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

Questions Commonly Asked About CUBS

What is CUBS?

CUBS stands for the Childhood Understanding Behaviors Survey. CUBS is a research project sponsored by the Alaska Division of Public Health. CUBS asks questions about the health, behaviors and experiences of young children in Alaska.

Why did I receive this survey?

Shortly after your child was born, you completed a PRAMS survey about your life before, during, and after pregnancy. CUBS is a follow-up to PRAMS. All women who returned a PRAMS survey are sent a CUBS survey shortly after their child's third birthday. You are one of a small number of women who were chosen to help us in this study. Please complete the survey and mail it in the enclosed postage paid envelope.

What does CUBS do with the information?

1. Provides information to develop and evaluate health programs for families and children in Alaska.
2. Guides better use of resources.
3. Helps families learn more about being healthy and safe.
4. Helps doctors, nurses, and health care workers improve care.

Are my answers important?

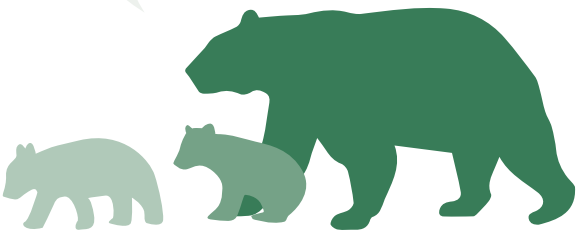
YES! Because of the small number of mothers who are getting this survey, it is important to have everyone's answers. You and your child's experiences are unique and important. Your help is voluntary. Your answers will help us improve the health of mothers and young children in Alaska.

Are my answers kept private?

YES! No one outside the CUBS staff will know your name or address. Your survey gets a random number code. Answers are not linked to your name or contact information. This helps to ensure privacy.

Want to know more?

If you have questions, or if you would like to answer the survey by phone, call, toll-free, at **1-888-269-3470**, or you can send an email to ***mch-epi@alaska.gov***.



Let's Begin!

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?

____ / ____ / 20____

Month Day Year

2. Does your child live with you now?

❑ No → Go to Page 9, Question 46

❑ Yes

Go to Question 3

Nutrition

The following statements are about breastfeeding or feeding pumped breast milk.

3. Please select the statement that best describes how you fed your child.

❑ I never fed any breast milk to my child.
→ Go to Question 5

❑ 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

4. How old was your child when he or she was first fed anything other than breast milk? Include formula and any other type of food or drink your child might have been given, even water.

Check ONE answer

❑ Less than 3 months old
❑ Between 3 and 6 months old
❑ 6 months or older

5. 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

6. *Yesterday*, about how many cups did your child have of each type of drink listed below? For each type, check the box for the number of cups. (Less than one cup is shown as <1 and more than one cup is shown as >1.)

	None	< 1 cup	1 cup	> 1 cup
Plain water	❑	❑	❑	❑
Plain milk	❑	❑	❑	❑
Chocolate or other flavored milk	❑	❑	❑	❑
100% fruit juice	❑	❑	❑	❑
Soda (non-diet)	❑	❑	❑	❑
Diet drinks (such as Crystal Light or diet soda)	❑	❑	❑	❑
Sweetened fruit drinks (such as Kool-Aid, Tang, Capri Sun, or SunnyD)	❑	❑	❑	❑
Sports, vitamin,or energy drinks (non-diet)	❑	❑	❑	❑

Height & Weight

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 7 and 8.

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.

1. Find a place indoors next to a smooth flat wall.
2. Take off your child's shoes and place your child's back to the wall. Make sure the heels of his or her feet touch the wall.
3. Put a book on your child's head, with the side of the book completely flat against the wall.

Image courtesy of CDC

4. Mark where the bottom of the book meets the wall and ask your child to step away.
5. Measure the distance from the floor to the mark on the wall. Record to the nearest quarter inch.

7. How tall is your child?

____ . ____ **Inches**

8. How much does your child weigh?

____ . ____ **Pounds**

Health & Health Care

The next questions are about your child's health and health care. The term "health care worker" refers to a doctor, nurse, physician assistant, community health aide, or similar health care worker.

9. Is there a health care worker who knows your child and is familiar with your child's health history?

- ❑ No
- ❑ Yes

10. *In the past 12 months*, has your 3-year-old child seen a health care worker for routine medical care such as a well-child check-up or physical exam?

- ❑ No → Go to Question 12
- ❑ Yes

11. During *any* of your child's health care visits *in the past 12 months*, did a health care worker talk with you about any of the 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
Parenting skills and strategies	❑	❑
Nutrition or feeding my child	❑	❑
Physical activity or exercise for my child	❑	❑
How my child plays, learns, speaks, acts, or moves	❑	❑

12. *In the past 12 months*, did any of the following problems keep you from getting health care for your child? 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 had problems with transportation	❑	❑
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	❑	❑
I couldn't find a provider who speaks my family's language or shares my family's culture	❑	❑

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 Page 4, 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 the 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 health care worker *ever* told you your child has asthma or an asthma-like condition?

