2011 Geauga County

Children's Community Survey

Answers Will Remain Confidential!

We need your help! We are asking you to complete this survey and return it to us within the next 7 days. We have enclosed a $2.00 bill as a "thank you" for your time. We have also enclosed a postage-paid envelope for your convenience.

This health survey is being sponsored by the Partnership for a Healthy Geauga. If you have any questions or concerns, please contact Dan Mix of Geauga County Health District, at 440-279-1940 or email him at dmix@geaugacountyhealth.org.

You have been randomly selected to complete this survey on your child who is 0-5 years of age who is living with you. *If you have more than one child in this age group living with you, please use the child whose birthday comes next in the calendar.*

If you do not have a child 0-5 years of age living with you but **do have a child 6-11 years of age** living with you, please check here ☐ and **complete the survey** based on this child. *If you have more than one child in this age group living with you, please use the child whose birthday comes next in the calendar.*

If you do not have a child in either of the above age ranges, please check here ☐ and return

Instructions:

- Please complete the survey now rather than later.
- Please do NOT put your name on the survey. Your responses to this survey will be kept confidential. No one will be able to link your identity to your survey.
- Please be completely honest as you answer each question.
- Answer each question by selecting the response that best describes you or your child.

Thank you for your assistance. Your responses will help to make Geauga County a healthier place for all of our residents.

Turn the page to start the survey ➔

Child's Demographics

1. What is your child's birth date?

   _____/_____/_____
   Month Day Year

2. What is your child's gender?
   - ❑ Male
   - ❑ Female

3. How tall is your child now?

   FEET _____

   INCHES _____

   - ❑ Don't know

4. How much does your child weigh now?

   POUNDS _____

   - ❑ Don't know

5. Which one of these groups would you say best represents your child's race?
   - ❑ White
   - ❑ Black or African American
   - ❑ Asian
   - ❑ Native Hawaiian or Other Pacific Islander
   - ❑ American Indian/Alaska Native
   - ❑ Biracial
   - ❑ Other (specify):__

6. Is your child of Hispanic or Latino origin?
   - ❑ Yes
   - ❑ No

Health Status

7. In general, how would you describe your child's health?
   - ❑ Excellent
   - ❑ Very good
   - ❑ Fair
   - ❑ Poor
   - ❑ Don't know

Health Insurance Coverage

8. What type of health insurance does your child have?
   - ❑ Your employer insurance
   - ❑ Someone else's employer insurance
   - ❑ You or someone else buys on your own
   - ❑ Medicaid or State Children's Health Insurance Program (S-CHIP)
   - ❑ Medicare
   - ❑ No health insurance coverage
   - ❑ Some other source of insurance

9. Does your child have insurance that covers the following?:

Well child visits?	❑ Yes	❑ No	❑ Don't know
Doctor visits?	❑ Yes	❑ No	❑ Don't know
Hospital stays?	❑ Yes	❑ No	❑ Don't know
Dental?	❑ Yes	❑ No	❑ Don't know
Vision?	❑ Yes	❑ No	❑ Don't know
Mental health?	❑ Yes	❑ No	❑ Don't know
Prescription coverage?	❑ Yes	❑ No	❑ Don't know
Immunizations?	❑ Yes	❑ No	❑ Don't know

Healthcare Access and Utilization

10. During the past 12 months, how many times did your child go to a hospital emergency room for health care?
    - ❑ 0 times
    - ❑ 1 time
    - ❑ 2 times
    - ❑ 3 or more times
    - ❑ Don't know

11. During the past 12 months, why did your child not get all the medical care that your child needed? **(CHECK ALL THAT APPLY)**
    - ❑ Child did receive the medical care he/she needed
    - ❑ Costs too much
    - ❑ No insurance
    - ❑ Health plan problem
    - ❑ Could not find doctor who accepted child's insurance
    - ❑ Not available in area/ transportation problems
    - ❑ Not convenient times/ could not get appointment
    - ❑ Doctor didn't know how to treat or provide care
    - ❑ Did not like the doctor
    - ❑ Did not know where to go for treatment
    - ❑ Child refused to go
    - ❑ Treatment is ongoing
    - ❑ Vaccine shortage
    - ❑ Other
    - ❑ No referral

