Alaska CUBS

Childhood Understanding Behaviors Survey

A Survey of the Health of Mothers and Young Children in Alaska

A three-year follow-up to the PRAMS Survey

Your experiences, thoughts and feelings are important!
Please complete the survey and mail it in the
enclosed postage paid envelope.

Your help is voluntary and your answers are completely confidential.
Your answers will help us improve the health of mothers and
young children throughout Alaska.

If you have any questions about CUBS,
or if you would like to complete the survey by phone,
please call the Alaska CUBS staff at 1-888-269-3470.
The call is free.

Questions Commonly Asked About CUBS

What is CUBS?
CUBS (Childhood Understanding Behaviors Survey) is a research project sponsored by the Alaska Division of Public Health. We need your help to get better information on the health-related behaviors of young children and their mothers in Alaska. If your child is no longer living with you, your answers will still help us learn more about ways to improve programs and services for future mothers and children in Alaska.

How was I chosen to participate in CUBS?
CUBS is a follow-up to PRAMS (Pregnancy Risk Assessment Monitoring System), a survey that asks new mothers about their behaviors and experiences around the time of their pregnancy. All women who returned a PRAMS survey are sent a CUBS survey shortly after their child's third birthday. Three years ago when you received a PRAMS survey, your name was picked by chance, like in a lottery, from the state birth certificate registry. You are one of a small number of women who were chosen to help us in this study.

Will my answers be kept private?
Yes—all answers are kept completely private to the extent permitted by law. All answers given on the questionnaires will be grouped together to give us information on Alaskan mothers of young children. In reports from this survey, no woman will be identified by name.

Is it really important that I answer these questions?
Yes! Because of the small number of mothers who are getting this survey, it is important to have everyone's answers. Every family is different. To get a better overall picture of the health of mothers and young children in Alaska, we need each mother selected to answer the questions. From the information you give us, we may be able to improve health care for women and children in Alaska. We need to know about things that have gone well in raising your child as well as difficulties you have had. Your help is very important to the success of our program.

Some of the questions ask about yesterday, but yesterday was not a typical day for my child – can I answer instead what my child usually does?
No—we ask about what happened yesterday for two reasons. First, it is easier to think about what happened yesterday than over a longer time period. Second, some children in Alaska may have done more of a certain activity yesterday than is usual, and other children may have done less. Because we are asking mothers all around the state the same questions, their answers can be averaged to create a "snapshot" of a typical day for an Alaskan 3-year-old.

Some of the questions do not seem related to health care—why are they asked?
Many things in the life of a child or mother may affect overall family health and well-being. These questions try to provide a more complete picture of the health of mothers and children and things that are happening to them.

What if I want to answer the questions over the phone?
If you would prefer to complete the questionnaire over the telephone, please call us at our toll-free number 1-888-269-3470.

For all of the questions about "your child," please answer for your 3-year-old child whose name is in the letter that came with this survey.

The questions ask about different time periods, so you may want to use the calendar that came with this survey.

1. What is your child's date of birth?

Month _____ Day _____ 20 _____ Year

2. Does your child live with you now?

❑ No → **Go to Page 10, Question 51**
❑ Yes

We would like to know your 3-year-old child's current height and weight.

If your child has been measured and weighed in the last month, use those measurements in your answers for Questions 3 and 4.

If your child has not been measured recently OR if you can't remember the measurements, please weigh and measure your child now. Here's how to measure your child's height using the tape measure that came with this survey.

Image courtesy of CDC

1. Find a place indoors next to a smooth flat wall. Take off shoes and thick clothing such as coats.

2. Place your child's back to the wall. Make sure the backs of his or her feet (heels) touch the wall.

3. Put a hardback book on your child's head with the side of the book completely flat against the wall.

4. Make sure your child's arms are by their side, and their head is facing straight ahead, not tilted up or down. Check that their feet are flat on the floor.

5. Mark the wall (a pencil or post-it work well) where the bottom of the book meets the wall and ask your child to step away.

