Cook Children’s Community-wide Children’s Health Assessment and Planning Survey [CCHAPS]

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)

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 this child’s gender? _____ (1) Male   _____ (2) Female

5. Is this child Hispanic or Latino? _____ (1) Yes   _____ (2) No

6. 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) White/Caucasian
   _____ (5) Other: ______________

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

PHYSICAL HEALTH

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

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

10. Approximately, how much does this child currently weigh? _______ Pounds   (or _______ Kilograms)

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 typically eats healthy meals? _____ (1) Yes   _____ (2) No

Your responses will remain completely confidential
Asthma

13. Has a doctor or health professional ever told you that the child you selected in Question #2 has asthma?

1  Yes  2  No  9  Don't Know/NA

13a. If YES to #13: Does this child currently have asthma?

1  Yes  2  No  9  Don't Know/NA

14. Please indicate whether a doctor or health professional has ever told you that the child you selected in Question #2 has any of the following conditions:

A. An iron deficiency

1  Yes  2  No  9  Don't Know/NA

B. Blindness or other vision problems that cannot be corrected with glasses or contacts

1  Yes  2  No  9  Don't Know/NA

C. Bone, joint, or muscle problems

1  Yes  2  No  9  Don't Know/NA

D. Hearing loss

1  Yes  2  No  9  Don't Know/NA

E. Diabetes

1  Yes  2  No  9  Don't Know/NA

15. Has this child ever had the following conditions? (If you are not sure, circle “9”.)

A. Allergies (e.g., hay fever, any kind of respiratory allergy, food/digestive allergy, skin rash/skin allergy)

1  Yes  2  No  9  Don't Know/NA

B. Frequent or severe headaches, including migraines

1  Yes  2  No  9  Don't Know/NA

C. Stuttering, stammering, or other speech problems

1  Yes  2  No  9  Don't Know/NA

D. A chronic physical condition that has limited his/her activity

1  Yes  2  No  9  Don't Know/NA

16. Please answer the following questions YES or NO about this child. If you are not sure, circle “9”.

A. Has this child had a vision screening during the past 12 months?

1  Yes  2  No  9  Don't Know/NA

B. Are this child’s vaccinations up-to-date for a child of his/her age?

1  Yes  2  No  9  Don't Know/NA

C. Has this child’s blood pressure been checked during the past 12 months?

1  Yes  2  No  9  Don't Know/NA

D. Does this child receive free or discounted meals at school?

1  Yes  2  No  9  Don't Know/NA

E. Does this child receive assistance from WIC?

1  Yes  2  No  9  Don't Know/NA

F. Do you receive food stamps for this child?

1  Yes  2  No  9  Don't Know/NA

G. Are you concerned that this child may be overweight?

1  Yes  2  No  9  Don't Know/NA

H. Are you concerned that this child may be underweight?

1  Yes  2  No  9  Don't Know/NA

I. Has this child ever been pregnant?

1  Yes  2  No  9  Don't Know/NA

J. Has this child ever had a sexually transmitted disease?

1  Yes  2  No  9  Don't Know/NA

K. Has this child ever had a hearing screening?

1  Yes  2  No  9  Don't Know/NA

17. Was this child breastfed or receive breast milk?

____(1) Yes  ____ (2) No  ____ (9) Don’t Know/NA

DENTAL/ORAL HEALTH

18. Please answer the following questions YES or NO about the child you selected in Question #2. If you are not sure, circle “9”.

A. Does this child have his/her own toothbrush?

1  Yes  2  No  9  Don't Know/NA

B. Did this child brush his/her teeth yesterday?

1  Yes  2  No  9  Don't Know/NA

C. Has this child visited a dentist for a dental exam during the past 12 months?

1  Yes  2  No  9  Don't Know/NA

D. Has this child had his/her teeth professionally cleaned during the past 12 months?

1  Yes  2  No  9  Don't Know/NA

E. Has this child had dental sealants placed on his/her teeth during the past 12 months?

1  Yes  2  No  9  Don't Know/NA

F. Has this child had fluoride varnish applied by a dental professional during the past 12 months?

1  Yes  2  No  9  Don't Know/NA

G. Has a dentist had to fix anything in this child’s mouth during the past 12 months, such as fillings, crowns, etc.?

1  Yes  2  No  9  Don't Know/NA

H. To the best of your knowledge, has this child had a toothache during the past 6 months?

1  Yes  2  No  9  Don't Know/NA

I. To the best of your knowledge, has this child had decayed teeth or cavities during the past 6 months?

1  Yes  2  No  9  Don't Know/NA

J. To the best of your knowledge, has this child had broken teeth during the past 6 months?

1  Yes  2  No  9  Don't Know/NA

K. To the best of your knowledge, has this child had bleeding gums during the past 6 months?

1  Yes  2  No  9  Don't Know/NA
19. 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

20. 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

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

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 done any of the following. If you don’t know, circle “9”.

