

King County Best Starts for Kids Health Survey
Programming Script for Primary/Reserve Sample
ENGLISH



Text in **bold blue** are variable names.

Curly brackets {} denote a text fill or change based on interview mode. If a variable name is in the brackets, the variable response value is used for the text fill.

WEB SURVEY

IF PRIMARY, RESERVE OR ROADMAP SAMPLE & DOING SURVEY ON WEB, CONTINUE.

NOTE: THE 'CLICK HERE' HYPERLINK IN **WEBINTRO** WILL OPEN A SEPARATE WINDOW IN THE BROWSER WITH THIS INFO:

If you have questions about the survey, you can call the study lead at Public Health – Seattle & King County at 206-263-8788 or toll-free at 1-800-325-6165 and choose “Public Health”. You can also email her at BSK.data@kingcounty.gov. You can also reach the University of Washington Survey Research Division, with whom we are partnering to administer the survey, at 1-888-313-9575.

WEBINTRO

Thank you for taking the time to complete the **Best Starts for Kids Health Survey**. Best Starts for Kids is now in its eighth year and things are changing in our communities. The survey questions are designed to help us better understand those changes. We want to acknowledge that parents and caregivers are busy and have many demands on their time. It is our hope that learning about your experiences as a parent, child’s health, family strengths, and community supports will help all children in King County.

Families with children in 5th grade or younger are eligible to participate. We have randomly selected one child per household, to make this survey faster to answer. This survey is funded by King County’s Best Starts for Kids. Everyone who completes the survey will have a 1 in 100 chance of winning \$150 in cash.

The survey is voluntary and confidential. It should take about 15 minutes. You can skip any question or stop participating at any time. The questions will ask about your child’s health, your family’s strengths, and your community. You can skip any question or stop answering questions at any time. Please answer questions about {**CHILDNAME**} only. The survey should be completed by an adult who is familiar with this child’s health and daily life.

You may call the Washington State Institutional Review Board if you have questions about your rights or concerns/complaints about the research. The WSIRB oversees this study to make sure that the rights of people who take part are protected. You can call at 1-800-583-8488. You don't have to give your name if you call.

Throughout the survey, please use the NEXT and BACK buttons to move around in the survey. **Do not use the Forward and Back buttons on your browser.** If you need to take a break, simply close the browser window. Your responses will be saved to that point, so when you return the survey will start where you left off. (Please keep your access code to be able to log in again.) If you need assistance or would like to finish part of the survey with an interviewer in {**Language**} please call our toll-free number, 1-888-313-9575 and leave a message with your name, phone number, and that you speak {**Language**}. An interviewer will then call you to schedule a time to complete the survey.

If you have questions about the survey, [click here](#) for information on how to contact the study lead at King County Best Starts for Kids.

