

# Alaska CUBS

**Childhood Understanding Behaviors Survey**



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

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PRAMS Three-Year-Olds

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**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 young children  
throughout Alaska.**

**If you have any questions about CUBS, please call the Alaska CUBS  
Research Analyst at 1-888-269-3470. The call is free.  
Answers to commonly asked questions are on  
the last page of this survey.**

## **Important Information About CUBS**

### ***Please Read Before Starting the Survey***

- The Alaska Childhood Understanding Behaviors Survey (CUBS) is a follow-up to the Pregnancy Risk Assessment Monitoring System (PRAMS) survey and is sponsored by the Alaska Division of Public Health. PRAMS is a research project sponsored by the Centers for Disease Control and Prevention (CDC) and the Alaska Division of Public Health.
- The purpose of CUBS is to find out about the health and well-being of mothers and young children in Alaska.
- You are being contacted because you completed the PRAMS survey a few months after your 3-year-old child was born. At that time, your name and address were picked by a computer from recent birth certificates. We are now asking all women who returned a PRAMS survey then to answer questions about their 3-year-old child.
- It takes about 20 minutes to answer all questions. Some questions may be sensitive, such as questions about depression or your child's misbehaviors, but they are all very important.
- You are free to do the survey or not. If you don't want to participate at all, or if you don't want to answer a particular question, that's okay. There is no penalty or loss of benefits for not participating or answering all questions.
- Your survey may be combined with information the health department has from other sources to evaluate other public health programs.
- If you choose to do the survey, your answers will be kept private to the extent allowed by law and will be used only for research. If you are currently in jail, your participation in the study will have no effect on parole or your legal status within the criminal justice system.
- Your name will not be on any reports from CUBS or any other evaluations conducted with CUBS data. The booklet has a number so we will know when it is returned.
- Your answers will be grouped with those from other women. What we learn from CUBS will be used to plan programs to help mothers and young children in Alaska. We will never report any information about specific individuals or report information in a way that allows a particular individual to be identified.
- Completing the survey means that you give your consent to participate in CUBS.

***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.***

**1. What is your child’s date of birth?**

\_\_\_\_\_                      \_\_\_\_\_                      20 \_\_\_\_\_  
 Month                      Day                      Year

**2. Does your child live with you now?**

- No  
 Yes

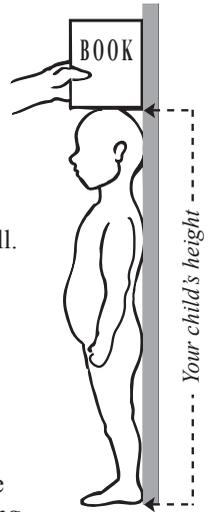
***If your child is not living with you now, please go to Page 9, Question 44.***

***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.***

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 like you are putting it on a shelf at the library, 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 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?**  
(The tape measure that came with this survey shows inches only.)

\_\_\_\_\_ Inches

OR

\_\_\_\_\_ Centimeters

**4. How much does your child weigh?**

\_\_\_\_\_ Pounds

OR

\_\_\_\_\_ Kilos

*The next questions are about your 3-year-old child's eating habits.*

**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 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

Soy or rice milk

Powdered or canned milk

Other → Please tell us:

\_\_\_\_\_

**7. Yesterday, about how many cups of each type of drink listed below did your child drink?**  
Circle the number of cups for each type or circle 0 (zero) if your child drank none.  
(Less than one cup is shown below as <1 and more than three cups is shown as >3.)

Water .....0 <1 1 2 3 >3 cups

Milk (the type checked in Question 6) .....0 <1 1 2 3 >3 cups

100% fruit juice .....0 <1 1 2 3 >3 cups

Soda (such as Coke or Sprite) .....0 <1 1 2 3 >3 cups

Sweetened or fruit drinks (such as Kool-Aid, Tang, or Capri Sun) .....0 <1 1 2 3 >3 cups

**8. Yesterday, how many times (including meals and snacks) did your child eat each of the foods listed below?**

Circle the number of times for each item or circle 0 (zero) if none. (More than three times is shown as >3.)

