

ECHO

Early Childhood Health in Oregon

A survey of the health of mothers and 3-year-olds

To answer survey by phone or for more information please call 1-800-723-3638

YOUR ANSWERS WILL
HELP OREGON MOTHERS,
CHILDREN AND FAMILIES.

THANK
YOU FOR
YOUR HELP!



Oregon
Health
Authority
PUBLIC HEALTH DIVISION

Questions and Answers about ECHO

WHAT IS ECHO?

ECHO stands for Early Childhood Health in Oregon. ECHO is a project sponsored by the Oregon Health Authority. The purpose of this project is to find out about the health and wellbeing of preschool-aged children in Oregon.

WHY AM I GETTING THIS SURVEY?

Three years ago, when your child was around three or four months old, you completed our PRAMS survey either by mail or by phone. Thank you very much! Your baby is now three years old, and we are coming back to you to ask for your participation in ECHO so that we can learn more about the health of Oregon moms, children, and families.

IS IT REALLY IMPORTANT THAT I ANSWER THESE QUESTIONS?

Yes! Because of the small number of moms in ECHO, it is important to have everyone's answers. Every child's early experiences are different. To get a better overall picture of the health of all mothers and young children in our state, we need each mother in our ECHO group to answer the questions. *From the information you give us, we may be able to plan programs and improve health care for mothers, children, and families. We need to know what is going well and what isn't. Your help is important to the success of this work.*

SOME OF THE QUESTIONS DON'T SEEM RELATED TO HEALTH CARE. WHY ARE THEY ASKED?

Many things in a family's life may affect a child's early experiences. These questions try to get a wider snapshot of a child's life, not just health care. Some of the questions may not apply to you or may be sensitive. If you don't want to answer a certain question, that's okay.

WILL MY ANSWERS BE KEPT PRIVATE?

Yes. Your name will not be on any reports, and your answers will be grouped with the answers from other women completing ECHO. Your answers will be kept private. Your privacy is protected by Oregon law with one exception: child abuse. There are no questions about child abuse. But, if your added comments suggest child abuse, we are required by law to report that.

WHAT IF I HAVE MORE QUESTIONS ABOUT ECHO?

Please call us toll free at 1-800-723-3638 and we will be happy to answer your questions about ECHO or services available in your area. You can also visit <http://www.healthoregon.org/prams> to see results from previous PRAMS surveys.

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.

1. What is today's date?

	/		/	
Month		Day		Year

2. What is your 3-year-old child's date of birth?

	/		/	
Month		Day		Year

3. Does your 3-year-old child live with you now?

No → Go to Page 10,
Question 42

Yes ↓

4. On a *typical day*, how much total time does your 3-year-old spend in physically active play? This includes activities such as running, climbing, riding a tricycle and playing outside.

- No physically active play
 Less than 30 minutes per day
 30 minutes to less than 1 hour per day
 1 to 2 hours per day
 More than 2 hours per day
 Other → Please tell us:

5. In a *typical day*, how much media or screen time does your 3-year-old have, including using a tablet, cell phone, computer, video game, DVD or movie player, TV, or other electronic device?

- No screen time
 Less than 1 hour a day
 Between 1 and 3 hours a day
 More than 3 hours a day

6. How many times in a *typical week* do you or anyone in your household take your 3-year-old on any kind of outing, such as to a park, playground, library or other children's program or activity?

- No outings in a typical week
 1 to 3 times a week
 4 or more times a week

7. In a *typical week*, how many days a week does your family eat at least one meal together? Circle the number of days.

0 1 2 3 4 5 6 7 days

8. During the *past week*, how many days did you or someone else in your household do any of the following activities with your 3-year-old? Circle the number of days.

- a. Read a book
0 1 2 3 4 or more days
- b. Told a story
0 1 2 3 4 or more days
- c. Sang songs or said rhymes
0 1 2 3 4 or more days
- d. Talked about feelings
0 1 2 3 4 or more days
- e. Played counting or number games
0 1 2 3 4 or more days
- f. Built or made things
0 1 2 3 4 or more days

9. How many children's picture books are in your home *now*, including library books? Please only include picture books that are for young children.

- No children's picture books
- 1 to 5 children's picture books
- 6 to 10 children's picture books
- 11 to 25 children's picture books
- More than 25 children's picture books

10. About how many hours does your 3-year-old sleep in a 24-hour period? Count all naps and night-time sleeping.

- Less than 8 hours
- 8-10 hours
- 10 ½-13 hours
- More than 13 hours

11. Does your child have a bedtime routine? A bedtime routine is a set of activities that is usually done at or around the same time most nights. Examples might be taking a bath, brushing teeth, putting on pajamas, being read or sung to, and lights out.

