

*In this first part of the survey, we would like to ask some questions about your 2-YEAR-OLD child. Please check the box next to your answer, fill in the blank, or circle as directed.*

1. What is your 2-year-old's date of birth?

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

2. How much does your 2-year-old weigh?

\_\_\_\_ Pounds OR \_\_\_\_ Kilos

3. What do you think about your 2-year-old's weight?

*Check one answer.*

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

4. How would you rate your 2-year-old's health in general?

*Check one answer.*

- Excellent  
 Very Good  
 Good  
 Fair  
 Poor

*The next questions are about your 2-year-old's eating habits.*

5. How old was your 2-year-old the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

\_\_\_\_ Weeks OR \_\_\_\_ Months

- My child was less than 1 week old

6. How old was your 2-year-old when he or she completely stopped breastfeeding or being fed breast milk?

\_\_\_\_ Weeks OR \_\_\_\_ Months

- Still breastfeeding  
 I never breastfed this child

7. What do you think about the amount your 2-year-old eats now?

*Check one answer.*

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

8. How many days in a *typical week* does your 2-year-old eat each of the foods listed below?  
*Circle the number of days.*

Fresh, canned or frozen  
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, canned or  
frozen fruit..... 0 1 2 3 4 5 6 7 days  
Candy, cookies or  
other sweets..... 0 1 2 3 4 5 6 7 days

9. How many days in a *typical week* does your 2-year-old drink the following drinks?  
*Circle the number of days.*

Milk..... 0 1 2 3 4 5 6 7 days  
100% fruit juices..... 0 1 2 3 4 5 6 7 days  
Fruit drinks or 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 (like  
Gatorade or PowerAde)..... 0 1 2 3 4 5 6 7 days

**10. In a typical week, how many days does your 2-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

**11. In a typical week, how many days a week does your family eat at least one meal together?**  
*Circle the number of days.*

0 1 2 3 4 5 6 7 days

**12a. Does your 2-year-old ever carry a bottle or sippy cup during the day?**

- No → **Go to Question 13a**
- Yes

**12b. What do you put in the sippy cup that your 2-year-old carries during the day?**  
*Check all that apply.*

- Water
- Something other than water

**13a. Does your 2-year-old ever drink from a bottle or sippy cup when in bed at night?**

- No → **Go to Question 14**
- Yes

**13b. What do you put in the bottle or sippy cup that your 2-year-old has in bed at night?**  
*Check all that apply.*

- Water
- Something other than water

**14. Has your 2-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

*The next questions are about your 2-year-old's health insurance and health care.*

**15. Is your 2-year-old currently covered by any of these health insurance plans?**  
*Check all that apply.*

- Health insurance from your job or the job of your spouse, partner, or parents
  - Health insurance that you or someone else pays for (not from a job)
  - Oregon Health Plan (OHP), Medicaid or SCHIP
  - TRICARE or other military health care
  - Indian Health Service
  - Other source(s) → Please tell us:
- 
- My 2-year-old does not have any health insurance right now

**16. Since he or she was born, has there ever been a time when your 2-year-old did not have medical insurance?**

- No
- Yes

**17. In the past 12 months, has your child been seen by a doctor, nurse or other health care worker for any reason?**

- No → **Go to Page 5, Question 26**
- Yes

**18a. Is there a place your 2-year-old *usually* goes when he or she is sick or you need advice about his or her health?**

- No → **Go to Question 20**  
 Yes

**18b. Where does your child go most of the time when he or she is sick or when you need advice about his or her health?**

***Check one answer.***

- Clinic, hospital outpatient department or urgent care clinic  
 Health department clinic  
 Private doctor's office  
 Emergency room  
 Other place → Please tell us:  
 \_\_\_\_\_

**19. Do you have one or more persons you think of as your 2-year-old's personal doctor or nurse?** A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner or a physician's assistant.

- No  
 Yes

**20. During any of your 2-year-old's health care visits in the *past 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 or circle **N** (No) if no one talked with you about it.

