



SHAPE 2010 – CHILD SURVEY

for a child aged 17 or under

- ◆ Please select the **child** who will have the next birthday as the subject for this survey. If there are two or more children who have the same birthday (twins or other), please randomly select one of them as the subject for this survey.
- ◆ Please have the **adult** who knows the most about the selected child's health answer the questions in this survey booklet.
- ◆ For more instructions, please see the inside cover.

HOW DO I FILL OUT THE SURVEY?

EXAMPLE 1:

Q1 How difficult is it to pay for your prescription medications each month?

- Very difficult
- Somewhat difficult
- Not too difficult
- Not at all difficult

Read all of the answers before making a choice.
Fill in the whole circle completely with dark ink.

EXAMPLE 2:

Q2 How many children are living in this home?

Number of children

Fill in all of the boxes from left to right.
Clearly print the number in the boxes provided.

EXAMPLE 3:

Q3 Yesterday, how many meals did you eat out?

- None → **Go to Q5**
- 1 meal
- 2 meals or more

Skip question **Q4** and go directly to **Q5** and leave question **Q4** blank.

EXAMPLE 4:

Q4 Do you have any of the following types of health coverage?

MARK ALL THAT APPLY

- Health insurance bought directly by you or someone else
- Medicare or railroad retirement plan
- Veterans Affairs, Military Health, TRICARE or CHAMPUS

Here, you may choose **one or more** of the answers that fit.



SHAPE 2010 – CHILD SURVEY

SECTION A – ABOUT YOUR CHILD

A1 How many CHILDREN are living in this home? Please include anyone age 17 or under who lives with you in this home.

Number of children

If you have more than one child, please select the child who will have the next birthday. Thinking about this child, please answer the survey questions.

A2 Is the child a boy or a girl?

- Boy
- Girl

A3 What year was the child born?

Year

A4 How old is the child today?

Age in years

–OR–

Age in months

A5 Was the child born in the United States?

- Yes → **Go to A8**
- No

A6 Where was the child born?

- North America / Caribbean Islands
- South America / Central America
- Asia
- Africa
- Australia / Pacific Islands
- Europe

A7 How many years has the child lived in the United States?

- Less than 1 year
- 1 year to 2 years
- 2 years to 3 years
- 3 years to 4 years
- 4 years to 5 years
- 5 years or more

A8 What is your relationship to this child?

- Mother (biological, adoptive, foster or step-mother)
- Father (biological, adoptive, foster or step-father)
- Grandparent
- Aunt or uncle
- Adult-aged sister or brother
- Other

A9 Where does this child usually live?

- Child lives only at this home
- Child splits or shares time at another home

A10 Does the child attend school or any pre-school programs?

- Child does not attend school
- Nursery school or Pre-school program
- Kindergarten (half day or full-day)
- Child is in grade:

Please indicate the grade the child has most recently attended.

Grade level

A11 Do you consider the child to be Hispanic or Latino?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

A12 Which of the following racial groups does the child identify with?

MARK ALL THAT APPLY

- Asian or Asian American
- Black or African American
- White
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Bi-racial or Multi-racial
- Other: _____

A13 If the child is Asian, is he/she Southeast Asian, such as Hmong, Laotian, Vietnamese, Cambodian or Thai?

- Yes, Southeast Asian
- No

A14 If the child is Black or African American, were either of the child's parents born in Africa?

- Yes, one or more of the child's parents are African-born
- No

A15 If you selected more than one race in question A12, which group does the child identify with most?

CHOOSE ONLY ONE

- Asian or Asian American
- Black or African American
- White
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Bi-racial or Multi-racial
- Other: _____

A16 Does the child receive child care for at least 10 hours per week from someone not related to him/her? This could be in a daycare center, after school program, babysitter, nanny or any other non-relative.

- Yes
- No

A17 During the past 12 months, did you or anyone in the family have to change work hours, quit a job, or not take a job, because of problems with child care for the child? This does not include planned parental leave.

- Yes
- No

SECTION B – OVERALL HEALTH

B1 How would you describe the child's health?

- Excellent
- Very good
- Good
- Fair
- Poor

B2 Has a doctor, nurse or other health professional ever weighed the child?

- Yes, within the past 6 months
- Yes, within the past 7 months to a year
- Yes, over a year ago → **Go to B4**
- No → **Go to B4**

B3 Has a doctor, nurse or other health professional recently told you that the child weighs too much, too little or is at the right weight?