Thank you in advance for taking the time to answer the questions for this survey!

~~~~~ **START OF SURVEY** ~~~~~

**THIS CHILD'S HEALTH**

IF **SURVTYPE** = 05, ASK FOR AGE IN YEARS OR MONTHS.  
 IF **SURVTYPE** = K5, ASK FOR AGE IN YEARS ONLY.

**AGEREPYRBLOCK – SHORT/SUPP**

Web: First are some general questions about {**CHILDNAME**} and their health.

1. How old is {**CHILDNAME**}? *Please only write age in years or months, not both.*

Age in years: \_\_\_ \_\_\_ (Range 0-5: 1-5; K-5: 4-12) **AGEREPYR**

**OR**

Age in months: \_\_\_ \_\_\_ (Range 0-5: 0-60) **AGEREPMTH**

**HEALTH – SHORT/SUPP**

2. In general, how would you describe this child's health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

IF **SURVTYPE** = 05, CONTINUE & SHOW ONLY ROWS A, B, C, AND D.  
 IF **SURVTYPE** = K5, CONTINUE & SHOW ROWS C, E TO K.

**GRIDDESCRIBECH**

3. How well do each of the following phrases describe this child?

|                                                                                          | Definitely true | Somewhat true | Not true |                    |
|------------------------------------------------------------------------------------------|-----------------|---------------|----------|--------------------|
| a. This child is affectionate and tender with you. - <b>SHORT/SUPP</b>                   |                 |               |          | <b>DESAFFECT</b>   |
| b. This child recovers quickly when things do not go their way. - <b>SHORT/SUPP</b>      |                 |               |          | <b>DESBOUNCE</b>   |
| c. This child shows interest and curiosity in learning new things. - <b>SHORT/SUPP</b>   |                 |               |          | <b>DESINTEREST</b> |
| d. This child smiles and laughs a lot. - <b>SHORT/SUPP</b>                               |                 |               |          | <b>DESSMILES</b>   |
| e. This child works to finish tasks they start. - <b>SHORT/SUPP</b>                      |                 |               |          | <b>DESFIN</b>      |
| f. This child stays calm and in control when faced with a challenge. - <b>SHORT/SUPP</b> |                 |               |          | <b>DESCALM</b>     |
| g. This child cares about doing well in school.                                          |                 |               |          | <b>DESCARESCH</b>  |
| h. This child does all required homework.                                                |                 |               |          | <b>DESHMWK</b>     |
| i. This child is bullied, picked on, or excluded by other children.                      |                 |               |          | <b>DESBULLIED</b>  |
| j. This child bullies others, picks on them, or excludes them.                           |                 |               |          | <b>DESBULLIES</b>  |
| k. This child argues too much.                                                           |                 |               |          | <b>DESARGUE</b>    |

**DEVQUEST - SHORT/SUPP**

4. **DURING THE PAST 12 MONTHS**, have you or another caregiver filled out a questionnaire about specific concerns or observations you may have about this child's development or behaviors? *For example, a questionnaire or checklist that has skills and milestones that are commonly seen during a specific age range. Many pediatricians, child care providers, preschools, and home visitors offer these at least annually for babies and young children.*

- 1 Yes
- 2 No

**ABILITYLIM**

5. Does this child have any limitations that prevent them from doing the things most children of the same age can do?

- 1 Yes
- 2 No

**DEVDELAY**

6. Has a doctor, other health care provider, or educator **EVER** told you that this child has a developmental delay?  
*Examples of educators are teachers, school nurses, home visitors, and early learning specialists.*

- 1 Yes
- 2 No

IF **SURVTYPE** = 05, CONTINUE.  
IF **SURVTYPE** = K5, SKIP TO **NO CARE** (HEALTH CARE SERVICES).

**THIS CHILD AS A BABY**

**BRSTFED - SHORT/SUPP**

The next few questions ask about breastfeeding/chestfeeding.

7. Was {**CHILDNAME**} **EVER** breastfed/chestfed or fed breast milk?

- 1 Yes
- 2 No

IF **BRSTFED** = YES, CONTINUE.  
IF **BRSTFED** = NO, DK OR REF, SKIP TO NEXT INSTRUCTION BOX.

**BRSTFEDSTOP - SHORT/SUPP**

8. How old was this child when they **COMPLETELY** stopped breastfeeding/chestfeeding or being fed breast milk?

Days: \_\_\_ \_\_\_ (Range: 0-365) **BRSTFEDSTOPD**  
OR Weeks: \_\_\_ (Range: 0-52) **BRSTFEDSTOPW**  
