

Alaska CUBS

Childhood Understanding Behaviors Survey



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

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

Questions Commonly Asked About CUBS

What is CUBS?

CUBS (Childhood Understanding Behaviors Survey) is a research project sponsored by the Alaska Division of Public Health. 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 answer the questions over the phone?

If you would prefer to complete the questionnaire over the telephone, please call us at our toll-free number 1-888-269-3470.

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

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

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

<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 10, Question 50

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.

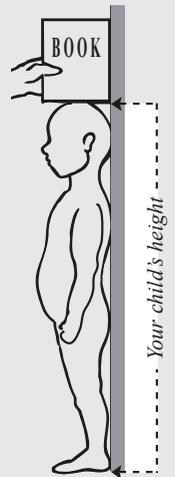
2. Place your child’s back to the wall. Make sure the backs of his or her feet (heels) touch the wall.

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 post-it work well) where the bottom of the book meets the wall and ask your child to step away.

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



3. How tall is your child?

Inches

4. How much does your child weigh?

Pounds

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 any breast milk to my child.
- I fed breast milk to my child for *less than 1 month*.
- I fed breast milk to my child for *1 month or more*. \longrightarrow

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, canned or evaporated milk
- Other \longrightarrow Please tell us:

- My child does not drink any type of milk

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

Number of cups

- Plain water..... **None** <1 1 2 3 >3
- Milk (the type checked
in Question 6) **None** <1 1 2 3 >3
- 100% fruit juice..... **None** <1 1 2 3 >3
- Soda (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, tater 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 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 pediatricians, physician assistants or nurse practitioners)
- Clinic at a hospital for Alaska Natives
- Village clinic
- Community health center
- Military medical facility
- Urgent care or walk-in clinic
- Hospital emergency room
- Other —————> Please tell us:

10. Is there a doctor, nurse, or other health care worker 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 worker 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
I was not satisfied with the only available health care worker.....	N	Y
The service my child needed was not available in my community.....	N	Y
Other problem	N	Y
Please tell us:		

13. During the past 12 months, did your child receive ongoing care from any of the following 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

15. Has your child *ever* had repeated episodes of cough, chest tightness, trouble breathing or wheezing?

- No
 Yes

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

- No → **Go to Question 18**
 Yes

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

- No
 Yes

18. Has a health care worker *ever* told you your child has tooth decay or cavities?

- No
 Yes

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

- No → **Go to Question 22**
 Yes

20. 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

21. What dental care has your child received?

Check ALL that apply

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

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

- No
 Yes

23. Please complete the following statement. Compared to other 3-year-old children, I feel my child is:

- Underweight
 Slightly underweight
 About the right weight
 Slightly overweight
 Overweight

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

Check ALL that apply

- Private health insurance from your job or the job of your husband or partner
- Private health insurance purchased directly from an insurance company by you or someone else
- 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 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 any type of health plan?

- No
- Yes
- Not sure

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

- No →
- Yes

Go to Page 7, Question 29

27. 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:

28. Did you delay or decide not to get a specific vaccine shot or immunization for your child?

- No
- Yes → Please tell us which shot(s) and why:

The next questions are about things your child may do or may have experienced.

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 of a close family member ...	N	Y
Being away from either parent for longer than a one month time period	N	Y
Change in household members (including a new sibling)	N	Y
Overnight stay in hospital (not including right after birth) ..	N	Y
Seeing violence or physical abuse in person	N	Y
Alcoholism or mental health disorder in family	N	Y
Conflict between parents.....	N	Y

30. 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
 Yes

Go to Question 32

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

- No
 Yes

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

- Always
 Sometimes
 Never
 My child has never ridden in a boat

33. When your child is outside near open water, such as a lake, river, or ocean, how often does he or she wear a life jacket?

- Always
 Sometimes
 Never

34. Yesterday, how much time did your child spend watching television shows, videos or movies or playing video games? Include time on a computer or hand held device.

:
 Hours Minutes

- None

35. 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

36. 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

37. During the past week, how many days did you or someone else in your household read a book or a story to your child? Circle the number of days.

0 1 2 3 4 5 6 7 days

38. During the past week, how many days did you and your 3-year-old child sit down and eat a meal together? Circle the number of days.

