

In this first part of the survey, we would like to ask some questions about YOU. Please check the box next to your answer, fill in the blank, or circle as directed.

1. What is your date of birth?

____ 19____
Month Day Year

2. What is the highest level of school you have completed?

Check one answer.

- Less than 12th grade
 12th grade or GED
 More than 12th grade

3a. What is your current marital status?

Check one answer.

- Never married
 Married
 Widowed
 Divorced
 Separated

3b. Are you living with?

Check all that apply.

- Your spouse or partner
 Other adult (not spouse or partner)
 No other adult(s)

4a. Have you lived in the United States all your life?

- No
 Yes → **Go to Question 5**

4b. For how many years have you lived in the United States?

- 0 to 3 years
 4 to 6 years
 7 to 13 years
 14 to 20 years
 More than 20 years

5. Are you employed?

Check one answer.

- Yes, full time
 Yes, part time
 No, but I am looking for work
 No, I am not looking for work

6. Is your spouse or partner, who is living with you, employed?

Check one answer.

- Yes, full time
 Yes, part time
 No, but they are looking for work
 No, they are not looking for work
 I do not have a spouse or partner living with me

The next questions are about your health insurance and medical history.

7. What kind of health insurance do you have right now?

Check all that apply.

- I don't have insurance
 Oregon Health Plan (OHP), Medicaid or SCHIP
 Medicare
 Private Insurance
 Military/CHAMPUS
 Indian Health Service
 Other → Please tell us:

8. During any of your health care visits in the last 12 months, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, circle Y (Yes) if someone talked with you about it, circle N (No) if no one talked with you about it or if it did not apply to you.

Did they....?	No	Yes
a. Talk about physical abuse to women by their partners	N	Y
b. Ask you if you smoked	N	Y
c. Advise you to quit smoking	N	Y
d. Offer you help on how to quit smoking	N	Y
e. Talk about how drinking alcohol can affect you	N	Y

9. Have you ever been told by a doctor, nurse or other health care worker that you had *diabetes (sugar diabetes)* during any of your pregnancies?

- No
- Yes

10. Have you ever been told by a doctor, nurse or other health care worker that you had *diabetes (sugar diabetes)* when you were not pregnant?

- No
- Yes

11. Have any of your *family members* ever been told by a doctor, nurse or other health care worker that they had *diabetes (sugar diabetes)*? For each family member, circle **Y** (Yes) if they were told that they had diabetes, circle **N** (No) if they were not told, or circle **DK** (Don't Know) if you do not know.

	No	Yes	Don't Know
a. Your two-year-old	N	Y	DK
b. Your two-year-old's father	N	Y	DK
c. Your two-year-old's brothers or sisters (including half brothers and sisters)	N	Y	DK
d. Your mother	N	Y	DK
e. Your father	N	Y	DK
f. Your brothers or sisters	N	Y	DK

12. Have you ever been told by a doctor, nurse or other health care worker that you had *asthma*?

- No
- Yes

13. Have any of your *family members* ever been told by a doctor, nurse or other health care worker that they had *asthma*? For each family member, circle **Y** (Yes) if they were told that they had asthma, circle **N** (No) if they were not told, or circle **DK** (Don't Know) if you do not know.

	No	Yes	Don't Know
a. Your two-year-old	N	Y	DK
b. Your two-year-old's father	N	Y	DK
c. Your two-year-old's brothers or sisters (including half brothers and sisters)	N	Y	DK
d. Your mother	N	Y	DK
e. Your father	N	Y	DK
f. Your brothers or sisters	N	Y	DK

The next questions are about smoking cigarettes and drinking alcohol.

14. Have you smoked *at least 100* cigarettes in your *entire life*? (A pack has 20 cigarettes.)

- No → **Go to Question 16**
- Yes

15. 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)

16. Not including yourself, is there anyone in your household who smokes cigarettes, cigars, or pipes?

- No
- Yes

Please use this space for any additional comments you would like to make about the health of mother's and their children in Oregon.

No Yes Don't

84. What are your childcare arrangements?
Check all that apply.

- Childcare in non-relative's home
 Childcare center
 Paid care in your home
 Other older children
 Child's grandparent(s)
 Other relative(s)
 Baby-sitter/friend/neighbor
 Other → Please tell us:
-

85. What is the average number of hours per week that your two-year-old stays in childcare?

- Less than 10 hours per week
 10 to 19 hours per week
 20 to 29 hours per week
 30 to 39 hours per week
 40 hours or more per week

86. In a typical day, how much time does your two-year-old spend watching TV or videos?
Check one answer.

- None
 Less than 2 hours
 2 hours or more

87. Are you concerned about the amount of TV your two-year-old watches?

- No
 Yes

88. In a typical week, how often do you, or someone else in your household, read a book or story to your two-year-old?
Check one answer.

