Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

In this first part of the survey, we would like to ask some questions about you and your family.

1. What is your date of birth?

Date: _____/_____/_____
Month / Day / Year

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

Date: _____/_____/_____
Month / Day / Year

3. Who lives in the same house with you now?

	YES	NO	
a. My husband or partner	YES	NO	
b. My child's grandparent(s)	YES	NO	
c. Other adults or relatives	YES	NO	
d. Children under 12 months old	YES	NO	How many children? ____
e. Children 1-5 years old (include your 2-year-old)	YES	NO	How many children? ____
f. Children 6-17 years	YES	NO	How many children? ____

4. Other than you, who else shares responsibility for raising your two-year-old? (NOT including paid childcare providers)

	YES	NO
a. No one else (just me)	YES	NO
b. My two-year-old's biological father (whether current partner or not)	YES	NO
c. My spouse/partner who is NOT my two-year-old's biological father	YES	NO
d. My two-year-old's grandparent(s)	YES	NO
e. Other people Who? _____	YES	NO

5. Is your two-year-old living with you now?

☐ Yes → **Continue to Question 6**
☐ No → **Go to Page 8 Question 42**

The first half of the survey asks questions about your two-year-old. If your two-year-old is not living with you, please skip those questions. However, please answer the questions in the second half of the survey (Page 8, starting with Question 42).

6. What are your child's favorite play activities?

	YES	NO
a. Playing with dolls or stuffed animals	YES	NO
b. Reading books with you	YES	NO
c. Climbing, running and being active	YES	NO
d. Lining up toys or other things	YES	NO
e. Watching things go round and round like fans or wheels	YES	NO

7. How does your child *usually* show you something he or she wants?

	YES	NO
a. Says a word for what he or she wants	YES	NO
b. Points to it with one finger	YES	NO
c. Reaches for it	YES	NO
d. Pulls me over or puts my hand on it	YES	NO
e. Grunts, cries, or screams	YES	NO

8. Does your child bring things to you to show them to you?

☐ Many times a day
☐ A few times a day
☐ A few times a week
☐ Less than once a week
☐ Never

9. Is your child interested in playing with other children?

Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never ☐

10. When you say a word or wave your hand, will your child try to copy you?

Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never ☐

11. Does your child look at you when you call his or her name?

Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never ☐

12. Does your child look if you point to something across the room?

Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never ☐

13. Do you have any concerns about your child's learning or development?

☐ Not at all
☐ Somewhat
☐ Very much

14. Do you have any concerns about your child's behavior?

☐ Not at all
☐ Somewhat
☐ Very much

These questions are about your two-year-old child's behavior. Think about what you would expect of other children the same age. Answer how much each statement applies to your child.

15. Is your child…

a. Aggressive?
Not At All ☐ Somewhat ☐ Very Much ☐

b. Fidgety or unable to sit still?
Not At All ☐ Somewhat ☐ Very Much ☐

c. Angry?
Not At All ☐ Somewhat ☐ Very Much ☐

16. Is it hard to…

a. Take your child out in public?
Not At All ☐ Somewhat ☐ Very Much ☐

b. Comfort your child?
Not At All ☐ Somewhat ☐ Very Much ☐

c. Know what your child needs?
Not At All ☐ Somewhat ☐ Very Much ☐

d. Keep your child on a schedule or routine?
Not At All ☐ Somewhat ☐ Very Much ☐

e. Get your child to obey you?
Not At All ☐ Somewhat ☐ Very Much ☐

17. Compared to other kids, does he/she..

a. Seem nervous or afraid?
Not At All ☐ Somewhat ☐ Very Much ☐

b. Seem sad or unhappy?
Not At All ☐ Somewhat ☐ Very Much ☐

c. Get upset if things are not done in a certain way?
Not At All ☐ Somewhat ☐ Very Much ☐

d. Have a hard time with change?
Not At All ☐ Somewhat ☐ Very Much ☐

e. Have trouble playing with other children?
Not At All ☐ Somewhat ☐ Very Much ☐

f. Break things on purpose?
Not At All ☐ Somewhat ☐ Very Much ☐

g. Fight with other children?
Not At All ☐ Somewhat ☐ Very Much ☐

h. Have trouble paying attention?
Not At All ☐ Somewhat ☐ Very Much ☐

i. Have a hard time calming down?
Not At All ☐ Somewhat ☐ Very Much ☐

j. Have trouble staying with one activity?
Not At All ☐ Somewhat ☐ Very Much ☐

These questions are about your child's development.

