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? ___________ ___________ ___________
   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:

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

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
   b. Ask you if you smoked
   c. Advise you to quit smoking
   d. Offer you help on how to quit smoking
   e. Talk about how drinking alcohol can affect you

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.

   a. Your two-year-old
   b. Your two-year-old’s father
   c. Your two-year-old’s brothers or sisters (including half brothers and sisters)
   d. Your mother
   e. Your father
   f. Your brothers or sisters

The next questions are about smoking cigarettes and drinking alcohol.

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.

   a. Your two-year-old
   b. Your two-year-old’s father
   c. Your two-year-old’s brothers or sisters (including half brothers and sisters)
   d. Your mother
   e. Your father
   f. Your brothers or sisters

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
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.)
- I didn’t drink then.
- Less than 1 drink a week.
- 1 to 3 drinks a week.
- 4 to 6 drinks a week.
- 7 to 13 drinks a week.
- 14 or more drinks a week.

19. In the past 12 months, how many times did you drink alcoholic drinks or more in one sitting?
- I didn’t drink then.
- 1 time.
- 2 to 3 times.
- 4 to 5 times.
- 6 or more times.

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.

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:

- Felt sad, blue or depressed for most of the day? N  Y

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

- Felt sad, blue or depressed for most of the day? 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:
- Depression? N  Y
- Any other mental health condition? N  Y

24. In the past 12 months, have you taken prescription medications for:
- Depression? N  Y
- Any other mental health condition? N  Y

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.

- A close family member was very sick and had to go into the hospital N  Y
- I was very sick N  Y
- I got separated or divorced from my spouse or partner N  Y
- I moved to a new address N  Y
- I was homeless N  Y
- My spouse or partner lost his or her job N  Y
- I argued with my spouse or partner more than usual N  Y
- I had a lot of bills I couldn’t pay N  Y
- I was in a physical fight N  Y
- My spouse or partner or I went to jail N  Y
- Someone very close to me had a bad problem with drinking or drugs N  Y
- 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.

- Yelled and screamed at you, threatened you or made you feel unsafe N  Y
- Tried to limit your contact with family or friends N  Y
- Prevented you from knowing about or having access to your shared income, even when you asked N  Y
- Pushed, hit, slapped, kicked, choked, or physically hurt you in any other way N  Y
- 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.

- You have someone who would loan you money for food or bills if you needed it? N  Y
- You have someone who would help you if you were sick and needed to be in bed? N  Y
- You have someone who would take you to the clinic or doctor's office if you needed a ride? N  Y
- You have someone you can count on to listen to you when you need to talk? N  Y
- 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
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: ____________________________________________

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

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

<table>
<thead>
<tr>
<th>Needed</th>
<th>Did it</th>
<th>Needed</th>
<th>Did it</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. WIC Services</td>
<td>DN</td>
<td>N</td>
<td>NG</td>
</tr>
<tr>
<td>b. Food Stamps or money to buy food</td>
<td>DN</td>
<td>N</td>
<td>NG</td>
</tr>
<tr>
<td>c. Other financial assistance (for example, APDC, TANF, subsidized rent, etc.)</td>
<td>DN</td>
<td>N</td>
<td>NG</td>
</tr>
<tr>
<td>d. Help with an alcohol or drug problem</td>
<td>DN</td>
<td>N</td>
<td>NG</td>
</tr>
<tr>
<td>e. Help to stop smoking</td>
<td>DN</td>
<td>N</td>
<td>NG</td>
</tr>
<tr>
<td>f. Help with transportation</td>
<td>DN</td>
<td>N</td>
<td>NG</td>
</tr>
<tr>
<td>g. Help paying for education or job training</td>
<td>DN</td>
<td>N</td>
<td>NG</td>
</tr>
<tr>
<td>h. Help with a family violence problem</td>
<td>DN</td>
<td>N</td>
<td>NG</td>
</tr>
<tr>
<td>i. Help or counseling for other family or personal problems</td>
<td>DN</td>
<td>N</td>
<td>NG</td>
</tr>
</tbody>
</table>

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

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

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?

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?

- Yes → Go to Question 45a
- No

If your two-year-old is not living with you, please provide today’s date on page 14, Question 92.

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

______ Pounds OR ________ Kilos
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?

Height: ___________________ 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-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 your employer
- Support from a health care provider
- Convenience to me
- Cost savings
- Benefits to my child
- Benefits for myself
- My own commitment to breastfeeding
- 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: __________________________________________

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

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

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.

<table>
<thead>
<tr>
<th>Food</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetables other than potatoes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>French Fries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresh or canned fruit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candy or cookies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drink</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit juices</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresh or canned fruit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candy or cookies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
- Milk
- Fruit juices
- Other...

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: __________________________________________
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

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.)

- 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:

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.