- |  | No | Yes |
|--|----|-----|
| a. Your child's growth and development.....              | N  | Y   |
| b. Ways to guide and discipline your child.....          | N  | Y   |
| c. Ways to help your child learn.....                    | N  | Y   |
| d. Reading with your child.....                          | N  | Y   |
| e. How much time your child watches TV or videos.....    | N  | Y   |
| f. Physical activity and exercise for your child.....    | N  | Y   |
| g. Child care quality and safety.....                    | N  | Y   |
| h. Your child's nutrition and feeding.....               | N  | Y   |
| i. Types of fish your child eats.....                    | N  | Y   |
| j. Keeping your child's baby teeth healthy..             | N  | Y   |
| k. Caring for your child's teeth and gums ....           | N  | Y   |
| l. Fluoride drops or tablets for your child....          | N  | Y   |
| m. Fluoride varnish application for your child.....      | N  | Y   |
| n. Fluoride in your tap water .....                      | N  | Y   |
| o. Taking your child to a dentist.....                   | N  | Y   |
| p. How secondhand smoke affects your child's health..... | N  | Y   |
| q. Using a car seat for your child.....                  | N  | Y   |

**21. In the *past 12 months*, how often did your 2-year-old's doctors, nurses or other health care workers listen carefully to you?**

- Always
- Often
- Sometimes
- Rarely
- Never

**22. In the *past 12 months*, how often did you get the specific health information you needed from your 2-year-old's doctor, nurse or other health care worker?** Information about your child's health or health care can include things such as the causes of any health problems, how to care for your child now and what to expect in the future.

- Always
- Often
- Sometimes
- Rarely
- Never

**23. How often did you feel that your 2-year-old's doctors, nurses or other health care workers wanted to hear your questions and answer them?**

- Always
- Often
- Sometimes
- Rarely
- Never

**24a. During the *past 12 months*, did your child's doctor, nurse or other health care worker ask you to fill out a questionnaire about your child's development?**

- No → **Go to Question 26**
- Yes

**24b. Did the development questionnaire ask about your concerns or observations about how your child *talks or makes speech sounds*?**

- No
- Yes

**24c. Did the development questionnaire ask about your concerns or observations about how your child *interacts with you and others*?**

- No
- Yes

**24d. Did the doctor, nurse or health care worker talk with you about your answers to the development questionnaire?**

- No
- Yes

**25a. Did your child's doctor, nurse or health care worker refer you to Early Intervention Services to check on your child's development?**

- No → **Go to Question 26**
- Yes

**25b. Did someone in the doctor's office make an appointment for your child with Early Intervention Services?**

- No  
 Yes

**26. Did any of these things ever keep you from getting health care for your 2-year-old?** For each item, circle **T** (True) if it was a reason that you didn't get health care for your child or circle **F** (False) if it was not a reason or if something does not apply to you.

	True	False
a. I couldn't get an appointment when I wanted one.....	T	F
b. I didn't have enough money or health insurance to pay for the visit....	T	F
c. I had no transportation to get to the clinic or doctor's office .....	T	F
d. I couldn't take time off from work or school .....	T	F
e. I couldn't find a provider who would see my child .....	T	F
f. I had no one to take care of my other children .....	T	F
g. Other → Please tell us: _____		

**27. Does your 2-year-old currently need or use medicine prescribed by a doctor (other than vitamins)?**

- No → **Go to Question 28**  
 Yes → **Go to Question 27a**

**27a. Is this because of ANY medical, behavioral or other health condition?**

- No → **Go to Question 28**  
 Yes → **Go to Question 27b**

**27b. Is this a condition that has lasted or is expected to last for at least 6 months?**

- No  
 Yes

**28. Does your 2-year-old need or use more medical care, mental health or educational services than is usual for most children of the same age?**

- No → **Go to Question 29**  
 Yes → **Go to Question 28a**

**28a. Is this because of ANY medical, behavioral or other health condition?**

- No → **Go to Question 29**  
 Yes → **Go to Question 28b**

**28b. Is this a condition that has lasted or is expected to last for at least 6 months?**

- No  
 Yes

**29. Is your 2-year-old limited or prevented in any way in his or her ability to do the things most children of the same age can do?**

- No → **Go to Page 6, Question 30**  
 Yes → **Go to Page 6, Question 29a**

**29a. Is this because of ANY medical, behavioral or other health condition?**

- No → **Go to Question 30**
- Yes → **Go to Question 29b**

**29b. Is this a condition that has lasted or is expected to last for at least 6 months?**

- No
- Yes

**30. Does your 2-year-old need or get special therapy, such as physical, occupational or speech therapy?**

- No → **Go to Question 31**
- Yes → **Go to Question 30a**

**30a. Is this because of ANY medical, behavioral or other health condition?**

- No → **Go to Question 31**
- Yes → **Go to Question 30b**

**30b. Is this a condition that has lasted or is expected to last for at least 6 months?**

- No
- Yes

**31. Does your 2-year-old have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?**

- No → **Go to Question 32**
- Yes → **Go to Question 31a**

**31a. Has this problem lasted or is it expected to last for at least 6 months?**

- No
- Yes

*The next questions are about your 2-year-old's dental care.*

**32. Has your 2-year-old ever been to a dentist or dental clinic?**

- No
- Yes → **Go to Question 34**

**33. What are the reasons your 2-year-old has not been to a dentist or dental clinic?**

For each item, circle T (True) if it was a reason you didn't get dental care for your child or circle F (False) if it was not a reason or if something does not apply to you.