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>A. Been arrested or in trouble with the police?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B. Had academic problems at school?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C. Had behavior problems at school?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>D. Been suspended from daycare, school, or a program of activities due to “reported” behavioral problems?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>E. Been bullied or teased a lot at school?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>F. Bullied other children?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>G. Do you believe this child has been a victim of cyberbullying, sexting or online child abuse?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>H. Attempted suicide?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

28. Have you ever been told by a doctor or healthcare professional that this child has a mental illness or disorder?
   ___(1) Yes   ___(2) No

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

30. Has this child ever done any of the following. If you don’t know, circle “9”.

<p>| | | |</p>
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<thead>
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<tbody>
<tr>
<td>A. Deliberately cut or hurt him/herself?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B. Been in more than one fight during the past year?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C. Had self-esteem problems?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>D. Had sleep problems?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>E. Experienced something traumatic such as a natural disaster, accident, violence, neglect, or abuse?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>F. Had negative, obsessive thoughts?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>G. Had problems with eating such as overeating or refusing to eat enough?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>H. Been cruel to animals?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>I. Frequently wet the bed after age 5?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
31. Have you ever been told by a doctor or healthcare professional that this child has a developmental delay?
   ___(1) Yes
   ___(2) No

32. In your opinion, does the child you selected in Question #2 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

33. Has this child ever received assistance for a mental illness or a behavioral, emotional, or developmental problem?
   ___(1) Yes
   ___(2) No

**HEALTH INSURANCE**

34. 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 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 this child was NOT covered by health insurance?
   ___(1) Yes
   ___(2) No

**ACCESS TO CARE**

36. 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 #36a
   ___(2) No

36a. [IF YES to #36] How many times did this child visit a doctor, nurse, or other healthcare professional for any reason during the past 12 months?
    __________ Times

37. 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

38. 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: _________________________________

38a. 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 38 in the space below)
    Preferred Place to Visit: _______
39. 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.

<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 #2?</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 healthcare (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 healthcare 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>

40. 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 39 for your top 3 choices below.]

1st __________ 2nd __________ 3rd __________

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

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

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

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

45. 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

46. 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”.

<table>
<thead>
<tr>
<th>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?</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Does this child ride on an ATV (All Terrain Vehicle)?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>C. Has this child ever been brought to an Emergency Room because he/she nearly drowned?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>D. Has this child had an accidental injury that needed medical attention during the past 12 months?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>E. Does this child always wear a helmet when biking/rollerblading/or riding a scooter more than 1 block from your home?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>F. Does this child always wear a helmet when biking/rollerblading/or riding a scooter in your driveway or within 1 block from your home?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

Your responses will remain completely confidential
47. 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”.

<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>Has there ever been an investigation by CPS related to this child?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>B.</td>
<td>Do you think this child has ever been physically abused?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>C.</td>
<td>Do you think this child has ever been neglected?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>D.</td>
<td>Do you think this child has ever been sexually abused?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>E.</td>
<td>Do you think this child has ever been psychologically abused or mistreated?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>F.</td>
<td>Do you think this child has ever been threatened or hurt by gang members?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>G.</td>
<td>Do you think this child has ever been taken to a family violence shelter?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>H.</td>
<td>Has this child ever been in foster care or in a voluntary placement (such as a relative)?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>I.</td>
<td>Has this child ever lived in an emergency shelter or with other friends/family because of homelessness?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

**FAMILY ACTIVITY**

48. 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 2 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>
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</table>

49. How many minutes did this child watch television or play video games yesterday? _____ Minutes (Enter “0” if none)

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

51. How many servings of vegetables did this child eat yesterday? [If none write “0”] _____ servings

52. How many servings of fruit did this child eat yesterday? [If none write “0”] _____ servings

53. 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**

54. Prior to becoming pregnant with this child was the mother’s health...

<table>
<thead>
<tr>
<th></th>
<th>(5) Excellent</th>
<th>(4) Very Good</th>
<th>(3) Good</th>
<th>(2) Fair</th>
<th>(1) Poor</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(1) regularly visit an OB/GYN doctor</th>
<th>(6) gain too much weight</th>
<th>(7) experience other unusual circumstances (if so, please explain: _________________________)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(2) have pre-term labor</td>
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<tr>
<td></td>
<td>(3) consume alcohol</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>(4) smoke</td>
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<tr>
<td></td>
<td>(5) get admitted to a hospital to deliver the child</td>
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**AWARENESS/EDUCATION**

56. Do you think this child’s personal doctor or nurse explains things in a way that you can understand?

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<tr>
<th></th>
<th>(1) Yes</th>
<th>(2) No</th>
</tr>
</thead>
</table>
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:

<table>
<thead>
<tr>
<th>How familiar are you with the following:</th>
<th>Very Familiar</th>
<th>Familiar</th>
<th>Somewhat Familiar</th>
<th>Not Very Familiar</th>
<th>Not Familiar at All</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. The types of healthcare services that are available in your community</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>B. Where you can get information about health issues that affect this child</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>C. The types of mental health services that are available in your community</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>D. The types of social services that are available in your community</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>E. The types of dental services available in your community</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>F. The types of injury prevention programs available in your community</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

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

DEMOGRAPHICS AND NEIGHBORHOOD CHARACTERISTICS

Are there grocery stores in your neighborhood that have fresh fruit and vegetables?

___(1) Yes  ___(2) No

Are there safe parks/outdoor areas for this child to play in the neighborhood where you live?

___(1) Yes  ___(2) No

Are there organizations located in your neighborhood that help children?

___(1) Yes  ___(2) No

What is the primary language spoken in your household?

___(1) Spanish  ___(2) English  ___(3) Other (identify language: _______________________________)

Did you participate in the 2008 Cook Children’s Health Survey?

___(1) Yes  ___(2) No

How many years have you lived in community where you currently live?

_______ years

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

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