



King County

**Best Starts for
KIDS**

Best Starts for Kids Health Survey 2021

Ages 0-5

Survey Booklet #:

<PAC>

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**.

If you were previously asked to respond to the Best Starts for Kids Health Survey and have responded, thank you. You do not need to continue. 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 not 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 school 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.

INSTRUCTIONS:

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:

<i>Please mark an “X” in the box under your answer.</i>	Never	Rarely	Sometimes	Always
2. I like to eat apples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

~~1~~ 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:

<i>Please mark an “X” in the box under your answer.</i>	Never	Rarely	Sometimes	Always
2 I like to eat apples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. This Child’s Health

1. How old is this child? Please only write age in years or months, not both.

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This child bounces back quickly when things do not go their way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. This child shows interest and curiosity in learning new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. This child smiles and laughs a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. DURING THE PAST 12 MONTHS, have you or another caregiver filled out a questionnaire about specific concerns or observations you may have about this child's development or behaviors? For example, a questionnaire or checklist that has skills and milestones that are commonly seen during a specific age range. Many pediatricians, child care providers, preschools, and home visitors offer these at least annually for babies and young children.

- Yes
- No

5. Is this child limited or prevented in any way in their ability to do the things most children of the same age can do?

- Yes
- No

B. This Child as an Infant

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

The next few questions ask you about breastfeeding.

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

- Yes
- No → SKIP to question 10

8. 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

9. 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

C. Health Care Services

The next group of questions ask about health care services for this child in the last 12 months. Please answer the questions even if the COVID-19 pandemic has impacted your ability to obtain health care.

10. 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

11. DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?

- Yes
- No → SKIP to question 13

12. If yes, how much of a problem was it to get referrals?

- Not a problem
- Small problem
- Big problem

13. 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

D. Activities and Child Care

Now the questions will ask about child care for this child in the last 12 months.

14. IN THE LAST 12 MONTHS, what is your primary source of child care for this child? *Mark ONE only.*

- Child care center or full-day preschool
- A relative, friend, or neighbor → *SKIP* to question 15b
- In-home child care provider (licensed)
- Baby-sitter/nanny → *SKIP* to question 15b
- Partial day preschool/Pre-K
- Head Start/Early Childhood Education and Assistance Program (ECEAP)
- This child attends kindergarten → *SKIP* to question 16
- Parent cares for this child or child needs occasional care only → *SKIP* to question 16
- No regular care → *SKIP* to question 16

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

- | | Agree | Disagree |
|---|--------------------------|--------------------------|
| a. Has an adequate number of staff | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Provides a nurturing and caring environment | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Supports development of positive self-esteem | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Includes children from a mix of cultural and economic backgrounds | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Has opportunities to meet or talk with staff to discuss this child's progress or needs | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Provides activities that meet this child's interests | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Provides nutritious meals and snacks | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cares for this child's health and medical needs | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Provides opportunities for this child to be physically active | <input type="checkbox"/> | <input type="checkbox"/> |

16. IN THE LAST 12 MONTHS, have you had challenges finding child care for this child that met your family's needs?

- Yes
- No → *SKIP* to question 19

17. Please answer the following statements about why you had challenges with child care. Select ALL that apply.



I had challenges finding child care for this child...

- That we could afford
- That accepted a subsidy such as Working Connections or Child Care Assistance Program (CCAP)
- At convenient locations
- At the hours I needed
- Because there were no slots available
- That met my child’s health or developmental needs
- That met our family’s cultural or language needs
- Because my childcare needs or the availability of childcare changed due to COVID-19
- Due to another challenge (please specify)

18. Is there anything else you would like to share about challenges with child care for this child?

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

- Yes
- No
- This child does not attend school or daycare

20. 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)?

- Yes
- No
- This child did not attend child care or preschool in the past 12 months

E. About You and This Child



21. 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

22. 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 24

23. Did you receive emotional support from...

	Yes	No
a. Family member, partner, or close friend?	<input type="checkbox"/>	<input type="checkbox"/>
b. Place of worship or religious leader?	<input type="checkbox"/>	<input type="checkbox"/>
c. Peer support group?	<input type="checkbox"/>	<input type="checkbox"/>
d. Counselor or other mental health professional?	<input type="checkbox"/>	<input type="checkbox"/>

24. ON A TYPICAL DAY, how often do you do these things with this child even if they are not old enough to talk?

	Never	Rarely	Sometimes	Often
a. Take turns going back and forth while you are talking, playing, or exploring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Talk about the things you see, hear, and do together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Respond to this child’s sounds, actions, and words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. About Your Family, Household, and Neighborhood

The next group of questions asks about your family, household, and neighborhood.