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

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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Your child’s nutrition and feeding</td>
<td>N Y</td>
</tr>
<tr>
<td>b. Using a car seat</td>
<td>N Y</td>
</tr>
<tr>
<td>c. Your child’s teeth and dental health</td>
<td>N Y</td>
</tr>
<tr>
<td>d. How your child is growing and developing</td>
<td>N Y</td>
</tr>
<tr>
<td>e. Your child’s vision and hearing</td>
<td>N Y</td>
</tr>
<tr>
<td>f. Things you can do to help your child learn and grow</td>
<td>N Y</td>
</tr>
<tr>
<td>g. Your child’s social and emotional health</td>
<td>N Y</td>
</tr>
<tr>
<td>h. Your child’s behavior</td>
<td>N Y</td>
</tr>
<tr>
<td>i. Physical activity and exercise for your child</td>
<td>N Y</td>
</tr>
<tr>
<td>j. Places you could take your child for other services</td>
<td>N Y</td>
</tr>
<tr>
<td>k. Questions or concerns you have about your child</td>
<td>N Y</td>
</tr>
<tr>
<td>l. Immunizations (baby shots)</td>
<td>N Y</td>
</tr>
<tr>
<td>m. Sleeping and naptime behaviors</td>
<td>N Y</td>
</tr>
<tr>
<td>n. How secondhand smoke could affect your child’s health</td>
<td>N Y</td>
</tr>
<tr>
<td>o. How eating fish containing high levels of mercury can affect your child’s health</td>
<td>N Y</td>
</tr>
<tr>
<td>p. Preventing lead poisoning</td>
<td>N Y</td>
</tr>
<tr>
<td>q. Your child’s weight</td>
<td>N Y</td>
</tr>
<tr>
<td>r. How to care for your two-year-old’s teeth and gums</td>
<td>N Y</td>
</tr>
<tr>
<td>s. The use of fluoride drops or tablets in your home</td>
<td>N Y</td>
</tr>
<tr>
<td>t. Fluoride varnish application</td>
<td>N Y</td>
</tr>
<tr>
<td>u. Assisting your child in brushing his/her teeth</td>
<td>N Y</td>
</tr>
<tr>
<td>v. Fluoride in your tap water</td>
<td>N Y</td>
</tr>
</tbody>
</table>
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
- I don't remember

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

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.

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

- No
- Yes
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:

   - Asthma
   - Autism
   - Cleft palate
   - Down syndrome
   - Cerebral palsy
   - Other chronic condition
   
   Please tell us: ___________________________

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

   - Specialty health care
   - Behavioral health or mental health services
   - Physical therapy
   - Occupational therapy
   - Speech services
   
   Please tell us: ___________________________

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

   - Medication
   - Home health services
   - Special diet
   - Use of assistive devices
   - Durable medical equipment
   
   Please tell us: ___________________________

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

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

b. Need more time at doctor’s visits than usual for children his/her age

   N Y

c. Need more frequent office visits than usual for children his/her age

   N Y

d. Need or use more medical or mental health services than usual for children his/her age

   N Y

e. Currently need or use medicine (other than vitamins) prescribed by a doctor

   N Y

f. Seem limited or prevented in any way in his or her ability to do the things most two-year-olds can do

   N Y

g. 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 . . .?

   a. Been referred for Early Intervention Service

   b. Been screened or tested for Early Intervention services

   c. Been found eligible (qualified) for Early Intervention services

   d. Received Early Intervention services

   Please tell us: ___________________________

82. Below are reasons why children who were referred for Early Intervention may not receive services.

   a. I don’t think my child needs Early Intervention services

   b. My child is getting private services instead

   c. My child was tested but not found eligible

   d. The testing process is too confusing and complicated

   e. My child was tested and is eligible. We have been waiting __ months for services

   f. There are no openings right now

   g. I can’t get time off to take my child

   h. I don’t have transportation

   i. We moved

   j. Other — Please tell us: ___________________________

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

   No — Go to Page 14, Question 86

   Yes

84. What are your childcare arrangements?

   Check all that apply.

   a. Childcare in non-relative’s home

   b. Childcare center

   c. Paid care in your home

   d. Other older children

   e. Child’s grandparent(s)

   f. Other relative(s)

   g. Baby-sitter/friend/neighbor

   h. Other — Please tell us: ___________________________

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

   a. Less than 1 hour per week

   b. 20 to 29 hours per week

   c. 30 to 39 hours per week

   d. 40 hours or more per week

   Please tell us: __________ Hours

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

   a. Less than 2 hours

   b. 2 hours or more

   Check one answer.

   Please tell us: __________ Hours

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

   a. No

   b. 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?

   a. Every day

   b. At least three times a week

   c. Once a week

   d. Less than once a week

   e. Never

   Please tell us: ___________ 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.**
Please use this space for any additional comments you would like to make about the health of mother’s and their children in Oregon.