- No
- Yes

12. Besides yourself, who else helps raise your 3-year-old day to day, or has primary responsibility for your child? Do not include child care providers or preschool. Check ALL that apply.

- No one else besides me
- Child's biological father
- Spouse or partner (not child's biological father)
- Child's stepparent(s)
- Child's grandparent(s)
- Child's siblings
- Other relative(s) or family member(s)
- Other → Please tell us:

Children around the age of 2½ or 3 often start having regular babysitters during the day, attending child care outside the home, or participating in preschool or similar programs.

The next set of questions focuses on this time.

Please think about the kinds of child care and educational programs your 3-year-old received regularly during the past school year (Sept., Oct., Nov., Dec., Jan., Feb., Mar., Apr., May, June).

This care could have been free or cost money. Possible types of child care include time spent with babysitters, home-based child care, child care centers, Head Start, preschool, other educational programs, or caregivers other than you or your spouse or partner.

You may find it helpful to refer to a calendar, which is included with this survey.

13. From the time they were 2½ years old until now, did your child have any type of child care, preschool, or educational program, paid or unpaid, during the school year?

- No, only my spouse, partner or I cared for this child → **Go to Page 5, Question 20**
- Yes
↓
Continue to next column

14. During the school year, in a typical week, about how many total hours did your 3-year-old stay in child care and educational programs all together?

- Less than 10 hours a week
- 10-20 hours a week
- 21-30 hours a week
- 31-40 hours a week
- More than 40 hours a week

15. Please tell us how you felt about your 3-year-old's child care or educational programs.

- a. **My child felt safe and secure**
- Never
- Rarely
- Sometimes
- Often
- Always
- Don't know or prefer not to answer
- b. **My child got a lot of individual attention**
- Never
- Rarely
- Sometimes
- Often
- Always
- Don't know or prefer not to answer
- c. **My child's caregiver or teacher was open to new information and learning**
- Never
- Rarely
- Sometimes
- Often
- Always
- Don't know or prefer not to answer

Question 15 continues on next page

d. The care or educational program was just what my child needed

- Never
- Rarely
- Sometimes
- Often
- Always
- Don't know or prefer not to answer

For the next set of questions, please still consider only the months of the school year, from September to June.

16. What was the *main type* of child care or educational program you used? Check only *ONE* answer. (You will have the chance to choose more in the next question.)

- A formal child care center, preschool, Head Start, or other center that was *not the caregiver's home*
- Care *in the child's home* by a relative other than you or your spouse or partner (for example, grandparents)
- Care *in the child's home* by a non-relative (for example, a babysitter)
- Care *in a relative's home* (for example, in the grandparents' home by grandparents)
- Care *in a non-relative's home*, such as home-based child care or preschool
- Other \longrightarrow Please tell us:

17. Besides the main type of care you selected in Question 16, what other types of child care, preschool, or program did you use during the school year? Check ALL that apply.

- I did not use any other type of care
- A formal child care center, preschool, Head Start, or other center that was *not the caregiver's home*
- Care *in the child's home* by a relative other than you or your spouse or partner (for example, grandparents)
- Care *in the child's home* by a non-relative (for example, a babysitter)
- Care *in a relative's home* (for example, in the grandparents' home by grandparents)
- Care *in a non-relative's home*, such as home-based child care or preschool
- Other \longrightarrow Please tell us:

18. Thinking about the types of child care your child had, was the caregiver or teacher being paid to provide this care?

For each item, check **ONE** answer.

- 1 Paid 4 Prefer not to answer
2 Not paid 5 Did not use this type of care
3 Don't know

	1	2	3	4	5
	Paid	Not paid	Don't know	Prefer not to answer	Did not use this type of care
a. Child care center, preschool, Head Start, or other center					
b. Care in the child's home by a relative					
c. Care <i>in the child's home</i> by a non-relative					
d. Care <i>in a relative's home</i>					
e. Care <i>in a non-relative's home</i>					

19. Overall, how much did your household spend on child care, babysitting, preschool, or other educational programs in *an average month or week* during the school year (from September to June)?

\$ _____ per month **OR** \$ _____ per week

- Didn't have to pay for child care
 Don't know
 Prefer not to answer

20. During the *past 2 years*, did you or anyone in the family quit a job, not take a job, or greatly change a job because of a problem with child care?