6. Measure the distance from the floor to the mark **2 times** to get a good measurement.

3. How tall is your child?

_____ Inches

4. How much does your child weigh?

_____ Pounds

5. The following statements are about breastfeeding or feeding pumped breast milk. Please select the statement that best describes how you fed your child.

- ❑ I never fed any breast milk to my child.
- ❑ I fed breast milk to my child for *less than 1 month*.
- ❑ I fed breast milk to my child for *1 month or more*. → _____ Number of months

6. What type of milk does your child usually drink now?

Check ONE answer

- ❑ Whole or regular milk
- ❑ Reduced fat (2%) milk
- ❑ Low fat (1%) or fat free (skim) milk
- ❑ Non-dairy milk (such as soy, rice or almond milk)
- ❑ Powdered, canned or evaporated milk
- ❑ Other → Please tell us: _____
- ❑ My child does not drink any type of milk

7. *Yesterday,* about how many cups did your child have of each type of drink listed below? Circle the number of cups for each type or circle **None**. (Less than one cup is shown as <1 and more than three cups is shown as >3.)

	Number of cups					
Plain water	**None**	**<1**	**1**	**2**	**3**	**>3**
Milk (the type checked in Question 6)	**None**	**<1**	**1**	**2**	**3**	**>3**
100% fruit juice	**None**	**<1**	**1**	**2**	**3**	**>3**
Soda (do not include diet soda)	**None**	**<1**	**1**	**2**	**3**	**>3**
Sweetened or fruit drinks (such as Tang, Kool-Aid, Capri Sun, energy or sports drinks)	**None**	**<1**	**1**	**2**	**3**	**>3**
Diet drinks (such as Crystal Light or diet soda)	**None**	**<1**	**1**	**2**	**3**	**>3**

The next questions are about your child's health and health care.

8. Is there a doctor, nurse or other health care provider who knows your child and is familiar with your child's health history?

- ❑ No
- ❑ Yes

9. *During the past 12 months*, has your child seen a health care provider for routine medical care such as a well-child check-up or physical exam?

- ❑ No
- ❑ Yes

10. *During the past 12 months*, did you complete a questionnaire or did a doctor, nurse or other health care provider go through a checklist of questions with you about your child's development?

- ❑ No
- ❑ Yes
- ❑ Not sure

11. During *any* of your child's health care visits *in the past 12 months*, did a doctor, nurse or other health care provider talk with you about any of things listed below? *Please count only discussions,* not reading materials. For each item, check **No** if no one talked with you about it or check **Yes** if someone did.

	No	Yes
Ways to parent and discipline my child	❑	❑
Reading with my child	❑	❑
How much time my child watches TV or videos	❑	❑
Physical activity or exercise for my child	❑	❑
Nutrition or feeding my child	❑	❑
How secondhand smoke could affect my child	❑	❑

12. *During the past 12 months,* did any of the following problems keep you from getting health care for your child when he or she was sick? For each item, check **No** if it did not prevent you from getting health care for your child or **Yes** if it did.

	No	Yes
I couldn't get an appointment when I wanted one	❑	❑
I didn't have enough money or insurance to pay for it	❑	❑
I couldn't take time off from work	❑	❑
I wasn't satisfied with the only available health care provider	❑	❑
The service my child needed wasn't available in my community	❑	❑

13. Does your 3-year-old child need or use more medical care, mental health or educational services than is usual for most children of the same age?

- ❑ No → **Go to Question 15**
- ❑ Yes

14. Is this because of a medical or behavioral condition that has lasted or is expected to last for at least 12 months?

- ❑ No
- ❑ Yes

15. Is your 3-year-old child limited in his or her ability to do things most children of the same age can do?

❑ No → **Go to Question 17**
❑ Yes

16. Is this because of a medical or behavioral condition that has lasted or is expected to last for at least 12 months?

❑ No
❑ Yes

17. Has a doctor, nurse or other health care provider ever told you your child has asthma or an asthma-like condition?

❑ No → **Go to Question 19**
❑ Yes

18. *During the past 12 months,* has your child used an inhaler, puffer or nebulizer for asthma or an asthma-like condition?

