

**Call for more information
1.800.766.2223 or 405.271.6761**

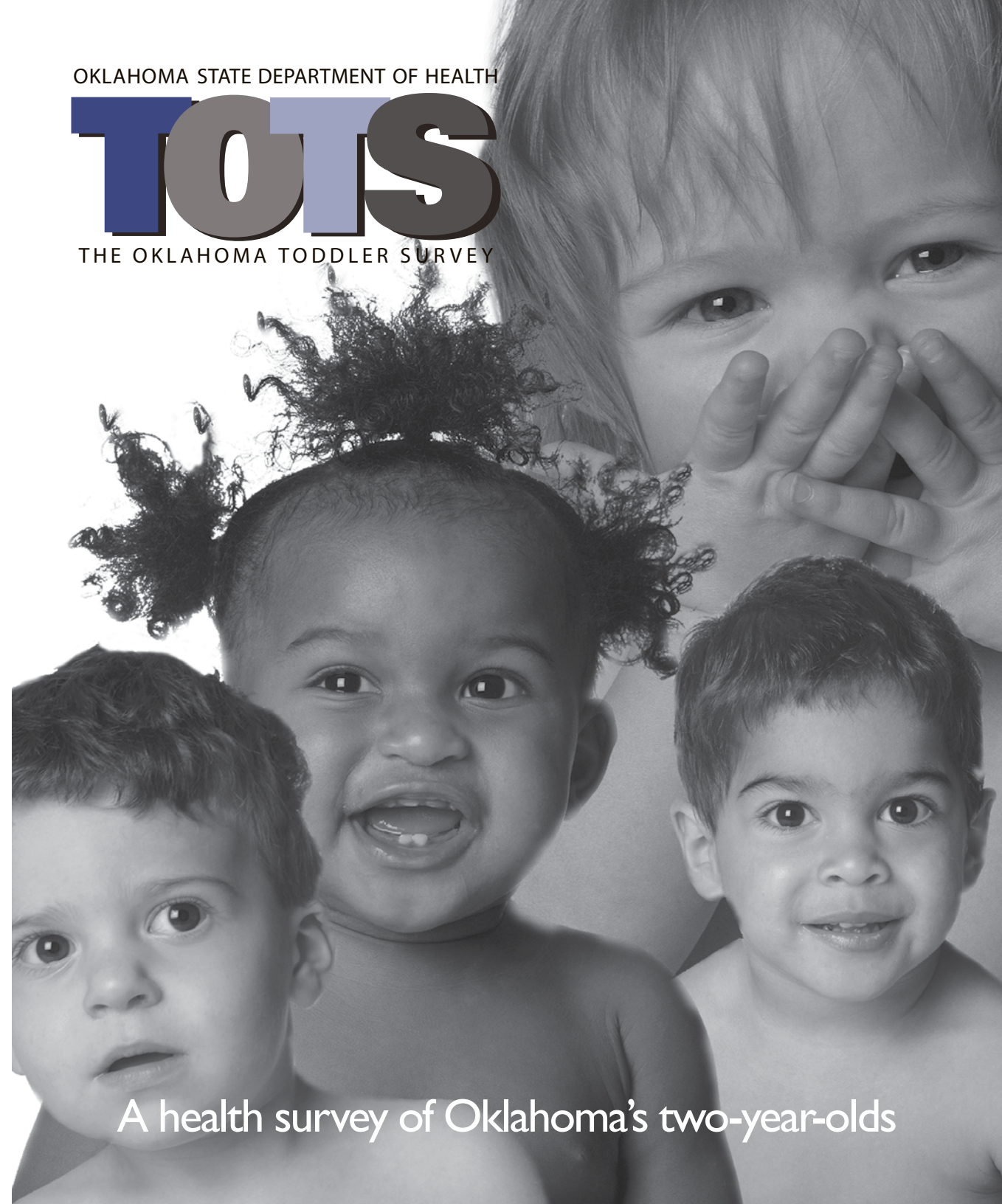
**The Oklahoma Toddler Survey
Maternal and Child Health Service
Oklahoma State Department of Health
1000 NE 10th Street
Oklahoma City, OK 73117-1299**

THE OKLAHOMA TODDLER SURVEY
Revised January 2011

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The Oklahoma Toddler Survey (TOTS) is issued by the OSDH, as authorized by Terry Cline, Ph.D., Commissioner of Health, OSDH, an AA/EEO Employer. 5,000 copies were printed by Central Printing at a cost of \$2,350, and have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries.