18. How much is your child doing each of these things? If your child doesn't do something anymore, choose the answer that describes how much he or she used to do it.

a. Names at least 5 body parts - like nose, hand, or tummy
Not Yet ☐ Somewhat ☐ Very Much ☐

b. Climbs up a ladder at a playground
Not Yet ☐ Somewhat ☐ Very Much ☐

c. Uses words like "me" or "mine"
Not Yet ☐ Somewhat ☐ Very Much ☐

d. Jumps off the ground with two feet
Not Yet ☐ Somewhat ☐ Very Much ☐

e. Puts 2 or more words together, like "more water" or "go outside"
Not Yet ☐ Somewhat ☐ Very Much ☐

f. Uses words to ask for help
Not Yet ☐ Somewhat ☐ Very Much ☐

g. Names at least one color
Not Yet ☐ Somewhat ☐ Very Much ☐

h. Tries to get you to watch by saying "Look at me"
Not Yet ☐ Somewhat ☐ Very Much ☐

i. Says his or her first name when asked
Not Yet ☐ Somewhat ☐ Very Much ☐

j. Draws lines
Not Yet ☐ Somewhat ☐ Very Much ☐

19. How often does your family eat meals together?

☐ Always
☐ Usually
☐ Sometimes
☐ Never

20. During the <u>past week</u>, how many days did you or another family member read to your child?

☐ 0 days
☐ 1 day
☐ 2 days
☐ 3 days
☐ 4 days
☐ 5 days
☐ 6 days
☐ 7 days

21. When did your *now* two-year-old stop using a bottle or sippy cup?

☐ Still using bottle/sippy cup
☐ Less than 1 year
☐ 12-23 months
☐ 2 years
☐ Never used a bottle/sippy cup → **Go to Question 23**

22. What kind of beverages does (did) your two-year-old drink in his/her bottle or sippy cup?

	YES	NO
a. Water	YES	NO
b. Breastmilk	YES	NO
c. Cow's milk or other types of milk	YES	NO
d. Soda	YES	NO
e. Juice	YES	NO

23. How long did you breastfeed or pump milk to feed your child?

☐ I did not breastfeed or pump milk
☐ Less than six weeks
☐ 6-12 weeks
☐ 4-5 months
☐ 6 months
☐ 7-11 months
☐ 12 months or more

24. When did you start to brush your two-year-old's teeth *twice a day*?

☐ Not brushing his/her teeth twice a day on a regular basis
☐ Less than 1 year
☐ 12-23 months
☐ 2 years

The next questions are about childcare. Childcare refers to any kind of regular arrangement where anyone other than the parents or legal guardians takes care of your two-year-old. Please include preschool, daycare, Head Start and in-home care by relatives or friends as childcare.

25. Do you have regular childcare arrangements for your two-year-old *now*?

☐ Yes
☐ No → **Go to Question 28**

26. What is your regular or most used childcare arrangement? Please check one.

☐ Childcare in non-relative's home
☐ Childcare center, preschool or Head Start
☐ Paid care in my home by a relative (not my child's legal guardian)
☐ Paid care in my home by a non-relative
☐ Unpaid care in a relative's home
☐ Paid care in a relative's home
☐ Other → Please tell us:

_____

27. During the past week about how many hours did your two-year-old stay in childcare?

☐ Less than 10 hours
☐ 10-19 hours
☐ 20-29 hours
☐ 30-39 hours
☐ 40 hours or more

The next questions are about events that may have happened during your child's life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer.

28. To the best of your knowledge, has your two-year-old EVER experienced any of the following?

	YES	NO
a. Parent or guardian divorced or separated	YES	NO
b. Parent or guardian died	YES	NO
c. Parent or guardian served time in jail	YES	NO
d. Saw or heard parents or adults slap, hit, kick, punch one another in the home	YES	NO
e. Was a victim of violence or witnessed violence in his or her neighborhood	YES	NO
f. Lived with anyone who was mentally ill, suicidal, or severely depressed	YES	NO
g. Lived with anyone who had a problem with alcohol or drugs	YES	NO
h. Treated or judged unfairly because of his or her race or ethnic group	YES	NO

The next questions are about your two-year-old's healthcare.

29. During the <u>past 12 months</u>, did your two-year-old's doctor, nurse or other health care worker ask you to fill out a questionnaire about your two-year-old's development or behavior?