Fresh, canned, frozen or dried fruit .....0 1 2 3 >3 times

French fries, tator tots or potato chips .....0 1 2 3 >3 times

Other vegetables or salad .....0 1 2 3 >3 times

Candy, cookies, or other sweets .....0 1 2 3 >3 times

**The next questions are about your 3-year-old child’s health and health care.**

**9. When your child is sick, where do you usually take him or her for medical care?**

Check one answer.

- Medical doctor’s office (including physician assistants or nurse practitioners)
- Clinic at a hospital for Alaska Natives
- Village clinic
- Military medical facility
- Alternative health care provider’s office such as a chiropractor, naturopath, or homeopath
- Urgent care or walk-in clinic
- Hospital emergency room
- Other → Please tell us:

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**10. During the past 12 months, has your child received care from any of the following health care providers?**

Check all that apply.

- Medical doctor
- Physician assistant or nurse practitioner
- Community health aide/practitioner (CHA/P)
- Chiropractor, naturopath, or homeopath
- Other → Please tell us:

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My child did not receive care from any health care provider during the past 12 months.

**11. During the past 12 months, has your child had a well-child check-up?**

A well-child check-up is a regular health care visit that usually occurs once a year after the age of 2.

- No
- Yes

**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, circle Y (Yes) if it prevented you from getting health care for your child or circle N (No) if it was not a problem.

	No	Yes
I couldn’t get an appointment when I wanted one .....	N	Y
I didn’t have enough money or insurance to pay for it.....	N	Y
I had no way to get to the clinic or doctor’s office .....	N	Y
I couldn’t take time off from work .....	N	Y
I had no one to take care of my other children .....	N	Y
The service my child needed was not available in my community or state.....	N	Y
I couldn’t find a health care provider who would see my child.....	N	Y
The health care provider did not know how to treat or provide care.....	N	Y
I was not satisfied with the only available health care provider.....	N	Y
Other problem.....	N	Y
Please tell us:		

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

Check all that apply.

- Health insurance from a job or union
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or Denali KidCare
- Alaska Native Health Service or Native Regional Corporation (including Indian Health Service)
- TRICARE or other military health care
- Other → Please tell us:

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My child is not covered by any health plan now. →

**Go to Question 15**

**14. 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

**15. Has your child *ever* received care from the following health care specialists or therapists?**

For each specialist, circle **Y** (Yes) or circle **N** (No).

	No	Yes
Speech or language therapist.....	N	Y
Hearing specialist (audiologist).....	N	Y
Eye specialist (ophthalmologist or optometrist).....	N	Y
Physical or occupational therapist.....	N	Y
Behavioral or mental health specialist.....	N	Y

**16. Has your child *ever* been enrolled in or received services from any of the following programs?**

For each program, circle **Y** (Yes) or circle **N** (No).

	No	Yes
WIC.....	N	Y
Early Intervention (EI) or Infant Learning Program (ILP).....	N	Y
School district special education or special needs program.....	N	Y
Head Start or Early Head Start.....	N	Y
TEFRA, CCMC, or MRDD waiver.....	N	Y

**17. Here is a list of health conditions some young children may currently have.** For each item, circle **Y** (Yes) if a health care provider has said your child has the condition ***NOW*** or circle **N** (No) if not.

	No	Yes
Vision problems that cannot be corrected with glasses.....	N	Y
Hearing problems.....	N	Y
Developmental delay.....	N	Y
Autism or Autism Spectrum Disorder.....	N	Y
Serious behavioral problems.....	N	Y
Epilepsy, convulsions, or seizures treated with daily medicines (anti-convulsants).....	N	Y
Allergy that causes hives or difficulty breathing.....	N	Y

**18. Here is a list of other health conditions young children may sometimes have.** For each item, circle **Y** (Yes) if a health care provider has ***EVER*** said your child had the condition or circle **N** (No) if not.