For more information visit the TOTS website www.health.ok.gov keyword TOTS or email questions to TOTS@health.ok.gov



A health survey of Oklahoma's two-year-olds

What is TOTS?

The Oklahoma Toddler Survey (TOTS) is a survey designed to provide a better understanding of what affects the health of very young children in this state.

Oklahoma was the first state to begin a study like TOTS. Until TOTS, collecting routine health information on children had only been done at, or close to, the time of birth. However, we now know that the first few years, not just months, of life are very important. They provide the basis of a strong and healthy future. TOTS provides Oklahoma with a more complete picture of the issues and needs families with young children experience in our state.

Why was I sent a TOTS survey?

You were sent a TOTS survey because you participated in PRAMS. Shortly after your two-year-old was born PRAMS sent you a survey about your life before, during and after your pregnancy. TOTS is a follow-up to PRAMS, sent when the child turns two.

Are my answers kept private?

YES! No one outside the TOTS staff will know your name or address. Your survey is separated from your name and coded by a randomly assigned number, so your name or address is not linked to your answers. This is done to insure confidentiality.

What can I do to help?

Please answer the questions in the survey and mail it back in the enclosed pre-paid envelope.

How does TOTS use the information?

- To help doctors and nurses improve care.
- To develop and evaluate health programs and policies to help the state make better use of limited resources.
- To help families learn more about being healthy and safe.

Are my answers really important?

YES! You and your toddler's experiences are unique and important. By sharing your information, you can help other mothers and toddlers in Oklahoma.

What if I want to know more?

If you have questions or would like to ask or get answers by phone, call toll free 1-800-766-2223 or 405-271-6761 in Oklahoma City or visit our website www.health.ok.gov—keyword “TOTS”.

What women who answer the survey say about TOTS:

"I am very happy and love being a mom. Thank you."

“You really made my day! Thank you for including me in your survey!”

“Thank you for the CD and the opportunity to participate in this survey!”

“PRAMS/TOTS programs are really awesome!”

58. What is your current relationship status?

- 1) Married to my two-year-old's father
- 2) Married to a different person
- 3) Living with my two-year-old's father
- 4) Living with a different person
- 5) Divorced or separated
- 6) Single or never married
- 7) Other _____

59. Please enter the date you finished this survey.

Date: _____ / _____ / _____
(Month/ Day / Year)

If you wish, please tell us what issues are of greatest concern to you about raising your two-year-old. They do not have to be about your two-year-old's health.

A grayscale photograph of a newborn baby lying down, with a hand gently holding their arm. The image is overlaid with a series of horizontal blue lines, resembling a notebook page.

Thank you again for your time and help with the TOTS project.

54. What were the sources of your household's income during the **past 12 months**?
- 1) Paycheck or money from a job

2) Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, or Supplemental Security Income (SSI)

3) Unemployment benefits

4) Child support or alimony

5) Social security, worker's compensation, veteran benefits, or pensions

6) Money from a business, fees, dividends, or rental income

7) Money from family or friends

8) Other _____
- Please circle all that apply
- 55a. From the sources of income you circled in the previous question, what was your total household income, before taxes, for the **past 12 months**? Please remember all information is kept confidential.
- \$ _____ monthly
- or
- \$ _____ yearly
- 55b. How many people including yourself depend on (are supported by) this total income?
- _____ people
56. What is the highest level of school you completed?
- 1) 8th grade or less