12. During the past 12 months, why did your child not get all the prescription medication that your child needed?
(CHECK ALL THAT APPLY)
- ❑ Child did receive the prescription medications he/she needed
- ❑ Costs too much
- ❑ No insurance
- ❑ Health plan problem
- ❑ Can't find doctor who accepts child's insurance
- ❑ Not available in area/ transportation problems
- ❑ Not convenient times/ could not get appointment
- ❑ Doctor did not know how to treat or provide care
- ❑ Dissatisfaction with doctor
- ❑ Did not know where to go for treatment
- ❑ Treatment is ongoing
- ❑ Other
- ❑ No referral

Health Conditions

13. Does your child have any of the following allergies?
(CHECK ALL THAT APPLY)
- ❑ Peanuts
- ❑ Wheat
- ❑ Soy
- ❑ Milk
- ❑ Eggs
- ❑ Bees
- ❑ Strawberries
- ❑ Kiwi
- ❑ Watermelon
- ❑ Gluten
- ❑ Red dye
- ❑ Tree nuts
- ❑ Fish
- ❑ Shellfish
- ❑ Pollen
- ❑ Grasses
- ❑ Ragweed
- ❑ Fungi
- ❑ Mold
- ❑ House dust mites
- ❑ Dogs
- ❑ Cats
- ❑ Horses
- ❑ Other: _
- ❑ Yes, and my child has an Epi-pen for the allergy
- ❑ None of the above

14. Has the doctor or health professional ever told you that your child has any of the following conditions?

Asthma?	❑ Yes	❑ No	❑ Don't know
Vision problems that cannot be corrected with glasses or contact lenses?	❑ Yes	❑ No	❑ Don't know
Hearing problems?	❑ Yes	❑ No	❑ Don't know
Attention deficit disorder or attention deficit hyperactivity disorder that is ADD or ADHD?	❑ Yes	❑ No	❑ Don't know
Anxiety problems?	❑ Yes	❑ No	❑ Don't know
Depression problems?	❑ Yes	❑ No	❑ Don't know
Diabetes?	❑ Yes	❑ No	❑ Don't know
Autism?	❑ Yes	❑ No	❑ Don't know
Bone, joint, or muscle problems?	❑ Yes	❑ No	❑ Don't know
Pneumonia?	❑ Yes	❑ No	❑ Don't know
Birth defect?	❑ Yes	❑ No	❑ Don't know
Epilepsy?	❑ Yes	❑ No	❑ Don't know
Urinary tract infections?	❑ Yes	❑ No	❑ Don't know
Digestive tract infections?	❑ Yes	❑ No	❑ Don't know
Appendicitis?	❑ Yes	❑ No	❑ Don't know
Head injury?	❑ Yes	❑ No	❑ Don't know
Behavioral or conduct problems?	❑ Yes	❑ No	❑ Don't know
Any developmental delay or physical impairment?	❑ Yes	❑ No	❑ Don't know
Learning disability?	❑ Yes	❑ No	❑ Don't know
Genetic diseases?	❑ Yes	❑ No	❑ Don't know
Cancer?	❑ Yes	❑ No	❑ Don't know

15. During the past 12 months, has your child had an episode of asthma or an asthma attack? (Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make the respondent limit his/her activity more than usual, or make your child seek medical care)
- ❑ Yes
- ❑ No, my child does not have asthma
- ❑ No, my child did not have an asthma attack
- ❑ Don't know

16. Overall, do you think that your child has difficulties with one or more of the following areas? **(CHECK ALL THAT APPLY)**
    - ❑ Emotions
    - ❑ Concentration
    - ❑ Behavior
    - ❑ Being able to get along with people
    - ❑ None of the above

17. How would you describe these difficulties?
    - ❑ Minor
    - ❑ Moderate
    - ❑ Severe
    - ❑ Don't know

18. How are the difficulties being managed? **(CHECK ALL THAT APPLY)**
    - ❑ Family and friends take care of it
    - ❑ Get professional help
    - ❑ Schools or day care
    - ❑ Don't need help

Medical Home

A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.

