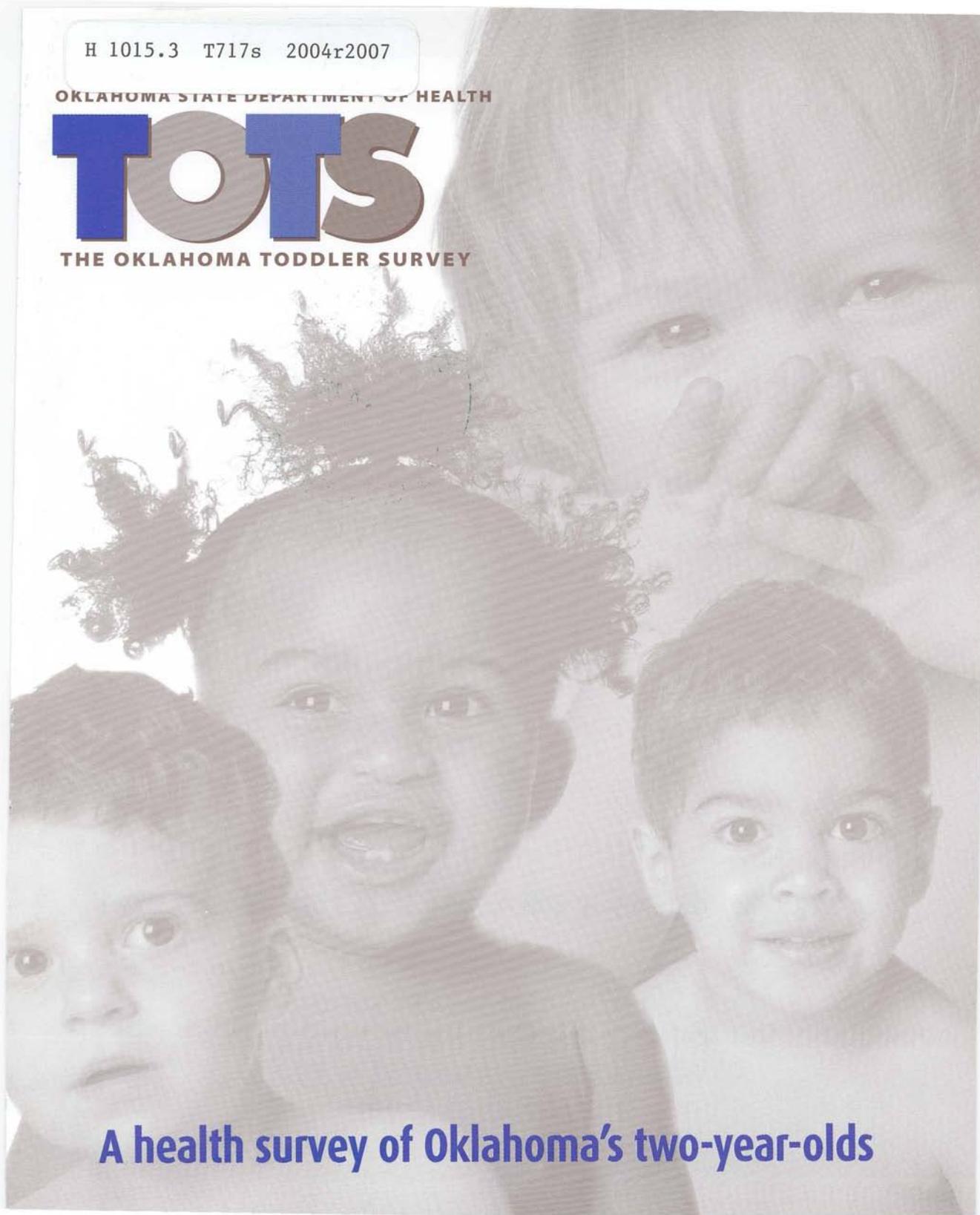


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OKLAHOMA STATE DEPARTMENT OF HEALTH

TOTS

THE OKLAHOMA TODDLER SURVEY



A health survey of Oklahoma's two-year-olds

For more information call 1.800.766.2223 or 405.271.6761

The Oklahoma Toddler Survey
Maternal and Child Health Services
Oklahoma State Department of Health
1000 NE Tenth Street
Oklahoma City, OK 73117-1299

Please answer all questions based on information about your two-year-old child whose name is in the letter we sent you.