	No	Yes
Ear infections that required tubes.....	N	Y
Pneumonia treated with antibiotics.....	N	Y
Anemia (low iron in blood).....	N	Y
Asthma or wheezing treated with inhalers, puffers or nebulizers.....	N	Y
Overweight for child's age or height.....	N	Y
Underweight for child's age or height.....	N	Y
Tooth decay or cavities.....	N	Y

19. *Yesterday, did you or another adult help your child brush his or her teeth?*

- No  
 Yes

20. *During the past 12 months, has a health care provider prescribed fluoride drops or tablets to protect your child's teeth from tooth decay?*

- No  
 Yes

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

- Before his or her 1<sup>st</sup> birthday  
 Between his or her 1<sup>st</sup> and 2<sup>nd</sup> birthdays  
 Between his or her 2<sup>nd</sup> and 3<sup>rd</sup> birthdays  
 After his or her 3<sup>rd</sup> birthday

- My child has not yet been seen by a dentist. →

**Go to Question 23**

22. *What dental care has your child received?*

*Check all that apply.*

- Dental check-up or teeth cleaning  
 Sealant treatment  
 Dental filling, cap or crown  
 Tooth pulled  
 Other → Please tell us:

\_\_\_\_\_

23. *Which one of the following statements best describes your beliefs about childhood shots or immunizations?*

*Check one statement.*

- My child should never get any shots.  
 It is okay for my child to wait until school to get shots.  
 It is important for my child to get *some* shots according to the schedule set by my doctor, but I can decide to delay or refuse others.  
 It is important for my child to get *all* shots according to the schedule set by my doctor.

24. *Have you ever been advised NOT to get childhood shots or immunizations for your child from any of the following sources?*

For each source, circle Y (Yes) or circle N (No).

	No	Yes
Medical doctor, physician assistant or nurse practitioner.....	N	Y
Community health aide/practitioner (CHA/P) .....	N	Y
Chiropractor, naturopath or homeopath.....	N	Y
Friends or family .....	N	Y
Newspaper, magazine, radio or TV .....	N	Y
Internet website .....	N	Y

*If you answered N (No) to all of the above, go to Question 26.*

25. *Have you ever taken advice NOT to get childhood shots or immunizations for your child from any of the following sources?*

For each source, circle Y (Yes) or circle N (No).

	No	Yes
Medical doctor, physician assistant or nurse practitioner.....	N	Y
Community health aide/practitioner (CHA/P) .....	N	Y
Chiropractor, naturopath or homeopath.....	N	Y
Friends or family .....	N	Y
Newspaper, magazine, radio or TV .....	N	Y
Internet website .....	N	Y

*The next questions are about things your 3-year-old child may do or may have experienced.*

26. *Children normally develop skills at different ages, and not all children will be able to do the following things.* For each item, please circle Y (Yes) if your child can do the action *NOW* or circle N (No) if he or she cannot.

	No	Yes
Walk up and down stairs .....	N	Y
Build a tower with at least 8 blocks.....	N	Y
Repeat simple songs or rhymes .....	N	Y
Use 4 to 5 words in a sentence.....	N	Y

27. Is your child *usually* able to say good-bye to you without clinging or crying?

- No  
 Yes

28. Does your child *usually* use a toilet during the daytime?

- No  
 Yes

29. Has your child *ever* experienced any of the following events or situations?

For each event, circle Y (Yes) or circle N (No).

	No	Yes
Death in the immediate family.....	N	Y
Being away from either parent for longer than one month.....	N	Y
Change in household members.....	N	Y
Overnight stay in hospital (not including right after birth).....	N	Y
Seeing violence or physical abuse in person.....	N	Y

30. Has anyone outside of your home *ever* expressed concern about how much your child does any of the following things to other children?

For each action, circle Y (Yes) or circle N (No).

	No	Yes
Hit, push, pinch, or kick.....	N	Y
Bite hard.....	N	Y

31. *During the past week*, did your child ride on an ATV (four-wheeler) or snow machine (sno-go)?