OR Months: \_\_\_ (Range: 0-60) **BRSTFEDSTOPM**

This child is still breastfeeding. **BRSTFEDSTILL**

**BRSTFEDOTH - SHORT/SUPP**

9. How old was this child when they were **FIRST** fed anything other than breastmilk? *This includes formula.*

At birth **BRSTFEDOTHB**

At this age:

Days: \_\_\_ \_\_\_ (Range: 0-365) **BRSTFEDOTHD**  
OR Weeks: \_\_\_ (Range: 0-52) **BRSTFEDOTHW**  
OR Months: \_\_\_ (Range: 0-60) **BRSTFEDOTHM**

This child has never been fed anything other than breast milk. **BRSTFEDONLY**

## HEALTH CARE SERVICES

### NO CARE

Web: The next group of questions ask about health care services for {CHILDNAME} in the last 12 months. CATI: Now I'm going to ask about health care services for {CHILDNAME} in the last 12 months. Supp: The next group of questions ask about health care services for this child in the last 12 months.

### REFERRAL - SHORT/SUPP

13. **DURING THE PAST 12 MONTHS**, did this child need a referral to see any doctors or receive any services?

- 1 Yes
- 2 No

IF **REFERRAL** = YES, CONTINUE.

IF **REFERRAL** = NO, DK OR REF, and 05, SKIP TO **CAREPRIME** & USE "ACTIVITIES AND CHILD CARE" AS NEXT HEADER.

IF **REFERRAL** = NO, DK OR REF, SKIP TO **SCHCONTACT** & USE "THIS CHILD'S SCHOOLING" AS NEXT HEADER.

### REFERPROB - SHORT/SUPP

14. How much of a problem was it to get referrals?

- 1 Not a problem
- 2 Small problem
- 3 Big problem

IF **SURVTYPE** = 05, SKIP TO **CAREPRIME** & USE "ACTIVITIES AND CHILD CARE" AS NEXT HEADER.

IF **SURVTYPE** = K5, CONTINUE.

## THIS CHILD'S SCHOOLING

### SCHCONTACT

18. **DURING THE PAST 12 MONTHS**, how many times has this child's school contacted you or another adult in your household about any problems this child is having with school?

- 1 No times
- 2 1 time
- 3 2 or more times

IF **SURVTYPE** = 05, CONTINUE

IF **SURVTYPE** = K5, SKIP TO **AFTSCHCARE**.

## ACTIVITIES AND CHILD CARE

### CAREPRIME

Web: Now the questions will ask about child care for {CHILDNAME} in the last 12 months.

CATI: Now I will ask some questions about child care for {CHILDNAME} in the last 12 months.

Supp: Now the questions will ask about child care for this child in the last 12 months.

19. **IN THE LAST 12 MONTHS**, what is your primary source of child care for {CHILDNAME}?

- 1 Child care center or full-day preschool
- 2 A relative, friend, or neighbor
- 3 In-home child care provider (licensed)
- 4 Baby-sitter/nanny
- 5 Partial day preschool/Pre-K
- 6 Head Start/Early Childhood Education and Assistance Program (ECEAP)
- 7 This child attends kindergarten
- 8 Parent cares for this child or child needs occasional care only
- 9 No regular care

IF ANY OPTION SELECTED IN **CAREPRIME** = 1-6, CONTINUE.  
 IF OPTION(S) SELECTED = 7, 8, 9, DK OR REF (NO OPTIONS = 1-6), SKIP TO **CARESICK**.

IF **SURVTYPE** = 05, SKIP TO INSTRUCTION BOX BEFORE **CHCAREGRID**  
 IF **SURVTYPE** = K5, CONTINUE.

**AFTSCHCARE**

The next group of questions are about before and after-school care for {CHILDNAME}.

21. What regular sources of before or after-school arrangements do you use for this child? *Select ALL that apply.*

- 1 **AFTSCHCOMM** Community program such as Boys’ and Girls’ Club or Parks and Recreation program
- 2 **AFTSCHPROGSCH** Program on site at this child’s school
- 3 **AFTSCHCENTER** Child care center
- 4 **AFTSCHHOME** In-home child care provider
- 5 **AFTSCHSITTER** Baby-sitter/nanny
- 6 **AFTSCHREL** A grandparent or another friend or family member
- 7 **AFTSCHPAR** Parent cares for this child
- 8 **AFTSCHNOREG** No regular care; occasional care only

IF **SURVTYPE** = 05 AND ANY OPTION SELECTED IN **CAREPRIME** = 1-6, CONTINUE.  
 IF **SURVTYPE** = K5 AND ANY OPTION SELECTED IN **AFTSCHCARE** = 1-6, CONTINUE.  
 OTHERWISE, SKIP TO **DEMANDS** (IN ABOUT YOU AND THIS CHILD SECTION). **AFTSCHSAT**.

IF **SURVTYPE** = 05, USE 0-5 TRANSITION TEXT AND:  
 IF **CAREPRIME** = 2 OR 4, SHOW ROWS B TO I.  
 OTHERWISE, SHOW ROWS A TO I.  
 IF **SURVTYPE** = K5, USE K-5 TRANSITION TEXT AND SHOW ROWS A TO F, I and J

**CHCAREGRID**

0-5: Web: How well does this child’s primary child care ...

K-5: Web: Please think about the place where this child spends the most amount of time before and after school. How well does this before and after-school care program...

|                                                                                        | Excellent | Good | Fair | Poor |
|----------------------------------------------------------------------------------------|-----------|------|------|------|