❑ No
❑ Yes

19. Has a health care provider ever told you your child has tooth decay or cavities?

❑ No
❑ Yes

20. Has your child ever been to see a dentist or dental care provider?

❑ No → **Go to Question 23**
❑ Yes

21. When was your child *first* seen by a dentist or dental care provider?

❑ Before his or her 1st birthday
❑ Between his or her 1st and 2nd birthdays
❑ Between his or her 2nd and 3rd birthdays
❑ After his or her 3rd birthday

22. What dental care has your child received? ***Check ALL that apply***

❑ Dental check-up or teeth cleaning
❑ Tooth pulled
❑ Other → Please tell us:

_____

23. *During the past 12 months*, has a doctor, nurse or other health care provider told you that your child was overweight for his or her age or height?

❑ No
❑ Yes

24. Has your child *ever* been enrolled in or received services from WIC?

❑ No
❑ Yes

25. Is your child covered by any of these types of health plans *now*?

Check ALL that apply

- ❑ Health insurance from a job
- ❑ Health insurance from Healthcare.gov
- ❑ Medicaid or Denali KidCare
- ❑ TRICARE or other military health care
- ❑ Alaska Tribal Health System or IHS
- ❑ Other type of health plan → Please tell us: _____

- ❑ My child is not covered by any health plan now. → **Go to Question 27**

26. Was there *ever* a time since your child was born when he or she was not covered by any type of health plan?

- ❑ No
- ❑ Yes
- ❑ Not sure

27. Did you *ever* delay or <u>not</u> get vaccine shots for your 3-year-old child (not including flu shots) for reasons other than illness or allergy?

Check ALL that apply

- ❑ No → **Go to Question 29**
- ❑ Yes, delayed
- ❑ Yes, did not get

Go to Question 28

28. What were the reasons you delayed or did not get vaccine shots for your child?

Check ALL that apply

- ❑ Cost of the vaccine
- ❑ Vaccine was not available
- ❑ Problem getting to a provider who can give vaccines
- ❑ Problem making an appointment for my child to get the vaccine
- ❑ Health care provider advised against it
- ❑ Personal choice or belief
- ❑ Other → Please tell us: _____

The next questions are about things your child may have experienced. Some questions may be sensitive. Your answers will be kept private.

29. Has your child *ever* experienced any of the following events or situations? For each event, check **No** or **Yes.**

	No	Yes
Overnight stay in a hospital (not including right after birth)	❑	❑
Witnessed violence or physical abuse between household members	❑	❑
Alcoholism or mental health disorder among household members	❑	❑
Death of a household member	❑	❑

30. *During the past 12 months,* did you call Poison Control or seek medical help because your 3-year-old child had contact with any harmful or toxic substances?

- ❑ No → **Go to Question 32**
- ❑ Yes

31. Did your child have contact with the harmful or toxic substance(s) in or around your home?

- ❑ No
- ❑ Yes

32. *During the past 12 months,* did your 3-year-old child have any injury serious enough to seek medical help or advice?

- ❑ No → **Go to Question 34**
- ❑ Yes

33. What event(s) caused the injury or injuries? ***Check ALL that apply***

- ❑ Fall
- ❑ Motor vehicle accident (including ATVs and snow machines)
- ❑ Animal bite or insect sting
- ❑ Finger(s) smash
- ❑ Choking or other type of blocked airway
- ❑ Other → Please tell us:

_____

34. Did an adult *ever* push, hit, slap, kick, choke or physically hurt your 3-year-old child in any other way? Do not include a spanking that did not leave a bruise.

- ❑ No
- ❑ Yes

The next questions are about your child's activities.

35. *Yesterday,* how much time did your child spend watching television shows, videos, movies or playing video games? Include time on a computer, tablet, or smart phone.

_____ : _____
Hours Minutes

- ❑ None

36. *Yesterday*, how much time did you or someone else read aloud to your child?

_____ : _____
Hours Minutes

- ❑ None

37. How many children's picture books are in your home *now*, including library books? Please only include picture books that are for young children.

- ❑ More than 25 children's books
- ❑ 11 to 25 children's books
- ❑ 6 to 10 children's books
- ❑ 1 to 5 children's books
- ❑ No children's books

38. *During the past week*, how many days did you or someone else in your household do any of the following activities with your child? Circle the number of days.