(This includes if he or she was being pulled behind one in a sled or trailer.)

- No  
 Yes

*The next questions are about things you and other adults may do with your 3-year-old child.*

32. *Yesterday*, how much time did you or someone else read aloud to your child one-on-one or in a family group?

\_\_\_\_\_ : \_\_\_\_\_  
Hours      Minutes

- None

33. 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

34. *Yesterday*, how much time did your child spend watching television, videos or DVDs?

\_\_\_\_\_ : \_\_\_\_\_  
Hours      Minutes

- None

**Go to Question 36**

35. *Yesterday*, did you sit with your child while he or she watched television, videos or DVDs?

- No  
 Yes, part of the time  
 Yes, the whole time

36. Here is a list of statements describing some children's daily life. For each statement, circle Y (Yes) if you feel that it describes your child's situation or circle N (No) if not.

	No	Yes
My child has a caring relationship with at least one adult other than parents.....	N	Y
My child knows the name of at least one neighbor.....	N	Y
My child's bedtime is usually the same everyday.....	N	Y

37. *During the past week, how many days was 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  
 5 to 6 days  
 3 to 4 days  
 2 days  
 1 day  
 None

38. *During the past week, when your child was misbehaving, which of the following actions did you or your husband (or partner) do?*

*Check all that apply.*

- Use a 'time out' (remove child from the situation)  
 Take away privileges (such as toys or TV)  
 Spank child with a paddle or other object  
 Spank child with your hand  
 Distract or redirect child  
 Talk to child about their behavior  
 Other → Please tell us:
- 

*The next questions are about childcare. By childcare we mean any kind of regular arrangement where someone other than the parents or legal guardians takes care of your 3-year-old child. Please include preschool as childcare.*

39. Do you *now* use childcare for your child on a regular basis?

- No → Go to Question 42  
 Yes, for 10 or more hours a week  
 Yes, for less than 10 hours a week

40. What is your *regular* childcare arrangement for your child?

*Check one answer.*

- Childcare center or preschool  
 In-home care (caregiver comes to your home)  
 Childcare in home of caregiver  
 Other → Please tell us:
- 

41. Is your *regular* childcare provider licensed?

- No  
 Yes  
 Not sure

42. *During the past 30 days, was there a time for a week or longer when you tried, but could not find childcare for your child?*

- No → Go to Question 44  
 Yes

**43. What were the reasons you could not find childcare for your child at that time?**

Check all that apply.

- I couldn't afford any childcare.
- I couldn't afford the quality of childcare I wanted.
- I couldn't find the quality of childcare I wanted.
- I couldn't find a childcare provider with an open slot for my child.
- I couldn't find childcare with the hours that fit my needs.
- I couldn't find childcare with the location that fit my needs.
- I couldn't find childcare that met my child's special needs (including behavioral concerns).
- Other → Please tell us:
- 

***The next questions are about you.***

**44. What is your date of birth?**

\_\_\_\_\_ 19\_\_\_\_\_  
 Month Day Year

**45. Are you pregnant now?**

- No
- Yes

**46. How much do you weigh?**

If you are pregnant now, please tell us your weight *just before* you became pregnant.

\_\_\_\_\_ Pounds

OR

\_\_\_\_\_ Kilos

**47. 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:
- 

**48. Are you in school or working outside the home now?** If yes, please write the usual number of hours in a week for each activity.

- No
- Yes, in school \_\_\_\_\_ hours a week (not at home)
- Yes, working \_\_\_\_\_ hours a week (not at home)

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

- 8<sup>th</sup> grade or less
- Some high school
- High school graduate or GED
- Some college
- Vocational or technical certification
- College graduate or higher

**50. Not counting the child this survey is about, do you have any other children younger than 5 years old?** Include children younger than 5 who live in your home *now*.

- No → **Go to Page 10, Question 52**
- Yes

**51. If yes, please tell us when they were born.**

Child 1: \_\_\_\_\_ 20\_\_\_\_\_  
 Month Day Year

Child 2: \_\_\_\_\_ 20\_\_\_\_\_  
 Month Day Year

Child 3: \_\_\_\_\_ 20\_\_\_\_\_  
 Month Day Year

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

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

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

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

54. **This question is about things that may have happened to you since your 3-year-old child was born.** For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not.