- ❑ No → Go to Question 19
- ❑ Yes

18. *In 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 worker *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 was the reason you took your child to see a dentist or dental care provider for the *first* time?

Check ALL that apply

- ❑ Dental check-up or teeth cleaning
- ❑ A concern or problem (such as pain, holes in teeth, or injury)
- ❑ Other → Please tell us:

23. Has your child *ever* been enrolled in or received services from any of the following programs? For each program, check **No** or **Yes**.

	No	Yes
WIC	❑	❑
Early Intervention (EI) or Infant Learning Program (ILP)	❑	❑

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

Check ALL that apply

- ❑ Health insurance from a job (yours or someone else's)
- ❑ Medicaid or Denali KidCare
- ❑ Alaska Native Benefits, IHS, or Tribal Health Corporation
- ❑ Other type of health plan → Please tell us: _____
- ❑ My child is not covered by any health plan now → Go to Question 26

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

- ❑ No
- ❑ Yes
- ❑ Not sure

26. Did you *ever* delay or <u>not</u> get vaccine shots for your 3-year-old child for reasons other than illness or allergy? Do not include the flu shot.

Check ALL that apply

- ❑ No → Go to Question 28
- ❑ Yes, delayed
- ❑ Yes, did not get

Go to Question 27

27. 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: _____

Development & Activities

The next questions are about your child's development and activities.

28. *In the past 12 months*, did you complete a set of questions on your own or with a health care worker, childcare provider, or preschool teacher about your 3-year-old child's development (how he or she plays, learns, speaks, acts, or moves)?

- ❑ No → Go to Page 6, Question 30
- ❑ Yes
- ❑ Not sure

29. Did a health care worker, childcare provider, or preschool teacher review your answers to the questions and discuss your child's development with you?

- ❑ No
- ❑ Yes
- ❑ Not sure

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

_____ : _____

Hours **Minutes**

❑ None

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

_____ : _____

Hours **Minutes**

❑ None

32. *Yesterday*, how many hours of sleep did your 3-year-old child get? Count both night-time sleep and naps.

❑ Less than 8 hours
❑ 8-10 hours
❑ More than 10 hours

33. Do you have 20 or more children's picture books in your home *now*, including library books?

❑ No
❑ Yes

34. *In the past week*, how many days did you or someone else in your household do any of the following activities with your 3-year-old child? Circle the number of days for each activity.

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, say rhymes, or tell stories
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**

Make or build things
0 1 2 3 4 5 6 7 **days**

Hike, pick berries, fish, go sledding, or other outside activities
0 1 2 3 4 5 6 7 **days**

Dance, move to music, or clap to a rhythm
0 1 2 3 4 5 6 7 **days**

35. 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	❑	❑

36. *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 <u>more than 1 hour</u>? This could include doing things like reading, playing, and spending time together. Do not include paid childcare workers.

❑ Every day
❑ 3 to 6 days
❑ 0 to 2 days

37. On a scale of 1-5 where 1 = strongly disagree and 5 = strongly agree, please indicate your level of agreement with the following statement:

3-year-old children should be within visual sight or hearing distance of a responsible adult at all times.

1	2	3	4	5
Strongly Disagree				Strongly Agree

Child's Experiences

The next question is about things your 3-year-old child may have experienced. These things can happen in any family, but some people may feel uncomfortable answering parts of this question. You may skip any part you do not want to answer.

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

	No	Yes
Overnight stay in a hospital (not including right after birth)	❑	❑
A very strong earthquake or large storm, flood, wildfire, or other scary natural event	❑	❑
Witnessed violence or physical abuse between household members	❑	❑
Living with someone who had a problem with alcohol or drugs	❑	❑
Living with someone who was mentally ill, suicidal, or severely depressed	❑	❑
Was a victim of violence or witnessed violence in his or her neighborhood	❑	❑
Death of a household member	❑	❑

Childcare

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.

39. *In 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

40. *At any time in the past 6 months*, did you have childcare arrangements on a routine or regular basis for your 3-year-old child? Do not include babysitting that was for a single evening or event.

- ❑ No → Go to Question 42
- ❑ Yes

41. What type(s) of childcare have you used for your 3-year-old child?

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:

42. 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 use childcare at this time.