| a. Provide a nurturing environment for children of the same age as [CHILD]?            |           |      |      |      |
| b. Help children be ready to learn in school, for children of the same age as [CHILD]? |           |      |      |      |

|                                                                                                   |  |  |  |  |
|---------------------------------------------------------------------------------------------------|--|--|--|--|
| c. Teach children how to get along with other children, for children of the same age as [CHILD]?) |  |  |  |  |
| d. Meet your family's cultural or language needs?                                                 |  |  |  |  |
| e. Provide safety for children of the same age as [CHILD]?                                        |  |  |  |  |
| f. Meet your budget?                                                                              |  |  |  |  |
| g. Provide flexibility for parents who use this child care?                                       |  |  |  |  |

IF **SURVTYPE** = 05, CONTINUE  
 IF **SURVTYPE** = K5, SKIP TO **AFTSCHSAT**.

**CARECHALL - SHORT/SUPP**

Web/CATI: **IN THE LAST 12 MONTHS**, have you had challenges finding child care for **{CHILDNAME}** that met your family's needs?

- 1 Yes
- 2 No

IF **CARECHALL** = YES, CONTINUE.  
 IF **SURVTYPE** = 05 and **CARECHALL** = NO, DK OR REF, skip to **CARESICK**  
 IF **SURVTYPE** = K5 and **CARECHALL** = NO, DK OR REF, skip to **AFTSCHSAT**.

**CARECHALLWHY**

Please answer the following statements about **why** you had challenges with child care. *Select ALL that apply.*

Web/CATI: I had challenges finding child care for **{CHILDNAME}**...

- a. ...that we could afford.
- b. ...that accepted a subsidy such as Working Connections, Child Care Assistance Program (CCAP), or the Best Starts for Kids Child Care Subsidy.
- c. ...at convenient locations.
- d. ...at the hours I needed.
- e. ...because there were no slots or space available.
- f. ...that met my child's health or developmental needs.
- g. ...that met our family's cultural or language needs.
- h. ...due to another challenge. (Please specify) \_\_\_\_\_ **CARECHALLWHY\_SPEC**

IF **SURVTYPE** = 05, SKIP TO **CARESICK**.  
 IF **SURVTYPE** = K5, CONTINUE.

**AFTSCHSAT**

Please say if you agree or disagree with the following statement.

23. I am satisfied with the before and after-school program options available to **{CHILDNAME}**.

- 1 Agree
- 2 Disagree

IF **AFTSCHSAT** = AGREE, DK OR REF, SKIP TO **DEMANDS** (ABOUT YOU AND THIS CHILD)  
 IF **AFTSCHSAT** = DISAGREE, CONTINUE.

**AFTSCHRSN**

24. I am dissatisfied with the before and after-school program options available to this child because... *Select ALL that apply.*

- 1 Programs are too expensive **AFTSCHCOST**
- 2 This child does not have a way to get to or from programs **AFTSCHTRANS**
- 3 Hours of operation do not meet my needs **AFTSCHHOUR**
- 4 Programs are not available in my community **AFTSCHAVAIL**
- 5 Programs in my community are not culturally appropriate **AFTSCHCULT**
- 6 Another reason (please specify) **AFTSCHRSNOTH\_SPEC**

IF **SURVTYPE** = 05, CONTINUE.  
 IF **SURVTYPE** = K5, SKIP TO **DEMANDS** (ABOUT YOU AND THIS CHILD)

**CARESICK**

25. **IN THE PAST 12 MONTHS**, have you ever sent this child to school or daycare when they were sick?

- 1 Yes
- 2 No
- 3 This child does not attend school or daycare

**CAREMISS**

26. **IN THE PAST 12 MONTHS**, how many times did you miss work or school because your child care arrangement was not reliable?

- 1 No times
- 2 1-2 times
- 3 3 – 4 times
- 4 5 or more times

**ABOUT YOU AND THIS CHILD**

You are more than halfway finished! Thank you for your answers so far!

Web/CATI: Next are some questions about you and {**CHILDNAME**}.

**EMSUPP - SHORT/SUPP**

28. **DURING THE PAST 12 MONTHS**, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?

- 1 Yes
- 2 No

**GRIDTYPDAY – SHORT/SUPP 0-5**

Please say how much you agree or disagree with each of the following statements about your life.

|                                                        | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|--------------------------------------------------------|----------------|-------|----------------------------|----------|-------------------|
| a. I feel like I'm always telling my child no or stop. |                |       |                            |          |                   |

|                                                                                           |  |  |  |  |  |
