



## **Best Starts for Kids Health Survey 2016**

**Grades K - 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 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 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.

**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:

Please mark an “X” in the box under your answer.	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:

Please mark an “X” in the box under your answer.	Never	Rarely	Sometimes	Always
<del>4.</del> I like to eat apples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## This Child's Health

### 1. How old is this child?

Age in years: \_\_ \_

- ☐ Yes  
☐ No

### 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 shows interest and curiosity in learning new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This child works to finish tasks they start.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. This child stays calm and in control when faced with a challenge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. This child cares about doing well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. This child does all required homework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. This child is bullied, picked on, or excluded by other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. This child bullies others, picks on them, or excludes them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. This child argues too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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

**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: \_\_ \_

## Health Care Services

**9. 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 11

**10. 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

**11. 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 13

**12. 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

**13. 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 15

**14. 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

**15. 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

**16. 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 18

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

	Yes	No
a. Medical care?	<input type="checkbox"/>	<input type="checkbox"/>
b. Dental care?	<input type="checkbox"/>	<input type="checkbox"/>
c. Vision care?	<input type="checkbox"/>	<input type="checkbox"/>
d. Mental health services?	<input type="checkbox"/>	<input type="checkbox"/>

### This Child's Schooling and Activities

**18. IN THE LAST 12 MONTHS, have you ever sent this child to school when they were sick?**

- ☐ Yes  
☐ No

**19. DURING THE PAST 12 MONTHS, on how many days did this child miss school?** *Don't count official school holidays or closings for weather.*

- ☐ No missed school days  
☐ 1 to 3 days  
☐ 4 to 6 days  
☐ 7 to 10 days  
☐ 11 or more days

**20. DURING THE PAST 12 MONTHS, how many times has this child's school contacted you or another adult in your household about any problems this child is having with school?**

- ☐ No times  
☐ 1 time  
☐ 2 or more times

**21. 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: \_\_

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

	Yes	No
a. A sports team or took sports lessons after school or on weekends	<input type="checkbox"/>	<input type="checkbox"/>
b. Clubs or organizations after school or on weekends	<input type="checkbox"/>	<input type="checkbox"/>
c. Any other organized activities or lessons, such as music, dance, language, or other arts/culture	<input type="checkbox"/>	<input type="checkbox"/>
d. Any type of community service or volunteer work at school, church, or in the community	<input type="checkbox"/>	<input type="checkbox"/>
e. Any paid work, including regular jobs as well as babysitting, cutting grass, or other occasional work	<input type="checkbox"/>	<input type="checkbox"/>

**23. 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

**The next questions are about before and after-school care for this child.**

**24. What regular sources of before or after-school care do you use for this child? Mark ALL that apply.**

- ☐ Baby-sitter/nanny/friend/neighbor  
☐ Child care center  
☐ Child's grandparent(s) or other relative(s)  
☐ Community program such as Boys' and Girls' Club or Park's program  
☐ In-home child care provider  
☐ Program on site at this child's school  
☐ Parent cares for this child → *SKIP to question 26*  
☐ No regular care; occasional care only → *SKIP to question 26*

**25. Please think about the place where this child spends the most amount of time before and after school, and tell me if you disagree or agree with each of the following statements. This before and after-school care program...**

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



## About You and This Child

**26. 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

**27. 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 28

**28. Did you receive emotional support from:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Spouse or partner?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Other family member or close friend?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Health care provider?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Place of worship or religious leader?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Support or advocacy group related to a specific health condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Peer support group?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Counselor or other mental health professional?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other person?   | <input type="checkbox"/> | <input type="checkbox"/> |

**29. ON A TYPICAL DAY, how often do you do these things with this child?** (Please check one box per row.)

- |   | 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"/> |

## About Your Family & Household

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

Number of people: \_\_ \_\_

**31. How many of these people are family members?**

Number of people: \_\_ \_\_

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

Number of people: \_\_ \_\_

**33. 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.

**34. 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"/>

**35. DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal together?**

- ☐ 0 days  
☐ 1 to 3 days  
☐ 4 to 6 days  
☐ Every day

**36. 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"/>

**37. 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	<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.

38. In your neighborhood, is/are there...?

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Sidewalks or walking paths                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A park or playground  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A recreation center, community center, or boys' and girls' club | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A library or bookmobile   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Litter or garbage on the street or sidewalk                     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Poorly kept or rundown housing                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Vandalism such as broken windows or graffiti                    | <input type="checkbox"/> | <input type="checkbox"/> |

39. 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"/> |
| e. This child is safe at school  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

40. Other than you or other adults in your home, is there at least one other adult in this child's school, neighborhood, or community who knows this child well and who they can rely on for advice or guidance?

- ☐ Yes  
☐ No

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

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

The next question asks for your opinion.

42. 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

43. 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): \_\_\_\_\_

**44. 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): \_\_\_\_\_

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

- ☐ Female
- ☐ Male

**46. Does this child currently identify as...?**

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Something else (specify): \_\_\_\_\_

**About You**

**47. How are you related to this child?**

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

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

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

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

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

**50. What is your age?**

Age in years: \_\_ \_\_

**51. 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): \_\_\_\_\_

**52. 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): \_\_\_\_\_

**53. What language do you speak most often at home?**

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

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

- ☐ 8<sup>th</sup> grade or less
- ☐ 9<sup>th</sup> to 12<sup>th</sup> 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)

**55. Do you currently identify as...?**

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Something else (specify): \_\_\_\_\_

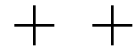
**56. Do you consider yourself to be...?**

- ☐ 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.**

**57. 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](http://www.kingcounty.gov/beststarts).
- **Contact us directly** at [BSK.data@KingCounty.gov](mailto: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](http://ParentHelp123.org) or call the Family Health Hotline at 1-800-322-2588
- Online at [win211.org](http://win211.org) or call 211



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