King County

Best Starts for KIDS

Best Starts for Kids Health Survey 2016

Ages 0 to 5

Survey Booklet #:

Thank you for taking the time to complete the Best Starts for Kids Health Survey

We have selected only **one child per household**. The child selected for your household was listed on the letter you received with this survey. Please answer the questions only about the **CHILD LISTED IN THE LETTER YOU RECEIVED.**

These questions will collect more detailed information on various aspects of this child's health, your family's strengths and supports, and your community. The survey should be completed by an adult who is familiar with this child's health and health care.

This is <u>not</u> a test. There are no right or wrong answers. All of the answers you give are confidential. This means that your answers will stay secret. They will be seen only by our research team and will not be read by **anyone** connected with your child or your home.

Some questions may seem similar to each other but they are each a little different. All of the questions in the survey are important and have their own purpose. We ask that you read each question carefully and answer the best you can.

If you don't find an answer that fits exactly, select the one that makes the most sense. Please answer all questions truthfully. Your voice matters. All families and all children are different. We want to make sure everyone's voice is included so that we can meet the needs of our community. Thank you.

<u>INSTRUCTIONS:</u>

Please read each question carefully and mark your answer by putting an "X" in the box next to the answer you choose. Make sure to mark only one answer for each question. If you make a mistake or want to change your answer, completely fill in the box with the wrong answer and put an "X' in the box next to your new answer.

Some of the questions will look like this:

1. How many times have you eaten apples this week?

- ☐ None
- ☒ 1 or 2 times
- ☐ 3 or 4 times
- ☐ 5 or more times

Mark your choice by making an "X" in the box that is next to the answer you want.

Other questions will look like this:

Please mark an "X" in the box under your answer.	Never	Rarely	Sometimes	Always
2. I like to eat apples.	☐	☐	☐	☒

Please try to answer every question. If you decide not to answer a question, draw an "X" through the question number.

For questions that look like this:

~~**3.**~~ How many times have you eaten apples this week?

- ☐ None
- ☐ 1 or 2 times
- ☐ 3 or 4 times
- ☐ 5 or more times

For questions that look like this:

Please mark an "X" in the box under your answer.	Never	Rarely	Sometimes	Always
~~**4.**~~ I like to eat apples.	☐	☐	☐	☐

This Child's Health

1. How old is this child?

Age in years: _ _ OR Age in months: _ _

2. In general, how would you describe this child's health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

3. How well do each of the following phrases describe this child?

	Definitely true	Somewhat true	Not true
a. This child is affectionate and tender with you	☐	☐	☐
b. This child bounces back quickly when things do not go their way	☐	☐	☐
c. This child shows interest and curiosity in learning new things	☐	☐	☐
d. This child smiles and laughs a lot	☐	☐	☐

4. DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about specific concerns or observations you may have about this child's development, communication, or social behaviors? *Sometimes a child's doctor or other health care provider will ask a parent to do this at home or during a child's visit.*

- ☐ Yes
- ☐ No → *SKIP* to question 6

5a. If yes, and this child is <u>9-23 Months (or less than 2 years old)</u>:

Did the questionnaire ask about your concerns or observations about…?

	Yes	No
a. How this child talks or makes speech sounds	☐	☐
b. How this child interacts with you and others	☐	☐

5b. If yes, and this child is <u>24-60 months (or 2-5 Years)</u>:

Did the questionnaire ask about your concerns or observations about…?

	Yes	No
a. Words and phrases this child uses and understands	☐	☐
b. How this child behaves and gets along with you and others	☐	☐

6. Has a doctor, other health care provider, or educator EVER told you that this child has a developmental delay? *Examples of educators are teachers and school nurses.*

- ☐ Yes
- ☐ No

7. What is this child's CURRENT height? *Please give your best estimate.*

Feet: ___ Inches: _ _

OR Meters: ___ Centimeters: _ ___

8. How much does this child CURRENTLY weigh? *Please give your best estimate.*

Pounds: _ _ _ Ounces : _ _

OR Kilograms: _ _ Grams: _ _ _

This Child as an Infant

9. Was this child EVER breastfed or fed breast milk?

☐ Yes
☐ No → *SKIP* to question 12

10. How old was this child when they COMPLETELY stopped breastfeeding or being fed breast milk?

Days: _ _ _ OR Weeks: _ _ OR Months: _ _

☐ This child is still breastfeeding

11. How old was this child when they were FIRST fed anything other than breastmilk? *This includes formula.*

☐ At birth

Days: _ _ _ OR Weeks: _ _ OR Months: _ _

☐ This child has never been fed anything other than breast milk

This question asks about your child's sleeping patterns. If your child is under 1 year old, please answer for how this child is currently sleeping. If your child is age 1 year or older, think back to how this child slept when they were less than one year old.