2) 9th – 12th grade, no diploma

3) High school graduate or GED completed

4) Some college credit but no degree

5) Associate degree (e.g., AA, AS)

6) Bachelor's degree (e.g., BA, BS)

7) Master's degree (e.g., MA, MS)

8) Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS)
- Please circle only ONE response
57. What is the highest level your husband/partner completed in school?
- 1) I don't have a husband/partner

2) 8th grade or less

3) 9th – 12th grade, no diploma

4) High school graduate or GED completed

5) Some college credit but no degree

6) Associate degree (e.g., AA, AS)

7) Bachelor's degree (e.g., BA, BS)

8) Master's degree (e.g., MA, MS)

9) Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS)
- Please circle only ONE response

Please answer all questions based on the information about your two-year-old child whose name is on the letter we sent you. All information is confidential.

1. What is your child's date of birth?
- Date: ____ / ____ / ____
- (Month / Day / Year)
2. Is your child alive now?
- 1) No → Go to question 47a

2) Yes
3. Besides yourself, who else shares responsibility for raising your two-year-old?
- 1) No one else

2) Husband/Partner (child's father)

3) Husband/Partner (not child's father)

4) Other children

5) Child's grandparent(s)

6) Other _____
- Please circle all that apply
4. During the past **3 months**, how many different days was your two-year-old's activity limited due to sickness? (For example, this child was unable to go to child care, play outside, or play with friends.)
- 1) None

2) One day

3) Two to three days

4) Four to five days

5) Six or more days
5. During the past **3 months**, how many different times has this child had an ear infection?
- 1) None

2) One time

3) Two times

4) Three or more times
- 6a. Has your two-year-old **ever** had tubes put into his/her ears because of ear infections?
- 1) No → Go to Question 7a

2) Yes
- Continue with 6b

6b. How old was he/she when the tubes were first inserted?

- 1) 0-6 months
- 2) 7-12 months
- 3) 13-16 months
- 4) 17-24 months
- 5) 25 months or more

7a. In the past **30 days** (last month), was your toddler given any over-the-counter medicines that could be purchased without a doctor's prescription?

- 1) No → **Go to Question 8**
- 2) Yes

7b. If yes, which of these different types of over-the-counter/non-prescription medications was your two-year-old given?

- 1) Non-prescription pain relievers/fever reducers (Tylenol, Ibuprofen, Motrin, etc.)
- 2) Any non-prescription cough syrup or cold medicine
- 3) Any non-prescription medicine for allergies
- 4) Any non-prescription medicine for diarrhea
- 5) Other: _____

Please circle all that apply

8. Has a health care provider ever said that your two-year-old has any of the following conditions? (A health care provider may include doctor, nurse, physician's assistant, therapist, or child development specialist.)

- 1) An asthma-like condition, including wheezing
- 2) Croup, bronchitis
- 3) Pneumonia
- 4) Autism or Autistic Spectrum Disorder
- 5) Allergies (skin, seasonal, respiratory, food or digestive allergies)
- 6) Vision problems requiring correction
- 7) Hearing problems
- 8) Tooth decay or cavities
- 9) Developmental delay
- 10) Other: _____

Please circle all that apply

50c. Below is a list of feelings and experiences that women sometimes have. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way in the **past three months**.

Please use scale when answering:

1 2 3 4 5
Never Rarely Sometimes Often Always

- 1) I felt down, depressed, or sad.....
- 2) I felt hopeless.....
- 3) I felt slowed down.....