- ❑ No → Go to Question 44
- ❑ Yes

43. 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 or needs for childcare
- ❑ The waiting list is too long or there is no room where I want my child to go
- ❑ It isn't available in my community or the location isn't convenient
- ❑ I can't find a provider who speaks my family's language or who shares my family's culture
- ❑ It can't accommodate children with special needs
- ❑ Other → Please tell us:

44. Does your child go to preschool *now?* Preschool is a structured program run by trained adults.

- ❑ No → Go to Question 45
- ❑ Yes

Go to Question 46

45. My child is not in preschool now because… Check ALL that apply

- ❑ I am planning for my child to start when he or she is older
- ❑ The cost is too high
- ❑ It doesn't fit my schedule or needs for childcare
- ❑ The waiting list is too long
- ❑ It isn't available in my community or the location isn't convenient
- ❑ Other → Please tell us:

Questions About You

The next questions are about you and your household.

46. What is your date of birth?

Month / Day / Year

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

- ❑ Less than 12th grade, did not graduate
- ❑ High school graduate or GED
- ❑ Some college
- ❑ Vocational or technical certification
- ❑ College graduate or higher

48. Have you or your husband or partner served on active duty in the U.S. Armed Forces, Reserves, or the National Guard?

- ❑ Never served in the military
- ❑ On active duty now
- ❑ On active duty in the past, but not now

49. Were you employed at least 50 of the past 52 weeks? One calendar year has 52 weeks.

- ❑ No → Go to Question 51
- ❑ Yes

50. During that time, were you working fewer hours than you wanted?

- ❑ No
- ❑ Yes

51. *In 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 or SNAP	❑	❑
Food Bank or Food Pantry	❑	❑
School breakfast or lunch program	❑	❑

52. The following is a list of things that describes some homes and families. For each item check **Yes** if it is true about your home or family *now*, **No** if it is not true, or **None in home** if it doesn't apply to your home.

	No	Yes	None in home
Smoke detector(s) are tested at least twice a year	❑	❑	❑
A working carbon monoxide detector is on each level in my home	❑	❑	❑
Firearms are kept locked at all times	❑	❑	❑
An adult in the home has taken a class in CPR for children in the past year	❑	❑	
Our family has an emergency plan in case of disaster	❑	❑	

Your Experiences

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

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

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

54. *In 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

55. This question is about things that may have happened to you *in the past 3 months*. For each thing, check **No** if it is not true or does not apply to you or **Yes** if it is true.

	No	Yes
I *wanted* to get treatment for a substance use or misuse condition	❑	❑
I *was treated* for a substance use or misuse condition	❑	❑
I *wanted* to get treatment for a mental health or behavioral health condition	❑	❑
I *was treated* for a mental health or behavioral health condition	❑	❑

56. *In the past 12 months*, has a health care or mental health worker talked to you about depression or how you are feeling emotionally?

- ❑ No
- ❑ Yes

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

- ❑ No
- ❑ Yes

58. *In 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

59. 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	❑	❑
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 provided care for a family member in poor health	❑	❑

60. Does anyone in your household smoke cigarettes inside your home now, even occasionally?

- ❑ No
- ❑ Yes

61. Does anyone in your household use e-cigarettes or other electronic vaping products inside your home now, even occasionally? Do not include vaping marijuana. Electronic vaping products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

- ❑ No
- ❑ Yes

62. *In the past 30 days*, on how many days did you use marijuana or cannabis in any form?

_____

Number of Days

63. Would you have the kinds of help listed below if you needed them now? For each one check **No** if you would not have it or check **Yes** if you would.

	No	Yes
Someone to loan me $50	❑	❑
Someone to help me if I were sick and needed to be in bed	❑	❑
Someone to take me to the clinic or doctor's office if I needed a ride	❑	❑
Someone to talk with about decisions in my life	❑	❑
Someone I can count on when I need help as a parent	❑	❑

Almost Done!

The last questions are about the Play Every Day campaign. Play Every Day is a campaign to help Alaska children grow up at a healthy weight.

64. *In the past 12 months*, have you seen Play Every Day messages about what drinks to serve children on TV, online or on posters?

- ❑ No → Go to Question 68
- ❑ Yes
- ❑ Not sure

65. For each of the following statements about these messages, check **No** if it does not apply to you or **Yes** if it does apply.

	No	Yes
These messages about drinks gave me new information	❑	❑
These messages about drinks supported what I already knew..	❑	❑

66. Did you talk about or share these messages about drinks with other people?

- ❑ No
- ❑ Yes

67. Did you change what drinks you served your 3-year-old child because of these messages?

- ❑ No
- ❑ Yes

68. What is today's date?

_____ / _____ / _____

Month **Day** **Year**

To help us better understand the needs of Alaskan parents with young children, please use this space to tell us about any resources or information that you wish you had to support you in raising your child. What resources have you used that you think other parents might like to know about?

THANK YOU!

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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