- |  | True | False |
|--|------|-------|
| a. I couldn't get an appointment when I wanted one .....   | T    | F     |
| b. I didn't have enough money or dental insurance to pay for the visit .....                     | T    | F     |
| c. I had no transportation to get to the dentist's office .....                                  | T    | F     |
| d. I couldn't take time off from work or school .....  | T    | F     |
| e. I couldn't find a dentist who would see my child.....   | T    | F     |
| f. A health care or dental care provider told me my child was too young to see the dentist ..... | T    | F     |
| g. I didn't know my child needed to go to a dentist .....  | T    | F     |
| h. I had no one to take care of my other children.....   | T    | F     |
| i. Other → Please tell us:   |      |       |

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**34. Does your 2-year-old take a multivitamin with fluoride, fluoride drops or fluoride tablets?**

- No  
 Yes

*The next questions are about your 2-year-old's current activities.*

**35. In a typical week, what is the main type of child care used for your 2-year-old?** The main type is the one used for the most hours during the week.

**Check one answer.**

- Child care center, preschool, Head Start or other center that is not the caregiver's home  
 Care in your home by a non-relative  
 Care in your home by a relative other than child's parent(s)  
 Care in a relative's home  
 Care in a non-relative's home  
 Other → Please tell us:  
 \_\_\_\_\_  
 No child care, care by child's parent(s) only → **Go to Question 38**

**36. For the type of child care you checked above, is the caregiver/teacher being paid to provide this care?**

- No → **Go to Question 38**  
 Yes

**37. In a typical week, how many total hours does your 2-year-old spend in the paid child care you checked above?**

\_\_\_\_\_ Hours

**38. In a typical day, how much time does your 2-year-old spend watching TV or videos?**

**Check one answer.**

- None  
 Less than 2 hours  
 2 hours or more

**39. What do you think about the amount of TV or videos your 2-year-old watches?**

- My child does not watch enough TV or videos  
 My child watches the right amount of TV or videos  
 My child watches too much TV or videos

**40. Is there a TV in the room where your 2-year-old sleeps?**

- No  
 Yes

**41. How many days in a typical week do you, or someone else in your household, read a book or story to your 2-year-old?**

**Circle the number of days.**

0 1 2 3 4 5 6 7 days

**42. How many times in a typical week have you or any family member taken your 2-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

**43. About how many hours a day, on average, is your 2-year-old in the same room with someone who is smoking?**

\_\_\_\_\_ Hours

- Less than 1 hour a day
- My 2-year-old is never in the same room with someone who is smoking

*In this last part of the survey are questions about YOU.*

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

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

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

*Check one answer.*

- Less than 12<sup>th</sup> grade
- 12<sup>th</sup> grade or GED
- Some college
- College degree or more

**46a. What is your current marital status?**

*Check one answer.*

- Never married
- Married
- Domestic partnership
- Widowed
- Divorced
- Separated

**46b. Are you living with .....?**

*Check all that apply.*

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

**47a. Have you lived in the United States all your life?**

- No
- Yes → Go to Question 48

**47b. 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

**48. 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

**If you are not living with your spouse or partner, go to Question 50.**

**49. 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

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

**50. Are you currently covered by any of these health insurance plans?**

Check all that apply.

- Health insurance from your job or the job of your spouse, partner or parents  
 Health insurance that you or someone else pays for (not from a job)  
 Oregon Health Plan (OHP), Medicaid or SCHIP  
 TRICARE or other military health care  
 Indian Health Service  
 Other source(s) → Please tell us:  
 \_\_\_\_\_  
 I do not have any health insurance right now

**51. During any of your health care visits in the past 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.**

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

**52a. During your pregnancy with your 2-year-old, did a doctor, nurse or other health care worker tell you that you had diabetes (sugar diabetes)?**

- No → **Go to Question 53**  
 Yes

**52b. In the past two years, have you had your blood sugar tested?**

- No  
 Yes

***The next questions are about smoking cigarettes and drinking alcohol.***

**53. Have you smoked any cigarettes in the past two years?**

- No → **Go to Page 10, 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. Not including yourself, is there anyone in your household who smokes cigarettes, cigars or pipes?**