51. Sometimes mothers report unfair treatment when seeking health care. Did you ever feel you were treated unfairly while getting care for your toddler because of any of the following reasons? (Circle **Yes** if you felt you were treated **unfairly, otherwise circle No.**)

- 1) My age.....No.....Yes
- 2) My language.....No.....Yes
- 3) My race or ethnicity.....No.....Yes
- 4) My country of birth.....No.....Yes
- 5) My ability to pay for care.....No.....Yes
- 6) I felt unfairly treated but don't know why.....No.....Yes
- 7) Other.....No.....Yes

52. In the past **12 months**, have any of the following things happened to you? For each item listed below, circle **Yes** if it happened to you or **No** if it did not. It may help to use a calendar:

- 1) A close family member or friend was very sick or died.....No.....Yes
- 2) I was very sick.....No.....Yes
- 3) I was separated or divorced from my husband/partner.....No.....Yes
- 4) I was involved in a physical fight.....No.....Yes
- 5) My husband/partner was sent to jail.....No.....Yes
- 6) I had a lot of bills I could not pay.....No.....Yes
- 7) I lost my job.....No.....Yes
- 8) My husband/partner lost his job.....No.....Yes
- 9) Someone close to me had a problem with drinking or drugs.....No.....Yes
- 10) I was without a telephone.....No.....Yes
- 11) My child or I did not have enough food.....No.....Yes

53. Which of the following were you doing during the last six months?

- 1) I was a stay-at-home mom
- 2) I was working for money or a paycheck
- 3) I was volunteering
- 4) I was going to school

Please circle all that apply

47b. How did you feel about becoming pregnant when you first found out? If you have had more than one pregnancy since the birth of your two-year-old, please just consider the first pregnancy.

- 1) I wanted to become pregnant sooner
- 2) I wanted to become pregnant later
- 3) I wanted to be pregnant at that time
- 4) I didn't mind when I became pregnant
- 5) I didn't want to be pregnant then or in the future

Please circle only ONE response

48a. Are you currently using any contraceptive method to prevent pregnancy?

- 1) No
- 2) Yes

Go to Question 49

48b. If no, what is the most important reason you are not using any method to prevent pregnancy?

- 1) I am not having sex
- 2) I am pregnant or want to become pregnant
- 3) I don't want to use birth control
- 4) My body won't tolerate some methods
- 5) I don't think I can get pregnant (sterile)
- 6) I can't pay for birth control
- 7) Tubal ligation/vasectomy/hysterectomy
- 8) Other _____

Please circle only ONE response

49. Do you smoke cigarettes (even if only occasionally)?

- 1) Every day
- 2) Some days
- 3) I have quit
- 4) I have never smoked

50a. **Since your two-year-old was born**, has a doctor, nurse or other health care provider talked with you about depression?

- 1) No
- 2) Yes

50b. Did a doctor, nurse or other health care provider diagnose you with depression during the **first 12 months** after your two-year-old was born? This is sometimes called postpartum depression.

- 1) No
- 2) Yes

9a. Sometimes a health care provider will ask a parent to fill out a questionnaire at home or during their child's visit. During the **past 12 months**, did a health care provider have you fill out a questionnaire about specific concerns or observations you may have about your toddler's development, communication, or social behaviors?

- 1) No
- 2) Yes

9b. Do you or your toddler's health care provider have any concerns about your toddler's learning, development, or behavior?

- 1) No
- 2) Yes

10a. During the past **12 months** was your two-year-old hurt seriously enough that he/she had to see a health care provider?

- 1) No
- 2) Yes

Go to question 11

10b. How was he/she hurt?

- 1) Car accident
- 2) Burn
- 3) Cut (not from a fall)
- 4) Fall
- 5) Dislocated elbow or shoulder (Nurse Maid's Elbow)
- 6) Bite
- 7) Choking (couldn't breathe)
- 8) Poisoning (from any source, including medicine)
- 9) Other: _____

Please circle all that apply

11. On a typical day, how many times (including meals and snacks) does your child eat or drink each of the items listed below?

Circle the number of times for each item or circle none

- | | | | | | |
|---|----------|-------|-------|-------|-----------|
| 1) Fruit (fresh, canned, frozen or dried)..... | None.... | 1.... | 2.... | 3.... | 4 or more |
| 2) Vegetables or salad (do not include potatoes)..... | None.... | 1.... | 2.... | 3.... | 4 or more |
| 3) Whole grains (breads, cereal, etc.)..... | None.... | 1.... | 2.... | 3.... | 4 or more |
| 4) Whole milk..... | None.... | 1.... | 2.... | 3.... | 4 or more |
| 5) 2% milk..... | None.... | 1.... | 2.... | 3.... | 4 or more |
| 6) 100% Juice..... | None.... | 1.... | 2.... | 3.... | 4 or more |

The next set of questions is about health care for your two-year-old.