19. Do you have one or more persons you think of as your child's personal doctor or nurse?
    - ❑ Yes
    - ❑ No
    - ❑ Don't know

20. Which one particular clinic, health center, doctor's office, or other place does your child usually go to if they are sick or you need advice about their health?
    - ❑ A doctor's office
    - ❑ A public health clinic or community health center
    - ❑ A hospital outpatient department
    - ❑ A hospital emergency room
    - ❑ Urgent care center
    - ❑ In-store health clinic (ex: CVS, Walmart, Giant Eagle, etc.)
    - ❑ Some other kind of place
    - ❑ No usual place
    - ❑ Don't know

Specialists are doctors like surgeons, heart doctors, allergy doctors, psychiatrists, skin doctors, and others who specialize in one area of health care.

21. Have you looked for any of the following specialists for your child?

Heart doctor?	❑ Referred, but did not go	❑ Referred and went	❑ Did not look/ Not applicable
Ear, Nose and Throat doctor?	❑ Referred, but did not go	❑ Referred and went	❑ Did not look/ Not applicable
Endocrinologist?	❑ Referred, but did not go	❑ Referred and went	❑ Did not look/ Not applicable
Psychiatrist?	❑ Referred, but did not go	❑ Referred and went	❑ Did not look/ Not applicable
Oncologist (Cancer doctor)?	❑ Referred, but did not go	❑ Referred and went	❑ Did not look/ Not applicable
Geneticist (DDC)?	❑ Referred, but did not go	❑ Referred and went	❑ Did not look/ Not applicable
Other specialist?	❑ Referred, but did not go	❑ Referred and went	❑ Did not look/ Not applicable

Children sometimes need other special types of services that they can't get from their personal doctor or nurse. For example, children may need special services like physical therapy, medical equipment like wheelchairs, special educational services, or counseling.

22. During the past 12 months, did your child need any type of special services for his/her health?
    - ❑ Medical Equipment (wheelchairs, etc.)
    - ❑ Physical therapy
    - ❑ Occupational therapy
    - ❑ Speech therapy
    - ❑ Special education
    - ❑ Counseling
    - ❑ Out of home care
    - ❑ Respite care
    - ❑ My child did not need any special services or equipment

Oral Health

23. How long has it been since your child last saw a dentist? (include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists)
    - ❑ My child is not old enough to go to the dentist
    - ❑ Within the past year (anytime less than 12 months ago)
    - ❑ Within the past 2 years (1 year but less than 2 years ago)
    - ❑ Within the past 5 years (2 years but less than 5 years ago)
    - ❑ 5 or more years ago
    - ❑ Never

24. Why did your child not get all the dental care they needed? **(CHECK ALL THAT APPLY)**
- ❑ My child is not old enough to go to the dentist
- ❑ They did get all of the dental care they needed
- ❑ Costs too much
- ❑ No insurance
- ❑ Health plan problem
- ❑ Can't find dentist who accepts child's insurance
- ❑ Not available in area/ transportation problems
- ❑ Not convenient times/could not get appointment
- ❑ Dentist did not know how to treat or provide care
- ❑ Dissatisfaction with dentist
- ❑ Did not know where to go for treatment
- ❑ Child refused to go
- ❑ Treatment is ongoing
- ❑ Other
- ❑ No referral

Miscellaneous Health

25. How many days per week do you not have enough food such that your child goes to bed hungry?
- ❑ 0 days
- ❑ 1 day
- ❑ 2 days
- ❑ 3 days
- ❑ 4 days
- ❑ 5 days
- ❑ 6 days
- ❑ 7 days

26. During the past month, did your child regularly attend: **(CHECK ALL THAT APPLY)**

A child care center?	❑ Yes	❑ No	❑ Don't know
Family-based child care outside of your home?	❑ Yes	❑ No	❑ Don't know
Child care in your home provided by a baby sitter?	❑ Yes	❑ No	❑ Don't know
Child care in your home provided by a relative other than a parent or guardian?	❑ Yes	❑ No	❑ Don't know
Child care outside of your home provided by a relative other than a parent or guardian?	❑ Yes	❑ No	❑ Don't know
Nursery school, preschool, or kindergarten?	❑ Yes	❑ No	❑ Don't know
Elementary school?	❑ Yes	❑ No	❑ Don't know
Head Start or Early Start program?	❑ Yes	❑ No	❑ Don't know