- Every day
 At least three times a week
 Once a week
 Less than once a week
 Never

89. How many times in the past week have you or any family member taken your two-year-old on any kind of outing, such as to a park, playground, library or other children's program or activity?

- None
 1 to 3 times
 4 to 5 times
 6 or more times

90. About how many hours a day, on average, is your two-year-old in the same room with someone who is smoking?

_____ Hours

- Less than 1 hour a day
 My two-year-old is never in the same room with someone who is smoking

91. Is there a TV in your two-year-old's bedroom?

- No
 Yes

92. What is today's date?

_____ 20 _____
 Month Day Year

Thank you for taking the time to answer these questions. Your answers are important and could help us learn about ways to improve the health of children in the future.

The next questions are about emotions and stress.

22a. During the FIRST 12 months of your two-year-old's life, was there a period of two or more weeks when almost every day you:

- | | No | Yes |
|--|----|-----|
| a. Felt sad, blue or depressed for most of the day | N | Y |
| b. Lost interest or pleasure in most things you usually cared about or enjoyed | N | Y |

22b. In the PAST 12 months, has there been period of two or more weeks when almost every day you:

- | | No | Yes |
|--|----|-----|
| a. Felt sad, blue or depressed for most of the day | N | Y |
| b. Lost interest or pleasure in most things you usually cared about or enjoyed | N | Y |

23. In the past 12 months, has a doctor, nurse, or other health care or mental health worker told you that you had:

- | | No | Yes |
|--------------------------------------|----|-----|
| a. Depression | N | Y |
| b. Any other mental health condition | N | Y |

24. In the past 12 months, have you taken prescription medications for:

- | | No | Yes |
|--------------------------------------|----|-----|
| a. Depression | N | Y |
| b. Any other mental health condition | N | Y |

17. Which of the following statements best describes the rules about smoking inside your home now?

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

18. In the past 12 months, how many alcoholic drinks did you have in an average week? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- 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 then

19. In the past 12 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 then

20. Since your two-year-old was born, have you drunk more alcohol than you intended?

- No
 Yes

21. In the past 12 months, have you ever felt the need to cut down on drinking alcohol?

- No
 Yes

25. This question is about things that may have happened to you in the past 12 months. For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not.

	No	Yes
a. A close family member was very sick and had to go into the hospital	N	Y
b. I was very sick	N	Y
c. I got separated or divorced from my spouse or partner	N	Y
d. I moved to a new address	N	Y
e. I was homeless	N	Y
f. My spouse or partner lost his or her job	N	Y
g. I lost my job even though I wanted to go on working	N	Y
h. I argued with my spouse or partner more than usual	N	Y
i. I had a lot of bills I couldn't pay	N	Y
j. I was in a physical fight	N	Y
k. My spouse or partner or I went to jail	N	Y
l. Someone very close to me had a bad problem with drinking or drugs	N	Y
m. Someone very close to me died	N	Y

26. In the past 12 months, did an intimate partner (current or former spouse, boyfriend, girlfriend, or date) do any of the following to you? For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not.

	No	Yes
a. Yelled and screamed at you, threatened you or made you feel unsafe	N	Y
b. Tried to limit your contact with family or friends	N	Y
c. Prevented you from knowing about or having access to your shared income, even when you asked	N	Y
d. Pushed, hit, slapped, kicked, choked, or physically hurt you in any other way	N	Y
e. Had sex with you against your will or without your consent	N	Y

27. For each of the following items, circle Y (Yes) if it describes your current situation or circle N (No) if it does not.

	No	Yes
a. You have someone who would loan you money for food or bills if you needed it	N	Y
b. You have someone who would help you if you were sick and needed to be in bed	N	Y
c. You have someone who would take you to the clinic or doctor's office if you needed a ride	N	Y
d. You have someone you can count on to listen to you when you need to talk	N	Y
e. You have someone who shows you love and affection	N	Y

The next questions are about pregnancy and birth control.