- No
 Yes

21. During the *past 2 years*, did you or anyone in the family quit, not take or greatly change work training or educational plans because of a problem with child care?

- No
 Yes

22. What are some problems you experienced in finding or using child care or educational programs? Check ALL that apply.

- Didn't fit my schedule or needs for child care
- Long waiting list or no room where I wanted my child to go
- Too far away or location wasn't convenient
- No way to get my child there
- Cost too much
- Cost not covered by DHS or other assistance program
- No provider who spoke my or my child's language and/or shared my or my child's culture
- Couldn't accommodate my child's special needs
- Didn't seem a good fit for my child
- Other \longrightarrow Please tell us:
- I didn't have problems with child care
- Not applicable because my child didn't have child care

23. Did you have trouble finding or using child care or educational programs because of any of these scheduling needs? Check ALL that apply.

- I went to school in the evening or weekend and/or didn't know my class schedule in advance
- I worked evening, swing shift, graveyard, or weekend hours
- I had rotating shifts, and/or my work schedule changed frequently
- I did not have trouble finding or using child care for any of these reasons

24. These questions are about your 3-year-old's development. Please tell us how much your child is doing each of these things. Check never, sometimes, or always for each.

	Never	Sometimes	Always
a. Talks so other people can understand them most of the time			
b. Asks questions beginning with "why" or "how" – like "Why no juice?"			
c. Explains the reason for things, like needing a sweater when it's cold			
d. Compares things, using words like "bigger" or "smaller"			
e. Answers questions like "What do you do when you are cold?" or "... when you are sleepy?"			
f. Tells you a story from a book, or from a video/TV, or from a story a family member told			
g. Draws simple shapes, like a circle or square			
h. Says words like "dogs" for more than one dog, or "cars" for more than one car			
i. Uses words to describe time correctly, like "yesterday" or "tomorrow"			

25. *During the past 12 months, did you complete a questionnaire or did a doctor, nurse or other health care provider go through a checklist of questions with you about your 3-year-old's development, behavior, or learning?*

- No
 Yes
 Don't know

26. *During the past 12 months, did a doctor, nurse, or other health care provider ask if you have concerns about your 3-year-old's development, behavior, or learning?*

- No
 Yes
 Don't know

“Early Intervention” means services and supports for young children with developmental delays and disabilities. It can include speech therapy, physical therapy, and other types of services to help the child and family.

27a. *Did your child's doctor, nurse or health care provider refer you to Early Intervention to check on your child's development?*

- No → **Go to Page 8, Question 29**
 Yes } → **Go to Question 27b**
 Don't know }
- ↓

27b. *Was your child seen by Early Intervention to check on their development?*

- No → **Go to Question 28**
 Yes } → **Go to Page 8, Question 29**
 Don't know }

28. *What are some problems that kept you from getting Early Intervention?*
Check ALL that apply.

- Didn't get around to making an appointment
 Couldn't get an appointment when I wanted one, or didn't fit my schedule
 Couldn't take time off from work, school, or other responsibilities
 Long waiting list or no room where I wanted to go
 Too far away or location not convenient
 No way to get to appointment
 Cost too much
 No insurance, or my insurance didn't cover it
 No one to take care of my other children during an appointment
 No provider who spoke my or my child's language and/or shared my or my child's culture
 I didn't think my child needed it at this point
 Other family members didn't think my child needed it at this point
 Other → Please tell us:

The next questions ask about your child's health care.

29. Does your 3-year-old have dental insurance now?

- No
- Yes
- Don't know

30. Has your 3-year-old ever been to a dentist or dental clinic or had their doctor or other health care provider care for their teeth?

- No → Go to Question 31
- Yes → Go to Question 32

31. Why has your 3-year-old never been to a dentist, dental clinic, or had their doctor care for their teeth? Check ALL that apply

- Didn't get around to making an appointment
- Couldn't get an appointment when I wanted one, or didn't fit my schedule
- Couldn't take time off from work, school, or other responsibilities
- Long waiting list or no room where I wanted to go
- Too far away or location not convenient
- No way to get there
- Cost too much
- Didn't have dental insurance, or dental clinic wouldn't accept my insurance
- No one to take care of my other children during an appointment

Question 31 continues in the next column

- Couldn't find someone who spoke my child's language and/or shared my child's culture
- Couldn't find someone who would see children with special needs
- Doctor or dentist told me my child was too young to see the dentist
- Didn't think my child needed it yet
- Other → Please tell us:

Go to Question 34

32. How old was your child the first time they were seen by a dentist or dental clinic or had their doctor care for their teeth?