27. Does your childcare provider: **(CHECK ALL THAT APPLY)**
- ❑ I do not have a childcare provider
- ❑ Isolate sick children
- ❑ Make sick kids stay at home
- ❑ Address health and hygiene issues
- ❑ None of the above

28. Approximately how many days in the past 12 months did you or someone in your household miss work due to your child?

____ days missed to asthma

____ days missed to illnesses or injuries

____ days missed to medical appointments

___ days missed to behavioral, emotional problems

- ❑ Don't work
- ❑ Don't know

29. Are you currently concerned with:

Your child's academic achievement?	❑ A lot	❑ A little	❑ Not at all
Having enough time with your child?	❑ A lot	❑ A little	❑ Not at all
Your relationship with your child?	❑ A lot	❑ A little	❑ Not at all
Learning difficulties with your child?	❑ A lot	❑ A little	❑ Not at all
Your child's anxiety?	❑ A lot	❑ A little	❑ Not at all
Your child's depression?	❑ A lot	❑ A little	❑ Not at all
Violence in the home, school, or neighborhood?	❑ A lot	❑ A little	❑ Not at all
Your child talking?	❑ A lot	❑ A little	❑ Not at all
Your child crawling, walking or running?	❑ A lot	❑ A little	❑ Not at all
Your child getting along with others?	❑ A lot	❑ A little	❑ Not at all
Your child's self-esteem?	❑ A lot	❑ A little	❑ Not at all
How your child copes with stressful things?	❑ A lot	❑ A little	❑ Not at all
Substance abuse?	❑ A lot	❑ A little	❑ Not at all
Eating disorder?	❑ A lot	❑ A little	❑ Not at all
Being "bullied" by classmates?	❑ A lot	❑ A little	❑ Not at all
Risky behaviors?	❑ A lot	❑ A little	❑ Not at all
Cell phone and technology use?	❑ A lot	❑ A little	❑ Not at all
Internet use?	❑ A lot	❑ A little	❑ Not at all

30. During your last pregnancy, did you…**(CHECK ALL THAT APPLY)**
- ❑ Get prenatal care within the first 3 months
- ❑ Take a multi-vitamin
- ❑ Smoke cigarettes
- ❑ Use alcohol
- ❑ Use marijuana
- ❑ Use any drugs that were not prescribed
- ❑ Take folic acid
- ❑ Experience domestic violence
- ❑ Experience perinatal depression
- ❑ Experience mild postpartum depression
- ❑ Experience severe postpartum depression
- ❑ Properly wear a seat belt
- ❑ None of these things
- ❑ Not birth parent

Family Functioning

31. During the past <u>week</u>, how many times did you or any family member take your child on any kind of outing, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings?

_____number of times

- ❑ Don't know

32. During the past <u>week</u>, on how many days did all the family members who live in the household eat a meal together?

_____number of times

- ❑ Don't know

33. How often does your child attend a religious service?

_____number per month

- ❑ Never

34. What time does your child <u>usually</u> get up in the morning and go to bed at night?

Get up	Go to bed
a.m.	p.m.

35. How often do you read to your child?
- ❑ Almost never, my child has no interest
- ❑ Almost never, my child reads to his/herself
- ❑ A few times a year
- ❑ A few times a month
- ❑ A few times a week
- ❑ Almost every day
- ❑ Every day
- ❑ I do not read to my child

36. What forms of discipline do you use for your child? (**CHECK ALL THAT APPLY**)
- ❑ Spanking
- ❑ Time out
- ❑ Grounding
- ❑ Take away privileges
- ❑ Wash mouth out
- ❑ Yell
- ❑ Other
- ❑ My child has not been disciplined

37. In general, how well do you feel you are coping with the day-to-day demands of parenthood/ raising children?
- ❑ Very well
- ❑ Somewhat well
- ❑ Not very well
- ❑ Not well at all

38. During this past month, how often have you felt your child is much harder to care for than most children his/her age?
- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always
- ❑ Don't know

39. During the past month, how often have you felt that your child does things that really bother you a lot?
- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always
- ❑ Don't know