☐ Yes
☐ No

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

☐ Yes
☐ No

31. Do you have at least one healthcare provider that you consider your two-year-old personal Doctor or Nurse?

☐ Yes
☐ No

32. Have you ever delayed or refused immunizations for your two-year-old?

☐ Yes
☐ No → **Go to Question 34**

Go to Question 33

33. What were your main reasons for delaying or refusing immunizations for your two-year-old?

	YES	NO
a. I didn't know when the shots were due	YES	NO
b. I couldn't get an appointment when I wanted one	YES	NO
c. I think some shots are given too early	YES	NO
d. I think too many shots are given at once	YES	NO
e. I am concerned about the side effects of the shots	YES	NO
f. I do not think the disease(s) will affect my child	YES	NO
g. I have religious beliefs or concerns about some shots	YES	NO
h. Other → Please tell us: _____	YES	NO

34. Has your two-year-old ever been to a dentist or dental clinic?

☐ Yes
☐ No → **Go to Question 36**

35. At what age did your *now* two-year-old first go to a dentist or dental clinic?

☐ Less than 1 year
☐ 1 year
☐ 2 years

Go to Question 37

36. What are the reasons your two-year-old has NOT been to a dental clinic?

	YES	NO
a. I couldn't get an appointment when I wanted one	YES	NO
b. I didn't have enough money or dental insurance to pay for the visit	YES	NO
c. I had no transportation to get to the dentist's office	YES	NO
d. I couldn't find a dentist who would see my child because they don't accept Medicaid	YES	NO
e. A health care or dental provider told me my child was too young to see the dentist	YES	NO
f. I didn't know my child needed to go to a dentist	YES	NO
g. Other → Please tell us: _____	YES	NO

37. Has a healthcare provider ever said that your two-year-old has any of the following conditions?
If yes, please tell us how old (<u>in months</u>) your child was when he/she was diagnosed. For ear infections, please indicate the number of <u>times</u> he/she had an infection.

a. Autism or Autism Spectrum Disorder	YES NO
What age was he/she diagnosed?	_____months
b. Vision Problems	YES NO
What age was he/she diagnosed?	_____months
c. Hearing Problems	YES NO
What age was he/she diagnosed?	_____months
d. Developmental Delay	YES NO
What age was he/she diagnosed?	_____months
e. Dental Caries or Cavities	YES NO
What age was he/she diagnosed?	_____months
f. Ear Infections	YES NO
How many infections has he/she had?	_____**times**
g. Asthma	YES NO
What age was he/she diagnosed?	_____months
Do you have an asthma action plan?	YES NO

38. Is your TWO-YEAR-OLD currently covered by any of these health insurance plans?

	YES	NO
a. Health insurance from my job or the job of my spouse, partner, or parents	YES	NO
b. Health insurance that I or someone else pays for (not from a job)	YES	NO
c. Centennial Care, Medicaid or SCHIP	YES	NO
d. TRICARE or other military health care	YES	NO
e. Indian Health Service or 638 Plan	YES	NO
f. NM Health Insurance Exchange/Bewellnm.com	YES	NO
g. Healthcare.gov	YES	NO
h. Other source(s) → Please tell us: _____	YES	NO
i. My 2-year-old does not have any health insurance right now	YES	NO

39. <u>Since he or she was born</u>, has there ever been a time when your two-year-old did not have health insurance?

☐ Yes
☐ No

40. Is your two-year-old covered by any dental insurance?

☐ Yes
☐ No

41. Did any of these things ever keep you from getting healthcare for your TWO-YEAR-OLD when he or she needed it?

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

This next section of questions is about you. They start on the next page.

42. Are YOU currently covered by any of these health insurance plans?

	YES	NO
a. Health insurance from my job or the job of my spouse, partner, or parents	YES	NO
b. Health insurance that I or someone else pays for (not from a job)	YES	NO
c. Centennial Care, Medicaid or SCHIP	YES	NO
d. TRICARE or other military health care	YES	NO
e. Indian Health Service or 638 Plan	YES	NO
f. Family Planning or Title X	YES	NO
g. NM Health Insurance Exchange/Bewellnm.com	YES	NO
h. Healthcare.gov	YES	NO
i. Other source(s) → Please tell us: _____	YES	NO
j. I do not have any health insurance right now	YES	NO

43. In the <u>past two years</u>, has there ever been a time when you did not have health insurance?

☐ Yes
☐ No

44. Did any of these things ever keep YOU from getting healthcare when you needed it?

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

45. Has a doctor ever diagnosed you with any of the following conditions? If yes, are you currently being treated for the condition by a health or mental health professional?

