

# 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

**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.**

## **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 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 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.

**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?**

<input type="text"/>	<input type="text"/>	<input type="text" value="20"/>
Month	Day	Year

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

- No  
 Yes

**Go to Page 9, Question 40**

**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.

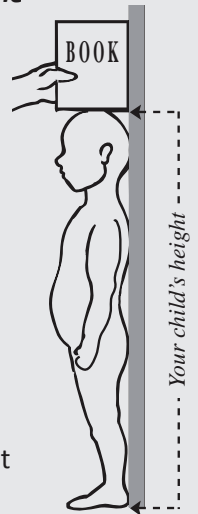
2. Place your child’s back to the wall. Make sure the backs of his or her feet (heels) touch the wall.

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 (a pencil or sticky note 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

### *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:

My child does not drink any type of milk

### 7. Yesterday, about how many cups of each type of drink listed below did your child have? 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

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 (such as Coke  
or Sprite)..... **None** <1 1 2 3 >3

Sweetened or fruit  
drinks (such as sweet  
tea, Kool-Aid, Tang,  
or Capri Sun)..... **None** <1 1 2 3 >3

### 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 **None**. (More than three times is shown as >3.)

#### Number of times

Fruit (fresh, canned,  
frozen or dried)..... **None** 1 2 3 >3

French fries, tator tots  
or potato chips ..... **None** 1 2 3 >3

Other vegetables or  
salad..... **None** 1 2 3 >3

Candy, cookies, or  
other sweets..... **None** 1 2 3 >3

**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. Is there a health care provider at the place you indicated above who knows your child well and is familiar with your child's health history?**

- No
- Yes

**11. 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

**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 couldn't take time off from work.....	N	Y
The service my child needed was not available in my community or state of Alaska.....	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. 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

**14. 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

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

- No → **Go to Question 18**
- Yes

**16. 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

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

*Check all that apply.*

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

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

*Check all that apply.*

- Health insurance from your job or the job of your husband or partner
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or Denali KidCare
- TRICARE or other military health care
- Alaska Native Health Service (ANS), Native regional health corporation, IHS, or other tribal health coverage
- Other source(s) → Please tell us:

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

**Go to Page 6, Question 20**

**19. 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

**20. Here is a list of health conditions young children may sometimes have.** For each item, circle **Y** (Yes) if a health care provider **ever** told you your child had the condition, even if he or she does not have the condition now, 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
Tooth decay or cavities .....	N	Y
Vision problems that cannot be corrected with glasses .....	N	Y
Hearing problems.....	N	Y
Any developmental delay .....	N	Y
Autism or Autism Spectrum Disorder .....	N	Y
Epilepsy, convulsions, or seizures treated with daily medicines (anti-convulsants).....	N	Y

**21. For each of these other health conditions,** circle **Y** (Yes) if a doctor or other health care provider told you that your child had the condition during the **past 12 months**, even if he or she does not have the condition now, or circle **N** (No) if not.

	No	Yes
Allergy that causes hives or difficulty breathing.....	N	Y
Overweight for age or height .....	N	Y
Underweight for age or height .....	N	Y

**22. Have you ever delayed or decided not to get vaccine shots or immunizations for your child?**

- No → **Go to Page 7, Question 25**
- Yes

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

Check all that apply.

- I didn't know when the shots were due
- I couldn't get an appointment when I wanted one
- I think some shots are given too early
- I think too many shots are given at once
- I think some shots do more harm than good
- I do not think some of the diseases will affect my child
- I have religious beliefs or concerns about some or all shots
- Other → Please tell us:



**24. Did you delay or refuse to get any vaccine shots for your child because of information you got from any of the following sources?** For each source, circle **Y** (Yes) or circle **N** (No).

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

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

**25. 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
Use a toilet during the day on most days .....	N	Y

**26. During the past 12 months, have you had any concerns about how your child acts, gets along with others, or shows feelings?** The concern may be about small or large problems.

No —————→ **Go to Question 29**  
 Yes

**27. Did you seek professional help or advice because of concerns about how your child acts, gets along with others, or shows feelings?**

No —————→ **Go to Question 29**  
 Yes

**28. Were you able to find someone who could help you with these concerns?**

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. When this child rides in a boat, how often does he or she wear a life jacket?**

- Always
- Often
- Sometimes
- Rarely
- Never
- This child has never ridden in a boat

**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 small 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 Page 9, Question 36**

**35. 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. 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 → **Go to Question 38**

Yes, in school \_\_\_\_\_ hours a week  
(not at home)

Yes, working \_\_\_\_\_ hours a week  
(not at home)

**37. Who usually takes care of your child when you go to work or school?**

Check one answer.

- My husband or partner
- My child's teenage (13 years or older) brother or sister
- My child's preteen (12 years or younger) brother or sister
- Other close relative (such as a grandparent, aunt, uncle, or cousin)
- Friend or neighbor
- Paid childcare provider in your home
- Staff at a child care center, Head Start program, or preschool
- Other → Please tell us:

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

- No
- Yes

**39. 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

**The next questions are about you and your household.**

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

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

**41. Are you pregnant now?**

- No
- Yes

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

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

\_\_\_\_\_ Pounds

#### 43. 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:

#### 44. 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

#### 45. 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 Question 47
- Yes

#### 46. If yes, please tell us when they were born.

Child 1:

Month      Day      Year

Child 2:

Month      Day      Year

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

#### 49. 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

#### 50. 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

**51. 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

**52. For each of the following statements,** circle **Y** (Yes) if it applies to you **now** or circle **N** (No) if it does not.

I know someone who would...	No	Yes
...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

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

- No → **Go to Question 55**  
 Yes

**54. 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)

**55. 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 Page 12, Question 58**  
 Yes

**56. 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

**57. During the past 3 months, how many times did you drink 4 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 4 drinks or more in 1 sitting
- I didn't drink during the past 3 months

**58. During the past 3 months, did you use any of the following services to feed you, your 3-year-old child, or other household members? For each service, circle Y (Yes) or circle N (No).**

	No	Yes
WIC.....	N	Y
Food Stamps.....	N	Y
Food Bank or Food Pantry.....	N	Y
Soup Kitchen .....	N	Y
Free or reduced price school lunch program.....	N	Y
Other service .....	N	Y
Please tell us:		

**59. During the past 3 months, did you, your 3-year-old child, or other household members ever have to cut the size of meals or skip meals because there wasn't enough food in your home?**

- No
- Yes

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

- No
- Yes

**61. 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

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

 People

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

		20
Month	Day	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.***



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

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*Surveys may be returned to the address above.*