- Weighs too little
- Just right
- Weighs too much
- Doctor/nurse did not say anything about weight

B4 Do you know the child's current weight?

- Yes
 No
 Not sure

B5 Do you think the child weighs too much, too little or is at the right weight?

- Weighs too little
 Just right
 Weighs too much

B6 Does the child currently have any serious physical, behavioral, or developmental conditions?

- Yes
 No → **Go to B10**
 Don't know → **Go to B10**

B7 Is this condition expected to last 12 months or longer?

- Yes
 No
 Not sure

B8 Is the child's condition physical, behavioral, developmental, or other?

MARK ALL THAT APPLY

- Physical
 Behavioral
 Developmental
 Other: _____

B9 Does this condition limit the child's abilities to do childhood activities usual for his/her age?

- Yes
 No

B10 During the past 12 months, did a friend or family member ever tell you that the child needed professional help for emotional or behavioral problems?

- Yes
 No

B11 During the past 12 months, did a doctor, teacher, or school counselor ever tell you that the child needed professional help for emotional or behavioral problems?

- Yes
 No

B12 If yes, did the child get the help he/she needed?

- Yes
 No

Please answer questions B13 and B14 if the child is age 5 or over.

If the child is age 0 to 4, please go to SECTION C.

B13 Does the child currently have any conditions that limit or prevent his/her ability to attend school regularly?

- Yes
 No

B14 Does the child currently have any conditions that limit his/her ability to do regular homework?

- Yes
 No

C3 When the child is sick or needs medical care, where does he/she usually go?

CHOOSE ONLY ONE

- A doctor's office, clinic, public health or community clinic
 A hospital emergency room
 An urgent care center
 A clinic located in a drug or grocery store
 No usual place
 Other: _____

C4 During the past 12 months, how many times did the child go to a hospital emergency room?

- Never
 1 time
 2 times
 3 times
 4 or more times in past 12 months

C5 During the past 12 months, how many times did the child go to see a doctor, nurse, or other health care professional due to illness or injury?

- Never
 1 time
 2 times
 3 times
 4 or more times in past 12 months

C6 During the past 12 months, how many times did the child see a doctor or other health care professional for preventive medical care? Preventive care visits are check-ups when the child is not sick or hurt (a "regular" or "well child" check-up).

- Never
 1 time
 2 times
 3 times
 4 or more times in past 12 months

SECTION C – ACCESS TO HEALTH CARE

C1 Does the child have any of the following types of health insurance coverage?

MARK ALL TYPES OF INSURANCE this child currently has.

- Health insurance through your employer or union; or someone else's employer or union
 Health insurance bought directly by you or someone else
 Medicare or railroad retirement plan
 Veterans Affairs, Military Health, TRICARE or CHAMPUS
 MinnesotaCare
 Minnesota Comprehensive Health Association (MCHA)
 Medicaid, MA*, GAMC*, or PMAP*
 Indian Health Services
 This child has no health insurance
 Other: _____

*Note: MA - Medical Assistance,
GAMC - General Assistance Medical Care,
PMAP - Prepaid Medical Assistance Program

C2 During the past 12 months, did the child have health insurance for the entire year, only part of the year, or was the child uninsured for the entire year?

- Insured the entire year
 Insured only part of the year
 Uninsured for the entire year

SECTION D – CHRONIC CONDITIONS

D1 Has a doctor or other health professional ever told you that the child has asthma?

- Yes
 No → **Go to D5**
 Don't know → **Go to D5**

D2 Does the child still have asthma?

- Yes
 No → **Go to D5**

D3 During the past 12 months has the child had an episode of asthma or an asthma attack?

- Yes
 No

D4 During the past 12 months, did the child ever go to the Emergency Room or Urgent Care because of an asthma attack?

- Yes
 No

For questions **D5** to **D10**, has a doctor or other health professional ever told you that the child has any of the following health conditions:

D5 Diabetes Type 1 or Type 2

- Yes
 No

D6 Autism or ASD

Autism Spectrum Disorders

- Yes
 No

D7 ADD or ADHD

Attention Deficit Disorders

- Yes
 No

D8 Depression or Anxiety Problems

- Yes
 No

D9 Life Threatening Allergies

- Yes
 No

D10 Migraines / Chronic Headaches

- Yes
 No

For questions **D11** to **D14**, regularly is defined as four or more times per week.

D11 Does anyone regularly smoke cigarettes, cigars, or pipe tobacco inside your home?

- Yes
 No

D12 Does anyone regularly smoke cigarettes, cigars, or pipe tobacco when the child is present?