- Less than 1 year old
- 1 year old (but not yet 2 years)
- 2 years old (but not yet 3 years)
- 3 years old

33. Has fluoride varnish ever been applied to your 3-year-old's teeth at a dental clinic or doctor's office?

- No
- Yes
- Don't know

34. Have you ever been told that your 3-year-old has cavities (tooth decay)?

- No
- Yes
- Don't know

35. At your most recent visit to your 3-year-old's health care provider, did they tell you that your child was up to date on all their recommended baby shots (immunizations)? "Up to date" means immunizations that a child should have received or usually receives by a certain age.

- No
 Yes
 Don't know

36. Have you ever missed or not received any of the recommended immunizations for your child?

- No → **Go to Question 38**
 Yes
 Don't know } → **Go to Question 37**

37. What were your reasons for missing or not receiving any of the recommended immunizations for your 3-year-old? Check ALL that apply.

- Child was sick that day or had allergies
 Didn't get around to making an appointment
 Couldn't get an appointment when I wanted one, or didn't fit my schedule
 Couldn't take time off from work, school, or other responsibilities
 Too far away or location not convenient
 No way to get to appointment
 Cost too much
 Didn't have insurance that covered it
 No one to take care of my other children during an appointment

Question 37 continues in the next column

- Couldn't find someone who spoke my language
 Couldn't find someone who would see children with special needs
 Health care provider did not recommend it
 Wanted to limit the number of shots per visit
 Religious reasons
 Other → Please tell us:

This next set of questions asks about a variety of life events that families may experience.

38. How many times have you and your 3-year-old moved *since they were born*?

times

39. Has your 3-year-old ever been on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- No
 Yes, but no longer on WIC
 Yes, on WIC now

40. How hard is it *right now* for you and your family to pay for basic expenses like food, clothing, shelter, medical care and transportation?

- Very hard
 Moderately hard
 Slightly hard
 Not hard

41. Has your 3-year-old EVER experienced any of the following?

No Yes

- Was treated or judged unfairly because of their race or ethnic group
- Was treated or judged unfairly because of the language spoken at home
- Parent or guardian lost a job or was unemployed when they needed a job
- Parent or guardian had a cut in work hours or pay
- Parent or guardian was apart from the family due to military deployment or extended work-related travel
- Parent or guardian was very sick and had to go to the hospital
- Parent or guardian divorced or separated
- Was homeless or had to sleep outside, in a car, or in a shelter
- Parent or guardian served time in jail or prison
- Lived with anyone who had a problem with alcohol or drugs
- Witnessed violence in their neighborhood
- Saw or heard parents or adults slap, hit, kick, or punch one another in the home
- Lived with anyone who was mentally ill, suicidal, or severely depressed
- Parent or guardian died

The next section asks questions about YOU.

42. The following questions ask how you feel about your community. Check the best answer.

a. I know where to get help in my community

- No
- Sometimes
- Yes

b. I feel I belong in my community

- No
- Sometimes
- Yes

c. I am treated fairly in my community

- No
- Sometimes
- Yes

43. In a *typical week*, how many days do you get at least 30 minutes of moderate physical activity or exercise? Moderate exercise includes activities such as bicycling, gardening, mowing or raking, walking briskly on a level surface, or jogging.

0 1 2 3 4 5 6 7 days

44. Did YOU receive a flu shot in the last 12 months?

- No → **Go to Question 45**
- Yes
- Don't know } → **Go to Question 46**

45. What were your reasons for not getting a flu shot?

Check ALL that apply.

- Didn't get around to making an appointment
- Didn't know where to get one
- Couldn't get an appointment when I wanted one, or didn't fit my schedule
- Couldn't take time off from work, school, or other responsibilities
- Too far away or location not convenient
- No way to get to location
- Cost too much
- Didn't have insurance that covered it
- No one to take care of my child/ren during an appointment
- Couldn't find someone who spoke my language
- Health care provider did not recommend it
- Didn't think I needed it
- No one else in my family gets flu shots
- Other → Please tell us:

46. Are you or your spouse or partner doing anything *now* to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied, vasectomy, using birth control pills, condoms, IUDs, a patch or implant, withdrawal, or natural family planning.

- No } → **Go to Question 47**
- Don't know }
- Yes → **Go to Page 12, Question 49**

47. What are your reasons or your spouse's or partner's reasons for not doing anything to keep from getting pregnant *now*?

Check ALL that apply.

