

Healthy Start
Child Development: Parent Perspectives

1. Are you the parent or guardian of a child here for a visit today?

☐ NO (**please stop survey and turn it in**)
☐ YES (**please continue**)

Please complete the following questions about your child that just attended the health supervision visit

2. Is your child a boy or girl?

☐ Boy ☐ Girl

3. How old is your child:

☐ 6-11 months
☐ 12-17 months
☐ 18-23 months
☐ 2 years

4. What health insurance does your child have?

☐ Medicaid or KidCare
☐ Insurance (other than Medicaid or Public Insurance)
☐ Self-Pay (no insurance)
☐ Other (specify _____)

5. Child's race/ethnicity:

☐ Asian/ Pacific Islander
☐ Black/African-American
☐ Hispanic
☐ White/Caucasian
☐ Other (describe _____)

6. I feel my child is...

☐ underweight
☐ a little underweight
☐ about the right weight
☐ a little overweight
☐ overweight

7. Are you aware OR have you ever been told by any medical provider that your child has any conditions that affects how he/she is growing

☐ No

☐ Yes, please explain: _____

☐ Not sure, Please explain: _____

The following questions are about you.

8. What is the highest grade that you completed?

- ☐ Did not finish high school
- ☐ High school graduate or GED
- ☐ Some college or trade school
- ☐ College graduate
- ☐ Post-graduate degree

9. I feel I am

- ☐ underweight
- ☐ a little underweight
- ☐ about the right weight
- ☐ a little overweight
- ☐ overweight

10. Are you single (never married, divorced, widowed or separated) or married?

- ☐ Single
- ☐ Married or living with partner

11. Using a scale from 1 to 10, where 1 means 'no stress' and 10 means 'an extreme amount of stress', what is your stress level today?

1	2	3	4	5	6	7	8	9	10
No stress									Extreme stress

12. Using a scale from 1 to 10, where 1 means 'totally unfamiliar' and 10 means 'very familiar', how familiar are you with the primary care doctor that saw your child today?

1	2	3	4	5	6	7	8	9	10
Not familiar									Very familiar

13. Please tell us how strongly do you agree or disagree with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I sometimes feed my child because I feel I can calm him/her down faster.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feed my child the way I do because I feel that he/she can have much better health when he/she is older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that the foods I feed my child now will help him/her be stronger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that the foods I feed my child can affect how he/she will learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think the foods/drinks I give my child will affect their weight they will be at school entry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think the foods/drinks I give my child will affect how tall they will be at school entry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes parents feed their child to make the parent's life easier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you.