|-------------------------------------------------------------------------------------------|--|--|--|--|--|
| b. How I respond to my child(ren) depends on how I'm feeling.                             |  |  |  |  |  |
| c. It is important to show that you understand your child's feelings when they misbehave. |  |  |  |  |  |
| d. Parents/caregivers have a big impact on how their child(ren) turn out.                 |  |  |  |  |  |

## ABOUT YOUR FAMILY, HOUSEHOLD, AND NEIGHBORHOOD

### GRIDHSIZE- SHORT/SUPP

WEB: The next group of questions asks about your family, household, and neighborhood.

|                                                                                                |                               |           |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------|
|                                                                                                | Enter Number<br>(Range: 0-50) |           |
| 31. Including yourself, how many family members usually live or stay at your address?          |                               | HSIZEFAM  |
| 32. How many of the family members living at your address are children ages 0 to 17 years old? |                               | HSIZECHLD |

**PROGRAMMER: HSIZECHLD CANNOT BE GREATER THAN HSIZEFAM.**

IF SURVTYPE = 05, CONTINUE.

IF SURVTYPE = K5, SKIP TO GRIDFAMPROB.

### GRIDWEEK

DURING THE PAST WEEK...

|                                                                                                                            | 0 days | 1 to 3 days | 4 to 6 days | Every day |        |
|----------------------------------------------------------------------------------------------------------------------------|--------|-------------|-------------|-----------|--------|
| 34. ...on how many days did you or other family members read to or with this child? – <b>SHORT/SUPP 0-5</b>                |        |             |             |           | WKREAD |
| 35. ...on how many days did you or other family members tell stories or sing songs to this child? – <b>SHORT/SUPP -0-5</b> |        |             |             |           | WKSING |

### GRIDFAMPROB

Please say how much you agree or disagree with each of the following statements about your life.

|                                                                                   | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|-----------------------------------------------------------------------------------|----------------|-------|----------------------------|----------|-------------------|
| My family has the strength to solve problems that happen in our lives.            |                |       |                            |          |                   |
| Even though it may not be easy, I find ways to help my family through challenges. |                |       |                            |          |                   |
| Our family traditions are important to us.                                        |                |       |                            |          |                   |



**COVIDFAMILY - SHORT/SUPP**

Web/CATI: Please describe any changes, positive or negative, that the COVID-19 pandemic has had on {CHILDNAME} or on your family in the past 12 months.

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**GRIDFAMINCOME - SHORT/SUPP**

38. Since this child was born, how often did your family not have enough money to pay for...

|                          | All of the time | Most of the time | Some of the time | None of the time | Not applicable |            |
|--------------------------|-----------------|------------------|------------------|------------------|----------------|------------|
| a. ...housing            |                 |                  |                  |                  |                | INCHOUSE   |
| b. ...food               |                 |                  |                  |                  |                | INCFOOD    |
| c. ...transportation     |                 |                  |                  |                  |                | INCTRANS   |
| d. ...child care         |                 |                  |                  |                  |                | INCCARE    |
| e. ...health care        |                 |                  |                  |                  |                | INCEALTH   |
| f. ...diapers or formula |                 |                  |                  |                  |                | INCDIAPERS |