12. How is/was this child most often laid down to sleep? ***Mark ONE only.***

☐ On his or her side
☐ On his or her back
☐ On his or her stomach

Health Care Services

13. DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care?

☐ Yes
☐ No → *SKIP* to question 15

14. DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up? *A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.*

☐ 0 visits
☐ 1 visit
☐ 2 or more visits

15. Is there a place that this child USUALLY goes when they are sick or you or another caregiver needs advice about their health?

☐ Yes
☐ No → *SKIP* to question 17

16. Where does this child USUALLY go? ***Mark ONE only.***

☐ Doctor's office
☐ Hospital emergency room
☐ Hospital outpatient department
☐ Clinic or Health Center
☐ Retail Store Clinic or "Minute Clinic"
☐ School health center
☐ Other school (Nurse's office, Athletic Trainer's Office)
☐ Some other place
☐ I call for a phone consultation

17. DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for any kind of dental or oral health care?

☐ Yes, saw a dentist
☐ Yes, saw an oral health provider
☐ No → *SKIP* to question 19

18. DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for PREVENTIVE dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments?

☐ No preventive visits in the past 12 months
☐ Yes, 1 visit
☐ Yes, 2 or more visits

19. DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? *Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.*

- ☐ Yes
- ☐ No, but this child needed to see a mental health professional
- ☐ No, this child did not need to see a mental health professional

20. DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not received? *By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.*

- ☐ Yes
- ☐ No → *SKIP* to question 22

21. We want to know what type of health care this child needed but did not receive. Was it…

		Yes	No
a.	Medical care?	☐	☐
b.	Dental care?	☐	☐
c.	Vision care?	☐	☐
d.	Mental health services?	☐	☐

Activities and Child Care

The next questions ask about activities this child may or may not be involved in.

22. DURING THE PAST WEEK, on how many days did this child exercise, play a sport, or participate in physical activity for at least 60 minutes?

Number of days: _ _

23. DURING THE PAST 12 MONTHS, did this child participate in any of the following?

		Yes	No
a.	A sports team or took sports lessons	☐	☐
b.	Clubs or organizations	☐	☐
c.	Any other organized activities or lessons, such as music, dance, language, or other arts/culture	☐	☐

24. DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in?

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely
- ☐ Unable to attend

Now the questions will ask about child care for this child.

25. What regular sources of child care do you use for this child? *Mark ALL that apply.*

- ☐ In-home child care provider
- ☐ Child care center
- ☐ Preschool/Pre-K
- ☐ Child's grandparent(s) or other relative(s)
- ☐ Head Start/ECEAP/Step Ahead
- ☐ Baby-sitter/nanny/friend/neighbor
- ☐ Parent cares for this child
- ☐ This child attends Kindergarten
- ☐ No regular care; occasional care only

26. Of the child care sources you marked, which is your primary child care arrangement? *Mark ONLY ONE.*

- ☐ In-home child care provider
- ☐ Child care center
- ☐ Preschool/Pre-K
- ☐ Child's grandparent(s) or other relative(s)
- ☐ Head Start/ECEAP/Step Ahead
- ☐ Baby-sitter/nanny/friend/neighbor
- ☐ Parent cares for this child → *SKIP to question 29*
- ☐ This child attends Kindergarten → *SKIP to question 29*
- ☐ No regular care; occasional care only → *SKIP to question 29*

27. Thinking about the place where this child spends the most amount of time, what is the average number of hours per week they stay in child care?

- ☐ Less than 10 hours per week
- ☐ 10 to 19 hours per week
- ☐ 20 to 24 hours per week
- ☐ 25 to 39 hours per week
- ☐ 40 hours or more per week

28. Please indicate if you agree or disagree with each of the following statements. This child's primary child care program…

	Agree	Disagree
a. Is affordable	☐	☐
b. Provides a variety of activities	☐	☐
c. Provides the right amount of time on the activities that are most important to you	☐	☐
d. Has an adequate number of staff	☐	☐
e. Provides a nurturing and caring environment	☐	☐
f. Supports development of positive self-esteem	☐	☐
g. Includes children from a mix of cultural and economic backgrounds	☐	☐
h. Has opportunities to meet or talk with staff to discuss this child's progress or needs	☐	☐
i. Provides activities that meet this child's interests	☐	☐
j. Offers opportunities for this child to build skills	☐	☐

29. IN THE PAST 12 MONTHS, have you ever sent this child to school or daycare when they were sick?

- ☐ Yes
- ☐ No
- ☐ Child does not attend school or daycare

29. IN THE PAST 12 MONTHS, were you ever asked to keep this child home from any child care or preschool because of their behavior (for things like hitting, kicking, biting, tantrums, or disobeying)? *Mark ONE only*.