28. Have you been pregnant since your two-year-old was born? (If you are currently pregnant, count this pregnancy too.)

- No → Go to Question 30
 Yes

29. Thinking back to just before your most recent pregnancy, how did you feel about becoming pregnant?
Check one answer.

- I wanted to be pregnant sooner
 I wanted to be pregnant later
 I wanted to be pregnant then
 I didn't want to be pregnant then or at any time in the future

30. Are you or your spouse or partner doing anything now to keep from getting pregnant? (Some things people do to keep from getting pregnant include having their tubes tied or their partner having a vasectomy, not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, the patch, shots, or IUDs.)

- No
 Yes → Go to Question 32

The next questions are about your two-year-old's medical history.

79. Please circle Y (Yes) or N (No) for each of the following.

Does your two-year-old have . . . ?

a. A diagnosis of a chronic condition such as:	No	Yes
(1) Asthma	N	Y
(2) Autism	N	Y
(3) Cleft palate	N	Y
(4) Down syndrome	N	Y
(5) Cerebral palsy	N	Y
(6) Other chronic condition	N	Y

Please tell us: _____

b. An ongoing need (lasting six months or more) for:

(1) Specialty health care	N	Y
(2) Behavioral health or mental health services	N	Y
(3) Physical therapy	N	Y
(4) Occupational therapy	N	Y
(5) Speech services	N	Y

c. An ongoing need (lasting six months or more) for:

(1) Medication	N	Y
(2) Home health services	N	Y
(3) Special diet	N	Y
(4) Use of assistive devices	N	Y
(5) Durable medical equipment	N	Y

80. Please circle Y (Yes) or N (No) for each of the following.

Does your two-year-old.....?	No	Yes
a. Need more time at doctor's visits than usual for children his/her age	N	Y
b. Need more frequent office visits than usual for children his/her age	N	Y
c. Need or use more medical or mental health services than usual for children his/her age	N	Y
d. Currently need or use medicine (other than vitamins) prescribed by a doctor	N	Y
e. Seem limited or prevented in any way in his or her ability to do the things most two-year-olds can do	N	Y
f. Experience any kind of emotional, developmental or behavioral problem for which he/she needs treatment or counseling	N	Y

81. Early Intervention Services is a State program that offers free services to children age 3 and under who have developmental problems or delays. Has your two-year-old ever....?

	No	Yes
a. Been referred for Early Intervention Service	N	Y
b. Been screened or tested for Early Intervention services	N	Y
c. Been found eligible (qualified) for Early Intervention services	N	Y
d. Received Early Intervention services	N	Y

If your two-year-old has never been referred for Early Intervention, please go to Question 83.

82. Below are reasons why children who were referred for Early Intervention may not receive services. For each item, circle **Y** (Yes) if it was a reason for your two-year-old or circle **N** (No) if it was not.

	No	Yes
a. I don't think my child needs Early Intervention services	N	Y
b. My child is getting private services instead	N	Y
c. I don't know how to get my child tested	N	Y
d. The testing process is too confusing and complicated	N	Y
e. My child was tested but not found eligible	N	Y
f. My child was tested and is eligible. We have been waiting _____ months for services	N	Y
g. There are no openings right now	N	Y
h. I can't get time off to take my child	N	Y
i. I don't have childcare for my other kids and can't take them with us	N	Y
j. I don't have transportation	N	Y
k. We moved	N	Y
l. Other → Please tell us: _____	N	Y

The next questions are about your two-year-old's current activities.

83. Do you have regular childcare arrangements for your two-year-old now?

- No → Go to Page 14, Question 86
 Yes

73. Here is a list of concerns people may have with immunizations or shots recommended for their two-year-olds. For each item, circle **Y** (Yes) if it was a concern for you or circle **N** (No) if it was not a concern for you.

	No	Yes
a. Some shots are given too early	N	Y
b. Too many shots are given at a time	N	Y
c. I do not feel some of the diseases will affect my child	N	Y
d. Shots may weaken my child's immune system	N	Y
e. Some of the shots do more harm than good	N	Y
f. Getting some of the childhood diseases is natural	N	Y
g. I have religious beliefs or concerns about SOME shots	N	Y
h. I have religious beliefs or concerns about ALL shots	N	Y
i. Other → Please tell us:	N	Y

74. The flu season in Oregon usually runs September thru March of each year. Has your two-year-old ever had a flu vaccination or shot anytime during:

	No	Yes	Don't Know
a. This year's flu season (September thru March of <i>this</i> calendar year)	N	Y	DK
b. Last year's flu season (September thru March of <i>last</i> calendar year)	N	Y	DK

75. Has a health care provider ever given an immunization or baby shot to your two-year-old during a sick or urgent care visit?