Sit down and eat a meal
0 1 2 3 4 5 6 7 **days**

Read a book or story
0 1 2 3 4 5 6 7 **days**

Sing songs or say rhymes
0 1 2 3 4 5 6 7 **days**

Talk about feelings
0 1 2 3 4 5 6 7 **days**

Play counting or number games
0 1 2 3 4 5 6 7 **days**

Build or make things
0 1 2 3 4 5 6 7 **days**

39. Does your child attend preschool *now*? Preschool is a structured program run by trained adults.

- ❑ No
- ❑ Yes

40. Here is a list of statements describing some children's daily life. For each of the following statements, check **No** if it does not describe your child's situation *now* or check **Yes** if it does.

	No	Yes
My child has a caring relationship with at least one adult other than his or her parents	❑	❑
My child plays with children outside the family on a regular basis	❑	❑
My child's bedtime is usually the same everyday	❑	❑

41. Besides yourself, who else shares responsibility for raising your child? Do not include paid childcare providers.

Check ALL that apply

- ❑ No one else
- ❑ My child's father
- ❑ My husband/partner (not child's father)
- ❑ My child's grandparent(s)
- ❑ Other relative(s) or family member(s)
- ❑ Other → Please tell us:

_____

42. *During a typical week*, how many days is your child with his or her father (or one other adult male such as a family member or friend) for more than 1 hour? This could include doing things like reading, playing and spending time together. Do not include paid childcare providers.

- ❑ Every day
- ❑ 3 to 6 days
- ❑ 1 to 2 days
- ❑ No days

43. When you are taking care of your child, how often do you watch or stay with your child …

… while he or she plays indoors?
❑ Always ❑ Often ❑ Sometimes ❑ Never

… while he or she plays outdoors?
❑ Always ❑ Often ❑ Sometimes ❑ Never

The next questions are about childcare. By childcare we mean any kind of regular arrangement where anyone other than the parents or legal guardians takes care of your child. Please include preschool, daycare, Head Start and in-home care by relatives or friends as childcare.

44. *During the past 6 months,* did you or anyone in your family not take a job, quit a job or change a job to meet the childcare needs of your 3-year-old child?

- ❑ No
- ❑ Yes

45. Have you *ever* had childcare arrangements on a routine or regular basis for your 3-year-old child?

- ❑ No → **Go to Page 10, Question 49**
- ❑ Yes

46. Have you *ever* been asked to remove your child from childcare OR needed to seek another childcare place due to your child's difficult behavior(s)?

- ❑ No
- ❑ Yes

47. Do you *now* have childcare arrangements on a routine or regular basis for your child?

- ❑ No → **Go to Page 10, Question 49**
- ❑ Yes

48. What type(s) of childcare do you regularly use for your 3-year-old child *now*? ***Check ALL that apply***

- ❑ Childcare center, preschool or Head Start
- ❑ Care in my home by a non-relative
- ❑ Care in my home by a relative (not my child's parent or legal guardian)
- ❑ Care in a non-relative's home
- ❑ Care in a relative's home
- ❑ Other → Please tell us:

_____

49. Would you prefer to use a type or place of childcare for your child other than what you are doing *now*?
Please answer even if you do not have childcare arrangements at this time.

❑ No → **Go to Question 51**
❑ Yes

50. I am not using my preferred type or place of childcare for my child *now* because… ***Check ALL that apply***

❑ I can't afford to stay home
❑ The cost is too high
❑ It doesn't fit my schedule
❑ The waiting list is too long
❑ It isn't available in my community
❑ It can't accommodate children with special needs
❑ Other → Please tell us:

_____

The next questions are about <u>you</u> and your household.