0 1 2 3 4 5 6 7 days

39. Here is a list of statements describing some children's daily life. For each of the following statements, circle Y (Yes) if it describes your child's situation *now* or circle N (No) if it does not.

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

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

Check ALL that apply

- No one else
 My husband/partner (child's father)
 My husband/partner (not child's father)
 My child's grandparent(s)
 Other relative(s)
 Other —————> Please tell us:

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

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

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

...while he/she plays indoors?

- Always Often Sometimes Never

... while he/she is in the bathtub?

- Always Often Sometimes Never

... while he/she is outside near open water?

- Always Often Sometimes Never

... while he/she is in the car?

- Always Often Sometimes Never

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 child. Please include preschool as childcare.

43. Do you *now* have regular childcare arrangements for your 3-year-old child?

- No →
- Yes ↓

Go to Page 10, Question 50

44. In a typical week, how many total hours does your child spend in childcare?

Hours

45. What type(s) of childcare do you regularly use for your 3-year-old child *now*?

Check ALL that apply

- Childcare center, preschool, Head Start or other center that is not a caregiver's home
- 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:

46. Do you *now* receive childcare assistance to pay for childcare for your child?

- No
- Yes, to pay for *part* of the cost
- Yes, to pay for the *total* cost

47. What is the average cost that you pay *now* for childcare for your 3-year-old child? Do not include any assistance or financial support that you receive for childcare. Include only the cost for this child.

\$ /week OR \$ /month

- I do not pay for childcare
- Not sure

48. Would you prefer to use a form of childcare for your child other than what you are using *now*?

- No →
- Yes ↓

Go to Page 10, Question 50

49. Why are you not using your preferred form of childcare for your child *now*?

Check ALL that apply

- Cost is too high
- Not available to fit my schedule
- Waiting list is too long
- Not available in my community
- Cannot accommodate children with special needs
- I can't afford to stay home
- Other → Please tell us:

The next questions are about you and your household.

50. What is your date of birth?

<input type="text"/>	<input type="text"/>	<input type="text" value="19"/>
Month	Day	Year

51. Are you pregnant now?

- No
 Yes

52. How much do you weigh?

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

Pounds

53. What is your marital status?

Check ONE answer

- Married
 Living with partner, not married
 Divorced, separated or widowed
 Single, never married
 Other —————> Please tell us:

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

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

55. Below is a list of feelings and experiences that women sometimes have. Write on the line the number of the choice that best describes **how often you have felt this way **during the past 3 months**. Use the scale when answering:**

1 **2** **3** **4** **5**
 Never Rarely Sometimes Often Always

I felt down, depressed or sad.....
 I felt hopeless.....
 I felt slowed down.....

56. During the past 12 months, did a doctor, nurse or other health care or mental health worker talk to you about depression or how you are feeling emotionally?

- No
 Yes

57. 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

58. 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

59. 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.....	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 very close to me had a problem with drinking or drugs.....	N	Y
Someone very close to me was depressed, mentally ill, or suicidal	N	Y
Someone very close to me died	N	Y

60. 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

61. 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	

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

	No	Yes
I have steps I can take to manage stress.....	N	Y
I feel comfortable asking for help when I need it.....	N	Y
I am confident in my ability to raise and take care of my child	N	Y
I know where to go for parenting information or if I have questions or concerns about my child's development	N	Y

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

- No → **Go to Page 12, Question 65**
 Yes

Go to Page 12, Question 64

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

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

65. During the past 30 days, how many days per week on average did you have any alcoholic drinks? Circle the number of days per week. Include wine, wine coolers, beer, liquor, and mixed drinks.

None <1 1 2 3 4 5 6 7 days

↳ **Go to Question 68**

66. During the past 30 days, on the days when you drank, about how many drinks did you drink on average? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

drink(s) a day

67. During the past 30 days, how many times did you drink 4 alcoholic drinks or more in a two hour time span?

- 4 or more times
 3 times
 2 times
 1 time
 I didn't have 4 drinks or more in a 2 hour time span

68. 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
Free or reduced price school lunch program	N	Y

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

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

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

People

71. What is today's date?

Month Day Year

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

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



**Division of Public Health
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<http://www.hss.alaska.gov/dph/wcfh/>

Surveys may be returned to the address above.