| g. ...reliable internet  |                 |                  |                  |                  |                |            |

**GRIDNHOOD**

40. Thinking about your neighborhood and community, how much do you agree with the following statements?

|                                                                                   | Definitely agree | Somewhat agree | Somewhat disagree | Definitely disagree |         |
|-----------------------------------------------------------------------------------|------------------|----------------|-------------------|---------------------|---------|
| a. People in this neighborhood help each other out.                               |                  |                |                   |                     | NHHELP  |
| b. We watch out for each other’s children in this neighborhood.                   |                  |                |                   |                     | NHWATCH |
| c. This child is safe in our neighborhood.                                        |                  |                |                   |                     | NHSAFE  |
| d. When we encounter difficulties, we know where to go for help in our community. |                  |                |                   |                     | NHSUPP  |

|                                                                                      |
|--------------------------------------------------------------------------------------|
| IF SURVTYPE = 05, SKIP TO “ABOUT THIS CHILD” SECTION.<br>IF SURVTYPE = K5, CONTINUE. |
|--------------------------------------------------------------------------------------|

**OTHADULT – SHORT/SUPP K-5**

42. Other than you or other adults in your home, is there at least one other adult in this child’s school, neighborhood, or community who knows this child well and who they can rely on for advice or guidance?

- 1 Yes
- 2 No

**ABOUT THIS CHILD**

43.

**RACE - SHORT/SUPP**

Web: The next group of questions ask about {**CHILDNAME**}’s race, ethnicity and gender.

47. Which categories describe this child? *Select ALL that apply.*

Web: *If none of these categories describes this child, please write in the category in the “Another race” option below.*

1. American Indian or Alaska Native **R\_AIAN**,
2. Asian Indian **R\_INDIAN**
3. Chinese **R\_CHINESE**
4. Filipino **R\_FILIPINO**
5. Japanese **R\_JAPANESE**
6. Korean **R\_KOREAN**
7. Vietnamese **R\_VIETNAM**
8. Another Asian group (specify) **R\_ASIANOTH, R\_ASIANOTHS**
9. Black or African American **R\_BLACK**
10. Somali **R\_SOMALI**
11. Ethiopian **R\_ETHIOP**
12. Another African ancestral group (specify) **R\_BLKOTH, R\_BLACKOTHS**
13. Mexican, Mexican American, Chicano **R\_MEX**
14. Cuban or Puerto Rican **R\_CUBAN**
15. Another Latinx/o/a group (specify) **R\_LATOTH, R\_LATINOTHS**
16. Middle Eastern or North African **R\_EAST**
17. Native Hawaiian **R\_HAWAIIAN**
18. Samoan **R\_SAMOAN**
19. Another Native Hawaiian or Pacific Islander group (specify) **R\_PACISOTH, R\_PACISOTHS**
20. White **R\_WHITE**
21. Another race, ancestry, or ethnic origin (specify) **R\_RACEOTH, R\_RACEOTHS**

**BRTHSEX**

48. What sex was recorded at birth on this child’s original birth certificate?

- 1 Female
- 2 Male

IF **CHILDAGEY** >= 2, CONTINUE.

IF **CHILDAGEY** < 2, SKIP TO **PRELATION** (IF NOT SHORT/SUPP). IF SHORT/SUPP, SKIP TO **PRACE**.

**CURRSEX - SHORT/SUPP**

49. Does this child currently identify as...? Web: *Select all that apply.*

- 1 Female **CURRSEXF**
- 2 Male **CURRSEXM**
- 3 Transgender **CURRSEXT**
- 4 I’m not sure **CURRSEXNSURE**
- 5 Something else (please specify) **CURRSEXOTH , CURRSEXOTH\_SPEC**

## ABOUT YOU

### PRELATION

WEB: You are nearly finished! Just a few more questions about you.

Please remember that all your answers are confidential and results will be combined across families so that no family or individual can be identified.

51. How are you related to this child?

- 1 Biological or adoptive parent
- 2 Step-parent
- 3 Grandparent
- 4 Foster parent
- 5 Aunt or uncle
- 6 Other relative
- 7 Other non-relative

52.

### PMHEALTH

53. In general, do you feel your mental or emotional health is...

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

### PRAGE

55. What is your age?

Age in years: \_\_\_ \_\_\_ (Range: 15–99)

### TRTUNFAIR

63. **IN THE LAST 12 MONTHS**, how often have you experienced discrimination because of your race, ethnicity, or color, such as being prevented from doing something, hassled, or made to feel inferior in any situation?