- Yes
 No

D13 Does anyone regularly smoke cigarettes, cigars, or pipe tobacco while riding in a car (or other vehicle) with the child?

- Yes
 No

D14 Does the child regularly visit any other places where adults smoke cigarettes, cigars, or pipe tobacco when the child is present?

- Yes
 No

SECTION E – ACTIVITIES & AMENITIES

During the PAST MONTH, how often did the child use the following things?

For small children this could include walking with them in a stroller, taking them for a bike ride, or bringing them to a park or library.

E1 Walking trails, bike paths or sidewalks

- 0 times
 1 time
 2 or 3 times
 4 or more times in the past month

E2 Park or playground area

- 0 times
 1 time
 2 or 3 times
 4 or more times in the past month

E3 Beach, swimming pool or water park

- 0 times
 1 time
 2 or 3 times
 4 or more times in the past month

E4 Community center, YMCA, Boys' or Girls' Club

- 0 times
 1 time
 2 or 3 times
 4 or more times in the past month

E5 Library or bookmobile

- 0 times
 1 time
 2 or 3 times
 4 or more times in the past month

E6 Skating rink, roller rink or skateboard park

- 0 times
 1 time
 2 or 3 times
 4 or more times in the past month

If the child is age 0 to 5, please continue with SECTION F.

If the child is age 6 to 17, please go to SECTION G.

SECTION F – INFANTS, TODDLERS & PRE-SCHOOL CHILDREN

◆ Please answer questions **F1** to **F7** if the child is 0 to 5 years old.

F1 Was the child ever breastfed or fed breast milk?

- Yes
 No → **Go to F4**

F2 Is the child still breast feeding or has he/she completely stopped breast feeding?

- Yes, still breastfeeding → **Go to F4**
 No, has stopped

F3 If no, how old was the child when he/she completely stopped breast feeding?

- Less than 3 months old
 3 to 6 months
 7 to 12 months
 Over 1 year old

During a TYPICAL WEEK including the weekend, how often do you do the following things with the child?

- F4** Tell stories or read books with the child.
 0 times
 1 time
 2 or 3 times
 4 or more times in a typical week
- F5** Sing songs with the child.
 0 times
 1 time
 2 or 3 times
 4 or more times in a typical week
- F6** Practice counting or play number games with the child.
 0 times
 1 time
 2 or 3 times
 4 or more times in a typical week
- F7** Engage in physical activities with the child, such as taking the child on walks or bike rides or playing together.
 0 times
 1 time
 2 or 3 times
 4 or more times in a typical week

If the child is age 0 to 2, please stop here. You have finished the SHAPE 2010 Child Survey. THANK YOU!

- ◆ Please answer questions **F8** to **F13** if the child is 3 to 5 years old.

Questions **F8** to **F13** are about things that different children do at different ages.

F8 Can the child identify the colors red, yellow, blue, and green by name?

- All
 Some
 None

F9 How high can the child count?

- Not yet able to count
 Up to 5
 Up to 10
 Up to 20
 Up to 50
 Up to 100 or more

F10 Can the child recognize the letters of the alphabet?

- All of the letters
 Most letters
 Some letters
 No letters of the alphabet

F11 Can the child write his/her first name, even if some of the letters are backwards?

- Yes
 No

F12 Is the child able to look at story books and tell what is happening in the pictures?

- Yes
 No

F13 Is the child able to read story books on his/her own now?

- Yes
 No

SECTION G – FOOD & NUTRITION

- ◆ Please answer questions **G1** to **G6** if the child is 3 to 17 years old.

G1 During the past week, on how many days did most or all of the family members who live in the household eat at least one meal together?

- Never / 0 days
 1 or 2 days
 3 or 4 days
 5 or 6 days
 All 7 days

G2 A serving of fruit is one medium sized piece of fruit, a half cup of chopped, cut or canned fruit, or 6 ounces of 100% fruit juice. Yesterday, how many servings of fruit did the child eat, including 100% fruit juice?

- None
 1 serving
 2 servings
 3 servings
 4 servings
 5 or more servings

G3 Not including French fries, a serving of vegetables is a cup of salad greens, or a half cup of any vegetables. Yesterday, how many servings of vegetables did the child eat?