12a. Do you have someone you think of as your two-year-old's personal doctor or nurse? A personal doctor or nurse is a health professional who knows your toddler well and is familiar with your toddler's health history. (This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.)

1) No → **Continue with 12e**

2) Yes

12b. Can you contact this child's personal doctor or nurse 24-hours a day, seven days a week? Please include after hours paging service or other ways to reach your health care provider after hours.

1) No

2) Yes

12c. What type of health care provider is this child's personal doctor or nurse?

1) Family doctor (general)

2) Pediatrician

3) Physician's Assistant

4) Nurse Practitioner (PNP, FNP)

5) Other: _____

Please circle only ONE response

12d. About how far do you have to drive to see your toddler's personal doctor or nurse?

_____ miles (_____ km) → **Go to Question 13a**

12e. Some toddlers do not have a personal doctor or nurse. Please tell us the one main reason that applies to your toddler.

1) Seldom or never gets sick

2) Recently moved into the area

3) Don't know where to go for care

4) Usual place in my area no longer available

5) Can't find a provider who is taking new patients

6) No insurance

7) Transportation issues/problems

8) Cost of medical care

9) Other _____

Please circle only ONE response

13a. Sometimes things keep people from being able to get health care for their toddlers. Has anything ever prevented or delayed you from getting health care for your child?

1) No → **Go to Question 14**

2) Yes

4 **Continue with 13b**

The next set of questions is about safety.

44. Please circle **(Yes)** if you do any of the following in your home. Otherwise, circle **(No)** or **(N/A)** for Does Not Apply.

1) An adult always watches my child while he/she is in the bathtub..... No.....Yes.....N/A

2) Swimming pools, ponds, irrigation ditches, stock tanks, or canals on my property are protected by fences..... No.....Yes.....N/A

3) The batteries in my smoke detector are checked at least twice a year..... No.....Yes.....N/A

4) Medicines, vitamins, and cleaning supplies are stored in a child proof place.... No.....Yes.....N/A

5) Safety caps cover all unused electrical outlets..... No.....Yes.....N/A

6) A working carbon monoxide detector is on each level of my home..... No.....Yes.....N/A

7) TVs and bookcases are bolted to the walls..... No.....Yes.....N/A

8) The number for Poison Control is on or near the phone at all times..... No.....Yes.....N/A

9) I have taken a class in infant or toddler CPR or first aid in the last year..... No.....Yes.....N/A

45a. Where do you receive the most information about your two-year-old's car seat?

1) Health Care Provider (Pediatrician/Family Doctor/Nurse)

2) Family member/friend

3) Child Passenger Safety Technician (Safe Kids, Health Fair, Health Department)

4) Fire Department

5) Internet, books, etc.

6) I don't look for or receive information on car seats.

7) Other _____

Please circle only ONE response

45b. Where in your vehicle does your two-year-old sit?

1) Back seat rear facing

2) Back seat front facing

3) Front passenger seat

46. Do you keep guns and/or rifles in your home?

1) No

2) Yes

The next set of questions are about you.

47a. How many pregnancies have you had since your two-year-old was born?

1) None → **Go to Question 48a**

2) One

3) Two

4) Three or more

Continue with 47b

39. How many times have you moved since your two-year-old was born?
_____ times

40a. Was your two-year-old ever breastfed or fed breast milk?

- 1) No →
- 2) Yes

Go to Question 41

40b. How old was your two-year-old when he/she completely stopped breastfeeding or being fed breast milk?