- ☐ This child did not attend child care or preschool in the past 12 months
- ☐ No
- ☐ Yes, I was told to pick up this child early on one or more days
- ☐ Yes, I had to keep this child home for one full day or more
- ☐ Yes, permanently. I was told this child could no longer attend this child care center or preschool

About You and This Child

30. How well do you think you are handling the day-to-day demands of raising children?

- ☐ Very well
- ☐ Somewhat well
- ☐ Not very well
- ☐ Not at all

31. DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?

- ☐ Yes
- ☐ No → *SKIP* to question 33

32. Did you receive emotional support from…

	Yes	No
a. Spouse or partner?	☐	☐
b. Other family member or close friend?	☐	☐
c. Health care provider?	☐	☐
d. Place of worship or religious leader?	☐	☐
e. Support or advocacy group related to a specific health condition?	☐	☐
f. Peer support group?	☐	☐
g. Counselor or other mental health professional?	☐	☐
h. Other person ?	☐	☐

33. ON A TYPICAL DAY, how often do you do these things with this child even if they are not old enough to talk?
(Please check only one box per row.)

	Never	Rarely	Sometimes	Often
a. Take turns going back and forth while you are talking, playing, or exploring	☐	☐	☐	☐
b. Talk about the things you see, hear, and do together	☐	☐	☐	☐
c. Respond to this child's sounds, actions, and words	☐	☐	☐	☐

About Your Family and Household

35. How many people usually live or stay at your address?

Number of people: _ _

35. How many of these people are family members?

Number of people: _ _

36. How many of these people are youth or children ages 0 to 17 years old?

Number of people: _ _

37. Where did this child live MOST of the time IN THE LAST 30 DAYS?

- ☐ In my own house or apartment that my family rents or owns
- ☐ In someone else's house or apartment with another family
- ☐ In a group home
- ☐ In a hotel or motel
- ☐ In a shelter or transitional housing
- ☐ In a car, park, or campground
- ☐ Other

The next questions ask about events that may or may not have happened during this child's life. These events can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer.

38. To the best of your knowledge, has this child EVER experienced any of the following?

	Yes	No
a. Parent or guardian divorced or separated	☐	☐
b. Parent or guardian died	☐	☐
c. Parent or guardian served time in jail	☐	☐
d. Saw or heard parents or adults slap, hit, kick, punch one another in the home	☐	☐
e. Was a victim of violence or witnessed violence in the neighborhood	☐	☐
f. Lived with anyone who was mentally ill, suicidal, or severely depressed	☐	☐
g. Lived with anyone who had a problem with alcohol or drugs	☐	☐
h. Was treated or judged unfairly because of their race or ethnic group	☐	☐

39. DURING THE PAST WEEK…

	0 days	1-3 days	4-6 days	Every day
a. On how many days did all the family members who live in the household eat a meal together?	☐	☐	☐	☐
b. On how many days did you or other family members read to or with this child?	☐	☐	☐	☐
c. On how many days did you or other family members tell stories or sing songs to this child?	☐	☐	☐	☐

40. When your family faces problems, how often are you likely to do each of the following?

	All of the time	Most of the time	Some of the time	None of the time
a. Talk together about what to do	☐	☐	☐	☐
b. Work together to solve our problems	☐	☐	☐	☐
c. Know we have strengths to draw on	☐	☐	☐	☐
d. Stay hopeful even in difficult times	☐	☐	☐	☐

41. Since this child was born, how often has it been very hard to get by on your family's income – hard to cover basics like…?

	All of the time	Most of the time	Some of the time	None of the time	Not applicable
a. Housing	☐	☐	☐	☐	☐
b. Food	☐	☐	☐	☐	☐
c. Transpor-tation	☐	☐	☐	☐	☐
d. Child care	☐	☐	☐	☐	☐
e. Health care	☐	☐	☐	☐	☐
f. Diapers or formula	☐	☐	☐	☐	☐

Now think about your neighborhood.