- None
 1 serving
 2 servings
 3 servings
 4 servings
 5 or more servings

G4 A serving of dairy is one cup of milk, one container (8 oz) of yogurt, one slice of cheese, or 1 ½ medium scoops of ice cream. Yesterday, how many total servings of dairy products did the child have? *Include soy milk or lactose-free alternatives.*

- None
 1 serving
 2 servings
 3 servings
 4 servings
 5 or more servings

G5 For beverages, a serving is a regular sized glass, bottle, can or juice box. Yesterday, how many servings of sugar-sweetened drinks such as soda pop, cola, soft drinks, Kool-Aid, lemonade, or sweetened ice tea did the child have?

- None
 1 serving
 2 servings
 3 servings
 4 servings
 5 or more servings

G6 Did the child eat breakfast or a morning meal yesterday?

- Yes
 No

If the child is age 3 to 5, please stop here. You have finished the SHAPE 2010 Child Survey. THANK YOU!

SECTION H – SCHOOL-AGED CHILDREN

- ◆ Please answer questions H1 to H13 if the child is 6 to 17 years old.

For questions H1 to H4, on a typical SCHOOL DAY, how much time does the child spend doing the following activities:

- H1** Doing homework, studying or reading.
- No time at all
 - Less than 30 minutes
 - 30 to 59 minutes
 - 1 hour to 2 hours
 - More than 2 hours per day
- H2** Playing electronic games, watching TV or videos, using the computer for recreation.
- No time at all
 - Less than 30 minutes
 - 30 to 59 minutes
 - 1 hour to 2 hours
 - More than 2 hours per day
- H3** Being physically active or playing sports.
- No time at all
 - Less than 30 minutes
 - 30 to 59 minutes
 - 1 hour to 2 hours
 - More than 2 hours per day
- H4** Fine arts activities such as, playing music, participating in dance, drama or choir.
- No time at all
 - Less than 30 minutes
 - 30 to 59 minutes
 - 1 hour to 2 hours
 - More than 2 hours per day

For questions H5 to H7, during a typical SCHOOL WEEK including the weekend, how often do you do the following with the child?

H5 Homework or school projects with the child.

- Never
- 1 time
- 2 or 3 times
- 4 or more times per week

H6 Read or talk about books together with the child.

- Never
- 1 time
- 2 or 3 times
- 4 or more times per week

H7 Being physically active with the child or playing sports together.

- Never
- 1 time
- 2 or 3 times
- 4 or more times per week

For questions H8 to H9, how often has this been TRUE for the child during the PAST SCHOOL YEAR:

H8 He/she was picked on, teased or bullied by other children.

- Always
- Usually
- Sometimes
- Rarely
- Never

H9 He/she was afraid to go to school because of being picked on, teased or bullied by other children.

- Always
- Usually
- Sometimes
- Rarely
- Never

H10 During the past week, on how many days was the child physically active for at least 60 minutes in a given day?

- Never / 0 days
- 1 or 2 days
- 3 or 4 days
- 5 or 6 days
- All 7 days

H11 During the past week, how often did you talk to the child about his/her daily activities?

- Never / 0 days
- 1 or 2 days
- 3 or 4 days
- 5 or 6 days
- All 7 days

H12 During the past week, how often did the child get at least 8 or more hours of sleep?

- Never / 0 nights
- 1 or 2 nights
- 3 or 4 nights
- 5 or 6 nights
- All 7 nights
- Don't know

SECTION I – AT SCHOOL

◆ If the child does not attend school, go to SECTION J.

I1 Does the child receive free or reduced price meals at his/her school?

- Yes
- No

I2 Does the child's school provide healthy food choices for lunch?

- Yes
- No
- Don't know

I3 Does the child's school have any rules about having snacks or soft drinks at school?

- Yes
- No
- Don't know

I4 Does the child's school encourage students to be physically active during the day?

- Yes
- No
- Don't know

I5 Does the child's school provide a variety of physical activities for students of all skill levels and abilities?

- Yes
- No
- Don't know

I6 How often have you or other adults in your household gone to a regularly scheduled parent-teacher conference with the child's teacher?

- All of them
- Some of them
- None of them
- Child's school doesn't have parent-teacher conferences
- Child is home-schooled

I7 Does your family have any rules about watching TV or playing video games on school nights?

- Yes
- No

I8 Does the child have a specific bedtime on school nights?