- 1) _____ months old
- 2) Less than one month old
- 3) Still breastfeeding or feeding breast milk

41. Has there ever been a period when your two-year-old was not living with you (not including time while the child was hospitalized)?

- 1) No
- 2) Yes

42. On an average day, about how many hours does your two-year-old usually watch TV, videos or play computer/video games?

- 1) _____ hours per day
- 2) More than zero, less than one hour per day
- 3) Don't own a television, game system, or computer

43. On a typical day, how much total time does your two-year-old spend in physically active play? (This includes organized play that is led by an adult, as well as unorganized play, such as playing outside, climbing, running, riding a tricycle.)

- 1) Less than 30 minutes per day
- 2) 30 minutes to less than 1 hour per day
- 3) 1 hour - 2 hours per day
- 4) More than 2 hours per day
- 5) Does not spend any time in physical play

13b. **IF YES:** The following is a list of things that have prevented or delayed some mothers from getting health care for their toddlers. Please circle **YES** if any of these have ever prevented or delayed you from getting health care for your two-year-old. Otherwise, circle **NO**.

- | | |
|---|------------|
| 1) Because you couldn't afford the service..... | No.....Yes |
| 2) Because of inconvenient office hours..... | No.....Yes |
| 3) Couldn't get a referral for the care that your child needed..... | No.....Yes |
| 4) Transportation problems..... | No.....Yes |
| 5) The health care provider was too far away..... | No.....Yes |
| 6) You couldn't get an appointment in a reasonable amount of time.... | No.....Yes |
| 7) Because you couldn't miss work or school..... | No.....Yes |
| 8) Because you had no insurance..... | No.....Yes |
| 9) Has anything else prevented or delayed you..... | No.....Yes |

Please tell us: _____

14. Most of the time, where does your two-year-old go for care when he/she is sick?

- 1) My child has not needed sick care
- 2) Private doctor's office or primary care provider (PCP)
- 3) Hospital clinic
- 4) Hospital emergency room
- 5) Community or free clinic
- 6) Indian (IHS)/Tribal Health Service
- 7) Military facility (TRICARE, etc.)
- 8) Urgent Care Clinics
- 9) Walk In Health Clinic (like in a grocery store or pharmacy)
- 10) Other: _____

Please circle only ONE response

15. During the past 30 days, how many days of work or school has someone taken off to take care of your two-year-old because he/she was sick or had a clinic or doctor's appointment?

- 1) None
- 2) Less than 1/2 day
- 3) 1/2 day to one day
- 4) Two to three days
- 5) Four or more days

16. Most of the time, where does your two-year-old go for **well-child checkups** (routine exams)?

- 1) My child sees a health care provider only when he/she is sick
- 2) Private doctor's office or primary care provider (PCP)
- 3) Hospital clinic
- 4) Health department
- 5) Community or free clinic
- 6) Indian (IHS)/Tribal Health Service
- 7) Military facility (TRICARE, etc)
- 8) Urgent Care Clinics
- 9) Walk In Health Clinic (like in a grocery store or pharmacy)
- 10) Other: _____

Please circle only ONE response

17. Please think about the place you take your two-year-old most of the time for well-child checkups.

Please tell us how you felt about the care you received during your most recent visit.

How satisfied were you with:	Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
1) The ease in making appointment				
2) The amount of time you had to wait after you arrived for your visit				
3) The ability to be seen on short notice				
4) The advice you got on how to care for your child				
5) The understanding and respect that the staff showed toward you and your child				

18. Most of the time, where does your two-year-old go for his/her immunizations (baby shots)?

- 1) My child hasn't had any baby shots yet
- 2) Private doctor's office or primary care provider (PCP)
- 3) Hospital clinic
- 4) Health department
- 5) Community or free clinic
- 6) Indian (IHS)/Tribal Health Service
- 7) Military facility (TRICARE, etc)
- 8) Urgent Care Clinics
- 9) Walk In Health Clinic (Like in a grocery store or pharmacy)
- 10) Other: _____

Please circle only ONE response

19a. Have you ever decided to delay or not get immunizations (baby shots) for your toddler?