51. What is *your* date of birth?

_____ Month _____ Day _____ Year

52. How much do you weigh?
If you are pregnant now, please tell us your weight *just before* you became pregnant.

_____ Pounds

53. What is your marital status? ***Check ONE answer***

❑ Married
❑ Living with partner, not married
❑ Divorced, separated or widowed
❑ Single, never married
❑ Other → Please tell us:

_____

54. What is the *highest* level of education you have completed?

❑ 8th grade or less
❑ Some high school
❑ High school graduate or GED
❑ Some college
❑ Vocational or technical certification
❑ College graduate or higher

55. Do you have access to the Internet at home, either on a computer, tablet, or smart phone?

❑ No
❑ Yes

56. *During the past 3 months*, did you use any of the following services to feed you or other household members? For each service, check **No** if you did not use it or **Yes** if you did.

	No	Yes
WIC	❑	❑
Food Stamps	❑	❑
Food Bank or Food Pantry	❑	❑
Free or reduced price school lunch program	❑	❑

57. ***During the past 3 months,*** **how often have you felt down, depressed or hopeless?**

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

58. ***During the past 3 months,*** **how often have you had little interest or little pleasure in doing things you usually enjoyed?**

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

59. ***During the past 12 months,*** **has a doctor, nurse or other health care or mental health provider talked to you about depression or how you are feeling emotionally?**

- ❑ No
- ❑ Yes

60. ***During the past 12 months,*** **did your husband or partner push, hit, slap, kick, choke or physically hurt you in any other way?**

- ❑ No
- ❑ Yes

61. ***During the past 12 months,*** **did your husband or partner threaten you, limit your activities against your will or make you feel unsafe in any other way?**

- ❑ No
- ❑ Yes

62. This question is about things that may have happened to you *since your 3-year-old child was born*. For each item, check **No** if it did not happen to you or check **Yes** if it did.

	No	Yes
I moved to a new address	❑	❑
My marital status changed (marriage, divorce, separation, became a widow).....	❑	❑
I was homeless or had to sleep outside, in a car or in a shelter..	❑	❑
My husband, partner or I lost a job	❑	❑
My husband, partner or I had a cut in work hours or pay	❑	❑
I had problems paying the rent, mortgage or other bills	❑	❑
My husband, partner or I went to jail	❑	❑
Someone very close to me had a problem with drinking or drugs	❑	❑
Someone very close to me was depressed, mentally ill or suicidal	❑	❑
I had to care for an ailing family member	❑	❑

63. For each of the following statements, check **No** if it does not apply to you *now* or check **Yes** if it does.

I know someone who would …	No	Yes
… Loan me money for bills if I needed it	❑	❑
… Help me if I was sick and needed to be in bed	❑	❑
… Take me to the clinic or doctor's office if I needed a ride	❑	❑
… Listen to me if I needed to talk	❑	❑

64. Have you smoked any cigarettes in the *past 2 years?*

❑ No → **Go to Question 66**
❑ Yes

65. How many cigarettes do you smoke on an average day *now*? (A pack has 20 cigarettes.)

❑ 41 cigarettes or more
❑ 21 to 40 cigarettes
❑ 11 to 20 cigarettes
❑ 6 to 10 cigarettes
❑ 1 to 5 cigarettes
❑ Less than 1 cigarette
❑ I don't smoke now

66. How many cigarette smokers live in your home *now*?

_____
Number of smokers

67. Have you used marijuana or hash in any form during the *past 2 years?*

❑ No → **Go to Question 69**
❑ Yes

68. *During the past 30 days,* how many days per week on average did you use marijuana or hash? Circle the average number of days per week.

None <1 1 2 3 4 5 6 7 **days**

69. *During the past 12 months*, what was your yearly total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have received. (*All information will be kept private* and will not affect any services you are now getting.)

❑ Less than $10,000
❑ $10,000 - $14,999
❑ $15,000 - $19,999
❑ $20,000 - $24,999
❑ $25,000 - $34,999
❑ $35,000 - $49,999
❑ $50,000 - $74,999
❑ $75,000 or more

70. *During the past 12 months,* how many people, *including yourself,* depended on this income?

_____ People

71. What is today's date?

_____ Month _____ Day 20_____ Year

If you wish, please use this space to share any comments or concerns you have about raising your child. They do not have to be about his or her health.

Thank you for taking the time to answer our questions! Your answers are important and will help us learn about ways to improve the health of Alaska's children in the future.

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Surveys may be returned to the address above.

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