40. In general, what challenges do you face in regards to the day-to-day demands of parenthood/raising children? **(CHECK ALL THAT APPLY)**
- ❑ Child has special needs
- ❑ Demands of multiple children
- ❑ Alcohol and/or drug abuse
- ❑ Post-partum depression
- ❑ Financial burdens
- ❑ Difficulty with lifestyle changes
- ❑ Loss of freedom
- ❑ Being a single parent
- ❑ Other __
- ❑ I do not have issues coping with any of the above

Parental Health

41. In general, your health is:
    - ❑ Excellent
    - ❑ Very good
    - ❑ Good
    - ❑ Fair
    - ❑ Poor
42. In general, your mental and emotional health is:
    - ❑ Excellent
    - ❑ Very good
    - ❑ Good
    - ❑ Fair
    - ❑ Poor
43. About how much do you weigh without shoes?
    POUNDS _____
44. About how tall are you without shoes?
    FEET _____
    INCHES _____
45. During the last 7 days, how many days did you engage in some type of exercise or physical activity for at least 30 minutes?
    - ❑ 0 days
    - ❑ 1 day
    - ❑ 2 days
    - ❑ 3 days
    - ❑ 4 days
    - ❑ 5 days
    - ❑ 6 days
    - ❑ 7 days
    - ❑ Unable to exercise

Neighborhood Characteristics

46. How often do you feel your child is safe in your community or neighborhood?
    - ❑ Never
    - ❑ Sometimes
    - ❑ Usually
    - ❑ Always
47. There are people in my neighborhood that might be a bad influence on my child/children because of:
    (CHECK ALL THAT APPLY)
    - ❑ I disagree, my neighborhood is safe.
    - ❑ Drugs/alcohol activity
    - ❑ Bullying
    - ❑ Loud/ disrespectful noise levels
    - ❑ Crime
    - ❑ Gangs
    - ❑ Other: _____
48. Have you talked with your child about what to do if he/she finds a gun (to stop, don't touch the gun, get away and tell a grown-up)?
    - ❑ Yes
    - ❑ No, it will not do any good
    - ❑ Not yet, but I plan to
    - ❑ No, they are not old enough

Weight Control

49. On an average day of the week, how many hours does your child spend doing the following activities?

Physical Activity	TV	Video Games (non-active)	Computer
❑ 0 hours	❑ 0 hours	❑ 0 hours	❑ 0 hours
❑ Less than 1 hour	❑ Less than 1 hour	❑ Less than 1 hour	❑ Less than 1 hour
❑ 1 hour	❑ 1 hour	❑ 1 hour	❑ 1 hour
❑ 2 hours	❑ 2 hours	❑ 2 hours	❑ 2 hours
❑ 3 hours	❑ 3 hours	❑ 3 hours	❑ 3 hours
❑ 4 hours	❑ 4 hours	❑ 4 hours	❑ 4 hours
❑ 5 hours	❑ 5 hours	❑ 5 hours	❑ 5 hours
❑ 6+ hours	❑ 6+ hours	❑ 6+ hours	❑ 6+ hours

50. What does your child usually eat for breakfast?
    (CHECK ALL THAT APPLY)
    - ❑ Nothing
    - ❑ My child rarely eats breakfast
    - ❑ Cereal
    - ❑ Milk
    - ❑ Toast
    - ❑ Eggs
    - ❑ Oatmeal
    - ❑ Yogurt
    - ❑ Bacon/sausage/ham
    - ❑ Pop Tart/donut/pastry
    - ❑ Pizza
    - ❑ Soda pop
    - ❑ Fruit/fruit juice
    - ❑ Other
    - ❑ My child eats at the school breakfast program

51. On average how many servings of fruits and vegetables does your child have per day?
- ❑ 1 to 4 servings per day
- ❑ 5 or more servings per day
- ❑ 0 – My child does not like fruits or vegetables
- ❑ 0 – I cannot afford fruits or vegetables
- ❑ 0 – I do not have access to fruits or vegetables

Tobacco Control

52. What are your rules about smoking inside your home or car? **(CHECK ALL THAT APPLY)**
- ❑ Smoking is allowed anywhere inside our home
- ❑ Smoking is allowed, but only in certain rooms of our home
- ❑ No one is allowed to smoke inside our home when children are present
- ❑ No one is allowed to smoke inside our home at any time
- ❑ Smoking is allowed anywhere inside our car
- ❑ Smoking is allowed, but only with one or more of the windows open in the car
- ❑ Smoking is allowed, but only if the children are not in the car
- ❑ No one is allowed to smoke inside our car at any time