- 1) No → Go to Question 20a
- 2) Yes

19b. The following is a list of reasons some mothers have for delaying or deciding not to get immunizations (baby shots) for their toddler.

- 1) I think some shots are given too early.
- 2) I think too many shots are given at once.
- 3) I thought my child was too sick.
- 4) I think some shots are given too close together.
- 5) I think some shots do more harm than good.
- 6) I do not think some of the diseases will affect my child.
- 7) I have religious beliefs or concerns about some or all shots.
- 8) I did not have time.
- 9) I did not have transportation.
- 10) I did not know the shots were due.
- 11) Other: _____

Please circle only all that apply

34. How often in a typical week do you or someone else in the household read a book or story to your two-year-old?

- 1) Every day
- 2) At least 3 times a week
- 3) Once a week
- 4) Less than once a week
- 5) Never

35a. Do you put your two-year-old to sleep with a bottle or sippy cup?

- 1) No → Go to question 36
- 2) Yes

35b. What is in the bottle or sippy cup?

- 1) Milk
- 2) Water
- 3) Other _____

36. Does your two-year-old have a bedtime routine? (This can include the same set of structured or planned activities that are generally done at or around the same time every night.)

- 1) No
- 2) Yes

37. About how many hours does your two-year-old sleep in a 24 hour period? (Count all naps and night time sleeping.)

- 1) Less than 9 hours
- 2) 9-11 hours
- 3) 12-14 hours
- 4) More than 14 hours

38a. Which of the following statements best describes the rules about smoking **inside** your home?

- 1) No one is allowed to smoke anywhere inside my home
- 2) Smoking is allowed in some rooms or at some times
- 3) Smoking is allowed anywhere inside my home

Please circle only ONE response

38b. Which of the following statements best describes the rules about smoking inside the vehicle (car, truck or van) your child rides in most of the time?

- 1) No one is allowed to smoke inside the vehicle at any time
- 2) Smoking is allowed only when child is not in the vehicle
- 3) Smoking is allowed at all times
- 4) There are no rules about smoking inside the vehicle

Please circle only ONE response

29. During the past month, how many times have you had to make different arrangements for child care at the last minute because your usual plans changed due to circumstances beyond your control?

_____ number of times

30. At what age did your two-year-old first start child care on a regular basis?

_____ weeks or _____ months old

31. During the past 12 months, did you or anyone in the family have to quit a job, not take a job, or greatly change your job because of problems with child care for your child?

- 1) No
2) Yes

- 32a. In the past 12 months, was there a time for a week or longer when you could not find child care for your two-year-old when you needed it?

- 1) No
2) Yes

Go to Question 33

- 32b. What is the one main reason you were unable to find child care for your two-year-old at that time?

- 1) Couldn't **afford any** child care
2) Couldn't **afford the quality** (or star level) of child care I wanted
3) Couldn't **find the quality** (or star level) of child care I wanted
4) Couldn't **find a provider** with a space
5) The hours and location didn't fit my needs
6) Cannot find a provider for my toddler with special needs
7) Couldn't find care when my child was sick
8) Other _____

Please circle only ONE response

The next set of questions are general ones about your two-year-old.

33. Besides yourself, who lives with your two-year-old most of the time?

- 1) No one else
2) Husband/Partner (child's father)
3) Husband/Partner (not this child's father)
4) Other children
5) Child's grandparent(s)
6) Other relative(s)
7) Other: _____

Please circle all that apply

- 20a. Does your two-year-old regularly see any specialist(s) or therapist(s)?

- 1) No
2) Yes

Go to Question 21a

- 20b. What type of specialist(s) or therapist(s) does your two-year-old see?

- 1) Speech/language therapist
2) Audiologist (hearing specialist)
3) Ophthalmologist/Optometrist (eye specialist)
4) Physical/Occupational therapist
5) Surgeon
6) Ear nose and throat doctor (ENT)
7) Behavioral specialist (like a therapist, social worker, counselor)
8) Nutritionist/dietitian
9) Other medical specialist, specify _____

Please circle all that apply

The next set of questions is about the payment for your two-year-old's health care.