	Diagnosed		Treatment	
	YES	NO	YES	NO
a. Postpartum depression or baby blues	YES	NO	YES	NO
b. Bipolar disorder, mania or manic depression	YES	NO	YES	NO
c. Depression (other than those listed in a & b)	YES	NO	YES	NO
d. Anxiety disorder	YES	NO	YES	NO
e. Obsessive compulsive disorder	YES	NO	YES	NO
f. Other mental or behavioral disorder	YES	NO	YES	NO

46. During the <u>past 12 months</u> did you on any occasion use any of these drugs? Your answers are strictly confidential.

	YES	NO
a. Prescription for depression or anxiety	YES	NO
b. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	YES	NO
c. Marijuana (pot, weed, bud, mota or hashish (hash))	YES	NO
d. Methadone, naloxone (Narcan®), Subutex®, or Suboxone®	YES	NO
e. Heroin (smack, junk, Black Tar, Chiva)	YES	NO
f. Amphetamines (uppers, speed, crystal meth, crank, ice, agua)	YES	NO
g. Cocaine (crack, rock, coke, blow, snow, nieve)	YES	NO
h. Alcohol	YES	NO

47. In the <u>past 12 months</u>, have you ever drunk alcohol or used drugs more than you meant to?

- ☐ Yes
- ☐ No

48. Have you felt you wanted or needed to cut down on your drinking or drug use in the <u>past 12 months?</u>

- ☐ Yes
- ☐ No

49. Has a family member's drinking or drug use ever had a bad effect on your child?

- ☐ Yes
- ☐ No

50. Does anyone who lives with your child smoke tobacco?

- ☐ Yes
- ☐ No

51. During the <u>FIRST 12 months</u> of your two-year-old's life, how often did you feel down depressed or hopeless?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

52. Over the <u>past 2 weeks</u>, how often have you felt down, depressed, or hopeless?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

53. During the <u>FIRST 12 months</u> of your two-year-old's life, how often did you have little interest or little pleasure in doing things you usually enjoyed?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

54. Over the <u>past 2 weeks</u>, how often have you had little interest or pleasure in doing things?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

55. Within the <u>past 12 months,</u> did you worry about whether your food would run out before you had money to buy more?

- ☐ Never
- ☐ Sometimes
- ☐ Often

56. <u>Since your two-year-old was born,</u> how hard has it been for your family to pay for basic expenses like food, clothing, shelter, medical and/or dental care and transportation?

- ☐ No problem
- ☐ Slightly hard
- ☐ Moderately hard
- ☐ Very hard

57. <u>Since your two-year-old was born</u>, how much emotional support have you received from *your husband or partner*?

- ☐ A lot
- ☐ Some
- ☐ Very little
- ☐ None

58. <u>Since your two-year-old was born</u>, how much emotional support have you received from *your family or friends*?

- ☐ A lot
- ☐ Some
- ☐ Very little
- ☐ None

59. In general, how would you describe your relationship with your spouse/partner?

- ☐ No tension
- ☐ Some tension
- ☐ A lot of tension
- ☐ Not applicable

60. Do you and your partner work out arguments with:

- ☐ No difficulty
- ☐ Some difficulty
- ☐ Great difficulty
- ☐ Not applicable

61. Are you an active member of a church, synagogue, mosque, or other type of religious organization?

- ☐ Yes
- ☐ No

62. Please answer yes or no to each of the statements.
Do you know someone who would…

	YES	NO
a. Loan you money for bills if you needed?	YES	NO
b. Help you if you were sick and needed to be in bed?	YES	NO
c. Take you to the clinic or doctor's office if you needed a ride?	YES	NO
d. Listen to you if you needed to talk?	YES	NO
e. Help you take care of your children if you needed it?	YES	NO

The next questions are about events that happened in your own childhood. Some of these topics may be difficult or sensitive. Since these are sensitive topics, you may feel uncomfortable answering them. You can skip any question you do not want to answer.

63. These questions are about things that may have happened during your childhood. Please answer which did or did not happen to you.