Early Childhood (0-5 Years Old)

IF YOU DO NOT HAVE A CHILD AGES 0-5 YEARS OLD, GO TO QUESTION 55

53. Thinking back to your last pregnancy, just before you or your partner got pregnant, how did you feel about becoming pregnant?
- ❑ You wanted to be pregnant sooner
- ❑ You wanted to be pregnant later
- ❑ You wanted to be pregnant then
- ❑ You didn't want to be pregnant then or any time in the future
- ❑ You don't recall

54. Did you use any of the following? **(CHECK ALL THAT APPLY)**

Kidsfest	❑ Used it	❑ Did not use it	❑ Never heard of
Car seat technician	❑ Used it	❑ Did not use it	❑ Never heard of
Help Me Grow	❑ Used it	❑ Did not use it	❑ Never heard of
Newborn home visits	❑ Used it	❑ Did not use it	❑ Never heard of
Story time at the library	❑ Used it	❑ Did not use it	❑ Never heard of
Kindergarten readiness programs	❑ Used it	❑ Did not use it	❑ Never heard of
Health Department Immunization clinics	❑ Used it	❑ Did not use it	❑ Never heard of
Incredible Years	❑ Used it	❑ Did not use it	❑ Never heard of
Breastfeeding Counseling	❑ Used it	❑ Did not use it	❑ Never heard of
Devereux Early Childhood Assessment (DECA)	❑ Used it	❑ Did not use it	❑ Never heard of
Very Important Kids	❑ Used it	❑ Did not use it	❑ Never heard of
Dinoschool	❑ Used it	❑ Did not use it	❑ Never heard of
Starting Point	❑ Used it	❑ Did not use it	❑ Never heard of
Park District	❑ Used it	❑ Did not use it	❑ Never heard of
Head Start	❑ Used it	❑ Did not use it	❑ Never heard of
Bible school/VBS/ Sunday school	❑ Used it	❑ Did not use it	❑ Never heard of
Parent Talk Newsletter	❑ Used it	❑ Did not use it	❑ Never heard of

Middle Childhood (6-11 Years Old)

IF YOU DO NOT HAVE A CHILD AGES 6-11 YEARS OLD, GO TO QUESTION 64

55. What kind of school is your child currently enrolled in? **(CHECK ALL THAT APPLY)**
- ❑ Public
- ❑ Private or Parochial: _____
- ❑ Charter
- ❑ Home-schooled
- ❑ Out of county school
- ❑ Child is not enrolled in school

56. How often do you feel your child is safe at school?
- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always
- ❑ Not applicable

57. During the past 12 months, did your child participate in the following after school or on the weekends? **(CHECK ALL THAT APPLY)**
- ❑ A sports team or sports lessons
- ❑ A club or organization such as Scouts
- ❑ 4H
- ❑ A religious group
- ❑ Library program
- ❑ Latchkey
- ❑ Some other organized activity
- ❑ None of the above

58. How much unsupervised time (time without an adult 18 or older) does your child have after school on an average school day?
- ❑ Less than one hour
- ❑ 1 to 2 hours
- ❑ 3 to 4 hours
- ❑ More than 4 hours

59. If your child has email, MySpace or Facebook account or other social network site, which of the following apply? (**CHECK ALL THAT APPLY)**
- ❑ My child does not have an email, MySpace or Facebook account
- ❑ I have my child's password
- ❑ I know all of the people in "my child's friends"
- ❑ My child's account is currently checked private
- ❑ My child's friends have the password
- ❑ My child has had problems as a result of email, MySpace or Facebook account

60. What types of bullying has your child experienced in the last year? **(CHECK ALL THAT APPLY)**
- ❑ Physically bullied (e.g., hit or kicked)
- ❑ Verbally bullied (e.g., teased, taunted, or called harmful names)
- ❑ Indirectly bullied (e.g., spread mean rumors or kept out of a "group")
- ❑ Cyber bullied (e.g., teased, taunted, or threatened by e-mail, cell phone, or other electronic methods)
- ❑ None of the above
- ❑ Don't know