1. What is your child's date of birth?

Date: ___/___/___
(mm/dd/yyyy)

2. Is your child alive now?

- 1) No → (Go to #48)
2) Yes

3. Besides yourself, who else shares responsibility for raising your two-year-old?
Please circle all that apply.

- 1) No one else
2) Husband/partner (child's father)
3) Husband/partner (not child's father)
4) Other children
5) Child's grandparent(s)
6) Other _____

4. During the past three months, how many different days was your two-year-old's activity limited due to sickness? For example, your two-year-old was unable to go to child care, play outside, or play with friends.

- 1) None
2) One day
3) Two to three days
4) Four to five days
5) Six or more days

5. In the past 30 days, how many different days has your two-year-old had a runny or stuffy nose, watery eyes, or was sneezing? Please do not include days with fever.

- 1) None
2) One day
3) Two to three days
4) Four to five days
5) Six or more days

6. In the past 30 days, how many different times has your two-year-old had a cold or runny nose with a fever or cough?

- 1) None
2) One time
3) Two times
4) Three or more times

7. In the past 30 days, how many different times has your two-year-old had an ear infection?

- 1) None
- 2) One to two times
- 3) Three to four times
- 4) Five or more times

8. In the past 30 days, how many different times has your two-year-old had diarrhea or loose bowel movements lasting at least three days?

- 1) None
- 2) One time
- 3) Two times
- 4) Three or more times

9. a. In the past 30 days, was your two-year-old given any over-the-counter medicines that could be purchased without a doctor's prescription?

- 1) No → (Go to #10)
- 2) Yes

b. If yes, which of these over-the-counter medicines was your two-year-old given? Please circle all that apply.

- 1) Tylenol
- 2) Other nonprescription pain relievers or fever reducers
- 3) Nonprescription cough syrup or cold medicine
- 4) Aspirin
- 5) Medicine for diarrhea
- 6) Other _____

10. Has a health care provider ever said that your two-year-old has any of the following conditions? A health care provider may include doctor, nurse, nurse practitioner, physician's assistant, therapist, or child development specialist.

- 1) Asthma-like condition, including wheezing.....No.....Yes
- 2) Croup, bronchitis, bronchiolitis.....No.....Yes
- 3) Pneumonia.....No.....Yes
- 4) Epilepsy, convulsions, or seizures without fever.....No.....Yes
- 5) Heart condition requiring surgery or medication.....No.....Yes
- 6) Ongoing, bone, joint, or other orthopedic conditions.....No.....Yes
- 7) Anemia (low blood iron).....No.....Yes
- 8) Vision problems requiring correction.....No.....Yes
- 9) Hearing problems.....No.....Yes
- 10) Tooth decay or cavities.....No.....Yes
- 11) Developmental delay.....No.....Yes

11. a. **Has your two-year-old been referred to any of the following? Please circle all that apply.**

- 1) SoonerStart Early Intervention Program
- 2) SSI (Supplemental Security Income)
- 3) Children with Special Health Care Needs (Crippled Children's Program)
- 4) None of the above

b. **Has your two-year-old ever been enrolled in any of the following? Please circle all that apply.**

- 1) SoonerStart Early Intervention Program
- 2) SSI (Supplemental Security Income)
- 3) Children with Special Health Care Needs (Crippled Children's Program)
- 4) None of the above

12. a. **Has your two-year-old ever had tubes put into his/her ears because of ear infections?**

- 1) No → (Go to #13)
- 2) Yes

b. **If yes, how old was your two-year-old when the tubes were first inserted?**

_____ months old

13. a. **During the past 12 months, was your two-year old injured seriously enough that he/she got medical advice or treatment?**

- 1) No → (Go to #14)
- 2) Yes

b. **If yes, how was your two-year-old injured? Please circle all that apply.**

- 1) Hurt in car accident
- 2) Burn
- 3) Cut
- 4) Fall
- 5) Bite
- 6) Choking (couldn't breathe)
- 7) Poisoning
- 8) Near drowning
- 9) Other _____

The next section asks questions about the health care services available to and used by your two-year-old.