- No
- Yes

**56a. In the past 12 months, how many alcoholic drinks did you have in a typical week?** (A drink is one 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 → **Go to Question 57**

**56b. In the past 12 months, how many times did you drink four 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 one sitting

*The next questions are about emotions and stress.*

**57. Below is a list of feelings and experiences that women sometimes have. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you felt or experienced things this way *during the past 12 months*. Use the scale when answering:**

1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

- a. I felt down, depressed, or sad \_\_\_\_\_
- b. I felt hopeless \_\_\_\_\_
- c. I felt slowed down \_\_\_\_\_

**58. In the past 12 months, has a doctor, nurse or other health care or mental health worker talked to you about depression or how you are feeling emotionally?**

- No
- Yes

**59. 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   |

**60. 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   |

**61. In the past 12 months, have you seen a counselor, therapist or other mental health worker about:**

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

**62. 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   |

**63. 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 other than your child .....                  | N  | Y   |

**64. 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

*Continued on next page →*

**65. In the past 12 months, did an intimate partner (current or former husband, 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   |

*The next questions are about pregnancy and maternity leave.*

**66. Have you been pregnant since your 2-year-old was born?** (If you are currently pregnant, count this pregnancy too.)

- No → **Go to Question 68**  
 Yes

**67. 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

**68. Were you employed during any of the last three months of your most recent pregnancy?**

- No → **Go to Question 71**  
 Yes

**69a. Did your job offer maternity leave?** Maternity leave is when you can get time off to care for your baby and return to your job.

- No → **Go to Question 70**  
 Yes

**69b. What type of maternity leave did your job offer?**

- Fully paid* maternity leave  
 *Partially paid* maternity leave  
 *Unpaid* maternity leave

**70. How old was your baby when you first returned to work?**

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

- I did not return to work

*The next questions are about your current activities.*

**71. 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

**72a. In a typical week, how many days do you get at least 30 minutes of moderate physical activity or exercise?** For example, bicycling, gardening, mowing or raking, walking briskly on a level surface, doubles tennis, golf without a cart or other similar activities.

0 1 2 3 4 5 6 7 days

**72b. In a typical week, how many days a week do you get at least 20 minutes of vigorous physical activity or exercise?** For example, climbing stairs or hills, brisk cycling up hills, jogging, hiking, swimming laps, singles tennis, water aerobics, downhill or cross-county skiing or other similar activities.

0 1 2 3 4 5 6 7 days

**73. How tall are you without shoes?**

\_\_\_\_\_ Feet \_\_\_\_\_ Inches

**OR** \_\_\_\_\_ Meters

**74. How much do you weigh *now*?**

\_\_\_\_\_ Pounds **OR** \_\_\_\_\_ Kilos

**75. What do you think about your current weight?**

**Check one answer.**

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

**76. In the *past 12 months*, have you or your 2-year-old needed or received any of the following?**

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

**77. What is your yearly total household income before taxes?** Include your income, your spouse'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.)**  
**Check one answer.**

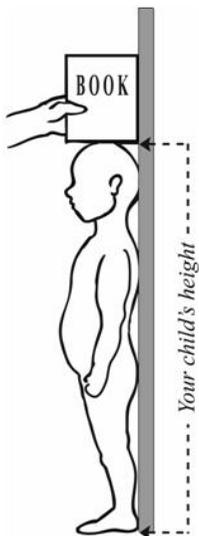
- Less than \$10,000  
 \$10,000 to \$14,999  
 \$15,000 to \$19,999  
 \$20,000 to \$24,999  
 \$25,000 to \$34,999  
 \$35,000 to \$49,999  
 \$50,000 to \$69,999  
 \$70,000 or more

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

\_\_\_\_\_ People

*We would like to know your 2-year-old child's current height. Please measure your child now. Here's how to measure your child's height using the tape measure that came with the survey:*

- » Find a place indoors next to a smooth, flat wall. Take off your child's shoes and thick clothing such as coats.
- » Place your child's back to the wall. Make sure the backs of his or her feet (heels) touch the wall.
- » 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.
- » 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.
- » 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.
- » Measure the distance from the floor to the mark **two times** to get a good measurement.



**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.**

**79. How tall is your two-year-old?**

\_\_\_\_\_ Inches

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

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

**Please use this space for any other comments you would like to make about the health of mothers and their children in Oregon.**