- Yes
- No

SECTION J – TALKING WITH YOUR CHILD

For questions J1 to J8, in the PAST YEAR have you or another family member talked with the child about these topics:

- J1** Smoking tobacco or using other types of tobacco products.
 Never
 1 time
 2 times
 3 or more times in the past year
- J2** Drinking alcoholic beverages, such as beer, wine or liquor.
 Never
 1 time
 2 times
 3 or more times in the past year
- J3** Using drugs such as marijuana, cocaine, or “meth.”
 Never
 1 time
 2 times
 3 or more times in the past year
- J4** Eating healthy foods like fruits and vegetables.
 Never
 1 time
 2 times
 3 or more times in the past year
- J5** Doing well at school.
 Never
 1 time
 2 times
 3 or more times in the past year
- J6** Being cruel or mean to others.
 Never
 1 time
 2 times
 3 or more times in the past year

- J7** Wearing a seatbelt while riding in the car.
 Never
 1 time
 2 times
 3 or more times in the past year

- J8** Getting regular exercise or physical activity.
 Never
 1 time
 2 times
 3 or more times in the past year

If the child is age 6 to 9, please stop here. You have finished the SHAPE 2010 Child Survey. THANK YOU!

If the child is age 10 or over, please continue.

For questions J9 to J10, in the PAST YEAR have you or another family member talked with the child about these topics:

- J9** The dangers of being in a gang.
 Never
 1 time
 2 times
 3 or more times in the past year
- J10** Sexual activity or sexually transmitted diseases.
 Never
 1 time
 2 times
 3 or more times in the past year

SECTION K – ACTIVITIES FOR TEENS AND PRE-TEENS

- ◆ Please answer questions K1 to K7 if the child is 10 to 17 years old.

For questions K1 to K4, during a typical SCHOOL WEEK, including the weekend, how many hours does the child spend doing the following activities:

- K1** Any type of volunteer work.
For example, volunteering for school, community, neighborhood, cultural or faith-based organizations.
 No time at all
 1 hour or less
 2 to 3 hours
 4 to 5 hours
 6 to 10 hours
 11 hours or more per week

- K2** Spending time with an adult role-model such as a tutor, coach or mentor.
 No time at all
 1 hour or less
 2 to 3 hours
 4 to 5 hours
 6 to 10 hours
 11 hours or more per week

- K3** Working for pay or working in a family business.
 No time at all
 1 hour or less
 2 to 3 hours
 4 to 5 hours
 6 to 10 hours
 11 hours or more per week

- K4** Hanging out with friends without any adult supervision.
 No time at all
 1 hour or less
 2 to 3 hours
 4 to 5 hours
 6 to 10 hours
 11 hours or more per week

For questions K5 to K7, on a typical SCHOOL DAY, how much time does the child spend doing the following activities:

- K5** Talking or sending text messages to friends by phone or on the internet.
 No time at all
 Less than 30 minutes
 30 to 59 minutes
 1 hour to 2 hours
 More than 2 hours per day

- K6** Babysitting or taking care of other children.
 No time at all
 Less than 30 minutes
 30 to 59 minutes
 1 hour to 2 hours
 More than 2 hours per day

- K7** Doing tasks or chores to help around the house.
 No time at all
 Less than 30 minutes
 30 to 59 minutes
 1 hour to 2 hours
 More than 2 hours per day

You have finished the SHAPE 2010 Child Survey. Please return it in the mailing envelope provided. THANK YOU!



WHAT SHOULD I DO WHEN I HAVE FINISHED ANSWERING THE SURVEY?

STEP 1: Check to see that the survey is complete.

STEP 2: Please answer both surveys if there is a child in the household.

STEP 3: Use the pre-paid envelope to send both surveys back to us by regular U.S. Mail.

DO YOU HAVE ANY COMMENTS ABOUT THE SHAPE 2010 SURVEY?

Please share your comments in the space below. Thank you.

QUESTIONS OR CONCERNS?

Please call the SHAPE Survey Help Line at 612-543-2499 or send an e-mail message to SHAPE@co.hennepin.mn.us.



SHAPE 2010

Hennepin County
SHAPE Project Team
525 Portland Ave., MC 963
Minneapolis, MN 55415



MINNESOTA'S
VISION
A Better State of Health

SHIP
Statewide Health Improvement Program

The Statewide Health Improvement Program (SHIP), an integral part of Minnesota's nation-leading 2008 health reform law, strives to help Minnesotans lead longer, healthier lives by preventing the chronic disease risk factors of tobacco use and exposure, poor nutrition and physical inactivity. For more information, visit <http://www.health.state.mn.us/healthreform/ship>. This SHAPE survey was made possible through funding from the Statewide Health Improvement Program (SHIP) of the Minnesota Department of Health.