- No
- Yes

The next questions are about your two-year-old's dental care.

76. Has your two-year-old ever been to a dentist or dental clinic?

- No
- Yes → **Go to Question 78**

77. Here is a list of problems some people can have getting dental care for their children. For each item, circle **Y** (Yes) if it was a problem for you or circle **N** (No) if it was not a problem or did not apply to you.

	No	Yes
a. I didn't have enough money to pay for the visit	N	Y
b. I didn't have insurance to pay for the visit	N	Y
c. I couldn't locate a dentist who would see my child	N	Y
d. I couldn't get an appointment with a dentist	N	Y
e. A health care or dental care provider told me my child was too young to see the dentist	N	Y
f. I didn't think my child needed to go	N	Y
g. I had no one to take care of my other children	N	Y
h. I had too many other things going on	N	Y
i. Other → Please tell us:	N	Y

78. Does your two-year-old receive fluoride drops or tablets daily?

- No
- Yes

31. What are you or your spouse's or partner's reasons for not doing anything to keep from getting pregnant now?

Check all that apply.

- I am not having sex
- I want to get pregnant
- I am pregnant now
- I am breastfeeding
- I don't want to use birth control
- My spouse or partner doesn't want to use birth control
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- Same-sex partner
- Other → Please tell us:

If you or your spouse/partner are not doing anything to keep from getting pregnant now, go to Question 33.

32. What kind of birth control are you or your spouse/partner using now to keep from getting pregnant?

Check all that apply.

- Tubes tied or closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Shot once every 3 months (Depo-Provera®)
- Contraceptive patch (OrthoEvra®)
- Diaphragm, cervical cap, or sponge
- Vaginal ring (NuvaRing®)
- IUD (including Mirena®)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other → Please tell us:

The next questions are about your current activities.

33. How many times per week do you take a multivitamin? These are pills that contain many different vitamins and minerals.

- I don't take a multivitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

34. In the past month, how many days a week did you get at least 30 minutes of physical activity or exercise? (For example, walking, dancing, yard work, or sweeping.)

- Less than 1 day per week
- 1 to 4 days per week
- 5 or more days per week

35. In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- No
- Yes

36. Is the tap water in your home fluoridated?

- No
- Yes
- I don't know

37. How much do you weigh now?

_____ Pounds **OR** _____ Kilos

38. What do you think about your weight?
Check one answer.

- I am underweight
- I am about the right weight
- I am overweight

The next questions are general questions.

39. In the past 12 months, have you or your two-year-old needed or received any of the following?

	Didn't need it	Needed it, didn't get it	Needed it, got it
a. WIC Services	DN	N	NG
b. Food Stamps or money to buy food	DN	N	NG
c. Other financial assistance (for example, AFDC, TANF, subsidized rent, etc.)	DN	N	NG
d. Help with an alcohol or drug problem	DN	N	NG
e. Help to stop smoking	DN	N	NG
f. Help with transportation	DN	N	NG
g. Help paying for education or job training	DN	N	NG
h. Help with a family violence problem	DN	N	NG
i. Help or counseling for other family or personal problems	DN	N	NG

40. What is your total annual household income before taxes? Include your income, your spouse's/partner's income, and any other income you may have. (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 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

41. How many people, including yourself, depend on this income?

_____ People

In this last part of the survey are questions about your two-year-old-child.

42. What is your two-year-old's date of birth?

_____/_____/20_____
 Month Day Year

43. Is your two-year-old alive now?

- Yes → Go to Question 44
- No

If your child is no longer alive, we are truly sorry about your loss and extend our sympathy to you and your family. The answers you have given are especially important and could help us learn about ways to improve the health and safety of children in the future.

When did your child die?

_____/_____/20_____
 Month Day Year

If your child is no longer alive, thank you for answering these questions. Please provide today's date on page 14, Question 92.

44. Is your two-year-old living with you now?

- No
- Yes → Go to Question 45a

If your two-year-old is not living with you, thank you for answering these questions. Please provide today's date on page 14, Question 92.

45a. How much does your two-year-old weigh?

_____ Pounds OR _____ Kilos

The next questions are about your two-year-old's immunizations or shots against childhood diseases.

70. Has your two-year-old ever been given any immunizations or baby shots? Check one answer.

- Yes, all recommended shots
- Yes, some recommended shots
- No, none

71a. Have you ever received a reminder for your two-year-old's immunization shots? A reminder could include postcards, letters or phone calls.

- No → Go to Question 72
- Yes
- I don't know → Go to Question 72

71b. From whom did you receive the reminder? Check all that apply.