14. a. **Do you have a doctor, physician's assistant, nurse practitioner, or clinical nurse specialist who takes care of your two-year-old for both sick and well-child care that you can get in contact with 24 hours a day, seven days a week? Please include after hours paging service or other ways to reach your health care provider after hours.**

- 1) No
2) Yes → (Go to #15)

- b. **If no, what is the one main reason you do not have someone you can contact when needed? Please circle only one response.**

- 1) Seldom or never gets sick
2) Recently moved into the area
3) Don't know where to go for care
4) Usual place in my area no longer available
5) Can't find provider who speaks my language
6) No insurance or lost insurance
7) Don't use doctors/treat child myself
8) Cost of medical care
9) Other _____

15. **In the past three months, how many times has your two-year-old gone to a health care provider? A health care provider may include doctor, nurse, nurse practitioner, physician's assistant, therapist, or child development specialist.**

- 1) None
2) One time
3) Two to three times
4) Four or more times

16. **Please circle (Yes) if any of the following have prevented you from getting any type of health care for your two-year-old. Otherwise, circle (No).**

- 1) It was too expensive.....No...Yes
2) Inconvenient office hours.....No...Yes
3) Transportation problems.....No...Yes
4) Didn't have a regular health care provider.....No...Yes
5) Couldn't find a provider who would take my child.....No...Yes
6) Provider or service not available in my community.....No...Yes
7) Couldn't miss work or school.....No...Yes
8) No child care for other children.....No...Yes
9) No insurance.....No...Yes
10) Insurance did not cover.....No...Yes
11) Other _____.....No...Yes

17. a. **Most of the time, where does your two-year old go for care when he/she is sick? Please circle only one response.**

- 1) My child has not needed sick care → (Go to #18)
- 2) Private doctor's office
- 3) Hospital clinic
- 4) Hospital emergency room
- 5) Health department
- 6) Community or free clinic
- 7) Indian (IHS)/Tribal Health Service
- 8) Military facility
- 9) Other _____

b. **Most of the time, what type of health care provider does your two-year-old see for sick care? Please circle only one response.**

- 1) Family doctor (general)
- 2) Pediatrician
- 3) Physician's assistant
- 4) Nurse practitioner (PNP, FNP)
- 5) Other _____

18. **During the past 30 days, how many days of work or school has someone taken off to take care of your two-year-old who was sick or had a clinic or doctor's appointment?**

- 1) None
- 2) Less than 1/2 day
- 3) 1/2 day to one day
- 4) Two to three days
- 5) Four or more days

19. a. **Most of the time, where does your two-year-old go for well-child checkups? Please circle only one response.**

- 1) My child sees a health care provider only when he/she is sick → (Go to #20)
- 2) Private doctor's office
- 3) Hospital clinic
- 4) Hospital emergency room
- 5) Health department
- 6) Community or free clinic
- 7) Indian (IHS)/Tribal Health Service
- 8) Military facility
- 9) Other _____

b. **Most of the time, what type of health care provider does your two-year-old see for well-child checkups? Please circle only one response.**

- 1) Family doctor (general)
- 2) Pediatrician
- 3) Physician's assistant
- 4) Nurse Practitioner (PNP, FNP)
- 5) Other _____

20. **Think about the place you take your two-year-old most of the time for routine or general health care. How would you rate each of the following? For each, please circle only one response.**

- 1) Cost.....Good...Average...Poor
- 2) Ease in making appointments.....Good...Average...Poor
- 3) Ability to be seen on short notice.....Good...Average...Poor
- 4) Waiting time in the office.....Good...Average...Poor
- 5) Hours open for service.....Good...Average...Poor
- 6) Time spent with child.....Good...Average...Poor

21. **Most of the time, where does your two-year-old go for his/her immunizations (baby shots)? Please circle only one response.**

- 1) My child hasn't had any baby shots yet
- 2) Private doctor's office
- 3) Hospital clinic
- 4) Health Department
- 5) Community or free clinic
- 6) Indian (IHS)/Tribal Health Service
- 7) Military facility
- 8) Other _____

22. a. **Have you ever had difficulties getting immunizations for your two-year-old?**

- 1) No → (Go to #23)
- 2) Yes

b. **If yes, what difficulties have you had getting your two-year-old his/her shots? Please circle all that apply.**

- 1) No child care for other children
- 2) Getting an appointment
- 3) Cost
- 4) No transportation
- 5) Knowing when the shots are due
- 6) Knowing where to go for shots
- 7) Couldn't miss work or school
- 8) Other _____



23. a. Does your two-year-old regularly see any specialist(s) or therapist(s)?