42. In your neighborhood, is/are there…

	Yes	No
a. Sidewalks or walking paths?	☐	☐
b. A park or playground?	☐	☐
c. A recreation center, community center, or boys' and girls' club?	☐	☐
d. A library or bookmobile?	☐	☐
e. Litter or garbage on the street or sidewalk?	☐	☐
f. Poorly kept or rundown housing?	☐	☐
g. Vandalism such as broken windows or graffiti?	☐	☐

43. To what extent do you agree with these statements about your neighborhood or community?

	Definitely agree	Somewhat agree	Somewhat disagree	Definitely disagree
a. People in this neighborhood help each other out	☐	☐	☐	☐
b. We watch out for each other's children in this neighborhood	☐	☐	☐	☐
c. This child is safe in our neighborhood	☐	☐	☐	☐
d. When we encounter difficulties, we know where to go for help in our community	☐	☐	☐	☐

44. How often can you find affordable fresh fruits and vegetables in your neighborhood?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

The next question asks for your opinion.

45. By the time a typical child in your community is 15 years old, how likely are they to be overweight or obese?

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Neither unlikely nor likely
- ☐ Likely
- ☐ Very likely

About This Child

46. Is this child of Hispanic, Latino(a), or Spanish origin? *Mark ALL that apply.*

- ☐ No, not of Hispanic, Latino(a), or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Cuban or Puerto Rican
- ☐ Yes, another Hispanic, Latino(a), or Spanish origin (Specify): _____

47. What is this child's race? *Mark ALL that apply.*

- ☐ White
- ☐ Black or African American
- ☐ Somali
- ☐ Ethiopian
- ☐ Other Black or African American (specify): _____
- ☐ American Indian or Alaska Native (specify name of tribe): _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (specify): _____
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander (specify): _____
- ☐ Some other race (specify): _____

48. What sex was recorded at birth on this child's original birth certificate?

- ☐ Female
- ☐ Male

49. Does this child currently identify as…?

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Something else (specify): _____

About You and Your Household

50. How are you related to this child?

- ☐ Biological or adoptive parent
- ☐ Step-parent
- ☐ Grandparent
- ☐ Foster parent
- ☐ Aunt or uncle
- ☐ Other relative
- ☐ Other non-relative

51. In general, do you feel your physical health is…?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

52. In general, do you feel your mental or emotional health is…?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

53. What is your age?

Age in years: __ __

54. Are you of Hispanic, Latino(a), or Spanish origin? *Mark ALL that apply.*

- ☐ No, not of Hispanic, Latino(a), or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Cuban or Puerto Rican
- ☐ Yes, another Hispanic, Latino(a), or Spanish origin
  (specify): _____

55. What is your race? *Mark ALL that apply.*

- ☐ White
- ☐ Black or African American
- ☐ Somali
- ☐ Ethiopian
- ☐ Other Black or African American
  (specify): _____
- ☐ American Indian or Alaska Native
  (specify name of tribe): _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (specify): _____
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander (specify): _____
- ☐ Some other race (specify): _____

56. What language do you speak most often at home?

- ☐ English
- ☐ Chinese
- ☐ Russian
- ☐ Somali
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other language (specify): _____

57. What is the highest grade or year of school you have completed? *Mark ONE only.*

- ☐ 8th grade or less
- ☐ 9th to 12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Completed a vocational, trade, or business school program
- ☐ Some college credit but no degree
- ☐ Associate's Degree (AA, AS)
- ☐ Bachelor's Degree (BA, BS, AB)
- ☐ Master's Degree (MA, MS, MSW, MBA)
- ☐ Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

58. Do you currently identify as…?

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Something else (specify): _____

59. Do you consider yourself to be…?

- ☐ Straight
- ☐ Lesbian or gay
- ☐ Bisexual
- ☐ Something else (specify): _____

The final question is about your family's income. Please remember that all your answers are confidential and results will be combined across families so that no family or individual can be identified.

60. Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family. What is that amount before taxes? *Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, or rent, and any other money income received.*

- ☐ Less than $15,000
- ☐ $15,000 to $24,999
- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 to $149,999
- ☐ $150,000 or more

Comments

If you have any additional comments you would like to make about your child's health and activities, your family's strengths and supports, and your community supports, please write them in the space provided below.

Thank you for completing the survey! Your answers will help us understand how Best Starts for Kids can support families in King County.

Public involvement is a central part of **Best Starts for Kids**. We invite you to stay informed and be a part of the process.

- **Visit the website** at www.kingcounty.gov/beststarts.
- **Contact us directly** at BSK.data@KingCounty.gov.

If this survey brought up any concerns for you or made you feel worried about any issue, we encourage you to speak with someone. Here are some resources you can contact:

- Online at ParentHelp123.org or call the Family Health Hotline at 1-800-322-2588
- Online at win211.org or call 211