you may take the survey online at www.cookhealthsurvey.com. ETC will compile the survey results for Cook Children’s. We plan to announce the results to the community next spring.

If you have questions, please call Cook Children’s at (882) 885-8590 or send us an email at CCHAPS@cookchildrens.org.

We appreciate your help and believe that CCHAPS will provide valuable information to help Cook Children’s and other community groups improve the health of every child in our region.

Sincerely,

Rick W. Merrill
CEO and President
Cook Children’s Health Care System

Si usted no habla inglés y desea participar en esta encuesta, por favor llame al 1-888-801-5368.

Nếu Ông / Bà không biết nói tiếng Anh và muốn tham dự trong việc nghiên cứu này, Xin vui lòng gọi số: 1-888-801-5368.

801 Seventh Avenue
Fort Worth, TX 76104-2796
882-885-4000
www.cookchildrens.org
Cook Children’s Community Needs Assessment Survey

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 call the CCHAPS Message Center, at 682-885-6590 or 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

PERCEPTIONS OF CHILDREN’S HEALTH ISSUES

1. Using a scale of 1 to 5 where 5 means "strongly agree” and 1 means “strongly disagree” please rate your level of agreement with the following statements about children’s health issues in the community where you live. If you do not know enough about the issue to have an opinion, 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. It is easy to get immunizations and vaccinations for children.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>B. Emergency care is available for children in my community</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>C. There are enough primary care physicians who are willing to see children in my community.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>D. There are enough specialized care physicians available for children in my community.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>E. Hospitals adequately meet the needs of children.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>F. Urgent care facilities adequately meet the needs of children.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>G. Primary care physicians can see children in a timely manner.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>H. Dental care is available for children in my community.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>I. Mental health services are available for children in my community.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>J. It is easy to get information about children’s health services that are available in this area.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>K. Children are safe from child abuse in my community.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>L. My community makes a good effort to prevent childhood obesity.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>M. There are enough fitness opportunities for children in my community.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>N. The nutritional needs of children in my community are being met.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>O. It is easy to get a car seat for a child.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

2. Which FOUR of the issues listed above do you think are the most important issues in the community where you live? [Write in the letters from the list in Question 1 for your top 4 choices below.]

1st __________  2nd __________  3rd __________  4th __________
3. 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.

4. How old is the child about whom you will be answering the following questions? _____ Years (Should be under age 15)

5. 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

6. What is this child’s gender? ___(1) Male  ___(2) Female

7. Is this child Hispanic or Latino? ___(1) Yes  ___(2) No

8. 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

9. Does this child’s primary caregiver speak English fluently? ___(1) Yes  ___(2) No

**PHYSICAL HEALTH**

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

11. Approximately, how tall is this child? _______ Inches  (or _______ Centimeters)

12. Approximately, how much does this child currently weigh? ____________ Pounds  (or ___________Kilograms)

13. How many days did this child do at least 30 minutes of physical exercise during the past 7 days?
    ___(1) None  ___(2) One to three days  ___(3) Four to six days  ___(4) Seven days

14. Do you think this child typically eats healthy meals? ___(1) Yes  ___(2) No

15. Please indicate whether a doctor or health professional has ever told you that the child you selected in Question #4 has any of the following conditions:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Asthma</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>B. An iron deficiency</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>C. Bacterial Meningitis</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>D. Blindness or other vision problems that cannot be corrected with glasses or contacts</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>E. Bone, joint, or muscle problems</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>F. Cancer</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>G. Chicken Pox</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>H. Diabetes</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>
16. Has this child ever had the following conditions? (If you are not sure, circle “9.”)

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Hay fever or any kind of respiratory allergy</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>B. Any kind of food or digestive allergy</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>C. A skin rash or any kind of skin allergy</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>D. Frequent or severe headaches, including migraines</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>E. Stuttering, stammering, or other speech problems</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>F. Three or more ear infections</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>G. Otitis media (inflammation of the middle ear)</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>H. Ear tubes</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>I. A chronic physical condition that has limited his/her activity</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>J. A tonsillectomy (had his/her tonsils removed)</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

DENTAL/ORAL HEALTH

17. Please answer the following questions YES or NO about the child you selected in Question #4. If you are not sure, circle “9.”

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Does this child have his/her own toothbrush?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>B. Did this child brush his/her teeth yesterday?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>C. Has this child visited a dentist for a general exam during the past 12 months?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>D. Has this child had his/her teeth professionally cleaned during the past 12 months?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>E. Has this child had his/her teeth sealed or varnished during the past 12 months?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>F. Has this child ever had fillings in his/her teeth?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>G. Does this child currently have any dental problems (e.g., tooth decay, pain) that need to be treated?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

18. 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 Q18a

18a. [IF NO to #18] 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) Other: ________________________

19. Has this child ever gone to the Emergency Room because of dental pain? ___(1) Yes   ___(2) No

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

21. 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

EMOTIONAL/BEHAVIORAL HEALTH

22. In your opinion, does the child you selected in Question #4 have any behavioral, emotional, or developmental problems outside of what you would consider typical for a child his or her age?
   ___(1) Yes   ___(2) No