61. Have you ever contacted any of the following agencies to help you with problems you have with your child? (**CHECK ALL THAT APPLY**)
- ❑ Mental health
- ❑ Faith based agency
- ❑ Juvenile court
- ❑ Child's school
- ❑ Law enforcement
- ❑ Children's services
- ❑ No, I have not called an agency for problems with child

62. When do you think the following sexual health education topics should be covered? **(CHECK ALL THAT APPLY)**

Reproductive system	Abstinence & refusal skills (how to say NO)	Birth control & the use of condoms
❑ Grades K-2	❑ Grades K-2	❑ Grades K-2
❑ Grades 3-5	❑ Grades 3-5	❑ Grades 3-5
❑ Grades 6-8	❑ Grades 6-8	❑ Grades 6-8
❑ Grades 9-12	❑ Grades 9-12	❑ Grades 9-12
❑ Not at all	❑ Not at all	❑ Not at all

63. Which of these topics have you discussed with your 6 to 11 year old child in the past year? **(CHECK ALL THAT APPLY)**
- ❑ Refusal skills
- ❑ Alcohol
- ❑ Tobacco
- ❑ Marijuana and other drugs
- ❑ Abstinence and how to refuse sex
- ❑ Birth control
- ❑ Condoms/safer sex/STD prevention
- ❑ Dating and relationships
- ❑ Eating habits
- ❑ Body image
- ❑ Screen time (TV or computer)
- ❑ Did not discuss any of the topics above

Demographics

64. What is your age? _____

65. What is your zip code? _____

66. Are you Amish?
- ❑ Yes
- ❑ No

67. What is your relationship to the child?
- ❑ Mother (biological, step, foster, adoptive)
- ❑ Father (biological, step, foster, adoptive)
- ❑ In-law of any type
- ❑ Aunt/Uncle
- ❑ Grandparent
- ❑ Other family member
- ❑ Other non-relative

68. Are you currently…
- ❑ Employed for wages full-time
- ❑ Employed for wages part-time
- ❑ Self-employed
- ❑ Out of work for more than 1 year
- ❑ Out of work for less than 1 year
- ❑ Homemaker
- ❑ Student
- ❑ Retired
- ❑ Unable to work

69. What is the primary language spoken in your home?
- ❑ English
- ❑ Spanish
- ❑ German
- ❑ Another language: _____
- ❑ Don't know

70. At any time during the past 12 months, even for one month, did anyone in this household receive the following? **(CHECK ALL THAT APPLY)**
- ❑ Cash assistance from a state or county welfare program
- ❑ SNAP (food stamps)
- ❑ Benefits from Women, Infants, and Children (WIC) program
- ❑ Free or reduced cost breakfasts or lunches at school
- ❑ Mental health/substance abuse treatment
- ❑ Subsidized childcare through Job and Family Services
- ❑ Help Me Grow
- ❑ None of the above

71. Where do you get your drinking water?
- ❑ Bottled water
- ❑ Well water
- ❑ City water
- ❑ Cistern
- ❑ Pond

72. What are the ages and sex of the people living in this household?

Age	Male	Female
Less than 1		
1-3		
4-5		
6-8		
9-11		
12-18		
19+		

73. Is your gross annual household income from all sources…
- ❑ Less than $10,000
- ❑ $10,000 to $14,999
- ❑ $15,000 to $19,999
- ❑ $20,000 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 or more

74. What is the highest grade or level of education attained by anyone in your household?
- ❑ Never attended school or only attended kindergarten
- ❑ Grades 1 through 8 (Elementary)
- ❑ Grades 9 through 11 (Some high school)
- ❑ Grade 12 or GED (High school graduate)
- ❑ College 1 year to 3 years (Some college or technical school)
- ❑ College graduate
- ❑ Post graduate education (Masters or Doctorate degree)

Certain questions provided by: Child and Adolescent Health Measurement Initiative, Data Resource Center for the National Survey of Children's Health, Portland, Oregon: U.S. Department of Health and Human Services, Health Resources and Services Administration, 2003-2007. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007-2009. Other questions are © 2011 Hospital Council of NW Ohio.