- 1) No → (Go to #24)
- 2) Yes

b. If yes, please circle all that apply.

- 1) Speech/language therapist
- 2) Audiologist (hearing specialist)
- 3) Ophthalmologist/Optomtrist (eye specialist)
- 4) Physical/Occupational therapist
- 5) Surgeon
- 6) Other _____

Next are some questions about the payment of your two-year-old's health care.

24. a. Does your two-year-old currently have health insurance?

- 1) No → (Go to #26)
- 2) Yes

b. If yes, what kind of health insurance? Please circle all that apply.

- 1) Group insurance (PPO or employer based)
- 2) Individual, private insurance
- 3) HMO (PacifiCare, Bluelincs, etc.)
- 4) Medicaid/SoonerCare
- 5) Indian (IHS)/Tribal Health Service
- 6) Military facility
- 7) Other _____

25. Please think of all the health insurance coverage and any government programs (not including WIC) that cover your two-year-old's medical bills. Does this coverage pay for all or part of your two-year-old's bills for the following? For each, please circle (Yes), (No), or (DK) for Don't Know.

- 1) Well-child care.....No....Yes...DK
- 2) Immunizations (baby shots)..... No....Yes...DK
- 3) Sick care visits.....No.... Yes...DK
- 4) Prescription medication.....No.... Yes...DK
- 5) Hospitalizations.....No.... Yes...DK
- 6) Dental care.....No.... Yes...DK
- 7) Emergency care.....No.... Yes...DK
- 8) Special equipment or therapies.....No.... Yes...DK

26. **During the last 12 months, how much money has your family spent on health care for your two-year-old? Please include only the amount for co-pays, deductibles, all medications (prescriptions and over-the-counter), and uninsured services. Please give your best estimate.**

- 1) Less than \$100
- 2) \$100 to \$299
- 3) \$300 to \$499
- 4) \$500 to \$999
- 5) \$1000 to \$1,999
- 6) \$2,000 or more

27. a. **Since your two-year-old was born, has there ever been a period that he/she was not covered by any health insurance or government programs that cover children's medical bills?**

- 1) No → **(Go to #29)**
- 2) Yes

b. **If yes, how many months was your two-year-old not covered?**

- 1) _____ months
- 2) Less than one month
- 3) Never covered

28. **Why is/was your two-year-old not covered? Please circle all that apply.**

- 1) Child's preexisting condition(s)
- 2) Couldn't afford it
- 3) Unemployed, laid off, or lost job
- 4) Don't believe in health insurance
- 5) Didn't qualify for Medicaid/SoonerCare
- 6) Medicaid application process is too difficult
- 7) Waiting for coverage to start (insurance or Medicaid)
- 8) Other _____

These next questions are about child care. By child care, we mean any kind of arrangements where someone other than yourself, husband or partner, legal guardian, or stepparent takes care of your child for 10 or more hours per week on a regular basis.

29. a. **Do you currently have regular child care arrangements for your two-year-old?**

- 1) No → **(Go to #38)**
- 2) Yes

b. If yes, what are your child care arrangements? Please circle all that apply.

- 1) In-home child care provider (1 to 7 children)
- 2) Child care center (8 or more children)
- 3) Other children
- 4) Child's grandparent(s)
- 5) Other relative(s)
- 6) Baby-sitter/friend/neighbor
- 7) Other _____

30. What is the average number of hours per week that your two-year-old stays in child care?

- 1) 10 to 19 hours per week
- 2) 20 to 29 hours per week
- 3) 30 to 39 hours per week
- 4) 40 hours or more per week

31. What is your average out-of-pocket cost for child care for your two-year-old?

- 1) \$ ____/week or \$ ____/month
- 2) I don't have to pay

32. a. Does anyone help you pay for all or part of the cost of child care for your two-year-old? By this, we mean a government social service agency, an employer, a charity, a relative, or a friend.