Your responses will remain completely confidential
23. Has this child ever done any of the following. If you don’t know, circle “9”.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Cut or hurt him/herself?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>B.</td>
<td>Been in more than one fight during the past year?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>C.</td>
<td>Had self-esteem problems?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>D.</td>
<td>Had sleep problems?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>E.</td>
<td>Experienced something traumatic such as a natural disaster, accident, violence, neglect, or abuse?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>F.</td>
<td>Had negative, obsessive thoughts?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>G.</td>
<td>Had problems with eating such as overeating or refusing to eat enough?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>H.</td>
<td>Been cruel to animals?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>I.</td>
<td>Frequently wetted the bed after age 5?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

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

___(1) Yes – answer #24  ___(2) No

24a. IF YES to #24: Which of following types of treatment has your child received? (Check all that apply)

___(1) Counseling or Therapy
___(2) Medication
___(3) Special services at school including school counseling, individual education plans (IEP), 503 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: _________________________

25. Has this child ever needed mental healthcare but not received it?  ___(1) Yes  ___(2) No

FAMILY ACTIVITY

26. 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

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

28. How many minutes did someone in your household read to this child yesterday? ________ Minutes (Enter “0” if none)

29. How many minutes did your child watch television or play video games yesterday? ________ Minutes (Enter “0” if none)

30. During the past 12 months has your child done any volunteer work in the community?  ___(1) Yes  ___(2) No

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

32. Please indicate how often the following items occur:

<table>
<thead>
<tr>
<th></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>A.</td>
<td>Talk to the child you selected in Question 4 about healthy eating habits</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>B.</td>
<td>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>
</tr>
<tr>
<td>C.</td>
<td>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>
</tr>
<tr>
<td>D.</td>
<td>Talk to this child about drugs and alcohol</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>E.</td>
<td>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>
</tr>
<tr>
<td>F.</td>
<td>Talk to this child about sexual activity</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>G.</td>
<td>People smoke cigarettes in your home</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>H.</td>
<td>Alcoholic beverages are consumed in your home</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
33. How many times did this child visit an Emergency Room (ER) during the past 12 months? _____ Times

33a. If your child visited an Emergency Room for an injury during the past 12 months, how did the injury occur? (Check all that apply)
   ___(1) from skateboarding, rollerblading or non-powered scooter
   ___(2) from biking
   ___(3) from a fall (excluding falls from skateboards, 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) other: ____________________

HEALTH INSURANCE

34. Does the child you selected in Question #4 have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid or CHIP?
   ___(1) Yes - answer Q34a   ___(2) No

34a. 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: ____________________

35. During the past 12 months was there any time that your child was NOT covered by health insurance?
   ___(1) Yes   ___(2) No

ACCESS TO CARE

36. At which of the following places has this child received health care 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: ____________________

36a. Of the places listed above, which ONE would you prefer to visit when your child is injured or not well? (Write the number for your top choice from the list in Question 36 in the space below)

Preferred Place to Visit: _______

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

38. During the past 12 months, did this child receive all the medical care that he/she needed?
   ___(1) Yes   ___(2) No - answer Q38a

38a. [IF NO to #38] 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/health care 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: ____________________
39. During the past 12 months, did this child receive all the medication that was prescribed for him/her?
   ___(1) Yes       ___(2) No - answer Q39a

40. How many days did this child spend in the hospital during the past 12 months? _______ Days

40a. If #40 is more than “0”, for which of the following reasons did your child spend the night in the hospital?
   (Check all that apply)
   ___(1) Illness       ___(4) Injury
   ___(2) Surgery         ___(5) other: _______________________________
   ___(3) Asthma

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

42. Using a scale of 1 to 5 where 5 means “very easy” and 1 mean “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 4?</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 health care (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 a 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 health care or counseling for behavioral or 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>
<tr>
<td>I. Specialized care for specific conditions, injuries, or illnesses</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

43. 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 42 for your top 3 choices below.]
   1st ___________      2nd ___________      3rd ___________

PARENTAL QUESTIONS

44. Would you describe your relationship with the child you selected in Question #4 as:
   ___(4) Very close       ___(3) Somewhat close       ___(2) Not very close       ___(1) Not close at all

45. 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

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

47. 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
48. Prior to becoming pregnant with this child was the mother’s health...
   ____ (5) Excellent     ____ (4) Very Good     ____ (3) Good     ____ (2) Fair     ____ (1) Poor

49. Overall, how important do you think it is for your 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

DEMOGRAPHICS AND NEIGHBORHOOD CHARACTERISTICS

50. How many children under age 18 currently live in your household? _______ Children

51. How many adults age 18 and older currently live in your household? _______ Adults

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

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

54. Are there organizations located in your neighborhood that help children? ____ (1) Yes     ____ (2) No

55. What is the primary language spoken in your household?
   ____ (1) Spanish     ____ (2) English     ____ (3) Other (identify language: _______________________________)

56. Does anyone in your home smoke? ____ (1) Yes     ____ (2) No

57. Does anyone in your home use snuff or chewing tobacco or any other type of smokeless tobacco?
   ____ (1) Yes     ____ (2) No

58. On average, how many days per week does someone in your home have at least one alcoholic beverage?
   ______ Days per week

59. 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

60. Are either of the child’s parents a veteran of or currently serving in the U.S. Armed Forces?
   ____ (1) Yes     ____ (2) No

61. What is your total annual household income?
   ____ (01) Less $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.

Your responses will remain Completely Confidential. The information printed on the sticker to the right will ONLY be used to help assess the needs for children's health issues in different parts of the region. If your address is not correct, please provide the correct information.
Thanks.