- Doctor's office
- HMO, health plan or insurance
- County health department
- Oregon Immunization ALERT
- Other → Please tell us: _____
- I don't remember

72. Here is a list of reasons people can have to delay or prevent them from getting their child's shots or immunizations. For each item, circle Y (Yes) if it was ever a reason you didn't get your two-year-old's shots or circle N (No) if it was not a reason or did not apply to you.

	No	Yes
a. I didn't have childcare for other children	N	Y
b. I couldn't get an appointment	N	Y
c. I couldn't find doctor or clinic hours when I was able to go	N	Y
d. I was referred to other health care providers or clinics for shots	N	Y
e. I couldn't afford a health care visit	N	Y
f. I couldn't afford the cost of shots	N	Y
g. I wanted to wait until my child was older for some shots	N	Y
h. My child's health care provider told us to wait on some shots that were due	N	Y
i. I thought my child was too sick to get shots	N	Y
j. I didn't have transportation	N	Y
k. I didn't know when the shots were due	N	Y
l. I didn't know where to go for shots	N	Y
m. I couldn't take time off from work or school	N	Y
n. I didn't think about getting the shots	N	Y
o. I didn't get around to getting the shots	N	Y
p. Other → Please tell us: _____	N	Y

68. Here is a list of problems some people have getting health care for their children. For each item, circle **Y** (Yes) if it was a problem for you or circle **N** (No) if it was not a problem or did not apply to you.

	No	Yes
a. I couldn't get an appointment when I wanted one	N	Y
b. I didn't have enough money or insurance to pay for the visits	N	Y
c. I had no way to get to the clinic or doctor's office	N	Y
d. I couldn't take time off from work	N	Y
e. My child didn't have a regular health care provider to go to	N	Y
f. I couldn't find a provider who would take my child	N	Y
g. The services my child needed weren't available in my community	N	Y
h. I had no one to take care of my other children	N	Y
i. My child's health care provider didn't think s/he needed services	N	Y
j. I had too many other things going on	N	Y
k. Other → Please tell us:	N	Y

69. During any of your two-year-old's health care visits, did a doctor, dentist, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

	No	Yes
a. Your child's nutrition and feeding	N	Y
b. Using a car seat	N	Y
c. Your child's teeth and dental health	N	Y
d. How your child is growing and developing	N	Y
e. Your child's vision and hearing	N	Y
f. Things you can do to help your child learn and grow	N	Y
g. Your child's social and emotional health	N	Y
h. Your child's behavior	N	Y
i. Physical activity and exercise for your child	N	Y
j. Places you could take your child for other services	N	Y
k. Questions or concerns you have about your child	N	Y
l. Immunizations (baby shots)	N	Y
m. Sleeping and naptime behaviors	N	Y
n. How secondhand smoke could affect your child's health	N	Y
o. How eating fish containing high levels of mercury can affect your child	N	Y
p. Preventing lead poisoning	N	Y
q. Your child's weight	N	Y
r. How to care for your two year-old's Teeth and gums	N	Y
s. The use of fluoride drops or tablets in your home	N	Y
t. Fluoride varnish application	N	Y
u. Assisting your child in brushing his/her teeth	N	Y
v. Fluoride in your tap water	N	Y

45b. How do you know your child's weight?

Check one answer.

- Measured by health care provider
(Approximate Date: _____)
- Measured by someone else
(Approximate Date: _____)
- Estimated now
- Other → Please tell us:

46a. How tall is your two-year-old?

_____ Feet _____ Inches

OR _____ Centimeters

46b. How do you know your child's height?

Check one answer.

- Measured by health care provider
(Approximate Date: _____)
- Measured by someone else
(Approximate Date: _____)
- Estimated now
- Other → Please tell us:

47. How would you rate your two-year-old's health in general?

Check one answer.

- Excellent
- Very Good
- Good
- Fair
- Poor

The next questions are about breastfeeding.

48. Did you ever breastfeed or pump breast milk to feed your child, who is now two-year's-old?

- No → **Go to Page 8, Question 52**
- Yes

49. During the first 12 months, which of the following helped you to continue breastfeeding your two-year-old for as long as you did?
Check all that apply.

- Support from friends and family
- Support from my employer
- Support from a health care provider
- Convenience to me
- Cost savings
- Benefits to my child
- Benefits for myself
- My own commitment to breastfeed
- My baby was not ready to stop breastfeeding
- Other → Please tell us:

50. How old was your two-year-old when he/she completely stopped breastfeeding?

_____ months old

- Still breastfeeding → **Go to Page 8, Question 52**

51. What were your reasons for stopping breastfeeding?

Check all that apply.