- 1) No → **(Go to #33)**
- 2) Yes

b. Who helps pay for your child care arrangements for your two-year-old? Please circle all that apply.

- 1) A government agency
- 2) An employer
- 3) A charity
- 4) A non-resident parent
- 5) Another relative
- 6) A friend
- 7) Other _____

33. Overall, how satisfied are you with your current child care arrangements?

- 1) Very satisfied
- 2) Somewhat satisfied
- 3) Not at all satisfied

34. During the past month, how many times have you had to make different arrangements for child care at the last minute because your usual plans changed due to circumstances beyond your control?
- _____ number of times
35. At what age did your two-year-old first start child care on a regular basis?
- _____ weeks old or _____ months old
36. a. In the past 12 months, was there a time for a week or longer when you could not find child care for your two-year-old when you needed it?
- 1) No → (Go to #37)
2) Yes
- b. What is the one main reason you were unable to find child care for your two-year-old at that time? Please circle only one response.
- 1) Couldn't afford any child care
2) Couldn't find a provider with an open slot for my child
3) The hours and location didn't fit my needs
4) Couldn't afford the quality of child care I wanted
5) Couldn't find the quality of child care I wanted
6) Other _____
37. During the past 12 months, did you or anyone in the family have to quit a job, not take a job, or greatly change your job because of problems with child care for your child?
- 1) No
2) Yes

Please remember, everything you write in this survey will remain confidential. There are no right or wrong answers to any of the questions asked in this survey.

Your answers should be based on your own life experiences.

To continue, this next section asks some general questions about your two-year-old child.

38. Which of the following people live with your two-year-old most of the time? Please circle all that apply.

- 1) Me
- 2) Husband/partner (child's father)
- 3) Husband/partner (not child's father)
- 4) Other children
- 5) Child's grandparent(s)
- 6) Other relative(s)
- 7) Friends
- 8) Other _____

39. How often in a typical week do you or someone else in the household read a book or story to your two-year-old?

- 1) Every day
- 2) At least three times a week
- 3) Once a week
- 4) Less than once a week
- 5) Never

40. How many hours per day is your two-year-old around cigarette smoke? Please include time your child spends with baby-sitters, relatives, or anyone else who smokes.

_____ hours per day

41. How many times have you moved since your two-year-old was born?

_____ times

42. Has there ever been a period when your two-year-old was not living with you (not including time while your child was hospitalized)?

- 1) No
- 2) Yes

43. a. Has your two-year-old ever been on WIC? WIC is the supplemental nutrition program for Women, Infants, and Children.

- 1) No → (Go to #44)
- 2) Yes

b. Is your two-year-old on WIC now?

- 1) No
- 2) Yes

44. a. Was your two-year-old ever breastfed or fed breast milk?
- 1) No → (Go to #45)
 - 2) Yes
- b. How old was your two-year-old when he/she completely stopped breastfeeding or being fed breast milk?
- 1) _____ months old
 - 2) Less than one month old
 - 3) Still breastfeeding or feeding breast milk
45. On an average day, about how many hours does your two-year-old usually watch TV or videos?
Please provide only one response.
- 1) _____ hours
 - 2) More than zero, less than one hour
 - 3) Don't own a television
 - 4) Don't know

These next questions are about safety.

46. Please circle (Yes) if you do any of the following in your home. Otherwise, circle (No) or (N/A) for Does Not Apply.
- 1) An adult always watches my child while he/she is in the bathtub...No....Yes...N/A
 - 2) Swimming pools, ponds, irrigation ditches, stock tanks, or canals on your property are protected by fences.....No....Yes...N/A
 - 3) Matches and lighters are stored in a childproof place.....No....Yes...N/A
 - 4) A working smoke detector is on each level of your home.....No....Yes...N/A
 - 5) Medicines and vitamins are stored in a childproof place.....No....Yes...N/A
 - 6) Safety latches and locks are on all cabinets within a child's reach that have dangerous or harmful items stored in them.....No....Yes...N/A
 - 7) Safety caps cover unused electrical outlets.....No....Yes...N/A
 - 8) Syrup of ipecac or activated charcoal is kept in your home in case of poisoning.....No....Yes...N/A
47. Do you keep guns and/or rifles in your home?
- 1) No
 - 2) Yes

Next are some questions about you.