- We are doing something to keep from being pregnant → **Go to Page 12, Question 49**
- I am pregnant now
- I am trying to get pregnant
- I don't mind if I get pregnant
- I am worried about side effects from birth control
- I don't want to use anything
- My spouse or partner doesn't want to use anything
- I have problems paying for birth control
- I have problems getting birth control
- I had my tubes tied or closed (Essure®) or I had a hysterectomy
- My spouse or partner had a vasectomy
- I had trouble getting pregnant before and don't believe I can again
- I am not having sex with a male partner
- Other → Please tell us:

48. Of the reasons you checked in Question 47 which is the *most important reason* for not using any method to prevent pregnancy? Check **ONLY ONE answer.**

- I am pregnant now
- I am trying to get pregnant
- I don't mind if I get pregnant
- I am worried about side effects from birth control
- I don't want to use anything
- My spouse or partner doesn't want to use anything
- I have problems paying for birth control
- I have problems getting birth control
- I had my tubes tied or closed (Essure®) or I had a hysterectomy
- My spouse or partner had a vasectomy
- I had trouble getting pregnant before and don't believe I can again
- I am not having sex with a male partner
- Other \longrightarrow Please tell us:

Go to Question 50

49. What kinds of birth control are you and/or your spouse or partner using to keep from getting pregnant? Check **ALL that apply.**

- Tubes tied or closed (female sterilization or Essure®) or hysterectomy
- Vasectomy (male sterilization)
- Birth control pills
- Condoms
- Shots or injections (Depo-Provera®)

Question 49 continues in the next column

- Contraceptive Patch (OrthoEvra®) or Vaginal ring (NuvaRing®)
- IUD (including Mirena®, ParaGard®, Kyleena®, Liletta®, and Skyla®)
- Contraceptive Implant in the arm (Nexplanon® or Implanon®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Emergency contraception (the “morning-after” pill or Plan B®)
- I am not having sex with a male partner
- Other \longrightarrow Please tell us:

50. What is your current relationship status? Check **ONE answer.**

- Never married
- Married, partnered or living together
- Separated or divorced
- Widowed

51. Are you currently a student?

- No
- Yes

52. Are you currently earning money in a part-time or full-time job?

- No
- Yes

53. What is the highest level of grade, school, or program you have *finished*? Do not count a grade, school, or program you are in right now. Check only ONE.

- 8th grade or less
- 9th-11th grade
- High School Diploma or GED
- Vocational, trade or technical certification
- Some college (but no degree)
- Associate's degree
- Bachelor's degree
- Graduate degree (Master's, Doctorate, or professional degree)

54. During the *past year*, what was 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. Check ONE answer.

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$69,999
- \$70,000 to \$99,999
- \$100,000 or more
- Don't know

55. During the past year, how many people, including yourself, depended on this income?

people

56. Do any other children live in your home, other than your 3-year-old child?

No → **Go to Question 58**

Yes

57. Please tell us how many *other* children live in your home, and how old they are.

Write the number of children in each age group.

Number of children less than 1 year old

Number of children 1 to 5 years old (don't count your 3-year-old, but do count a twin if they have one)

Number of children 6 to 11 years old

Number of children 12 to 17 years old (do not include yourself if you are 17 or younger)

58. How many other adults aged 18 or older are in your household? Do not include yourself.

adults besides yourself

Please use this space for any additional comments you would like to make about the health and wellbeing of your 3-year-old child, the education and development of preschoolers, or the health of families in Oregon.

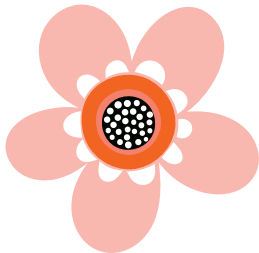
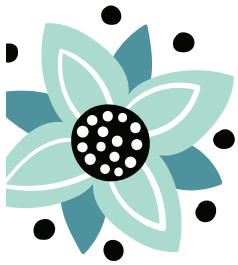
Thank you for answering our questions! Your answers will help us work on behalf of mothers, young children, and families in Oregon.

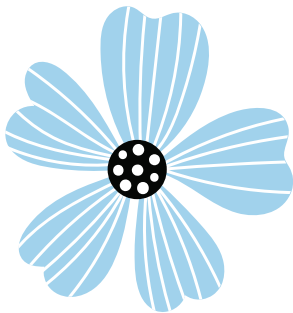
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Early Childhood Health in Oregon

THANK
YOU!







THANK YOU!



PUBLIC HEALTH DIVISION
Center for Prevention and Health Promotion
Maternal and Child Health
971-673-0252

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