- 1 Never (I did not experience this)
- 2 Once
- 3 2-3 times
- 4 4 or more times

### PRACE - SHORT/SUPP

57. Which categories describe you? *Select ALL that apply.*

Web: *If none of these categories describes you, please write in the category in the “Another race” option below.*

1. American Indian or Alaska Native **PR\_AIAN**,
2. Asian Indian **PR\_INDIAN**
3. Chinese **PR\_CHINESE**
4. Filipino **PR\_FILIPINO**

5. Japanese **PR\_JAPANESE**
6. Korean **PR\_KOREAN**
7. Vietnamese **PR\_VIETNAM**
8. Another Asian group (specify) **PR\_ASIANOTH, PR\_ASIANOTHS**
  
9. Black or African American **PR\_BLACK**
10. Somali **PR\_SOMALI**
11. Ethiopian **PR\_ETHIOP**
12. Another African ancestral group (specify) **PR\_BLKOTH, PR\_BLACKOTHS**
  
13. Mexican, Mexican American, Chicano **PR\_MEX**
14. Cuban or Puerto Rican **PR\_CUBAN**
15. Another Latinx/o/a group (specify) **PR\_LATOTH, PR\_LATINOTHS**
  
16. Middle Eastern or North African **PR\_EAST**
  
17. Native Hawaiian **PR\_HAWAIIAN**
18. Samoan **PR\_SAMOAN**
19. Another Native Hawaiian or Pacific Islander group (specify) **PR\_PACISOTH, PR\_PACISOTHS**
  
20. White **PR\_WHITE**
  
21. Another race, ancestry, or ethnic origin (specify) **PR\_RACEOTH, PR\_RACEOTHS**

**PGENDER - SHORT/SUPP**

60. Do you currently identify as...? Web: *Select all that apply.*

- PGENDERF** Female
- PGENDERM** Male
- PGENDERT** Transgender
- PGENDERO** Something else (please specify) **PGENDEROTH\_SPEC**

**PSEXOR - SHORT/SUPP**

61. Do you consider yourself to be...?

- 1 Straight or heterosexual
- 2 Lesbian or gay
- 3 Bisexual
- 4 Queer
- 5 Something else (please specify) **PSEXOROTH\_SPEC**

**LANGHOME - SHORT/SUPP**

58. What language do you speak most often at home?

- 1 English
- 2 Amharic
- 3 Arabic
- 4 Chinese
- 5 Hindi
- 6 Japanese
- 7 Korean
- 8 Portuguese
- 9 Punjabi
- 10 Russian

- 11 Somali
- 12 Spanish
- 13 Tamil
- 14 Telugu
- 15 Tigrinya
- 16 Vietnamese
- 17 Another language (please specify) [LANGHOMEOTH\\_SPEC](#)

### **INCOME - SHORT/SUPP**

62. This question is about your family's income.

Think about your total combined family income **IN THE LAST CALENDAR YEAR** for all members of the family. What is that amount before taxes? *CATI: Would you say...*

*Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, or rent, and any other money income received.*

- 1 Less than \$15,000
- 2 \$15,000 to \$24,999
- 3 \$25,000 to \$34,999
- 4 \$35,000 to \$49,999
- 5 \$50,000 to \$74,999
- 6 \$75,000 to \$99,999
- 7 \$100,000 to \$149,999
- 8 \$150,000 to \$199,999
- 9 \$200,000 or more

### **PEDUCAT**

59. What is the highest grade or year of school you have completed?

- 1 12<sup>th</sup> grade or less; no diploma
- 2 High school graduate or GED completed
- 3 Completed a vocational, trade, or business school program
- 4 Some college credit but no degree
- 5 Associate's Degree (AA, AS)
- 6 Bachelor's Degree (BA, BS, AB)
- 7 Master's Degree (MA, MS, MSW, MBA)
- 8 Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

|                                                         |
|---------------------------------------------------------|
| IF WEB SURVEY, CONTINUE TO <a href="#">WEBCOMMENT</a> . |
|---------------------------------------------------------|

### **WEBCOMMENT - SHORT/SUPP**

Thank you for completing the survey! Your answers will help us understand how Best Starts for Kids can support families in King County.

67. If you have any additional comments you would like to make about your child's health and activities, your family's strengths and supports, and your community supports, please write them here.

- 
- 1 I prefer to not answer

2 I don't know

## CONCL

Public involvement is a central part of **Best Starts for Kids**. We invite you to stay informed and be a part of the process.

- **Visit the website** at [www.kingcounty.gov/beststarts](http://www.kingcounty.gov/beststarts).
- **Contact us directly** at [BSK.data@KingCounty.gov](mailto:BSK.data@KingCounty.gov).

If this survey brought up any concerns for you or made you feel worried about any issue, we encourage you to speak with someone. Here are some resources you can contact:

- Online at [ParentHelp123.org](http://ParentHelp123.org) or call the Family Health Hotline at 1-800-322-2588.
- Online at [www.crisisconnections.org](http://www.crisisconnections.org), or call the 24-hour Crisis Line at 1-866-427-4747.

Web: Please click **SUBMIT** to submit your responses.