25. How many family members usually live or stay at your address?

Number: ____

26. How many of the family members living at your address are children ages 0 to 17 years old?

Number: ____

27. In the place where you live, do you have internet that is usually fast enough to do the tasks you need to do online?

- Yes
- I have internet but it is not fast enough
- I do not have internet

28. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. On how many days did you or other family members read to or with this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. On how many days did you or other family members tell stories or sing songs to this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work together to solve our problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Know we have strengths to draw on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stay hopeful even in difficult times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These next questions are about how the COVID-19 pandemic may have impacted this child and your family.

30. Please describe any changes, positive or negative, that the COVID-19 pandemic has had on this child.

31. Please describe any changes, positive or negative, that the COVID-19 pandemic has had on your family.

32. Since this child was born, how often did your family not have enough money to pay for...

	All of the time	Most of the time	Some of the time	None of the time	Not applicable
a. Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Diapers or formula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the next questions, please think about your neighborhood.

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

- Never
- Sometimes

- Usually
 Always

- Chinese
 Filipino
 Japanese
 Korean
 Vietnamese
 Another Asian group (specify) _____

- African American
 Somali
 Ethiopian
 Another Black or African group (specify) _____

- Mexican, Mexican American, Chicano
 Cuban or Puerto Rican
 Another Latino/a/x group (specify) _____

- Middle Eastern or North African

- Native Hawaiian
 Samoan
 Another Native Hawaiian or Pacific Islander group (specify) _____

- White
 Another race, ancestry, or ethnic origin (specify) _____

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

- Female
 Male

SURVEY CONTINUES ON NEXT PAGE

39. If this child is between 0 and 2 years old, skip to question 40.

Does this child currently identify as...? Mark ALL that apply.

- Female
 Male
 Transgender
 I'm not sure
 Something else (Specify): _____

34. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We watch out for each other's children in this neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. This child is safe in our neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When we encounter difficulties, we know where to go for help in our community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. About This Child

35. If this child is between 0 and 2 years old, skip to question 36.

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? This might include crawling, walking, running, jumping, or dancing.

Number of days: ____

36. On average, how many hours of sleep does this child get in a 24-hour period?

Hours: ____ Minutes: ____

The next group of questions ask about this child's race, ethnicity and gender.

37. Which categories describe this child? Mark ALL that apply.

- American Indian or Alaska Native (specify names of tribe(s)) _____
 Asian Indian

40. 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.

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

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

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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Excellent
- Very Good
- Good
- Fair
- Poor

44. What is your age?

Age in years: ____

H. About You

41. How are you related to this child?

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

45. Which categories describe you? Mark ALL that apply.

- American Indian or Alaska Native (specify names of tribe(s)) _____
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Another Asian group (specify)

-
- African American
 - Somali
 - Ethiopian
 - Another Black or African group (specify) _____
-

- Mexican, Mexican American, Chicano
 - Cuban or Puerto Rican
 - Another Latino/a/x group (specify) _____
-

- Middle Eastern or North African

- Native Hawaiian
 - Samoan
 - Another Native Hawaiian or Pacific Islander group (specify) _____
-

- White

- Another race, ancestry, or ethnic origin (specify) _____
-

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

- English
- Chinese
- Korean
- Russian
- Somali
- Spanish
- Vietnamese
- Another language (Specify): _____

47. What is the highest grade or year of school you have completed?

- 12th grade or less; 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)

48. Do you currently identify as...? Mark ALL that apply.

- Female
- Male
- Transgender
- Something else (Specify): _____

49. Do you consider yourself to be...?

- Straight or heterosexual
- Lesbian or gay
- Bisexual
- Queer
- Something else (Specify): _____

The next questions ask about events that may or may not have happened during your life. You may skip any questions you do not want to answer.

50. IN THE LAST 12 MONTHS, how often have you been treated unfairly because of your race or ethnicity?

- Never → *SKIP* to question 52
- Sometimes
- Usually
- Always

SURVEY CONTINUES ON NEXT PAGE

51. Think about the times in the last 12 months that you have been treated unfairly because of your race or ethnicity, in which setting(s) did the unfair treatment occur? Select ALL that apply.