- 21a. Does your two-year-old currently have health care coverage?

- 1) No
2) Yes

Go to Question 21c

- 21b. What kind of health care coverage?

- 1) Health insurance from a job (yours or your husband's/partner's)
2) Health insurance that you or someone else paid for (not from a job)
3) Medicaid/Soonercare
4) Indian (IHS)/Tribal Health Service
5) Military facility (TRICARE, etc)
6) Other: _____

Please circle all that apply

- 21c. Since your two-year-old was born, has there ever been a period that he/she was not covered by any health insurance or government programs that cover children's medical bills?

- 1) No
2) Yes

Go to Question 22

- 21d. If yes, for how many months was your two-year-old not covered?

- 1) _____ months
2) Less than one month
3) Never covered

22a. Has there ever been a service your two-year-old has needed, but it was NOT covered by your health care coverage?

- 1) No → **Go to Question 23**
- 2) Yes

22b. Please tell us which of the following were needed but NOT covered by your health care coverage.

Please circle all that apply

- 1) Well-child care
- 2) Immunizations - baby shots
- 3) Sick care visits
- 4) Prescription medication
- 5) Hospitalizations
- 6) Dental care
- 7) Vision screening or glasses
- 8) Emergency care
- 9) Special equipment or therapies
- 10) Lactation consultant

23. Next, about how much has your family spent on health care for your two-year-old in the last 12 months? Include ONLY the amount for co-pays, deductibles, all medications (prescription and over-the-counter), and uninsured services. Just give your best estimate.

- 1) Less than \$100
- 2) \$100 to \$299
- 3) \$300 to \$499
- 4) \$500 to \$999
- 5) \$1,000 to \$1,999
- 6) \$2,000 or more

The next set of questions are about your toddler's child care arrangements.

24a. Do you currently have regular child care arrangements for your two-year-old? (By child care, we mean any kind of arrangements where someone other than yourself, husband or partner, legal guardian, or child's stepparent takes care of your child on a regular basis.)

- 1) No → **Go to Question 33**
- 2) Yes

24b. What are your child care arrangements?

- 1) Small in-home child care provider (1 to 7 children)
- 2) Large in-home child care provider (8-12 children)
- 3) Child care center (12 or more children)
- 4) Child's grandparent(s)
- 5) Other relative(s)
- 6) Baby-sitter/friend/neighbor
- 7) Mother's Day Out Program or similar
- 8) Other: _____

Please circle all that apply

25. What is the average number of hours per week he/she stays in child care?

- 1) Less than 10 hours per week
- 2) 10 to 19 hours per week
- 3) 20 to 29 hours per week
- 4) 30 to 39 hours per week
- 5) 40 hours or more per week

26. What is the average out-of-pocket cost for child care for your two-year-old?

- 1) \$_____/week or \$_____/month
- 2) I don't have to pay

27a. Does anyone help you pay for all or part of the cost of child care for your two-year-old?

By this, we mean a government social service agency (such as: Department of Human Services, Early Headstart) an employer, a tribe, or a relative.

- 1) No → **Go to Question 28**
- 2) Yes

27b. Who helps pay for your child care arrangements for your two-year-old?

- 1) A government agency
- 2) An employer
- 3) A tribe
- 4) A non-resident parent
- 5) Another relative
- 6) Other _____

Please circle all that apply

28. Think about your toddler's current child care arrangements. Please tell us how satisfied you are with the following:

How satisfied are you (with):	Very Satisfied	Satisfied	UnSatisfied	Very Unsatisfied
1) The cost of your child care?				
2) The care and attention your child receives?				
3) The location and how far you drive to get there?				
4) The time the provider spends with you discussing your child's day and any issues that arise?				
5) That your child is getting healthy meals and snacks at child care?				