48. a. Have you had any pregnancies since your two year-old was born?

- 1) No → (Go to #49)
- 2) Yes

b. If yes, how did you feel about becoming pregnant when you first found out? If you have had more than one pregnancy since the birth of your two-year-old, please consider just the first pregnancy.

- 1) I wanted to be pregnant sooner
- 2) I wanted to be pregnant later
- 3) I wanted to be pregnant at that time
- 4) I didn't mind when I became pregnant
- 5) I didn't want to be pregnant at that time or at any time in the future
- 6) I don't know

49. a. Are you currently using any contraceptive method to prevent pregnancy?

- 1) No
- 2) Yes → (Go to #50)

b. If no, what is the most important reason you are not using any method to prevent pregnancy? Please circle only one response.

- 1) I am not having sex
- 2) I am pregnant or want to become pregnant
- 3) I don't want to use birth control
- 4) My body won't tolerate some methods
- 5) I don't think I can get pregnant (sterile)
- 6) I can't pay for birth control
- 7) Tubal ligation/vasectomy/hysterectomy
- 8) Other _____

50. Do you smoke cigarettes, even if only occasionally?

- 1) No
- 2) Yes

51. In the past 12 months, have any of the following things happened to you. For each item listed below, circle (Yes) if it happened to you or (No) if it did not. It may help to use a calendar.

- 1) A close family member or friend was very sick or died.....No...Yes
- 2) I was very sick.....No...Yes
- 3) I was separated or divorced from my husband/partner.....No...Yes
- 4) I was involved in a physical fight.....No...Yes
- 5) My husband/partner was sent to jail.....No...Yes
- 6) I was in debt over my head.....No...Yes
- 7) I lost my job.....No...Yes
- 8) My husband/partner lost his job.....No...Yes
- 9) Someone close to me had a problem with drinking or drugs..No...Yes
- 10) I was without a telephone.....No...Yes
- 11) My child or I did not have enough food.....No...Yes

52. Which of the following were you doing during the last six months? Please circle all that apply.

- 1) Homemaker
- 2) Working
- 3) Going to school

53. How many months did you work for pay during the past 12 months?

_____ months

54. How many months did your husband or partner work for pay during the past 12 months?

- 1) _____ months
- 2) I don't have a husband/partner

55. What were the sources of your household's income during the past 12 months? Please circle all that apply.

- 1) Paycheck or money from a job
- 2) Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income (SSI)
- 3) Unemployment benefits
- 4) Child support or alimony
- 5) Social security, workers' compensation, veteran benefits, or pensions
- 6) Money from a business, fees, dividends, or rental income
- 7) Money from family or friends
- 8) Other _____

56. a. **From the sources you circled in #55, what was your total household income, before taxes, for the past 12 months?**

\$ _____ monthly

or

\$ _____ yearly

- b. **How many people including yourself depended on this income?**

_____ people

57. **What is the highest level of school you have completed? Please circle only one response.**

- 1) 8th grade or less
- 2) 9th - 12th grade, no diploma
- 3) High school graduate or GED completed
- 4) Some college credit but no degree
- 5) Vo-tech certification
- 6) Associate degree (e.g., AA, AS)
- 7) Bachelor's degree (e.g., BA, BS)
- 8) Master's degree (e.g., MA, MS)
- 9) Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS)

58. **What is the highest level your husband or partner has completed in school? Please circle only one response.**

- 1) I don't have a husband/partner
- 2) 8th grade or less
- 3) 9th - 12th grade, no diploma
- 4) High school graduate or GED completed
- 5) Some college credit but no degree
- 6) Vo-tech certification
- 7) Associate degree (e.g., AA, AS)
- 8) Bachelor's degree (e.g., BA, BS)
- 9) Master's degree (e.g., MA, MS)
- 10) Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS)

59. **What is your current marital status? Please circle only one response.**

- 1) Married to my two-year-old's father
- 2) Married to a different person
- 3) Divorced or separated
- 4) Single or never married
- 5) Other _____

60. **Please enter the date that you completed this survey.**

Date: ____/____/____
(mm/dd/yyyy)



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