- Workplace/employment
- School
- Health care setting
- Access to government assistance programs or services
- Law enforcement and policing
- When looking for housing
- Financial services like banking or access to loans
- Private business or retail setting



- On the street or in a public setting
- Some other setting (Please specify the other setting)



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.*

52. IN THE LAST 12 MONTHS, how many times did you experience the following events...

	0 times	1-3 times	4-9 times	10+ times
a. Someone assumed that you would not be intelligent because of your race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Someone acted surprised at your scholastic or professional success because of your race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone assumed that you would not be educated because of your race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Someone told you that you were "articulate" after she/he assumed you wouldn't be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Someone assumed that you would have a lower education because of your race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Someone assumed that you held a lower-paying job because of your race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Someone assumed that you were poor because of your race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 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 to \$199,999
- \$200,000 or more

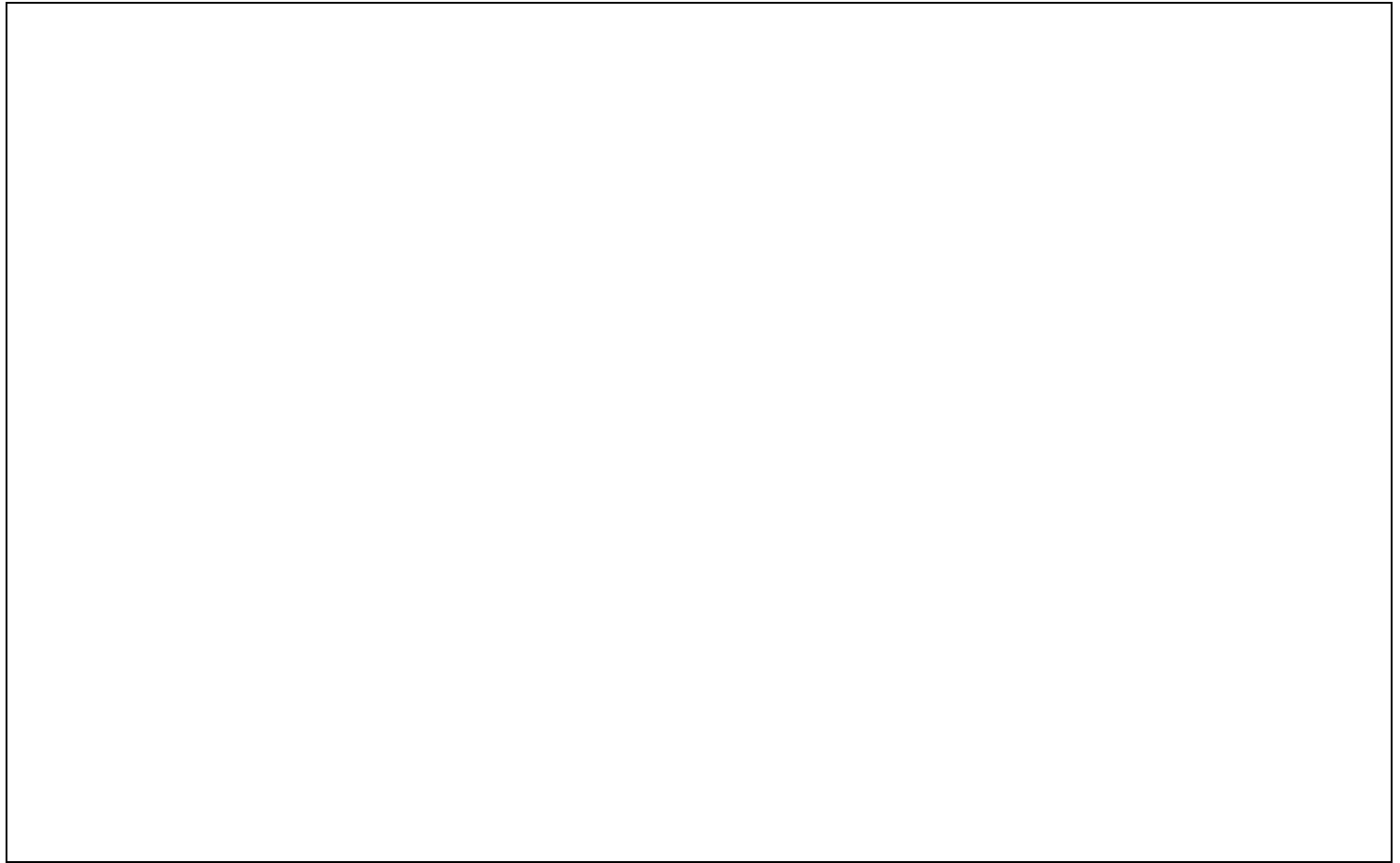
This is the last question. This question is about your family's income. Please remember that all your answers are confidential and results will be combined across families so that no family or individual can be identified.

53. Think about your total combined family income IN THE LAST CALENDAR YEAR for all members of the family.

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 www.crisisconnections.org or call the 24-hour Crisis Line at 1-866-427-4747

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