	YES	NO
a. Did you live with anyone who was depressed, mentally ill, or suicidal?	YES	NO
b. Did you live with anyone who was a problem drinker or alcoholic?	YES	NO
c. Did you live with anyone who used illegal street drugs or who abused prescription medications?	YES	NO

Q63 continued…

	YES	NO
d. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	YES	NO
e. Were your parents ever separated or divorced?	YES	NO never married
f. Did your parents or adults in your home often slap, hit, kick, punch, or beat each other up?	YES	NO
g. Before age 18, did a parent or adult in your home often hit, beat, kick, or physically hurt you in any way? (Do not include spanking).	YES	NO
h. Did a parent or adult in your home often swear at you, insult you, or put you down?	YES	NO
i. Did anyone at least 5 years older than you ever touch you sexually?	YES	NO
j. Did anyone at least 5 years older than you try to make you touch them sexually?	YES	NO

The next questions are on services you may have received after your two-year-old was born.

64. <u>Since your two-year-old was born</u>, were you *OFFERED* home visiting services? A home visitor is someone who might talk with you about your child's development, self-care as a new parent, breastfeeding, safe sleep, or nurturing your child, for example.

- ☐ Yes
- ☐ No → **Go to Question 72**

65. Did you *ACCEPT* the offer of home visiting services?

- ☐ Yes
- ☐ No → **Go to Question 71**

66. About how frequently were you visited in your child's <u>FIRST year</u> of life?

- ☐ Just a few times
- ☐ About once a month
- ☐ About twice a month
- ☐ About weekly

67. How frequently were you visited in your child's <u>SECOND year</u> of life?

- ☐ Visits had stopped by then
- ☐ Just a few times
- ☐ About once a month
- ☐ About twice a month
- ☐ About weekly

68. Did your home visitor help you feel more confident or knowledgeable in these areas? Please answer yes or no for each:

	YES	NO
a. Supporting my child's learning	YES	NO
b. Nursing/Breastfeeding	YES	NO
c. Safe Sleep (i.e. how to lay my baby down to sleep, what to put or not put in the crib, etc)	YES	NO
d. Bonding with my child	YES	NO
e. Knowing the signs of depression	YES	NO
f. My child's developmental milestones	YES	NO
g. Contraception and family planning	YES	NO
h. Connecting to resources in my community	YES	NO
i. Obtaining a new job or furthering my education	YES	NO

69. How did you find out about home visiting? Please answer yes or no for each:

	YES	NO
a. Heard from a friend or family member	YES	NO
b. Referred by my child's doctor	YES	NO
c. Referred by my prenatal care provider (OB/GYN, midwife, etc)	YES	NO
d. Referred at the hospital when I delivered my baby	YES	NO
e. Referred by another professional (healthcare, counselor, etc)	YES	NO
f. Received home visits for an older child	YES	NO
g. Saw a pamphlet, billboard, or other informational materials	YES	NO

70. What is the name of the home visiting program you participated in?

_____

☐ I do not know/remember

71. If you were referred to home visiting and declined, what were your reasons? Please answer yes or no for each:

	YES	NO
a. I felt adequately knowledgeable and/or supported as a parent	YES	NO
b. I was not comfortable with someone coming into my home	YES	NO
c. My partner or another family member did not want me to receive home visits	YES	NO
d. Scheduling home visits sounded like an additional source of stress	YES	NO
e. I did not really see a benefit to home visiting	YES	NO
f. I did not understand what home visiting had to offer	YES	NO

72. During the <u>past two years</u>, did you use any of the following services to feed you or other household members?

	YES	NO
a. WIC	YES	NO
b. Food Stamps (SNAP)	YES	NO
c. Food Bank or Food Pantry	YES	NO
d. Free or reduced-price school-lunch program	YES	NO

73. 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).

- ☐ $0 to $16,000
- ☐ $16,001 to $20,000
- ☐ $20,001 to $24,000
- ☐ $24,001 to $28,000
- ☐ $28,001 to $32,000
- ☐ $32,001 to $40,000
- ☐ $40,001 to $48,000
- ☐ $48,001 to $57,000
- ☐ $57,001 to $60,000
- ☐ $60,001 to $73,000
- ☐ $73,001 to $85,000
- ☐ $85,001 or more

74. During the <u>past 12 months</u>, how many people, including yourself, depended on this income?

_____ people

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

- ☐ Less than 12th grade
- ☐ High School Diploma or GED
- ☐ Some college/Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree/Doctorate

76. What is today's date?

Date: _____/_____/_____
Month / Day / Year

Please use this space for any additional comments you would like to make about your or your toddler's experiences or about the health of mothers and children in New Mexico.

THANK YOU so much for completing the survey and helping to improve the health of women and toddlers in New Mexico. After we receive your questionnaire, we will send you a gift card to show our appreciation for your time.