- I felt it was the right time to stop breastfeeding
- I went back to work or school
- There was no place to pump or feed my child at work/school
- My child weaned himself/herself
- My child became sick and could not breastfeed
- I wanted or needed someone else to feed my child
- My child's teeth came in
- My child seemed too old to breastfeed
- I became sick and could not breastfeed
- I thought my child was not gaining enough weight
- I thought I wasn't producing enough milk
- I had too many other responsibilities
- Family or friends suggested that I stop breastfeeding
- My doctor suggested that I stop breastfeeding
- I believed that my milk became less nutritious as my child got older
- Other → Please tell us:

The next questions are about your two-year-old's eating habits now.

52. What do you think about the amount your two-year-old eats?
Check one answer.

- My child does not eat enough
 My child eats the right amount
 My child eats too much

53. How many days in a typical week does your two-year-old eat each of the foods listed below?
Circle the number of days.

Vegetables other than potatoes	0	1	2	3	4	5	6	7	days
French Fries	0	1	2	3	4	5	6	7	days
Fresh or canned fruit	0	1	2	3	4	5	6	7	days
Candy or cookies	0	1	2	3	4	5	6	7	days

54. How many days in a typical week does your two-year-old drink the following drinks?
Circle the number of days.

Milk	0	1	2	3	4	5	6	7	days
Fruit juices	0	1	2	3	4	5	6	7	days
Fruit drinks & Kool-Aid	0	1	2	3	4	5	6	7	days
Soda pop	0	1	2	3	4	5	6	7	days
Plain water	0	1	2	3	4	5	6	7	days
Sports drinks (example: Gatorade, PowerAde)	0	1	2	3	4	5	6	7	days

55. In the past week, how many days did your two-year-old eat restaurant, fast food or take-out food?
Take-out food could be from a restaurant, supermarket or deli counter.
Circle the number of days.

0 1 2 3 4 5 6 7 days

56. Have you changed the amount or type of fish your child eats, due to advice you have read, seen or heard about mercury in fish?

- No
 Yes
 I am not aware of this advice

57a. Do you currently ever put your two-year-old to bed with a bottle?

- No → Go to Question 58
 Yes

57b. What do you put in the bottles that your two-year-old takes to bed?
Check all that apply.

- Water
 Something other than water

58. Does your family eat meals together?
Check one answer.

- Always
 Usually
 Sometimes
 Never

59. Has your two-year-old ever been on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- No
 Yes, on WIC now
 Yes, but no longer on WIC

60. What has a doctor, nurse or other health care worker told you about your two-year-old's weight?
Check one answer.

- That s/he is underweight
 That their weight is normal
 That s/he is overweight, but that you shouldn't worry about it
 That s/he is overweight, and that it is a problem
 Other → Please tell us:

- _____ They have not talked to me about my child's weight

61. What do you think about your two-year-old's weight?
Check one answer.

- My child is underweight
 My child is about the right weight
 My child is overweight

The next questions are about your two-year-old's health insurance and health care.

62. What kind of health insurance did your two-year-old have 12 months ago (at 1 year of age)?
Check all that apply.

- None
 Oregon Health Plan (OHP), Medicaid or SCHIP
 Medicare
 Private Insurance
 Military/CHAMPUS
 Indian Health Service
 Other → Please tell us:

63. What kind of health insurance does your two-year-old have now?
Check all that apply.

- None
 Oregon Health Plan (OHP), Medicaid or SCHIP
 Medicare
 Private Insurance
 Military/CHAMPUS
 Indian Health Service
 Other → Please tell us:

64. Since he or she was born, has there ever been a time when your two-year-old did not have medical insurance?

- No
 Yes

65. Does your two-year-old have a regular health care provider now?

- No
 Yes

66. Since your two-year-old was 12 months old, how many of his/her doctor or health care provider visits were for well-child care or immunizations? (Well-child care visits are not for sickness or injuries.)

_____ Visits

- My two-year-old has not had any well-child or immunization visits. → Go to Page 10, Question 68

67. What kind of health care provider does your two-year-old see most of the time for well-child care visits?
Check one answer.

- Family doctor (family practice or general practitioner)
 Pediatrician
 Physician's assistant
 Nurse practitioner (PNP, FNP)
 Naturopath, Homeopath
 Other → Please tell us: