



**SHAPE 2015**  
Child & Youth

**Your child's health matters  
Your answers matter**

# Child Survey

for a child aged 17 or under

- ▶ Please select the **child** who had the most recent birthday as the subject for this survey booklet. 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.

**HELP** *improve the health  
of children in*  
**OUR COMMUNITY**



## How do I fill out the survey?

### EXAMPLE 1:

Q1. How would you describe the child's health?

- Excellent
- Very good
- Good
- Fair
- Poor

### EXAMPLE 2:

Q2. How many children are living in this home?

3

Number of children

### EXAMPLE 3:

Q3. Has a doctor or other health professional ever told you that the child has any of the following conditions?

#### MARK ALL THAT APPLY

- Diabetes (Type 1 or 2)
- Autism or Autism-spectrum disorders (ASD)
- ADD or ADHD (Attention deficit disorders)
- Depression or anxiety problems
- Asthma
- None of the above

### EXAMPLE 4:

Q4. Did you delay or not get the care you thought your child needed?

- Yes
- No → GO TO Q6

Read all of the answers before making a choice.

Fill in the whole circle completely with dark ink.

Clearly print the number in the box provided.

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

Skip question Q5 and go directly to Q6. Leave question Q5 blank.



# Child SHAPE 2015 Survey

## Survey of the Health of All of the Population and the Environment



Please complete the entire survey, answering every question as honestly as you can.  
Your responses are confidential.

**AA1. 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 had the most recent birthday. Thinking about this child, please answer the survey questions.**

### SECTION A. ABOUT YOUR CHILD

**A1. Is this child a boy or a girl?**

- Boy  
 Girl

**A2. What year was the child born?**

**A3. How old is the child today?**

months (for children less than 2 years of age)

– OR –

years

**A4. What is your relationship to the child?**

- Mother (biological, adoptive, foster, or step-mother)  
 Father (biological, adoptive, foster, or step-father)  
 Other (grandparent, adult sibling, aunt or uncle, etc)

**A5. Do you consider the child to be Hispanic or Latino?**

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

**A6. 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  
 Biracial or Multiracial  
 Other – please specify:

**A7. Does the child receive child care for at least 10 hours per week from someone other than the child's primary caregivers, not including school time?**

- Yes  
 No → GO TO A9

**A8. If yes, which of the following best describes where the majority of care is received? Please select one.**

- Family, friends, neighbors, or nanny in child's home  
 Family, friends, neighbors, or nanny in someone else's home  
 Licensed family child care  
 Center-based child care  
 Supervised activities, such as after school programs, YMCA, etc.

**A9. During the past 12 months, was there a time when you could not find childcare for the child for a week or longer when you needed it?**

- Yes  
 No → GO TO A11





**A10. What is the main reason you were unable to find childcare at that time?**

- Could not afford any child care
- Could not find a provider with a space
- The hours and/or location did not fit my needs
- Could not afford the quality of child care I wanted
- Could not find the quality of child care I wanted
- Other – please specify:

**A11. What grade was the child in school during the 2013-14 school year?**

- Child did not attend school
- Pre-school program or nursery school
- Kindergarten (half day or full day)
- Child is in school:
  - Grade 1
  - Grade 2
  - Grade 3
  - Grade 4
  - Grade 5
  - Grade 6
  - Grade 7
  - Grade 8
  - Grade 9
  - Grade 10
  - Grade 11
  - Grade 12

**A12. Is the child currently homeschooled?**

- Yes
- No

## SECTION B. OVERALL HEALTH

**B1. How would you describe the child's health?**

- Excellent
- Very good
- Good
- Fair
- Poor

**B2. During the past 12 months, has a doctor, nurse, or health care professional told you that the child weighs too much, too little, or is at the right weight?**

- Weighs too little
- Just the right weight
- Weighs too much
- Doctor/nurse did not say anything about weight
- Doctor/nurse did not weigh my child during the past 12 months
- My child did not see a doctor or a nurse during the past 12 months

**B3. Does the child have any physical disabilities, or long-term health problems (such as asthma, cancer, diabetes, epilepsy, or something else)?**  
*Long-term means lasting 6 months or more.*

- Yes
- No

**B4. Does the child have any conditions that limit his/her abilities to do childhood activities usual for his/her age?**

- Yes
- No

**B5. During the past 12 months, did a doctor, teacher, or school counselor ever tell you that the child needed professional help for physical or developmental problems?**

- Yes
- No → GO TO B8

**B6. Did you delay or not get the care you thought your child needed?**

- Yes
- No → GO TO B8

**B7. Was that care delayed because of cost or lack of insurance?**

- Yes
- No

**B8. How would you describe the child's mental and emotional health?**

- Excellent
- Very good
- Good
- Fair
- Poor



**B9.** During the past month, how much did mental or emotional difficulties keep the child from doing his or her usual school or other daily activities?

- Not at all
- Very little
- Somewhat
- Quite a lot
- Could not do usual school or daily activities

**B10.** Does the child have any long-term mental health, behavioral or emotional problems?

*Long-term means lasting 6 months or more.*

- 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 → GO TO C1

**B12.** Did you delay or not get the care you thought your child needed?

- Yes
- No → GO TO C1

**B13.** Was that care delayed because of cost or lack of insurance?

- Yes
- No

## SECTION C. ACCESS TO HEALTHCARE

**C1.** Does the child currently have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as medical assistance, Medicare, Indian Health Services, or any plan through MNSure?

- Yes
- No

**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

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

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

**C4.** 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

**C5.** Have you ever delayed or declined a vaccine or shot for your child?

- Yes
- No → GO TO C7





C6. If yes, what were the main reasons?

**MARK ALL THAT APPLY**

- Concern about safety or side effects
- Needed more information
- Health care provider encouraged delaying
- Do not feel vaccines are necessary
- Religious or other personal beliefs
- Could not get an appointment
- Cost or insurance barriers
- Other reason – please specify:

C7. When was the last time the child saw a dentist for a regular check-up or other dental work?

- During the last year
- Between 1 and 2 years ago
- More than 2 years ago
- Never

C8. Does your child currently have any insurance that pays for all or part of his or her dental care?

- Yes
- No

C9. Have you ever had difficulty finding a dentist that would accept your child’s dental insurance?

- Yes
- No
- Unsure
- My child doesn’t have dental insurance

## SECTION D. CHRONIC CONDITIONS

D1. Has a doctor or other health professional ever told you that the child has any of the following conditions?

**MARK ALL THAT APPLY**

- Diabetes (Type 1 or 2)
- Autism or Autism-spectrum disorders (ASD)
- ADD or ADHD (Attention deficit disorders)
- Depression or anxiety problems
- Asthma
- None of the above



D2. If the child had asthma, does the child still have asthma?

- Yes
- No
- Not applicable

D3. Does anyone smoke regularly inside the child’s home?

- Yes
- No

D4. During the past 7 days, on how many days was the child in the same room with someone who was smoking cigarettes?

- 0 days
- 1 to 2 days
- 3 to 4 days
- 5 to 6 days
- All 7 days
- Don’t know

D5. During the past 7 days, on how many days did the child ride in a car with someone who was smoking cigarettes?

- 0 days
- 1 to 2 days
- 3 to 4 days
- 5 to 6 days
- All 7 days
- Don’t know

## SECTION E. ACTIVITIES AND AMENITIES

During the past month, how often did the child use the following? *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. Community center, YMCA, Boys' or Girls' Club**

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

**E4. Skating rink, roller rink, or skateboard park**

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

**E5. Library**

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

**E6. On an average weekday, about how much time does the child usually spend watching TV, movies, playing video games, or spend using computers, cell phones, or tablet computers? Think about recreational time only, not time spent doing homework, etc.**

- None
- Less than 1 hour
- Between 1-2 hours
- Between 2-3 hours
- Between 3-5 hours
- 6 or more hours

**E7. To the best of your knowledge, how much time did the child spend outdoors on a typical day this past week?**

- None
- 1 to 29 minutes
- 30 minutes to less than 1 hour
- 1 to less than 2 hours
- 2 to less than 3 hours
- 3 to less than 4 hours
- 4 or more hours
- Don't know

**E8. During the past 7 days, 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

**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. EARLY CHILDHOOD**

**(Children 0 to 5 only)**

**F1. Was the child ever breastfed or fed breastmilk?**

- Yes
- No

**F2. How old was the child when he or she completely stopped breastfeeding or being fed breastmilk?**

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

**F3. For the first six months after birth, how often does or did the child sleep in the same bed with you or anyone else?**

- Often
- Sometimes
- Rarely
- Never

**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. 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

Please answer F6 to F10 if the child is 3 to 5 years old.

If the child is age 0 to 2, please skip to section L.

- F6. Can the child correctly name basic shapes including circle, triangle, and square?**
- All three shapes
  - Two of the three shapes
  - Only one shape
  - Child is not yet able to recognize these shapes
- F7. How high can the child count?**
- Not able to count yet
  - Up to 5
  - Up to 10
  - Up to 20
  - Up to 50
  - Up to 100 or more
- F8. Can the child recognize the letters of the alphabet?**
- Yes, all of the letters
  - Yes, most letters
  - Yes, some letters
  - No, none of the letters of the alphabet
- F9. Does your child know what sound each letter of the alphabet makes?**
- Yes, all of them
  - Yes, most of them
  - Yes, some of them
  - No, none of them

- F10. Does your child move easily from one activity to the next, such as from playtime to mealtime?**
- Most of the time
  - Sometimes
  - Rarely
  - Never

## SECTION G. FOOD AND NUTRITION

(Children 3 to 17)

- G1. During the past week, on how many days did 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, or a half cup of chopped, cut or canned fruit. Yesterday, how many servings of fruit did the child eat?**
- 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 (8oz) 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 iced 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

**G7.** During the past 7 days, how many times did the child eat from a fast food restaurant, including carry-out or delivery?

- None
- 1 to 3 times in the past 7 days
- 4 to 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

**If the child is age 3 to 5, please skip to Section L.**

## SECTION H. SCHOOL YEARS

(Children 6 to 17)

During a typical week, how often does your child participate in each of the following activities outside the regular school day?

**H1.** Sports activities or teams, such as park and rec teams, school teams, soccer, running, etc

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 or more days

**H2.** Activities or clubs that are not sports, such as drama, music, Scouts, etc

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 or more days

**H3.** Tutoring, homework help, or academic programs

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 or more days

**H4.** Leadership activities such as student government, youth councils or committees

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 or more days





H5. Lessons, such as music, dance, swimming or karate lessons

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 or more days

H6. During a typical school night, how many hours of sleep does the child get?

- 4 hours or less
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours
- Don't know

H7. How often does the child get along well with other children his/her age?

- Always or almost always
- Sometimes
- Rarely or never

How often has the following been true for the child during the past 12 months:

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



## SECTION I. AT SCHOOL

(Children 6 to 17)

I1. During the 2013-14 school year, how often have you or others 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
- Child was not in school in 2013-14

I2. Did the child get free or reduced price lunch at his/her school during the 2013-14 school year?

- Yes
- No
- Child was not in school in 2013-14

## SECTION J. TALKING WITH YOUR CHILD

(Children 6 to 17)

J1. Have you or another family member talked with the child about any of these topics in the last 12 months?

**MARK ALL THAT APPLY**

- Smoking cigarettes or using other types of tobacco products
- Drinking alcoholic beverages, such as beer, wine, or liquor
- Using illegal drugs or abusing prescription drugs
- Eating healthy foods like fruits and vegetables
- Limiting sugar-sweetened beverages
- Getting regular exercise or physical activity
- Bullying
- Discrimination and prejudice
- Gangs or other community violence
- Sexual activity or sexually transmitted diseases (Child age 10 and older only)
- Avoiding distractions while driving (e.g. texting) (Child age 13 and older only)
- None of the above

## SECTION K. COMMUNITY CONNECTEDNESS

(Children 6 to 17)

- K1.** Other than adults in your home or the child's parents, is there at least one other adult in his or her school, neighborhood, or community who knows the child well and who he or she can rely on for advice or guidance?
- Yes  No
- K2.** How much do you agree or disagree with the statement: People in this neighborhood are willing to help one another.
- Strongly agree  
 Agree  
 Disagree  
 Strongly disagree
- K3.** How often are you and other adults in the household involved in school, community, or neighborhood activities?
- Weekly  
 Monthly  
 Several times a year  
 About once a year  
 Less than once per year  
 Never

## SECTION L. HOUSEHOLD CHARACTERISTICS

(Children 0 to 17)

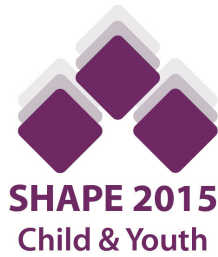
- L1.** How many times has the child moved in the past 2 years?
- 0 times  
 1 time  
 2 or more times
- L2.** During the 2013-14 school year, how many times did the child change schools?
- 0 times  
 1 time  
 2 times  
 3 or more times

- L3.** During the past 12 months, how often did you restrict your child's outside play time due to worries about safety in your neighborhood?
- Often  
 Sometimes  
 Rarely  
 Never
- L4.** In the past 12 months, how often have you or other members in the household had to cut the size of meals or skip meals because there was not enough money or food?
- Often  
 Sometimes  
 Rarely  
 Never
- L5.** During the past 12 months, have you or anyone in your household received MFIP, WIC, or food support (food stamps, SNAP, EBT) services?
- Yes  
 No  
 Don't know  
 Prefer not to answer
- L6.** Please tell us your household's annual household income in 2014 from all earners and all sources, before taxes. *Please remember, your responses are confidential.*
- \$23,000 or less  
 \$23,001-31,000  
 \$31,001 – 39,000  
 \$39,001 - \$47,000  
 \$47,001 - \$55,000  
 \$55,001 – 63,000  
 \$63,001 – 71,000  
 \$71,001 – 79,000  
 \$79,001 – 100,000  
 \$100,001 or more

- L7.** How many adults (including you) live in your household?

Number of adults age 18 or older  
(including you)

You have finished the Child SHAPE 2015 survey.  
Thank you!



**Survey Project Team**  
Assessment Unit  
MC-963  
300 South 6th Street  
Minneapolis, MN 55487

**Do you have any comments about the Child SHAPE 2015 survey?**  
Please share your comments in the space below.

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**Thank you for taking the time to participate in this important project. Your child's health matters. Your answers matter. Please use the enclosed prepaid envelope to return the survey by U.S. mail.**

**QUESTIONS OR CONCERNS about the survey?**  
Call 612-543-1398 or e-mail [SHAPE@hennepin.us](mailto:SHAPE@hennepin.us)

**The Child SHAPE 2015 survey is sponsored by  
the Hennepin County Public Health Department.**