	No	Yes
I moved to a new address.....	N	Y
My marital status changed (marriage, divorce, separation, became a widow)...	N	Y
I was homeless.....	N	Y
My husband or partner lost his job.....	N	Y
I lost my job even though I wanted to go on working.....	N	Y
I had a lot of bills I couldn't pay.....	N	Y
I was diagnosed with depression.....	N	Y
My husband or partner or I went to jail.....	N	Y
Someone close to me had a bad problem with drinking or drugs .....	N	Y

55. **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

56. **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

57. **Have you smoked at least 100 cigarettes in the past 2 years?** (A pack has 20 cigarettes.)

- No  **Go to Question 59**  
 Yes

58. **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  
 None (0 cigarettes)

59. **Have you had any alcoholic drinks in the past 2 years?** (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- No  **Go to Question 62**  
 Yes

60. **During the past 3 months, how many alcoholic drinks did you have in an average week?**

- 14 drinks or more a week  
 7 to 13 drinks a week  
 4 to 6 drinks a week  
 1 to 3 drinks a week  
 Less than 1 drink a week  
 I didn't drink during the past 3 months

61. **During the past 3 months, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times  
 4 to 5 times  
 2 to 3 times  
 1 time  
 I didn't have 5 drinks or more in 1 sitting  
 I didn't drink during the past 3 months

**62. For each of the following statements, circle Y (Yes) if it describes your situation *NOW* or circle N (No) if it does not.**

<b>I know someone who would...</b>	<b>No</b>	<b>Yes</b>
...Loan me money for bills if I needed it.....	N	Y
...Help me if I was sick and needed to be in bed.....	N	Y
...Take me to the clinic or doctor's office if I needed a ride .....	N	Y
...Listen to me if I needed to talk.....	N	Y

***The following questions are about your home.***

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

Check one answer.

- 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

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

\_\_\_\_\_ People

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

Check one answer.

- No one is allowed to smoke anywhere inside my home.
- Smoking is allowed in some rooms or at some times.
- Smoking is allowed anywhere inside my home.

**66. The following is a list of things that describe some homes.** For each item, please circle Y (Yes) if it is true about your home *NOW* or circle N (No) if not.

	<b>No</b>	<b>Yes</b>
There is a working smoke detector on each level of the home .....	N	Y
There is a working carbon monoxide monitor or detector in the home.....	N	Y
Poisonous substances and medicines are stored in childproof places.....	N	Y
Matches and lighters are stored in childproof places .....	N	Y

**67. Is there any mold or mildew larger than the size of a dollar bill on any surface inside your home?** Do not include mildew on bathroom tiles or mold on food items.

- No
- Yes

**68. Does your home have flush toilets?**

- No
- Yes

**69. What is the *main* source of water for drinking and cooking in your home?**

Check one answer.

- A city or town water system
- A private well serving the home
- A community well
- Collected or hauled water from outdoor natural sources (such as rain, snow, ice, or river water)
- Bottled or store bought water

**70. What is today's date?**

\_\_\_\_\_ Month      \_\_\_\_\_ Day      20\_\_\_\_ Year

**Please tell us, if you wish, what issues are of greatest concern to you 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.*

# **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. Currently, Alaska has no complete source of data about preschool age children. 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 around the time of 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 health care of mothers and children and things that are happening to them.

## ***What if I want to ask more questions about CUBS?***

Please call us at our toll-free number 1-888-269-3470 and we will be happy to answer any other questions that you may have about CUBS.



**Division of Public Health**  
**Section of Women's, Children's, and Family Health**

3601 C Street, Suite 424

P.O. Box 240249

Anchorage, Alaska 99524-0249

<http://www.epi.hss.state.ak.us/mchepi/cubs/>

*Surveys may be returned to the address above.*